ephemera | articles
theory & politics in organization

ISSN 1473-2866
www.ephemeraweb.org
volume 12(3): 273-293

Producing professionals: Exploring gendered and embodied responses to practicing on the margins *

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abstract

A legitimate professional identity is not uniformly available to all occupations and workers. Several markers such as level of education and training, certifications, race, class, gender, sexuality, and embodied attributes can keep work and workers 'on the margins'. This study explores how massage therapists seek to manage perceptions that massage is sexual, therefore not professional, labor. Both discourses and embodied practices in massage training and reflections from working massage therapists are used to explore the question: *how do workers on the margins discursively and materially navigate a professional identity?* Findings reveal that male and female therapists have different strategies for managing a marginalized identity. Female therapists are often given the message that they must desexualize by monitoring their bodies, dress, and interactions, thereby constituting a defensive strategy to managing a professional identity. Male therapists are more likely to take a proactive approach to identity management by crafting a desexualized clinical identity by linking massage with the profession of medicine. Yet occupational and individual strategies to shed a marginalized identity both enable and constrain work and workers. *How* one seeks to gain professional legitimacy impacts on how workers make sense of their place in the professions, the bodies performing the work, and the work they ultimately perform. In other words, *practitioner's bodies and labor practices become a site of struggle for professionalization.*

Introduction

This article explores how massage therapists discursively and materially navigate a professional identity as part of their quest 'away from the margins'. Scholars critical of professional closure note that professions appear to be crafted around objective criteria such as education, training, certifications, and skills. Yet a closer examination reveals that one's professional identity can be considered suspect for many reasons. For instance,

* I wish to thank the reviewers and special issue editors for their generous and helpful feedback on earlier versions of this piece.

gender, race, class, sexuality, and embodied attributes such as appearance are implicated in which occupations and bodies can claim a professional status.

During my observations at two massage schools and interviews with working therapists, it became clear that many participants viewed a legitimate professional identity as an uphill battle. Of primary concern is that although most massage is not sex work, the labor and laborers of massage are often sexualized due to several factors such as a predominately female labor force, and a historical (and, at times, current) link with prostitution (Calvert, 2002).

To manage a sexualized and stigmatized professional identity, many therapists seek to make connections with the medical profession. A desexualized clinical professionalism, which links massage as a therapeutic healing process with the medical field, yields its own dilemmas as the labor of massage more closely mimics intimate encounters than diagnostic ones in regard to touch, private rooms, dim lighting, candles, soft music, and undressed clients (Calvert, 2002). As such, professional tensions arise around *both* the labor of massage *and* the gendered and sexualized bodies doing the labor. Despite this, several institutional voices in massage hail the profession of medicine and the image of a doctor as iconic examples of professional success. Yet, like most professions, medicine has historically remained elite by policing the labor and laborers granted entrance (Abbot, 1998; Friedson, 1970; Pringle, 1998; Witz, 1990), essentially closing itself to all but the most 'appropriate' practices and members. Massage is considered 'alternative' or complementary to medicine, sometimes allowed to practice on the fringes of the field, but as of yet not invited to join (Fournier, 2002).

In this project, massage therapists' desire to be looked upon as a bona fide member of the medical profession is tightly embedded in desires to manage a marginalized professional identity, in hopes that the former can effectively erase the latter. This is not to suggest that therapists' attempts to enter the medical field are a form of false consciousness or to deny that some therapists have achieved success in their partnerships with hospitals, clinics, and physicians. Rather, the goal is to explore how occupational and individual strategies to shed a marginalized identity both enable and constrain work and workers. *How* one seeks to gain professional legitimacy impacts on how workers make sense of their place in the professions, the bodies performing the work, and the work they ultimately perform. In other words, *practitioner's bodies and labor practices become a site of struggle for professionalization.* This article explores both discourses and practices in massage training and reflections from working massage therapists to explore the question: *how do workers on the margins discursively and materially navigate a professional identity?*

Literature review

Therapists' struggles remind us that for most occupations and workers professional status is far from given, meaning that not every*body* can easily achieve professional status. The

degree to which a profession and its members can discursively (and materially) maintain and expand their jurisdiction over realms of practice is an outcome of professionalization strategies (Chreim, Williams and Hinings, 2007; Larson, 1977). Formal strategies include activities such as establishing a high level of education and training, entrance examinations, and licensing requirements (Bottero, 1992; Perrow, 1986; Witz, 1990). Other, less transparent strategies might include a long-standing exclusion of bodies based on gender, race, sexuality, ability levels, and age.

For instance, professions have historically been called out as patriarchal and gendered in ways that privilege men and masculinity (Arndt and Bigelow, 2005; Cheney and Ashcraft, 2007, Crompton, 1987; Davies, 1996; Hearn, 1982; Larson, 1977). The seemingly pervasive link between professions and a particular vision of rationality and masculinity insinuates the body as a site of possibility, peculiarities, and problems. Here, there is little separation between the gendered assumptions of work and the workers who perform it. For example, gender and organization scholars note that professions – and who is considered a professional – rest in large part on the gendered perceptions of both the occupation (for example, airline pilots) and the embodied subjectivities of who is doing the work (white, male, middle class, able-bodied) (Ashcraft and Mumby, 2004). In other words, we come to know a profession, in part, through our knee-jerk associations regarding the bodies that perform the work (Ashcraft et al., 2012).

