

University of Strathclyde  
Department of Management

Doing the right thing: Human agency  
and ethical choice-making in  
professional practice

by

Aidan McQuade

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of Doctor of Philosophy

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## Abstract

This thesis gives insight to the philosophical question of the relationship between human freedom and responsibility by drawing on the methodological traditions of social science to explore the process of ethical choice making by 26 professionals in medicine and the pharmaceutical industry.

Analysis of the data provides insight into the concept of human agency, taken here as meaning the individual's choice of a course of action in response to the options posed by that individual's engagement with the social world. I argue that choice emerges as a result of the individual's reflexive deliberations on the social in interaction with their wholly personal hopes and beliefs. This leads to a new model of human agency, which recognises that the potential range of individual action emerges from the nature of the resonance that social options strike with personal thoughts. Hence an individual can display a range of modes of agency at any given point in their life – *agentic sophistication*, which is critical in enabling professionals to negotiate complex ethical environments. Further each choice adds to the individual's personal biography in ways that influence subsequent choices by confirming or changing personal values and hopes and hence influencing the way the individual subsequently thinks about the world.

In explaining the potential and limits of human agency for ethical choice making in professional practice, I establish a basis for business executives, policy makers and business academics to conceptualise and develop more robust and realistic approaches for the mitigation of corporate malfeasance.

Central to this is the development of managerial professionalism through education and the codification of elements of professional practice and a hierarchy of guiding moral principles for international business. These recognise the central importance of developing managers to take personal responsibility for the consequences of their socially influenced decisions. It is from this personal responsibility that professional authority grows.

## Chapter 1: Introduction

*A man must have a code*

– *Detective William “Bunk” Moreland, The Wire*

### ORIGINS OF THIS RESEARCH

In January 1999 I hitched a ride with the International Committee of the Red Cross on the first civilian aid flight to the city of Kuito in central Angola since the resumption of the war the previous month<sup>1</sup>. The city had been the scene of intense fighting over the previous weeks. UNITA forces, attacking the city in one of their last major offensives of the civil war, had advanced to within a few kilometres of the city centre before being turned back amid much bloodshed. When I arrived there was still a great deal of tension following the battle and the city, already devastated by previous rounds of fighting in the civil war, was choking with displaced people from the central highlands, who had fled from UNITA’s advance.

I had been concerned to get back into the city as soon as the news of UNITA’s defeat was learned. I had Angolan colleagues there who I had failed to evacuate at the beginning of the battle, and I knew the influx of displaced people would also mean an urgent demand on the water and sanitation resources of the city, the provision of which was my organisation’s raison d’être in Angola.

I recall that the bombed out basketball court in the city had become home to some of the new arrivals to the city, luckier than others in that at least they had some shelter from the rain. In the midst of that I remember the look of

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<sup>1</sup> I was there in my capacity as Country Representative (national director) for Oxfam GB.

complete exhaustion on the faces of some of the old people sitting uncomplaining in the cold.

This sort of aftermath was common across Angola until the end of the war in 2002, and it was only one of a number that I encountered during the five years I worked there. With the tide of misery ebbing and flowing across the country in direct relationship to the movement of the armies, a central part of my job was to identify where humanitarian operations should be placed in order to alleviate some of the misery of the civilian population.

The early stages of the war in Angola were driven by ancient inter-ethnic disputes exacerbated by the anti-colonial struggle and the logic of the Cold War, with the USSR backing the governing MPLA and the USA backing the rebel UNITA movement. With the end of the Cold War and emergent peace processes in Namibia and South Africa the geo-political logic of the war dissipated. Yet the war in Angola continued in large part due to the megalomania of Jonas Savimbi, the psychotic UNITA leader, but the means to fight were facilitated by the international trade in oil and diamonds which funded the war machines of the two opposing factions and enriched the elites of the country.

The causes of the war and humanitarian catastrophe that it brought are matters which came to dominate my mind in the years that I worked in Angola. The question of how to mitigate the consequences of all of this became my principle professional objective, and, continually reminded of various aspects of the war from simply living in the country, I found the matter came to pervade all of my thinking. It remained a jarring experience

to encounter in the bars and on the beaches of Luanda, the urbane western women and men who managed the Angolan operations of the international oil and diamond businesses. These were institutions I had come to regard as morally culpable for financing the bloodshed and corruption in the country.

Margaret Archer (2003) noted *“the intuitive conviction of subjects that all others conducted their reflexive deliberations in the same way they did themselves”* (p 342). At the time I would have given little thought to the manner of others’ reflexive deliberations. But I did often feel with great conviction that all others should share my humanitarian concerns, so central had they come to my personal and professional thinking. Hence I wondered at how such charming and seemingly decent people could with clear conscience allow themselves to be involved in such a corrupted market.

The origins of this thesis lie most directly in the realisation of my own difference from others in the context of wartime Angola, though this has been an issue that I have noted occasionally both before and since my time there: In the last year of my primary university degree in 1988 I found myself shocked by people I had known for years, from my own nationalist community in the north of Ireland, with direct personal experience of petty and serious discrimination, talking excitedly about the job opportunities they were considering taking up in apartheid South Africa, attracted by the standard of living promised to them as whites. On another occasion, attending a lecture in the Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) one night in early 2009 I fell into conversation with a lawyer. On hearing that, by that stage, I worked for Anti-Slavery International, which had just produced a new report on the use of

slavery as a weapon of war in Darfur, he mentioned that he and his company represented the Government of Sudan in the United Kingdom, the very government that we had identified as ultimately culpable for the widespread use of this policy against their own people. I remember an anecdote shared by a business lecturer in Strathclyde when I was studying for my MBA. He told the class how he had once argued to an oil company that their key strategic competence was their *amorality* and hence their preparedness to do business anywhere in the world with anyone.

To accept that amoral business enterprises are not only to be tolerated but admired is something that I have consistently found problematic particularly as a significant part of my own professional career has been dealing with some of the more immediate, negative social and environmental consequences of the deals conducted by such amoral enterprises. However following difficult years and difficult decisions in Angola I was no longer either prepared or able to accept that my differences in opinion on these matters was somehow a result of some innate moral superiority I possessed. This presumption, of the moral inferiority of the other, perhaps provides the most comforting of conjectures when confronted with morally distressing behaviour. It has been exemplified in recent years by, for example, Daniel Goldhagen's (1996) conclusions on SS death squads or George W Bush's diverse pronouncements on al Qaeda. However I must contend that I have not found it useful when attempting to understand why it is, when faced with similar evidence about the moral challenges posed to human beings by a political or humanitarian situation, that many come to radically different conclusions to each other and to myself.

The readiness of individuals in businesses to *“intentionally behave[e] in ways that harm, abuse, demean, dehumanize or destroy innocent others - or us[e] one’s authority or systemic power to encourage or permit others to do so on your behalf”*, Zimbardo’s (2007) definition of “evil”, or to trade with systems and institutions that behave in such ways, is a matter that is socially significant. It is ironic when one reads Andrew Cockburn’s (2007) account of Donald Rumsfeld’s 1984 visit to Baghdad, when Saddam’s army had already used mustard gas against Iranian troops: *“Rumsfeld was apparently happy to reassure his hosts that they should not take objections to what would one day be called weapons of mass destruction personally. He was certainly enthusiastic in promoting business deals [including arms sales] between Saddam and Israel,”*(p.77). Other less ironic but still lethal deals continue to be pursued by business executives trading rubies from Burma, cotton from Uzbekistan, garments and stone products from India, and some agricultural products from Florida. Business undertaken with those who are exploiting or abusing others as a central function of their enterprises provides incentive that such practices should continue.

Further, recall the epigram, sometimes attributed to Clausewitz, that to wage war, one needs three things: money, money and money. Business undertaken with undemocratic and violent regimes provides those regimes with the means to kill and repress. However, an argument could be made, certainly with hindsight, that the preparedness of all sorts of people to build up industry in Angola and South Africa has had positive consequences for those countries following the end of war and apartheid.



This puzzle then, which I have repeatedly been witness to in the course of my professional career in the Third Sector, of why professionals should so easily engage with apparent evil<sup>2</sup> institutions, has been a legacy of my professional career. Why do they not take a different stand and make different choices? Why do they seem to focus on profits and economic benefits their businesses derive rather than on people and the negative social and environmental consequences that result from their business engagements?

The matter is further complicated because, to borrow from Churchill, it is a puzzle wrapped in a riddle: is it justifiable to engage in actions that have an immediate negative consequence because of potential long-term positive benefits? And this riddle is also placed in an enigma: given that so much is unknowable, about the immediate conducts of markets or wars for example, and the future unfolding of history, how can one take personal responsibility for one's own actions as they touch upon these matters?