Alternatively, we also come to know professions by insinuating what they are not. For example, work that is considered 'dirty', including sexualized labor, is often considered antithetical to a professional identity (Ashforth and Kreiner, 1999; Tracy and Scott, 2006). Although these associations are culturally and historically contingent and open to diversity and change, a result of gendered professional exclusion is that our modern definitions of what constitutes a professional are pervasively narrow and gendered, and linked to the bodies doing the work.

At times, workers have little control over how their work is coded. For instance, feminized labor is often sexualized, particularly if women are asked to perform customer service roles, which require a 'flirty' or feminine performance, or if the work involves nurturing or caring for other bodies (Erickson, 2004; Pringle, 1989; Trethewey et al., 2006).

A key dilemma facing women seeking professional standing is that sexuality is often gendered in ways that make the female body and sexuality publicly suspect whereas the male body and sexuality are normalized (Acker, 1990; Brewis, 2005; Bruni and Gherardi, 2002; Butler, 1999). Women and feminized male bodies entering the public world of work might struggle to prove disembodiment, desexualization, and a disavowal of the burden of things 'private' if sexuality is 'marked' on their bodies. Or, at the very least, it seems they have a more difficult case to make. Despite the fact that some occupations, groups, and bodies struggle to achieve professional status, there remains tremendous energy around this pursuit.

As Fournier (1999) notes, 'professionalism' is appealing to organizations, occupations, and employees. The term conjures several things such as social prestige, high salaries, and worker autonomy (Roberts, 2005). Therefore, many social actors, regardless of their occupation, are motivated to achieve professional status (Cheney and Ashcraft, 2007; Evetts, 2003; Larson, 1977). In this line of argument, Larson (1977) argues that professionalization is a political process that is 'inextricably bound to the person … it follows, therefore, that *the professionals themselves have to be produced* if their products or commodities are to be given a distinctive form' (14; emphasis in original). Practitioner's bodies and labor practices, in turn, become a site of struggle for professionalization.

Failing to achieve a professional status has material consequences and it is far from simple. Since occupational identities are not natural occurrences, professional identities are often the result of ongoing strategic planning and deliberate constructions. As such, professional identities are complex performative accomplishments (Bruni and Gherardi, 2002; Butler, 1999; Deetz, 1998).

Not surprisingly, several sources are concerned with 'how' individuals project a professional image. Often, popular self-help literature suggests that professional image can be achieved through dress, speech, and bodily comportment. These 'self' projects are often uncritically suggested and executed, ignoring the structural and gendered constraints that keep some individuals from achieving professional status (Lair, Sullivan and Cheney, 2005).

Both men and women monitor and control their bodies and emotions at work. However, women's navigations are wrapped up in a heteronormative double-bind when women are told to control their bodies and excessive sexuality but to maintain a proper level of femininity so as not to become 'mannish' and to remain visually appealing for male consumption (Trethewey, 1999; 2000a). For many women, much of the work of navigating professional identities includes the careful construction of the appropriate feminine body through the disciplinary controls of diet, exercise, proper movements, clothing, and adornments (Bartky, 1988; Bordo, 1989; Holmer-Nadesan and Trethewey, 2000; Trethewey, 1999). Trethewey (2000b: 123) explains:

> Poststructuralist feminist accounts of the body … make it clear that women experience their bodies as on display, as available to the gaze of both male and female disciplinarians. It is not surprising, then, that women routinely engage in self-surveillance and work hard at getting their own bodies to behave by conforming to the contradictory (and seemingly impossible) dictates of both professionalism and femininity.

Feminist constructions of the Foucualdian idea that bodies learn to discipline themselves when they internalize the ubiquitous gaze shed light on how women begin to see their bodies as their individual problem to 'fix'. For example, Young (2005), in her analysis of how women are taught to 'throw like a girl', explains that for many women, space seems to surround them in their imagination in ways that make them hesitant to move outside of a confined space of comportment. She claims that women become socialized in ways that

make them reluctant to reach, stretch, and extend their bodies. This pattern of restrictive movement then becomes women's general style of comportment. Young further explains: 'The more a girl assumes her status as feminine, the more she takes herself to be fragile and immobile and the more she actively enacts her own body inhibition' (*ibid.*: 44). Young's work highlights that how we are socialized and taught to know our bodies will have a great impact on how we move about our social situations.

Turning to the case of massage, the idea that professional identity is, in part, the sum of one's ability to 'pull off' a particular act is an important backdrop to understanding why men and women monitor and control how work is accomplished. Of note, it is not only women who work to monitor and control their bodies. In the care-based work of massage, men face tricky navigations involving both professionalism and masculinity.

The case of massage

Massage therapy makes an interesting case for the study of professions on the margins and how working bodies become the site of struggle. For instance, in the United States where this study was conducted, the occupation has been engaged in common professionalization activities such as developing a code of ethics, as well as education, licensing and credentialing requirements (Crompton, 1987; Larson, 1977; Witz, 1990). To make symbolic and material links to medicine, various massage therapy associations have developed practices such as lobbying, research, relationship building with medical professionals, and education and training mandates as well as campaigns including white papers, websites, and advertising designed to win acceptance by the medical community and secure in the minds of various publics a connection between massage and medicine. Yet several roadblocks keep massage on the margins of medicine.

First, massage is often associated with sexual labor. Both institutional voices and individual practitioners acknowledge that one of the primary problems facing massage as it attempts to achieve professional legitimacy is its historical and current link with sex work and sexuality (Oerton, 2004). Historically, there are links between massage and prostitution. Massage parlors posed as legitimate massage businesses when, in actuality, they were brothels. Beyond the historical links, there are still practical and discursive reasons why massage is viewed as sexual. Some therapists still perform sexual services. Discursively adding to this problem, the link between massage and sex is often furthered by mass media portrayals of massage and massage therapists. For example, several popular U.S. television shows such as *Weeds, The Sarah Silverman Show*, *Seinfeld, Friends*, and *Sex in the City* produced episodes depicting therapists as sex workers. While these programs offer humorous accounts, they also keep the stereotypes surrounding sexuality alive (Calvert, 2002).

Massage's struggles to overcome associations with sexual labor appear to go beyond history and popular culture. The *gendered bodies* doing massage and its *labor* might also

play into its tenuous professional standing. Current data from the American Massage Therapy Association explains that the industry is predominantly comprised of young females (87%) (American Massage Therapy Association, 2011). Although there are not clearly defined boundaries surrounding what exactly constitutes an occupation as 'feminine', some of the cues may be a historical preponderance or later influx of female laborers who perform the work often for a lower pay, customer service as a crucial element of the work, and, as Davies (1996) notes, work that acts as a backdrop or support for the work that 'real' professionals perform (Adib and Guerrier, 2003; Clair, 1996; Hochschild, 1983).

In addition, the *labor of massage* is often hailed as intimate in that it mimics private comforts such as touch, dim lighting, and various levels of undress, whereas the labor of medicine is more likely to construct clearly defined public clinical spaces. Like bureaucratic discourses, professional discourses are gendered in ways that privilege work that upholds masculinity, rationality, and the public sphere and marginalizes things considered private (Acker, 1990; Davies, 1996; Gherardi, 1995; Hearn, 1982). Therefore, elements of the work of massage itself might play into client and other professions' perceptions that massage is not professional.

Adding to the dilemmas of massages' labor, leading touch scholar Tiffany Fields (2000) explains that males in modern societies are often touch-deprived. She argues that the only time many boys and men experience touch is through sex and violence. Therefore, when men experience the soothing touch of massage their only frame of reference to understand the experience is a sexual one. In this construction, the public link between touch and sex affects the massage experience as therapists' touch acts as a trigger, solidifying touch as a signifier for sexual intimacy.

Certainly massage therapists are not the only professionals who use touch as part of their labor. Medical professionals often use touch and work on unclothed bodies. Yet Marvin (1994) notes that the historical professionalization project of medicine rests on physicians discursively and materially separating themselves from the 'messiness' of bodies. Although doctors worked on and with bodies, they also removed themselves from the body by leaving the 'dirty' work to support staff such as nurses (Davies, 1995). As such, the 'important' work of medicine became theoretical and based in literature, and a hierarchy was created in which those who read about bodies and anatomy became professional superiors to those who worked with their hands. More recent empirical explorations reveal that while physicians certainly touch their patients, their touch is often construed as 'clinical' while touch by nurses is more likely to be construed as 'caring' (Jecker and Self, 1991), indicating that a professional identity is linked to bodies, occupation, and tasks.

Finally, massage struggles to be seen as legitimate because the specific professional identity they overwhelmingly seek is based on their inclusion with western medicine. Certainly, difficulties exist in part because the vocational training required to do massage is far less than most medical professionals. The specific training required varies. In the U.S.,

where this study was conducted, therapists receive an average of 660 hours of training. Across the U.S. and Europe this is far less than the near decade that doctors put into their education and training (American Massage Therapy Association, 2011). The power behind occupational closure and stereotypes surrounding the work and workers of massage cannot be ignored as key aspects of the tensions therapists face in their desire to professionalize.

Methods

The case of massage offers one site where professionalization strategies, gender, bodies, and stigmatized labor intersect. This ethnographic research involved both participant observation and interviews. Participants in this study were massage therapy instructors and working massage therapists in a large city in the Western United States.

Participant observation

Participant observation was key to this project (Baxter and Babbie, 2004; Marshall and Rossman, 1999). I conducted observations at two certified massage schools to explore how massage instructors discussed sexuality and professionalism and how therapists navigated embodied tensions in the face of professionalization.