These are questions which have traditionally lain in the realms of moral philosophy and, as is evidenced by centuries of debate among philosophers, these are not questions that easily yield to answers. Yet they remain profoundly relevant to ethical individuals in the modern world. They are also questions, as the preceding section seeks to demonstrate, that are socially important: It is individuals making decisions in social institutions such as businesses, governments and armies, who determine the conditions in which others live and die. And it is individuals making decisions in social institutions who create the conditions in which others make future decisions,

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<sup>2</sup> When the term "evil" is used in this thesis it always relates to the Zimbardo's definition (2008)

just as their predecessors in these institutions established the conditions in which subsequent choices are made.

This thesis is an attempt to engage with some of these questions in order to arrive at personal answers and in the extension of these consider lessons that the corporate world may need to learn.

### **EVOLUTION OF MY RESEARCH QUESTION**

The genesis of this thesis was a personal attempt to understand how people from similar backgrounds to my own can make in their professional lives choices that lead them to engage with evil institutions.

This question is not, of course, new. It has been a subject of significant research in the social sciences since the Second World War, with researchers such as Stanley Milgram (1992) exercised by how ordinary people could be induced to atrocity under the Nazis. In the same tradition researchers such as Darley and Lantane (1968), and Philip Zimbardo (2007) explored some of the more unsavoury aspects of group dynamics in an attempt to understand some distressing aspects of their own society.

The work of these social psychology researchers has echoed in more recent works of history, for example, Michael Bilton and Kevin Sim on My Lai (1992), and particularly illuminatingly Christopher Browning (2001) on an SS murder squad in Eastern Poland during the Second World War. Both these bodies of social science and historical research pose a haunting question to their reader, specifically, "What would you do if you found yourself in the same circumstances?" Browning notes starkly that anyone who has not experienced such situations and says that they certainly would not behave in

the murderous ways he describes simply does not know what they are talking about. In doing so, Browning enters a particularly challenging problem for moral philosophy. Generally we experience our own daily existences as a sequence of decisions, both trivial and significant, which we believe we make freely. It is an unsettling thought that circumstances could cause us to behave in a manner that, in the run of our normal lives, we would otherwise consider shocking, distasteful or reprehensible. However, here Browning is placing in the context of the work of Milgram and Zimbardo a more ancient philosophical debate regarding freedom, determinism and personal responsibility. In other words Browning is arguing we cannot know the extent and nature of our own personal free will when we encounter particular social pressures in unfamiliar social situations, and that it is probably less than we expect.

That lay people cannot know this perhaps should not be surprising as philosophers have been arguing this question for hundreds of years. Edwards (1965) notes that philosophers have proposed three possible answers to the question: Which is true, determinism or freedom? There are philosophers such as Holbach who accept determinism and reject freedom, reasoning that all the objective, scientific evidence favours determinism, and that humans' intuition of freedom is merely illusory. Second there are those philosophers who believe that determinism is not compatible with freedom and moral responsibility, and hence reject determinism. They argue that immediate experience, such as the experience of freedom, is more certain than a complicated theory such as determinism. Finally there are those philosophers who argue that both freedom and determinism are true and that the appearance of conflict between the two is deceptive. Edwards argues

that this view is given its classic statement by Hume and Mills, and that their main idea is that when we call an action “free” in ordinary life, we never mean uncaused. Rather it is meant that the agent was not coerced and was acting in accordance with their own unimpeded rational desires.

This philosophical debate has clear implications for the question of personal moral responsibility. Warnock and Magee (1987) have noted that for morality to have any meaning it presumes that, *“There must be some area, some space, however narrow, which we can exercise our own discretion. For if there is not - if it is never true to say that we could have acted otherwise than we did- any attempt at moral evaluation is empty and meaningless.”* So if determinism pertains then all questions of personal responsibility are negated.

What Browning’s, Bilton and Sim’s, Milgram’s and Zimbardo’s work, among others, suggests is that a variety of social processes including *diffusion of responsibility, peer pressure* and *obedience to legitimate authority* will influence the majority of any group in any given social situation to behave in certain, sometimes deeply distressing and evil, ways. Given that businesses are often large and complex social phenomena engaged in the even more complex social situations of markets, such social processes will unquestionably be at play in the decision-making of senior and junior executives in the nature of the enterprises they pursue and the way they seek to pursue them.

This poses a significant ethical problem: if so much of what we do in groups is determined by social processes then does that absolve us of the moral responsibility for externally influenced actions? Given that our daily lives, particularly our professional lives, are lived in social institutions such as

businesses, does this mean that we need not have any ethical concern regarding the impacts that those social institutions have on the world and the people in it?

However we know, also from Browning, Bilton and Sim, Milgram and Zimbardo that against the vast majority who succumb to the social pressures bearing on them in the situations they describe there are an enduring minority who refuse to follow immoral orders or to comply with group norms towards atrocity. This begs another question: What is it that distinguishes the decision-making of these dissenting minorities from the complying majorities? And it is this question which is at the core of this thesis: *How do some people resist the temptations provided by social pressures and instead chart their own moral course?* Why does one person become a Stauffenberg or Schlinder, for example, and another becomes a Speer? Are there distinct factors at play amongst the dissenters?

This is also a significant social question: human rights abuses documented in places such as Abu Ghraib, corporate scandals such as the collapse of Enron, the environmental damage caused in Ogoniland, Nigeria, by the oil industry, the trade in “blood diamonds” and near collapse in the global financial system in 2008/9, demonstrate that majorities in diverse important social institutions such as the military, the extractive industries or the banking sector, are prepared to act in ways that are socially and environmentally destructive, and, on occasion, murderous. *What are the professional responsibilities of military officers, including conscientious social revolutionaries, and business executives operating within these social institutions given their demonstrable capacity to cause evil as well as good?*

And if it is possible to discern the reasons why a minority dissent in such situations, particularly why they dissent on moral questions, despite the social pressures present, then it may be possible to help more individuals faced with ethical dilemmas to do the right thing.

### ILLUMINATING MORAL PHILOSOPHY WITH SOCIAL SCIENCE

In declaring my own philosophical position I would state at the outset that the Hume-Mills theory seems to me broadly supported by the crucial examples cited above from social science and from history. These show some diversity of choices from people faced with the same situation. This suggests that while the social world may both formulate the moral dilemmas that confront individuals and strongly influence the consequent decisions, *it does not determine* the ways in which individuals in such settings tend to act. However this theory seems to have led some philosophers to strange conclusions. Schlick (1951) for example states that *“if, for example, one does something under the influence of torture, feelings of guilt and regret are absent for one knows that according to the laws of volition no other behaviour was possible”*. This is a statement that, I would contend from personal experience, demonstrates little other than Schlick’s sheltered life up to the point at which he wrote.

By 2000 in Angola we had expanded our humanitarian operations to two additional cities in the central highlands of the country: Huambo and Malange. The triangle between these cities and Kuito continued to be bloodily contested, even as the major set-piece battles of late 1998 and early 1999 evolved into guerrilla conflict.

As in Kuito the city of Malange was also thronged with civilians fleeing UNITA. Here however, the government controlled, at least for most of the time, a larger enclave around the city which included a number of outlying villages. Consequently they established some of the new settlements of war displaced people in these villages.

One such village was called Cangandala, about 20km south of Malange along a heavily pitted, narrow asphalt road. There were about two poorly functioning wells in the village – barely sufficient for the original population of the village and woefully inadequate for the thousands more families crammed into the poorly sanitised camps that had quickly grown up there. The Oxfam team in Malange made remediating the water and sanitation situation in Cangandala their priority, such was the extremity of the situation. They moved their drilling equipment into the village and started opening new wells, to ensure safe drinking water became rapidly available, and promoting safe sanitation and hygiene practice.

Shortly after this operation began I received a phone call one morning in my office in Luanda, the Angolan capital, from a colleague in another agency. Our Malange team had travelled to Cangandala without incident that morning, but after they had reached their destination a subsequent vehicle on the same road had hit a landmine with casualties. Aside from the immediate human suffering the implications of this information were very troubling. The heavy usage of the road to Cangandala suggested that the mine must have been laid very recently, probably during the previous night.

There was no way of knowing if a single mine had been laid or if there were more. And, if a UNITA unit had breached security of the Malange pocket to do this, how often could they do this again, particularly on the long, isolated road to Cangandala?

The next hours were very tense as I waited for a report from Malange on whether the team had managed to safely negotiate the return leg of their journey to the relative safety of the city proper. When the call came it was a huge relief to hear that everyone was back safe.