Before I began observing classes I met with the directors of both schools to negotiate the classes I would observe as well as my role as a researcher. The director of the first school advised me to take five classes that would offer a mix of bodywork and professionalization topics.[1] Together, we decided that my role would be that of an observer. By the second week of classes my role shifted to that of a participant observer. Often, there were an uneven number of students in class and I was asked to fill in as a body on the table or as a massage student. I noticed that being a participant observer made my ethnographic work 'embodied'. I was learning more about the labor of massage and the culture of bodywork. As a body on the table I was also keenly aware of how professionalization tactics, sexuality, and bodies were negotiated on and between students. My new role as a participant meant that I was fully immersed in classes.

Of importance, the director of the school asked that I keep my identity as a researcher secret from the massage students but I was allowed to be open with instructors. He believed students might feel uncomfortable if they thought they were being researched. I sought and received permission from my university's Institutional Review Board, responsible for ensuring the protection of human subjects, to withhold my role. Despite the institution's

1 I participated in 5 classes at my first observation site: Swedish massage (60 hours), Spa Techniques (20 hours), Professional Practice Building (20 hours), Therapeutic Principles (20 hours), and Spinal Touch (20 hours). In total, I observed 140 hours over a six month period. I participated in two classes at my second research site: Massage 1 (40 hours) and Massage II Zen (32 hours). I participated in a total of 72 hours over a three-month period.

support, and upon reflection, I regret not sharing my research purpose with students. This is not because I think that obscuring my role did harm, only that I do not believe that being open about my research purpose would have either. I negotiated openness with the director of my second research site where I participated in two introductory bodywork classes, which also covered professionalism and ethics. Overall, I was a full participant in 7 classes over a span of 18 months.

My role as a full participant at both sites was beneficial and challenging. I was able to imbed myself in the culture of massage to a much greater extent than I would have by simply observing. I was also able to watch bodies in action by examining the actual practice of bodies doing labor, including bodily presence, movements, gestures, and adornments (Ashcraft, 2006; Barley and Kunda, 2001; Beckett, 2004; Fournier, 2002). My hope was that a focus on the body might help us reach new understandings of workplace practices and gendered relationships.

In-depth interviews

I conducted 16 in-depth interviews with working massage therapists whom I recruited by using a snowball sample (Baxter and Babbie, 2004). I interviewed 11 women and 5 men. Therapists' job tenure ranged from 2 to 17 years; most participants had been practicing between 4 and 5 years. Most interviews lasted approximately one hour. The longest interview was 120 minutes and the shortest interview was 45 minutes. All interviews were conducted at public places such as coffee shops or the massage therapists' off-site or home office.

Interviews were a combination of semi-structured and unstructured research questions. Questions centered on participant's constructions of sexuality, desexualization, and professionalization. Although I did develop an interview script, the guide was fluid and participants were asked to also discuss topics they found to be important (Reinharz, 1992).

I transcribed the interviews and then gave each therapist a copy of the transcript with the invitation to respond as they saw fit (i.e. corrections, additions, clarifications). Doing these types of member checks fits the feminist goal of doing participative research, which gives participants the choice to engage in the research process (Reinharz, 1992). No participants offered changes.

Data analysis

My work yielded just under 400 single-spaced typed field notes and interview transcripts. I treated data collection and analysis as dialectic interplay (Hammersley and Atkinson, 2005). I performed focused reading and re-reading of new data as I collected it. The ultimate goal of analysis is to develop categories of meaning that emerge from both patterns and contradictions in the data. I used broad categories that stemmed from my interview topics to code the data initially (for example, one broad category was 'professionalization' and it contained therapists' stories of what they believe to constitute a

professional or my observations of such). To avoid developing static themes and to add depth and complexity to each category I also searched for differences that emerged within categories. After a series of several close readings and comparisons I had themes that structured the write-up of the final analysis. In this study the themes stem from both therapists' constructions and my observations of working bodies and gendered subjectivities.

The analysis is organized by first showing how therapists use discursive strategies to construct professional identities. Next, the focus moves to the body to offer a short glimpse of how one female student seeks to make her body 'fit' with how she has been taught to perform professional massage. Therefore, the analysis seeks to highlight how professional identities are both discursively and materially constructed. Studying massage training allowed me to witness how massage instructors socialized new therapists into the profession, including the messages they foregrounded and how therapists' bodies were invoked. Materially, observations also afforded a glance at how therapists 'took up' various discourses as they practiced massage on another student's body.

All of the therapists in this study were mindful and reflective about the strategic nature of crafting a professional identity, yet male and female therapists also suggested that this crafting is slightly different for men than for women. Male and female students were socialized 'differently' and the female body was often framed as sexually suspect. Male therapists also understood their professional identity as suspect due to the stereotype that men are not natural caretakers (Lupton, 2000), yet they were also more apt to craft a medical or clinical work identity to manage both sexual and professional stigma.

Producing professionals: Vigilant protectors and medical men

Female therapists as vigilant protectors

One of the classes I observed in massage school was dedicated to building professional ethics and practice. The course covered basic rules, regulations, and norms of establishing a professional practice, including client intake forms, tax documents, and marketing tips. Perhaps unlike other professionalization classes, here, sexual tensions were on the surface and the need to separate massage from sex work – often by invoking physicians – took on the utmost importance. The need was made clear in one class when the topic of discussion was about writing a code of ethics. The following instructor/student interaction took place:

> Instructor: [*To a female student in the class*] Okay, you are the president of the Massage Therapy Association. What would you expect from us as massage therapists?
>
> Female student: Respect others, have the same moral beliefs, treat others the way you want to be treated.
>
> Instructor: [*To the class*] Who is the code of ethics for?

[*No response from the class*]

Instructor: How does society see massage?

The class: [*In unison*] Sexual.

Instructor: Is that common?

The class: [*In unison*] Yes

Instructor: Do you see why it is so important for us? Doctors don't have to monitor this as much. It's driven by public perception. If they see us as sex workers, what can we do? We have to show them. We have to stand up for the profession. We have to be overboard about things. And whatever you do, don't call your establishment 'Kinky's 24-Hour Massage and Escort Service', or 'Skanky's', or 'Miss Kitty's'.

This interaction reveals a common adverse reaction to sexualization in massage. It also alludes to the fact that massage therapists perform bureaucratic professional practices *in part* as exhibits of professionalism meant to uphold a proper image. Since western ideas of professionalism do not include spaces for sexuality, therapists have to construct a professional identity that takes on a defensive air. Thus new therapists are trained that they ought to be 'vigilant professionals', protecting massage from a sexual image. Since this interaction also feminizes improper sexuality by referring to 'Miss Kitty's' and 'Skanky's' – a derogatory term that is typically associated with women who are considered promiscuous – female therapists may receive the message that a vigilant subject position pertains to them most of all. Although therapists' professional discourses and practices appear 'normal', when read closely, they reveal hidden tensions, fears, and anxieties about how therapists' bodies might sully the professional cause.

This was not the only case in which female therapists' bodies were singled out as a professional liability. In another professionalization class a male massage instructor was talking about advertising techniques and said: 'If you want to wear make-up or get all dolled up, what will the client think of you? Do you want the client to think you're cute? Try to look generic professional; try to give them a reason to trust you'. This quotation not only makes it clear that therapists who do not control their appearance might be viewed as 'asking for it' should their clients find them attractive, it also makes women's bodies problematic and recalls the belief that if women do not act 'generic professional' (read: masculine), then they likely will not be trusted. Only addressing female students, he makes them 'different' from the male students and may reaffirm the naturalness of male bodies in the public sphere.

The fact that it was a male instructor addressing his comments to female students can be read as a particular type of patriarchal socializing. However, female therapists also discuss other female therapists as having a complicit role in their own vulnerability. In this way, female therapists also seem to keep gendered constructions in play. One woman explains that when therapists encounter sexual solicitation, 'usually they end up learning the lesson the hard way and it's like "oh, maybe I shouldn't have worn that low tank top" or

whatever'. This woman's comment suggests that what a woman wears to work can 'cause' someone to solicit her sexually. When women send this message, it may work to 'discipline' women's bodies even more (Trethewey, 1999).

Interviews with therapists reveal that there are several ways to be vigilant. Women in this study tended to view this as a call to monitor their own and others' bodies. Men, on the other hand, overwhelmingly saw the solution as one that could be solved by addressing one's image. This distinction is subtle, yet important as the first suggests that the body is something to be controlled and fixed because it is perceived as sexually suspicious and the second focuses energy on rhetorical strategies that will allow the body to rise above suspicions.

Male therapists as sexually safe men of medicine

Both male and female therapists were scrutinized as potentially sexually suspect and both used their bodies and workspaces to construct a particular medical identity. For instance, some therapists wear medical scrubs as their work uniform, many decorated their offices with anatomy wall charts or life-size skeletons. Therapists also craft this professional connection by using medical jargon and anatomical terms (Deverell and Sharma, 2000; Fournier, 2002). Yet interviews with therapists reveal that a medical construction for massage is gendered and male therapists often use this in part to borrow medicine's legitimacy and desexualized perceptions.

Making the link with the medical profession offers a way for therapists to borrow its legitimacy. Both male and female therapists explain that men have a difficult time getting clients because men are often viewed as predators. Male therapists are suspect, in part, because society is not used to male bodies doing occupational tasks such as caring, nurturing, and working with bodies (Wolkowitz, 2002). Therefore, male therapists' desire to be viewed as members of western medicine could be viewed as their way of productively managing embodied occupational tensions, albeit a desire that does not offer much resistance to the gendered ideologies that constitute professions in the first place.

In a couple of instances, male therapists even craft new titles to signify this link. One male therapist explains:

> I, okay, I refer to myself as a myotherapist, and 'myo' is just Latin for muscles. Muscle therapist. And I have some additional training and things beyond what the normal therapist would have when they get out of school and I do focus on clinical massage. But the reason I introduce myself as a myotherapist is because people don't have the same preconceived package of what that is. But if I say I'm a massage therapist, the majority of them, from my experience, instantly bring up their little package of luggage that is what they saw on a spa commercial or maybe experienced in a spa.