In the intervening time waiting for the call I had made a decision, and when I spoke to the programme manager that afternoon I communicated it. *You are to shut down operations immediately in Cangandala and shift them to a less exposed part of the enclave.* Jamie, the programme engineer, protested. He was conscious of the need in the place and the consequences in terms of, particularly, infant morbidity and mortality if the work he had started was not finished. I dismissed his argument. In terms of the big picture I said death or injury of our staff would be a huge blow to the entire national operation as well as the provincial one that he was managing. This in turn could mean that the ambitious objectives we had set ourselves for the provision of public health measures for the people in the besieged cities of the central highlands would not be met. In other words the possibility of death or injury to my staff outweighed the probability of death and illness to the ordinary, war displaced families in Cangandala.



That ended the debate and the operation in Cangandala. Some months later, with no more incidents reported on the road, we reassessed the security situation and restarted the operation in Cangandala. It proceeded without further security incident.

I have always felt that my decision to suspend humanitarian operations was right and easily defensible from both moral and practical operational perspectives. I also for some years after was awakened in the night by the thoughts of how many children died in the village because of it. The external compulsion to act, the security threat to my staff, had little impact on subsequent feelings of guilt and regret which plagued me for years and polluted almost every aspect of my life and relationships. Simply because I can make rational claim to have acted morally and to have managed the security of the situation wisely does little to assuage the thought that I condemned to death women as old as my mother and children who, when I saw them playing in the Cangandala camps, reminded me of my nieces and nephew.

The classical philosophical approach of a lone genius, such as Kant, wrestling with the knottiest of problems and then presenting dazzling arguments to the world certainly has helped advance human understanding in significant ways. However, Schlick's statement indicates a danger of over-reliance on personal reflection for discerning answers to difficult questions of moral philosophy when those questions are themselves rendered infinitely more difficult by the variability and diversity of their manifestation in the social world. Any attempt by me to explore the questions of moral responsibility arising from the extent of human agency based solely on my personal

reflections on its practical and theoretical aspects runs the same risk as exemplified by Schlick above – that it will relate only to myself and my limited experiences and maybe a few people with similar beliefs to me or going through similar situations.

If we wish to have a deeper understanding of the extent and limit of human freedom in any social context that poses dilemmas about which individuals must make moral choices, then it may be advantageous to consider that issue in relation to a diversity of human beings making a range of ethical choices. For this reason I conceived of adopting a social science approach to exploring this crucial question of moral philosophy: providing illumination to the question of the relationship between individual freedom and personal responsibility for ethical decision-making. From this approach I identify general insights into the questions of personal responsibility that arise from consideration of the decision making processes of individuals who comply with or dissent from majority practices for ethical reasons.

It is through use of this social science approach to consider this question of moral philosophy – the relationship between human freedom and responsibility in regard to ethical choice making – that I seek to make my contribution to knowledge.

### **THE HYBRID NATURE OF THIS STUDY**

While the origins of this study lie in realms traditionally considered as questions of moral philosophy the majority of this thesis relates to approaching these questions from the standpoint of social science. Specifically I explore the question of the relationship between human

freedom and responsibility in regard to ethical choice making by focussing on a community of professionals working in the health sector, a group of people dealing regularly with a large volume of difficult and complex ethical choices. Hence the theoretical position that I adopt in exploring this question is rooted in the debates on agency in the social sciences.

As with the questions of freedom and determinism in philosophy the question of the nature of human agency in social science is also heavily contested terrain. So in the process of this study I will engage with and clarify the social science concepts of reflexivity, agency and the relationship between the two in that particular social and professional context. This then provides the theoretical basis from which I explore the issue of ethical choice making and from which I make a contribution to the philosophical question of the relationship between human freedom and moral responsibility by charting how some people resist social pressures to chart their own moral course.

The work of writers like Browning (2001), Milgram (1992) and Zimbardo (2007) has particular relevance to this work. However the extremity of the situations they describe allows many professionals the comforting myth that the social dynamics and ethical dilemmas described do not relate to their much more mundane seeming lives and work. In engaging with the process of ethical decision making by health professionals I intend to provide an account that other professionals might identify with more readily, providing not only insight into the personal process of ethical decision making, but also relating that to the wider debate on corporate social responsibility: It is after all professionals making ethical decisions in influential social settings who

set the policy and practice of businesses and other organisations towards society and the environment.

### **SOCIAL RELEVANCE OF THE PHILOSOPHICAL QUESTIONS OF HUMAN FREEDOM AND RESPONSIBILITY**

As noted above the question of agency and responsibility, when treated from a philosophical perspective, tends towards the individualistic, relating to particular writers' thoughts on the question in relation to the literature and their own experiences. The diversity of social conditions and the variability of human beings are little considered in a quest for universal laws.

Furthermore this question of agency and responsibility is not a matter of concern simply for the individual. As exemplified in Abu Ghraib, Enron and the 21<sup>st</sup> Century banking industry, it can have consequences for all of society. However the literature on personal culpability for corporate transgressions is a relatively small part of the literature on corporate social responsibility. It displays little consideration of key insights in social psychology from the likes of Milgram (1992), Zimbardo (2007), and Lantane and Darley (1968), and it barely addresses explicitly the older philosophical questions relating to agency and personal moral responsibility. Rather the writing tends to assume deterministic or voluntaristic explanations of corporate malfeasance without considering that the underlying assumptions may themselves be philosophically and theoretically disputed. More broadly the literature on social responsibility shows a strong rationalist tendency, ignoring the less rational aspects of human beings in social organisations in its discussions.

In considering the question of agency and moral responsibility in the methodological tradition of the social sciences, rather than a purely philosophical perspective, I aim, by following a systematic social science process, to develop a more robust model for understanding human agency in professional situations and specifically as it relates to ethical choice making. In doing so I intend to move the question of the human agent and individual moral responsibility from the purely philosophical and personal to the centre of a consideration of corporate social responsibility, and to consider how social forces and pressures relate to the personal questions of freedom and responsibility. The aim of this hybrid approach is to allow for a more complete contemplation of the risks, limits and possibilities of professional practice in advancing economic, social and environmental good.

### **PURPOSE**

The purpose of this thesis is to give insight into human agency and what this implies for personal responsibility in ethical choice making by professionals, and hence to give insight into the practice of corporate social responsibility.

### **CENTRAL ARGUMENT**

The notion of human agency divorced from social organisation is by definition a contradiction in terms: it is the social world that poses the complexity from which the individual human must choose. The social world strongly influences human behaviour but it does not determine it. Humans retain the capacity to follow alternative courses of action to those pursued by the majority in any given social situation. This capacity for contemplating alternative action is engaged when the individual's reflexive deliberations on possibilities for action posed by the social world resonate with their most valued beliefs and hopes. In understanding the potential and limitations of

this lies the possibility of understanding better the processes that lead to both corporate malfeasance and effective corporate social responsibility.

## ORGANISATION OF THE THESIS

This thesis is organised as follows:

- Chapter 2 reviews the literature on corporate social responsibility and identifies a gap in the literature arising from an incomplete understanding of the nature of human agency and its implications for the development and practice of corporate social responsibility;
- Chapter 3 reviews key social science theorists of agency and discusses the explanatory power of their theories. From these I synthesise a new model of reflexivity, the precursor to choice, and outline five propositions related to social science conceptions of agency to assist the exploration of the research question of how do individuals plot their own individual moral course in spite of social pressures.
- Chapter 4 outlines methodology of this research, discusses the practicalities of a hermeneutic approach to research and the evolution of the research design. From this a sixth proposition emerges relating to how a critical realist ontology provides greater discursive opportunity for considering human agency than a structurationist ontology.
- Chapter 5, using *analysis of narratives* as a method, in keeping with a structurationist ontology, explores the first two propositions through a particular ethical choice faced by a group of professionals – engagement with the pharmaceutical industry’s selling practices.
- Chapter 6 uses this ethical choice to explore propositions three and four using *narrative analysis* and a critical realist ontology. From the

analysis of the first four propositions I develop a more general model of agency.

- Chapter 7 explores the fifth proposition and discusses the idea of agentic sophistication, its importance as a professional skill and a management approach, and how reflexivity and responsibility for past misdeeds can lead to professional maturation.
- Chapter 8 is the discussion which explores the implications of the insights gained from this model for the questions of professional practice and corporate social responsibility and suggests some further conclusions relating to the ontological debate that revolves around the question of human agency in the social world.
- Chapter 9 is the conclusions chapter and outlines key personal learning points and some potential areas for future research.

### **CONTRIBUTION**

This thesis makes four contributions:

- It gives fresh insight to the philosophical consideration of the relationship between freedom and moral responsibility by providing greater insight to the nature of freedom by exploring the question from a particular social science standpoint.
- It contributes to the literature that seeks to account for the process of ethical choice making. The specific contribution is to offer a means of synthesizing two social science theoretical approaches and in doing so offer a new interpretation of how individual humans interact with their professional environment.
- It takes this synthesised theoretical interpretation and examines its explanatory power in an appropriate empirical context: ethical choice making amongst health professionals.