His quotation offers an important look into why many male therapists feel it is important to merge with the medical field; people do not have the same baggage and assumptions that doctors are sex workers. In a study on how nurses talk about massage, van der Riet (1995)

explains that male nurses use a similar reframing tactic when they perform massage on their patients but call the work 'pressure care'.

Another male therapist discusses his wish for massage to be viewed as a 'real' profession:

> You know, there isn't a doctor of massage, or a doctor of muscles. And I've actually done some research on that because I've thought, well, that's silly, why not? There are lots of doctors for lots of other specific things, but not for massage therapy, or anything like that. My hope is that massage is going to be recognized as a real profession and the only way that is going to happen is with stricter requirements with training.

This therapist recognizes that for massage to be viewed as legitimate they need to increase both their training and level of education. Much like the therapists above, he also thinks that adding the title 'doctor' will add credibility to the profession.

This may be why, when male therapists do link their work to the medical field, they overwhelmingly compare themselves to doctors and not to other medical workers such as nurses or certified nursing assistants. This is a curious construction because the work of nurses and other more care-taking medical providers within medicine seems to align more closely with the work of massage and the education and training of massage therapists. The adamant construction of massage with medical doctors can then be read as a way to craft a particular type of professional image.

One of the reasons therapists may seek inclusion in the medical field, and connect with doctors in particular, is to borrow legitimacy and to separate massage from sex work. Therapists recognize that doctors touch patients without the same sexual stigmas as therapists. Seeking medical inclusion appears particularly important for male therapists in this study because it offers them a space of legitimacy that they do not find doing spa work or relaxation massage.

A male therapist explains why his decision to do clinical massage helps him manage sexual issues:

> I refer to physicians a lot because they are kind of the epitome of professional. But I've noticed that a lot of women will go to a male gynecologist or a male OB and they're okay. On the other hand, um, men and women are sometimes uncomfortable with going to a male massage therapist. I've found that people, well, when a person is getting a physical from their doctor that does not come across as sexual. If anything, it's uncomfortable, but it doesn't come across as sexual.

Another male therapist who works in a chiropractor's office acknowledges this in his practice as well:

> Sexual problems can just kind of go away when you work in a clinical setting because there is a perception that it is related to medical work. And women are more likely to accept a male in a medical capacity, gynecologist for instance, then they would by someone who is just going to give them a fluff and buff, so to speak. So that was a part of my decision making personally for going into the more strictly clinical side of things.

Both of these therapists recognize that they are viewed as sexually suspect when they attempt labor that cannot easily be read as clinical. This could be why, regardless of the fact that their gender offers them greater inclusion as 'universal' professionals, male therapists still struggle to be viewed as legitimate (Acker, 1990).

Massage therapists make sense of their stigmatized standing by discursively constructing high standards about what it means to be a professional therapist – often mirroring medical or clinical professionalism. Interview data from this project showed that massage therapists create high standards for themselves and others in the field often crafting subject positions that made them 'vigilant protectors' of sexuality. Yet this subject position provokes key tensions for therapists surrounding the embodied, sexualized, and privatized nature of their labor. Questions emerge about how therapists take in professional socialization as well as how they act accordingly. These tensions play out materially as the higher standards therapists embody may actually work to make their bodily comportment more stringent than many bureaucratic professionals, and it offers little reconciliation for how therapists should manage a disembodied public performance while performing embodied labor.

To explore how these discursive tensions might play out through and on workers' bodies the analysis now shifts to briefly foreground the struggles, tensions, and contradictions that rest on one female therapist as she works to ingest her instructor's messages about what makes a professional therapist. The analysis shows that although 'the professions' might work to monitor, control, and keep certain bodies closed from the ranks, they are not the only ones concerned with closure. Members of stigmatized occupations striving for professional status appear to have a vested interest in socializing and regulating their ranks as well.

Digressions from an 'ideal' body

Massage therapists' desires to professionalize impact how therapists are trained to discipline and control their bodies and aspects of the labor itself. This struck me as I watched therapists first learn how to perform massage in the 'ideal' manner.

One of the first things students learn is the importance of doing bodywork in the proper stance. This stance protects the therapist's body from injury, strains, and general burn-out. Because of the importance of the stance, the first time I witnessed students working on bodies, I also witnessed the instructor placing his hands on students' shoulders, hips, waists, and thighs to bend and move us in the proper manner. The instructor's body was tall, long limbed, and lean with sinewy muscles.

He used his body to model the ideal: 'First, you have to remember to bend at the knees! Go as low and as deep as you can'. As he put his body in this position, so did the students in the room. The proper pose required a deep-set stance predicated on strong thighs and a tight core to protect the lower back. The instructor told us that the power behind our strokes should never come from our hands or wrists, as this is 'career suicide'. Instead, the labor of

massage requires a balance of gravity and leverage. With the proper stance, a therapist can work deeply into a client's muscles by pushing down or dragging across the skin. If the stance is off, the same deep tissue work requires therapists to raise their arms, putting a majority of the pressure on their hands and wrist. Importantly, the stance appeared to be predicated on an 'ideal' body, one that was actually similar to the long, sinewy frame of the male instructor. His body revealed that although the labor involves the closeness of bodies through touch, an important part of the work, and of being a 'good' therapist, also includes the therapist's ability to maintain distance between his or her body and the body of the client, modeling a clinical distancing.