- Finally a fourth significant contribution is made in terms of the application of the findings of this work to the area of professional development of managers and policy making for international business so that the constraints and enablements on corporate enterprises can optimise social and environmental benefits as well as economic ones.

As noted the limits and possibilities of human agency is a recurrent theme in the literature relating to both corporate scandals (Waters, 1978) and human rights abuses (Bilton and Sim, 1992; Gourevitch and Morris, 2008; Zimbardo, 2007). Given the current parlous state of the world economy brought about by poor regulation of key financial institutions and the recurrent problem of corporate abuses, particularly in the developing world, this research is both relevant and timely. In providing insight into possibilities and limitations of human agency it provides the possibility of a sound conceptual basis for discussion of professional responsibility in relation to the policy and practice of corporate social responsibility. For progress to be achieved in this area a clearer understanding is required of how the world and the people in it actually are rather than how we might hope them to be.



## **Chapter 2: Background: Business in society**

*Corporation, n.: An ingenious device for securing individual profit without individual responsibility*

*- from The Devil's Dictionary by Ambrose Bierce*

### **INTRODUCTION**

This thesis aims to give insight into the relationship between personal freedom and responsibility by using a social scientific approach to study the ethical choice making of professionals. As I note in the previous chapter it is my contention that this is a question at the heart of the issue of corporate social responsibility because it is business executives practising the profession of management who, in the social context of their organisations, make decisions that have positive or negative economic, environmental or social consequences.

This is a question which the following review will show is treated unsatisfactorily in the literature. Overall the current literature on social responsibility can be divided into five main themes:

- i) The relationship between corporate social and financial performance;
- ii) Business responsibilities to society;
- iii) The political implications of the political (stakeholder) view of the firm;
- iv) Development of a theory of corporate social responsibility;
- v) Why do good people do bad things?

The final strand of the literature is the strand to which this thesis is most closely related, providing a clearer understanding of the potential and limits

of human agency in ethical choice making by professionals, and the consequent social good or social ill that can emerge when such choices are made.

I also argue that the other strands of research represent beliefs and values regarding the relationship between business and society that influence professional practice and hence the evolution of corporate social responsibility. Furthermore these strands of research also represent the beliefs of the writers themselves and indicate that their choices of research topic and arguments are influenced by these values and beliefs.

#### **EXAMINING THE RELATIONSHIP BETWEEN CORPORATE SOCIAL AND FINANCIAL PERFORMANCE**

The literature that explores the relationship between corporate social and financial performance may not, at first sight, appear relevant to a discussion of the relationship between freedom and moral responsibility in the practice of management. It is rooted in classical economics, taking as a starting point the idea that a business's social practices must be justified in economic terms. This gives it a deterministic slant, presuming managers in businesses must be guided by the dominant rule of maximising profits.

But, as noted above, this literature is representative of a social pressure that is at play in business to influence managers to act in a certain way: to maximise profits above all other considerations. This belief pervades both the portions of this literature that are positive about the financial value of social engagement by business and those that are negative.

For example there are a number of qualitative studies that have sought to demonstrate why good social performance should lead to good financial performance<sup>3</sup>. Some writers perceive that social engagement may be intrinsically linked to commercial activity. Dunn and Yamashita (2003) explore the benefits that Hewlett-Packard derives from its “i-communities” initiative in India. From their own perspective they argue that the initiative leads to HP *“gaining knowledge and contacts that will make the company a stronger competitor in the global economy”* (p. 52). Hart and Christensen (2002) also argue that, *“business models that are forged in low-income markets travel well, that is they can be profitably applied in more places than models defined in high-income markets”* (p.52). In addition such business models *“compete against non-consumption- that is they offer a product or service to people who would otherwise be left out entirely or poorly served by existing products”* (p. 52). Consequently business models developed in such circumstances result in an expansion of market share for those who engage therein. Kanter (1999) concurs<sup>4</sup>.

There are also more negative researchers. From a consideration of, particularly, marketing and entrepreneurial theory Miles, Munilla and Covin (2002) discuss how corporate social responsibility practice could stifle innovation. They argue that adopting a social dimension to marketing may

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<sup>3</sup> For example Wulfson (2001) argues that some companies may engage in corporate philanthropy in order to polish their corporate image following bad publicity, fill a gap created by cutbacks in government social programmes, or if they sense that philanthropy is an important corporate responsibility. They may also recognise that when price and quality is the same that corporate philanthropy may provide a unique selling point. Yu (2003), reviewing Forehand and Grier (2003) notes their findings that some sceptical consumers may become suspicious of corporate altruism as a veiled attempt to grow markets or increased profitability. Weaver, Trevino and Cochran’s (1999) research suggests that scepticism is not necessarily misplaced and some firms adopt approaches to social performance that are easily “decoupled”, or dropped, as circumstances change.

<sup>4</sup> These arguments echo van der Heijen’s (1996) concept of the business idea, which argues that entrepreneurial invention is essentially the result of recognising social needs in society. In other words they represent a commercial incentive to providing social services.

ultimately lead to an unintentional restriction of innovation and corporate entrepreneurship. To illustrate this they discuss the consequences of the “*social blackmail*” that forced drug companies to acquiesce in the provision of cheap and generic anti-retroviral drugs for HIV treatment in poor countries. Their worry is that provision of such drugs at a low cost, even in poor countries where people or governments cannot afford to pay the prices charged in richer economies, “*does not reflect the costs of R&D and innovation*” (p. 288). Hence the threat of “*social blackmail*” will be a disincentive to pharmaceutical companies developing drugs for “*diseases of poverty,*” such as malaria and sleeping sickness.

Irrespective of the divergent conclusions between some researchers in this strand of literature there is an underlying assumption that CSR should be judged on this economic standard. This runs true through this literature such as Pava and Krausz (1996)<sup>5</sup>, Frooman (1997)<sup>6</sup>, Hillman and Keim (2001)<sup>7</sup>, Waddock (1997)<sup>8</sup>, Preston and O’Bannon (1997)<sup>9</sup>, Simpson and Kohers (2002),

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<sup>5</sup> Based on a review of over 20 empirical studies exploring the links between corporate social and financial performance, and one they conduct themselves having found problems with the others, assert that, “*nearly all empirical studies to date have concluded that firms which are perceived as having met social-responsibility criteria have either outperformed or performed as well as other firms which are not (necessarily) socially-responsible.*” They refer to this as the “*social cost paradox*”, as it seems to run counter to a view based on classical economic theory exemplified by Friedman (2002).

<sup>6</sup> This study argues, based on meta-analysis of 27 event studies, that have measured the stock market reaction to instances of socially irresponsible and illicit behaviour, that “*socially responsible and lawful behaviour is a necessary, though not sufficient, condition for increasing shareholder wealth*”.

<sup>7</sup> This study argues that building better relations with the primary stakeholders like employees, customers, suppliers and communities leads to improved shareholder value, while “*social issue participation*” not related to primary stakeholders is negatively related to shareholder value.

<sup>8</sup> This study suggests that corporate social performance (CSP) is “*positively linked to future financial performance, thereby backing the theory that there is a positive relationship between good management and CSP*”.

Moore (2001), Gray, Kouhy and Lavers (1995) and Gilley, Worrell and El-Jelly (2000)<sup>10</sup>. All try to understand the causal relationships that exist between corporate social and financial performance. Richardson, Welker and Hutchinson (1999) point out, much of the study of the linkage between social and financial performance lacks a theory. Consequently, an ill-defined and contentious question has provoked a mass of research that suggests correlation between the two, but does not explain causality.

Margolis and Walsh (2003) note that, *“The problem [with the focus on the social and financial performance link] is that the resulting empirical findings and theoretical propositions restrict organizational scholars’ ability to develop a more expansive approach to understanding the relationship between organizations and society”* (p.273). Here they echo Stormer (2003) who argues that trying to justify stakeholder theory and corporate social responsibility practice in economic terms implicitly accepts the primacy of the classical economic model of the firm and, in doing so, limits attempts to understand the *“bitter realities arising from the complex interactions between social, political, cultural, economic and natural environments”* (p.279). I would further argue that the efforts to define the relationship between social and financial performance reflect an even deeper Platonist urge to measure two quite different things on the same scale (Nussbaum, 2001).

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<sup>9</sup> This study concludes that the most likely relationship between social and financial performance of companies is that higher levels of financial performance lead to higher levels of social performance and lower levels of financial performance lead to lower levels of social performance.