I did not recognize the ideal, disciplined nature of the stance until I watched one female student struggling to make it work as she practiced on a classmate. To be clear, I watched several bodies struggle in their attempts to model how the instructors did bodywork. Certain types of massages are physically demanding labor. However, this particular female student's experience highlights how the overweight female body of a massage student is constructed as 'excessive' against an ideal type, which in its fit, lean, compartmentalized requirements often mirrors a masculine, contained, and clinical form (Bartky, 1988; Weitz, 1998). In massage, the material limit of the distance between bodies, however, is the length of the therapist's arm. Therefore, generally speaking, female therapists will be closer to their clients' bodies than their taller male colleagues with longer limbs. Adding to the material limits of space between a therapist and client is any 'excess' of either party's body beyond the ideal form, which would fill the space in between.

The female student's body was tall and curvy, with large breasts and a full, round abdomen. I first noticed her struggles when she asked her student-partner to get off the table so she could reposition it to be about a foot higher than the instructor had set it, telling her partner that she could not bend her legs like that. However, this new, higher position also meant that her arms had to come up, ultimately placing the brunt of the labor on her hands, shoulders, wrists, and back.

Once she was positioned, I watched her prepare to work on her client by putting her hands together in a prayer position and placing them in front of her chest, eyes closed, while she took three slow, deep breaths. Then she approached the table. The roundness of her body did not allow for space between her and the table, while still ensuring that her hands could reach the body. When I watched her body touch the table, I realized for the first time that other therapists' bodies did not touch. Instead, they had various levels of space and distance.

In that particular class, I was not participating in bodywork, but instead walking around the room to observe. I was not intentionally focusing on this woman, yet I was drawn to her work. As she moved, her breasts often brushed against or rested on her client's body, particularly when she had to lean low across the table. Her stomach pushed into the client's arm and sometimes rested on top of the table. At one point I heard the instructor say to her, 'Do you see how close you are? You want to create a little more space. Keep your

connection with the client, but you don't want to be lying on people'. His voice was kind and instructional, but ultimately mocking, as if this woman chose to take the space. And as if being emotionally and physically connected, yet also distant, was a self-evident practice.

While watching this interaction, I wanted the instructor to recognize that the woman's body took space, that it had a right to take space. What could she *do* to create more distance? Grow longer arms? Carve a hollow space where her stomach was? Certainly flesh is malleable, but as Trethewey (1999) says, we do not have the ability to discursively 'fix' our material bodies to fit within accepted frames. Instead of taking up less space, the woman nodded in apparent understanding and moved her feet back and further away from the table, which pushed her upper body even further into the table and the client.

The instructor seemed to be sending the message that 'excessive' bodies must work to achieve proper comportment, even if this meant losing the proper technique. For bodies that do not fit the ideal, the work may then necessitate a type of mental and physical corset, reigning in unruly parts, sucking in excess, and monitoring which parts touch what. I would argue that mental and physical 'reigning in' was not accomplished in practice, but the message that it can or should work likely produces a type of embodied paranoia, which both reinscribes the ideal as a masculine, clinical body and admonishes the excessive female body.

Foucault's (1979) theory of disciplined bodies appears to be in play here as therapists internalize the ideology of the ideal therapist. In this theory, discourse shapes both the normative body of ideas and the corporeal bodies of employees (Trethewey, 2000a). Unlike theories of power in which bodies are subject to overt or covert control, Foucauldian theories draw upon the architectural structure of the Panopticon, a structure which subjects bodies to constant surveillance, to explain how bodies begin to discipline themselves because they are always potentially subjected to a disciplining gaze.

Bartky (1988) explains that women often internalize a male gaze to construct the ideal body of femininity. In this sense, women live their bodies 'as seen by another, by an anonymous patriarchal other' (*ibid.*: 72). Trethewey (2000a: 114-115) contends that 'women engage in self-surveillance and disciplinary practices under the onus of a sense of deficiency and abnormality'. It may explain why the female therapists in this study believe it is important to craft an appropriate and desexualized body through strict bodily comportment and why an ideal labor standard in massage is upheld, regardless of the shape of the body doing the work.

Linking with the medical field allows massage to borrow the desexualized clinical professionalism of medicine. However, it also reveals more tensions because although the field of medicine has largely endorsed massage as a part of an overall wellness plan, it has yet to drop the 'alternative' status that massage currently holds or to embrace massage therapists as medical providers.

Ultimately, therapists might have a point when they claim that doctors do not face the same sexual stigmas by either clients or the general public. Here, the point is that it is not touch per se but the feminized and intimate work of massage that is linked with sex. Therefore, massage's desire to link to the medical field can be viewed, in part, as a desire to borrow medicine's legitimacy. If successful, in theory, this link could address several problems facing massage by elevating massage out of the status of feminized/sexualized labor, by facilitating the perception of desexualization via a clinical atmosphere, and by legitimizing therapists' touch in the public's mind. However, this linkage would also dramatically change the labor and occupation of massage, likely rendering it unrecognizable, and massage would still face gendered labor problems, even if they were in a different form.