<sup>10</sup> This study is doubtful on the positive strategic benefits of improving social performance. They examine the influence of environmental initiatives on firms’ anticipated economic performance reflected in share prices. They conclude that initiatives that aim at improving the environmental friendliness of the processes firms used had a negative impact on anticipated future earnings, while initiatives to produce more environmentally friendly products for market tended to have a positive impact on anticipated earnings.

Margolis and Walsh (2003) make a further point. They note first that a range of studies have attempted to answer clearly the question of whether social performance has a positive or negative impact on the financial performance of business. They count, between 1972 and 2002, 127 published studies examining the relationship between the two, and note that *“almost half the result (54) pointed to a positive relationship between corporate social performance and financial performance. Only seven studies found a negative relationship; 28 studies reported non-significant relationships, while 20 reported a mixed set of findings... A clear signal emerges from these 127 studies. A simple compilation of the finding suggests there is a positive association between a company’s social performance and its financial performance”* (p273-277).

Reviewing the literature on the links between social and financial performance Margolis and Walsh comment that *“Notwithstanding a long empirical history interest in this question [relating to the actual link between social and financial performance] seems to be gaining momentum”* (p274) and rather than settle questions the empirical studies on the relationship between social and financial performance themselves seem to have stirred controversy and contention.

Certainly there appears to be much that can be disputed in the quantitative studies on this link. Balabanis et al (1998) note that there is no consistency in the results from previous studies carried out and suggest that one reason for this is that previous studies did not differentiate between past, concurrent and future performance. Margolis and Walsh note that reviewers of the literature *“see problems of all kinds in this research. They identify sampling*

*problems, concerns about the reliability and validity of the CSP and CFP measures, omissions of controls, opportunities to test mediating mechanisms and moderating conditions, and a need for a causal theory to link CSP and CFP. The imperfect nature of these studies makes research on the link between CSP and CFP self-perpetuating: each successive study promises a definitive conclusion, while also revealing the inevitable inadequacies of empirically tackling the question"<sup>11</sup> (p. 278).*

This indicates two things. First, that when trying to operationalise research of this aspect of corporate social performance, there is no agreement on what are appropriate measures of corporate social responsibility and performance<sup>12</sup>. Second, despite its ill-defined nature, the question of *what are the proper responsibilities of business towards society* is not an emotionally neutral matter, but rather it cuts to the heart of the beliefs and values of both academics and practitioners of business, so much so that despite the extent of the investigation, others remain keen to join the fray to prove the truths that they hold self-evident. This is true for both academics and practitioners and, ironically for a strand of literature that is so rationalist seeming and rooted in classical economics, indicates the importance of individual human belief and hope in the process of human choice-making.

## **BUSINESS RESPONSIBILITIES TO SOCIETY**

The research on the relationship between corporate social and financial performance occurs in the context of a wider debate that considers the more general question of the nature of business responsibility towards society.

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<sup>11</sup> Emphasis added

<sup>12</sup> Some might add that there are similar disputes in business as to appropriate metrics to measure the financial performance of firms.

The responses to this question fall into two broad categories. First there are those who take an approach to business ethics based on classical economics. Friedman (1970, quoted in Freeman and Liedtka, 1992) is perhaps the best known of the writers in this category. Friedman (1970) argues that the appropriate social goal of a corporate executive was *“to make as much money as possible while conforming with the basic rules of society, both those embodied in law and those embodied in ethical custom”*. Within this school of thought it is the role of governments to regulate businesses and to see to the welfare of society. This is a position that Henderson (2001) concurs with, worrying that any attempt by business to satisfy aims other than business aims risks loss of focus on the primary social function of business – wealth creation. Miles, Munilla and Covin also echo this belief set in expressing their disquiet that in conceiving of the firm as an entity with a role in society inclusive of, but not limited to, wealth production, the fundamental roles of business, both economic and social - such as generating social integration through employment (Schokkaert and Sweeney, 1999) - will be undermined.

The second set of responses to this question take an approach to business ethics based on the stakeholder view of the firm (Freeman, 1984). Stakeholder theory was formulated as a theoretical alternative to shareholder theory of classical economics. Stoney and Winstanley (2001) note that the concept emerged in the 1960s at Stanford Research Institute, where academics argued that, in addition to shareholders, businesses depended on, and hence needed to be responsible to, a range of stakeholders without whom the organisation would cease to exist. This idea resonates with Donaldson (1983) who states that social responsibility is a contractual obligation firms have towards society: Since society permits firms to use natural and human resources, and



hence perform productive functions to attain their power status, in return society has a claim on the firm and the right to control it. This idea is also central to Bowen (1953) and Epstein (1987).

The term stakeholder theory was popularised by Freeman, who went on to distinguish between a wide and narrow definition of stakeholders: *“The ‘narrow definition’ includes those groups who are vital to the survival and success of the corporation. The ‘wide definition’ includes any group or individual who can affect or is affected by the corporation”* (Freeman, 1997). One key departure that this introduced, compared with classical economics, was the idea of the *“triple bottom line”*. That is the idea that businesses must satisfy environmental and social objectives as well as economic ones, and that those environmental and social objectives are important in their own right and need not be justified in economic terms (Stormer, 2003).

As Stoney and Winstanley (2001) put it, *“Thus a clear and fundamental juxtaposition was made between serving the needs of shareholders through dividend maximisation and servicing the needs of a wider constituency of stakeholders: as Hirschman (1970) put it, between the economic and political view of the firm”* (p. 604).

Post (2003) contrasts impacts of the shareholder and stakeholder views of the firm as follows: *“Shareholder theory allows management to ignore the interests of other constituencies while pursuing its own narrow self-interest under the guise (the ethical façade) of promoting the interests of the shareholder owners. The Shareholder Theory does not provide any realistic counterweight against management abuse. The Enron example strengthens the arguments for the use of Stakeholder theory and*

*exposes the utter failure of Shareholder Theory*" (p. 57). Which is perhaps putting things a bit too strongly. Stoney and Winstanley note that stakeholder theory can be used simply for analysis without necessarily prescribing a course of action. Carson (2003) observes that stakeholder theory has no explicit prohibition of fraud and deception. Indeed stakeholder theory, as Humber (2002) points out, lacks any inherent, deontological, moral core. So two firms sincerely using stakeholder theory when considering the same set of stakeholders can come to completely different decisions depending on the "normative" moral basis these use in conjunction with the stakeholder approach. For example, two stakeholder-oriented firms may be contracted to build two factories on the edge of the same city. On discovering that the construction would threaten a species of endangered frog, firm X, using Kantianism as its moral basis, which judges the breaking of promises as always wrong, and regarding frogs as outside the moral community, fulfils its contract. Firm Y, using ecological principles as its normative core break their contract rather than breaking what they regard as their moral duty to care for the earth.

Further to this logic suggests that, shorn of any imperative to fulfil a normative moral core, the insight provided to an unscrupulous agent by knowledge of stakeholder theory could be used to manipulate the perceptions and expectations of various stakeholder groups towards the agent's selfish interest. Indeed one might regard Machiavelli's *The Prince* as a handbook for such selfish stakeholder manipulation. More neutrally, Kapelus (2002) notes that there are sometimes positive business benefits from socially responsible stakeholder management: otherwise the stakeholders can impose costs on the business. If they cannot impose costs, for whatever

reason, there is no economic case for being socially responsible. This clear-sighted observation is worth bearing in mind because it indicates the limits of benign self-interest and acknowledges that sometimes firms may be starkly faced with the opportunity for doing well by doing bad.

Two points may be emphasised from this preceding discussion. First, the discourse on corporate social responsibility (CSR) may be viewed as an approach to business ethics based on a political view of the firm as opposed to that approach to business ethics based on classical economics.

Second, adopting this political approach to business ethics implicitly complicates the question of what are managers' ethical responsibilities in a business. From the perspective of "economics-based" business ethics Friedman argues that managers should not refrain from profitable investments that satisfy all legal constraints but do not conform to managers' own personal social agenda. With a "political-based" approach to business ethics the manager must be concerned with appropriate behaviour regarding the totality of the complex web of relationships, between both individuals and collectives that interweave business and society.

So, for example it may have been perfectly legal, and profitable, for De Beers to have purchased Unita sourced diamonds in Zambia (Global Witness, 1998) and indeed imperative under Friedman's articulation of the economic view of the firm. However, with a political view of the firm insisting on consideration of the impact on those stakeholders who are affected by corporate decisions, and knowing that revenues paid by the company would be used to finance war and terrorism against civilian populations, the

question of what are the manager's responsibilities becomes much more complex. Which stakeholder interests should she privilege and why? Certainly she has responsibility towards shareholders for profit maximisation, but is this a greater moral obligation than one to attempt to deny terrorists the means to murder?

This problem is accentuated when the polycentric character of business ethics decision-making is considered (Jackson, 2000), which highlights the diverse and often divergent demands of different stakeholder groups of the business. Resolving one set of issues regarding one set of stakeholders may have unpredictable consequences for the rest of the groups. In other words, as Gonzalez (2002) notes, while stakeholder theory indicates to whom the corporation is responsible it does not indicate what the corporation is responsible for or to what extent<sup>13</sup>.

### **Contested terrain**

The ethical complexities that the stakeholder theory of the firm uncovers are reflected in the literature on corporate social responsibility. In other words, even among those who adhere to the stakeholder theory of the firm and its ethical implications, there is significant dispute to both the meaning of the term CSR and its implications. This may be seen from a brief consideration of

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<sup>13</sup> This theoretical argument is borne out to some extent empirically by Brammer and Millington (2003) who argue that the variations in corporate community activities may be influenced by the preferences of societal stakeholders. Kapelus (2002) also shows how the varying pressures from different stakeholder groups on a company can lead to dissatisfaction among stakeholders.

the definitions posited by various academics of what corporate social responsibility actually is.

Perhaps the most neutral response to the question of what are businesses' social responsibilities is that of Carroll and Bucholtz (2000) who state that they are *"the economic, legal, ethical and discretionary (philanthropic) expectations placed on organisations by society at a given point in time"* (p.40). While this explains the parameters of the topic it gives little guidance to practitioners on what, specifically, is expected of them. Carroll had been more helpful in 1991 when attempting to address the problem that *"academics and practitioners have been striving for an agreed upon definition [of Corporate Social Responsibility] for 30 years"*. He posited the idea of a *"pyramid"* of corporate social responsibility. At the base are the economic responsibilities of the firm, the requirement of profit making without which nothing else can be undertaken. Overlaying this are the firm's legal responsibilities, which may be regarded as a minimum standard of ethics codified by the state. The next layer of the pyramid contains the firm's ethical responsibilities – the standards of behaviour expected by society but not codified by law. Finally at the top of Carroll's pyramid are the firm's *"philanthropic responsibilities"*, to meet society's expectations of *"being good corporate citizens. This includes actively engaging in acts or programmes to promote human welfare or goodwill"*. Maignan and Ferrell (2000) surveyed 210 American and 120 French managers to find that most agreed with this formulation.

Carroll's description of CSR is echoed by Lantos (2002). He provides a three-part categorisation of CSR, distinguishing between ethical, or mandatory CSR that fulfils the firm's economic and legal responsibilities, altruistic CSR,

which is philanthropic in nature, and strategic CSR, which aims to ensure that the philanthropic activities of the firm have commercial benefit<sup>14</sup>. Further Snider, Hill and Martin (2003) argue that there is a growing normalisation of the way in which corporations communicate their social responsibility messages on the web, particularly regarding the stakeholders with whom they communicate. This seems to confirm Martin's (2002) observation that, "*a widespread expectation exists today that companies conduct themselves with at least a minimal degree of social responsibility*"(p. 75).

However while the parameters of CSR may be agreed in some quarters CSR remains a contested topic. As noted, writers such as Friedman and Henderson dispute its validity from a perspective of classical economics, emphasising the importance of the wealth-creating aspects of business and concerned with loss of focus on that fundamental organisational and societal function as a result of paying too much attention to other stakeholders. On the other hand writers from the stakeholder tradition (Freeman, 1984) aim to "*establish the legitimate place for parties other than shareholders whose interests and concerns can defensibly orient managers' actions*" (Margolis and Walsh, 2003). Charles Handy (2002) goes even further suggesting that shareholders should no longer be considered owners but rather simply investors. The conception of the firm should become more a community of, in the main, knowledge workers with a social purpose, rather than the purely economic one of producing profits for shareholders. The traditional economic view of the firm is something that Handy asserts is a confusion of means with ends.

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<sup>14</sup> He also argues strongly that purely altruistic CSR does not sit within the domain of business.

In challenging the unimpeachability of the classical economic view of the firm this strand of literature opens some discursive space for managers to conceive that there may be alternative ways of doing business that privilege a plurality of stakeholders in addition to shareholders. However while much is written arguing that business has broader and more complex responsibilities than the generation of profits, it is not at all clear that these views have obtained anything like a majority in business itself compared with the classical economic view of the firm. Furthermore when compared with the bland ethical certainties offered to managers by classical economics, particularly in regards to their moral responsibilities, the ethical complexities that the stakeholder view of the firm poses for the practice of management and governance mean that it is perhaps a much less attractive approach for managers to adopt. The sort of complexities that emerge from this view of the firm is something I will explore further in the next sections.

### **THE POLITICAL IMPLICATIONS OF THE POLITICAL VIEW OF THE FIRM**

Building upon the ideas of stakeholder theory and its implications a small number of researchers, in the tradition of Mason (1959), have begun thinking about *political* implications of this political view of the firm. As Mason pointed out corporations, run by unaccountable and “*self perpetuating oligarchies*”, are beginning to outgrow in size and resources some states, and the nature of their market power means that they cannot be effectively constrained by society. Furthermore economic globalisation means corporations are “*deterritorializing*”, or losing their links with states. Hence states are losing the ability to regulate corporations, something that is presumed by classical economics.

Chua (2003) notes that in the 19<sup>th</sup> century *“most leading political philosophers and economists believed that free market capitalism and democracy could only coexist in fundamental tension with each other”*, and worries that the *“conditions in today’s developing world ... make the combination of markets and democracy more volatile than was the case when Western nations embarked on their own paths to market democracy”* (p. 14).

She posits the sources of this volatility as the scale and level of entrenchment of poverty in the developing world, the wholesale and abrupt implementation of universal suffrage in developing countries and, *“the most formidable problem”*, the phenomenon of *“a market dominant minority, ethnic minorities who, for widely varying reasons tend, under market conditions to dominate economically the impoverished ‘indigenous’ minorities around them”* (p. 14).

In raising the issue of *“market dominant minorities”* Chua echoes Mason’s concerns about the self-perpetuating oligarchies that dominate advanced western economies, but she develops a further question by raising the tension between political democratisation and economic development in the developing world, something that Wrong (2009) describes in frightening detail.

Some might argue that the natures of both capitalist economics and democratic politics have evolved considerably since the 19th Century and this question is at the heart of the work of Matten, Crane and Chapple (2003). They explore the implications for the inter-relationships between business



and society brought about by globalisation and the retrenchment of the state in line with Friedmanite philosophy. In light of this they argue the principle issue in these relationships is that of corporate citizenship, which focuses on the mutually interlinked and dependent rights and responsibilities of all members of the community. Recognising this as a political concept that places the corporation in *“its rightful place in society, next to other ‘citizens’, with whom it forms a community”* (p. 111), they then argue that *corporate citizenship* is something more and less than the citizenship of individual people. *“Corporations ...enter the picture –not because they have an entitlement to certain rights as a “real” citizen would, but as powerful public actors which have a responsibility to respect those ‘real’ citizen’s rights in society...We argue that because of elements of institutional failure crucial to the function of the notion of [individual] liberal citizenship, corporate involvement in ‘citizenship’ moves from a voluntary form of behaviour to an unavoidable occurrence which ultimately results in a necessary reconceptualization of business-society relations”* (p.115). Crane et al argue it is the process of globalisation that erodes the liberal notion of citizenship as the rights embodied in this concept proceed from the state, sovereign in its own territory. *“The central characteristics of globalization though consist in the deterritorialization of social, political and economic interaction (Scholte, 2000). This means that a growing number of social activities appear to be taking place beyond the power and influence of the nation-state”*(p.115).

Martin (2002) introduces the concept of the *“civil foundation. The ‘common law’ of responsible corporate behaviour [it] is an accumulation of customs, norms, laws and regulations [that] promotes conduct that is socially responsible and enhances shareholder value”*. But, he notes, *“The civil foundation...is deep and robust in prosperous, advanced economies, whereas in poorer, less developed economies it is*

*likely to be shallow and fragile*" (p. 71). It is in part the unevenness of the civil foundation across the world that, by allowing corporations to move operations and incorporation, allows so much corporate activity, with all its attendant social and environmental consequences, both positive and negative, to take place beyond the realm of the nation-state. This factor seems to undermine somewhat Sethi's (2003) idea that corporations should be held somehow accountable for a more equitable distribution of above-normal profits that they earn because of market imperfections and corporate power in the globalising economy. In a global political economy who can hold corporations to such an account? And what would be the incentive for them to do it themselves?