Conclusion

The appeal of being viewed as a professional keeps several occupational groups striving for admission, often with tepid results. Scholarship depicting the gendered, raced, and class-based under workings of the professions notes that a professional position is not uniformly available for all bodies or all labor practices.

Sexualized labor and bodies struggle to gain professional legitimacy. In this study therapists craft a new subject position where they view it as their responsibility to conform to a higher standard than other professionals. In this way, therapists send the message that they are vigilant against sexuality in their profession. Although this construction may aide in their quest to shed stigma and gain legitimacy, it also creates key tensions for therapists, including a disjuncture between the embodied labor of massage and a desexualized professional identity construction.

A second roadblock facing therapists revolves around the specific professional identity they seek as they attempt to link massage to western medicine. 'Medical professional' is also a subject position that is not neatly available to therapists, and when massage is placed within this discursive frame therapists are more likely to be viewed as 'support' staff, rather than the 'professionals' they would like to be. Achieving this subject position is particularly important for male therapists because they seek this construction to avoid the feminized and sexualized stigmas of massage. Therefore, crafting a medical identity may be a productive way for male therapists to reclaim masculinity, while raising their status as professionals and securing more clients. Again, however, a medical subject position in massage also creates key tensions, as therapists cannot easily enter the professional medical realm, and their attempts to do so often reinforce the idea that male bodies are out of place when they perform nurturing labor, thus often making male bodies sexually suspect. In a parallel construction, this argument also tacitly constructs female bodies as 'less natural' than their male counterparts in a medical or clinical setting.

The analysis in this project underscores that a masculine and clinical embodied ideal organizes the labor processes of massage. In answer to the question, *how do workers on the*

margins discursively and materially navigate a professional identity?, we learn that members of stigmatized occupations work to monitor and control bodies and labor.

When professions on the margins attempt to mirror a particular professionalism – such as this example in which massage seeks to align itself with bureaucratic professionalism or medicine – they expect both male and female therapists to discipline and control their bodies in service of this pursuit. Rather than differentiating and highlighting the unique contributions of their own field of practice, these narrow expectations often limit the labor of massage and reproduce some of the gendered practices for which the professions are already critiqued. For instance, touch, a key benefit of massage, is monitored and controlled as therapists are taught to mind their bodies and image as much as their technique. The unique contributions of the practice and the practitioners might be lost in the service of professionalization.

With an eye toward local, occupationally-rooted solutions, one option is for massage therapists to embrace what makes them 'alternative' and 'complimentary' to medicine instead of working to mirror clinical professionalism. The occupation of massage is a potential place for both scholars and practitioners to begin to reconceptualize professionalism. Certainly, this is no small feat. It is not my intent to suggest that massage therapists should internalize the responsibility of re-crafting professionalism. That said, the occupation of massage is in a position to help scholars, clients, and other professions broaden our conceptions of what it means to be a professional by foregrounding how so-called private labor practices are not antithetical to professional performances. Peeling back the profession's reigns on how practitioners must act allows us to see that the roles and norms governing professional behavior are socially constructed and can be otherwise. It reveals that massage's dilemmas in seeking a professional identity are rooted in how it is perceived within an already established system, and not with inherent problems regarding the labor of massage.

Therapists can seek ways to discursively construct touch in order to highlight how therapeutic and caring touch is a part of professionalism (Ashforth and Kreiner, 1999; Hancock and Tyler, 2000). A subtle, yet potent shift can occur if therapists move from a defensive stance (such as diligent anti-sexual stances) toward a more educational stance that communicates the positive health benefits that stem from massage. This education can take the form of public press releases, or advertising and branding efforts as well as interpersonal dialogue between therapists, clients, and medical professionals. These attempts might not work to fully 'shed' a sexualized or stigmatized image. But they may work to add another option for how massage can frame itself as a legitimate part of a healthcare profession.

In line with this, if therapists were to re-educate clients and the public about the legitimacy of bodies and touch it could work to solve one of the practical dilemmas facing massage. Instead of attempting to link themselves with a professional identity, which is often antithetical to the labor of massage, they could advocate a professional identity specifically

for those who perform embodied labor. Therapists could use their particular 'alternative' status to their advantage in the labor market by embracing their holistic understanding of health, the extended time they spend with clients, the fact that massage is a relatively inexpensive healthcare alternative, and finally, that massage is one of few treatments that offers healthy, human touch.

If massage draws on the strengths they already possess – holism, the pleasure and safety of touch, the acceptance of human sexuality, and the message that individuals need to acknowledge and pay closer attention to their bodies – they could do great things to slowly shift public views of professionalism, touch, gender, labor, and bodies. Just as male therapists develop savvy campaigns to align with physicians, all therapists can develop campaigns to educate the public about professional touch. This work, while not likely a quick fix, has the potential to be more inclusive, rather than exclusive.

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