Crane et al argue that, *"corporations enter the arena of citizenship at the point of government failure in the protection of citizenship. More precisely we suggest that they partly take over those functions with regard to the protection, facilitation and enabling of citizens' rights"* (p. 116). They also note the irony that this role of corporations is a direct consequence of the *"neo-liberal revolution of the 1980s"* where the political demands of Friedman and others for *"smaller government"* and a decisive cutback in the welfare state led to significant reductions in the civil and social rights of citizens, leading to an expectation that corporations should fill the gap.

This leads to a conceptualisation of the role of the corporation, by virtue of their considerable power, as something more analogous to governments than individual citizens. However, as Kapelus (2002) also noted, corporations generally only take up this role if it is in their self-interests to do so. Martin (2002) notes that socially positive action by businesses that adds to

shareholder value, by generating positive reactions from customers, employees or legal authorities, tends quickly to become accepted as part of the *“civil foundation as other companies imitate the innovators until the practice becomes the norm”* (p.71). However, this may still leave gaps in provision of rights if it is not in the interests of business. Furthermore, there is as yet no clearly agreed mechanism of democratic accountability of businesses to society in the evolving political economy. Indeed, Lewis and Mackenzie’s (2000) findings – that only a minority of ethical investors would favour purchasing shares in companies that are failing ethically in order to take a more activist approach in changing them – suggests that even when clear cut mechanisms of governance exist, some feel squeamish about using them; hence arguably assisting to perpetuate that which they claim to abhor.

As I have demonstrated, this whole conceptualisation of the relations between business and society is deeply contentious, and Crane et al argue this is because it is corporate citizenship itself (the definition of the proper relationships between society and business) that is the central problem rather than the more subsidiary questions of how it is practised.

Crane, Matten and Chapple’s argument introduces an important new thread into the literature on corporate social responsibility. Rawls’ (1999) second principle of justice relates to the arrangement of social and economic inequalities in society so that they are to the greatest benefits of the least advantaged and open to all under equality of opportunity. The development of a theory of corporate social responsibility and responsiveness to stakeholders may be viewed as a way of operationalising this principle for business organisations in the context of the debate as to how far this should

be allowed to encroach on economic freedom. The examination of the relationship between corporate social and financial performance and the qualitative explorations of how businesses can “do well by doing good” may be seen as empirical tests of the compatibility of this principle with the economic role of the firm.

However, in identifying the role of the corporation as a “*powerful public actor*” and business entry into the “*arena of citizenship at the point of government failure in the protection of citizenship*” Crane et al follow the political view of the firm to its logical conclusion. They recognise that the questions of corporate social responsibility and responsiveness relate to the issue of accountability of business in society, and in essence, this places the CSR debate in the arena of Rawls’ first principle – “*that each person have an equal right to the most extensive total system of equal basic liberties compatible with a similar system of liberty for all*”. So, where in the past liberal thinkers have advocated limitations on the power of government to protect the freedom of individuals, now social justice advocates are concerned with the implications that the unconstrained power of corporations have for the political, economic and social rights of individuals.

Viewing Chua’s concerns from Crane et al’s perspective of *corporate citizenship*, one might argue that the problem is not the abrupt implementation of universal suffrage. Rather the problem is how to establish proper mechanisms to ensure democratic inclusion of the poor majority and accountability of business enterprises to wider society in a sphere that is indivisibly political-economic: The categorisations of economic and political may now be regarded in isolation as hopelessly insufficient to provide a

conceptual framework for understanding the interrelationships between business and society.

### THEORY DEVELOPMENT

Noting that *“Conceptual developments [in the field of CSR] have not been systematically integrated with one another but usually have been treated as free standing, implicitly competing ideas”*, Wood (1991: p. 691) made perhaps the most thorough attempt so far at elaborating a theory of *“corporate social performance”*. Explicitly building on Wartick and Cochran’s (1985) work she defines corporate social performance as *“a business organisation’s configuration of principles of social responsibility, processes of social responsiveness and policies, programmes, and observable outcomes as they relate to the firm’s societal relationships”* (p. 693).

Wood’s model of corporate social performance does not explicitly advocate a comprehensive or absolute normative moral core to guide decision-making. Rather Wood argues that, *“The principles articulated here have limitations that must be acknowledged. First, terms such as legitimate functions, obligations, social well-being, and so on, are neither universal nor absolute in their meaning; they are time- and culture-bound. Second, even within a specific time and culture, such concepts are defined variously by relevant stakeholder groups, that is, according to their own values. Third, organisation-level and individual level concepts such as options, opportunities, constraints and choices are likewise bound by different conditions and perceptions among organisations and people. The principles of CSR, therefore should not be thought of as absolute standards but as analytical forms to be filled with the content of explicit value preferences that exist within a given cultural or organisational context and that are operationalised through the political and symbolic process of that context”* (p700 – emphasis added).

Wood's formulation is useful for a number of reasons. First Wood makes clear the extent of the ethical system that the political, stakeholder, view of the firm demands. However she is not proscriptive in the normative moral core that the system should adhere to. Rather she argues that corporate social performance should be based upon discourse: *"Universal norms are those norms to which we can freely agree (rational consensus) in a discourse that occurs under conditions that approach an 'ideal speech situation'"* (Reed, 1999).

However, as Wood's model implies, the individual is acting within a system with its own sets of pressures. Soares (2003) considers the influence of *"consciously and carefully structured organisations with different levels of management and ... clearly defined aims and objectives"* (p. 143) on individual moral agency. Here he begins to indicate a non-rational set of influences upon human agents that may well disrupt rational consideration, in an ideal speech situation, of the principles and processes that Wood so clearly outlines.

First, and perhaps most importantly, it begins to outline the responsibilities of entities. Wood proposes a lexical priority to the application of principles from institutional to individual levels. The institutional principles relating to legitimacy are defined by society and imposed upon the business from outside. The principles of public responsibility are intrinsic to the nature of the business itself. Within these parameters the final levels of responsibility lie with people as moral agents. This is important as it ceases to reify the corporation as a moral entity in its own right. This reifying trend is observed by Reed (1999) and exemplified by Moore (1999) and Wilmot (2001). Wilmot,

for example, while making the not very startling observation that “[corporations] are not like persons” concludes that they have their own moral responsibility that is “more limited than the responsibility of persons” (p. 161). While this consideration might be true as a matter of law it is much less useful in understanding the dynamics of choice within an organisation.

Second Wood distinguishes between the principles of corporate social responsibility, the practices of social responsiveness and the outcomes of corporate behaviour. This provides a much clearer and more comprehensive analytical framework for practitioners than had previously existed.

It is as a rational model that *ought* to be followed by organisations that Wood’s theory encounters probably its greatest limitation. Her model is a comprehensive response to the political concerns raised by the growing power of corporations in modern society and is rooted in the stakeholder theory of the firm. While not advocating strict application of Rawls’ principles of justice (1999) Wood’s theory does appear to be in this tradition. Her emphasis on business legitimacy drawn from society and her references to elements of procedural justice in social responsiveness suggests a similar concern as Rawls regarding the questions of social justice in the specific case of the corporate sphere.

But, as noted above, these fundamental assumptions are themselves the source of contention. Bansal (2002) recognises that, “while societal actors have defined sustainable economic development as the intersection of the economic, social equity and environmental principles, [the triple bottom line] the business interpretation is quite different. Corporate sustainability is defined primarily by the

*economic principle, which is rooted in classical economics... Firms are focussed on shareholder value, market share and innovation. Hence organisation goals are tied to economic performance not environmental performance or social equity” (p. 124).*

As is already noted the stakeholder theory of the firm was established as a conscious alternative to the shareholder view of the firm. Moreover the shareholder view of the firm is itself rooted in a philosophical tradition exemplified by Friedman and Hayek (2003) that prioritises individual freedom, regards economic freedom as fundamental to this and hence vehemently opposes any suggestions that the individual should be constrained in their economic activities. The State, and political communities in general, must reserve their concern solely to the purpose of providing *“the conditions for the preservation of a spontaneous order which enables the individuals to provide for their needs in manners not known to authority”* (Hayek, 1976:2, quoted in McCann, 2002:20). The proscriptive aspects proposed by, for example Wood, regarding how corporate social responsibility should work will immediately raise the hackles of those who adhere to positions that champion individual freedom above all else. Furthermore, as Friedman and those who share his philosophical perspective tend to advocate the primacy of the wealth-creating function of the firm, so the questioning of that primacy, such as through questions relating to corporate impact on *“triple bottom lines”* is likely also to stimulate a degree of chagrin.

Stormer (2002) worries that the instrumental use and justification of stakeholder theory as a means for the firm *“to do well by doing good”* will reduce the theory, in effect, to a management technique in the service of profit making rather than an organisational theory to illuminate the



complexity and inter-relationships between business and society. But perhaps this perspective is too idealistic to be useful. Any concepts that begin to bridge this divide between these two competing views of the firm and of their responsibilities towards society are likely to be desirable if only as a common ground upon which discussion and disagreement can occur. As Neilsen (1993) pointed out, abolition of slavery among the Society of Friends depended not only on the validity of moral arguments, but perhaps even more on the ability of Quaker abolitionists to demonstrate to slave-holding Quakers that moral profitable business models were available to them.

Still a useful distinction may be drawn between stakeholder theory as a political conception of the firm, and stakeholder management as a political and management process used by leaders, even the most selfish and self-interested ones, probably since the dawn of time.

### **WHERE HAVE WE GOT TO?**

In my discussion so far I have sought to demonstrate:

- that there is in business a strong ethic that the sole responsibility of business executives is to maximise profits for shareholders within the law, and this therefore is a strong social pressure influencing the actions of individuals working in different businesses;
- that ideas relating to CSR and stakeholder theory challenge this view, but the validity of these views and the complexity of their implications are not fully accepted among practitioners;
- that this is further complicated because CSR is a subject that is contested in its definition, and in the underlying theory of the firm and the philosophical view of society that underpins it;

- that this contention *tends* not to be explicitly addressed in the corporate social responsibility literature; and
- that we can begin to see that the beliefs and values of both practitioners and academics are somehow related to the choices they make in terms of their professional priorities and conduct.

In many respects, the CSR literature reviewed up to this point, while often dealing with problematic and troubling issues, makes quite rationalist assumptions: the literature relating to corporate social and financial performance seems to presume it is speaking to rational economic humans; the literature growing out of stakeholder theory while conceiving greater human complexity still presumes the dominance of rationality. On the rare occasions that it comes across those who dispute the good sense of CSR, they also appear to be rational, people who have simply established their professional opinions on different assumptions. Overall the literature argues for the way the world ought to be and why it ought to be this way; but it rarely considers why it is not so or allows that the world it advocates may never come to pass.

This brings us to the fifth strand of research that finally addresses directly the problematic issues of individual and corporate malfeasance.

### **WHY DO GOOD PEOPLE DO BAD THINGS?**

Referring to a 1960 scandal in Pennsylvania when seven electrical equipment manufacturers received prison sentences for a "*widespread price fixing and bid rigging conspiracy*" Waters (1978) discussed the puzzle as to how and why

otherwise admirable and moral individuals became involved in such reprehensible activities.

This is a question that has vexed researchers for many years. Looking at more extreme situations Milgram (1965) and Haney and Zimbardo (1973) explored the question with their famous experiments, exploring individuals' tendencies to carry out harmful activities at the behest of authority (Milgram) and the effects of situational influences (Zimbardo, 2007). Using a more qualitative approach Browning (2001) in his book *"Ordinary Men"* applied their work in an attempt to understand a real, and even more extreme case: a German SS police murder squad in Eastern Poland during the Second World War. Browning argued, based on his own research and that of Milgram and Zimbardo, that while there are a minority who will happily indulge in sadistic behaviour and another minority who will refuse to collaborate with anything harmful to other human beings, the majority will follow the instructions of authority figures and conform to the group. Trevino and Brown (2004) tend to support this view, drawing on Kohlberg (1969) and others, to argue that the majority of adults are not fully formed when it comes to ethics and are not autonomous moral agents, but rather reside in an earlier stage of moral development some way short of making their ethical decisions based on principles of justice and rights<sup>15</sup>.

The findings of Milgram, Zimbardo and Browning remain profoundly important to modern society in providing particular insight into the risks

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<sup>15</sup> Kohlberg outlines 5 stages of moral development, from childhood: 1) preconventional aimed principally at punishment avoidance; 2) getting a fair deal in exchange relationships; 3) conformity to the expectations of significant others; 4) conformity to the expectations of society's rules and laws as key influences, along with significant others, on deciding what is right; 5) ethical decisions guided by principles of justice and rights.

associated in giving individuals coercive power over others with limited constraints on its use. However the experiences these researchers describe are so far removed from the everyday lives of most corporate executives as to allow them the comforting fallacy that the research insight has nothing to do with power and decisions of the management practitioner. Consequently, with very rare exceptions, such as Brady and Logsdon (1988) and Trevino and Brown (2004), there has been very little explicit consideration of the insights from this social psychology research in the literature on corporate social responsibility.

For this reason the sort of empirical research undertaken by Waters is very significant. Consciously or unconsciously he places the uncomfortable questions of Zimbardo, Milgram and Browning - why do ordinary people do harmful things to other people - in a context that is immediately more recognisable to an important section of society that has considerable power over others – business executives. Later research by the likes of Cragg and Greenbaum (2002), Wheeler, Fabig and Boele (2002), Szablowski (2002), and McMahon (1999) follow this tradition.

Waters' (1978) conclusion to his own question was that the blame for illegal and unethical practices fell not on individuals, with the exception of CEOs, but on an "*atmosphere*" in which "*ethical considerations take a back seat to profit considerations, and organizational blocks...inhibit whistle blowing*". Reynolds (1987) case study provides an example of how leaders enable such an "*atmosphere*" to grow.

In his approach and conclusions Waters' argument that the "atmosphere" of a business can profoundly influence the way individuals behave may be regarded as prefiguring Chikudate (2002) empirically based discussion of how "corporate myopia" gives rise to unethical behaviour.

Some might feel that this is letting individual managers off the hook. Zimbardo, Milgram and Browning all showed that some refuse to indulge in harmful behaviour irrespective of the organisational "atmosphere". Enron also had its whistleblowers.

VanSandt and Neck (2003) are more inclined to place the responsibility for corporate behaviour with individuals. They start from the observation that a review of recent literature indicates that, *"the most generally accepted concept is that the individual within the organisation is the moral agent, but the firm exerts 'significant influence' on ethical behaviour within its boundaries"* (p. 366). VanSandt and Neck use Jones' (1991) definition of "moral agents" as *"a person who makes a moral decision, even though he or she may not recognize that moral issues are at stake"* (p. 367).

VanSandt and Neck outline a number of reasons why there might be ethical gaps – *"defined ...as the lack of moral guidance from the organization to the individual, resulting in unethical behaviour"* (p.365) in businesses. Firstly the *"combination of individualistic ideologies and lack of group cohesion ...indicate that there is a potentially large divergence between a corporate ethical climate...and employees personal moral codes...both Lewin and Durkheim noted the need for group cohesion to bring about value change and to build morality"* (p.367). Which is of course all well and good if the group pressure is towards moral

behaviour, but as Haney and Zimbardo (1973), Chikudate (2002), Waters (1978), and indeed Maas' (1974) account of the New York City Police Department of the 1960s, indicate group pressure can also lead to erosion of individual moral positions.

*"The second possible cause of ethical gaps is a result of the wording, often deliberately ambiguous, of the code of ethics"* (p. 367) – allowing for different interpretations across an organisation. They also note that codes of ethics tend to be focused on protection of the business from the illegal or unethical behaviours of employees rather than the community from the corporation; that the size of some corporations may lead to communications breakdowns on standards of ethical conduct; and there may be a significant discrepancy between what is conveyed in ethics codes and what is communicated in norms values and rewards.

VanSandt and Neck's list has the advantage of being thorough, but the disadvantage of not being thoroughly empirically tested to determine the relative importance of the causal factors. They do seem to intuit that the issue of leadership is important, but their solution is rather glib, suggesting that *"self leadership"* should bridge the gap. In the final analysis they come down on the side of human agency as the principal cause and potential solution to corporate malpractice. They are not alone in this. Quazi and O'Brien (2000) examining attitudes of managers in Australia and Bangladesh to CSR conclude that *"corporate social responsibility is ... universal in nature and that differing cultural and market settings in which managers operate may have little impact on the ethical perceptions of corporate managers"* (p. 33).

However, if human agency is the presumed answer, are we all actually clear on what human agency actually is? VanSandt and Neck miss important insights from Milgram, Zimbardo and Browning – that while a few individuals have a capacity to conceive alternative courses of action for themselves, in spite of overwhelming social pressures to the contrary, most seem to lack this capacity in any given circumstances. So the advocacy of self leadership as a path to corporate social responsibility may prove a forlorn hope.

Jones (1991) argues that the degree of moral intensity of an issue is itself a feature in the decision of individuals to engage in unethical practice. Moral intensity is defined as a construct that includes, “*magnitude of the consequences, social consensus, probability of effect, temporal immediacy, proximity and concentration of effect*” (p. 372). So stealing a paper clip from work is unlikely to have the same moral implications as purloining food intended for a grey-haired little old lady and her starving grandchildren. Jones also recognises that there are organisational factors, such as group dynamics, authority factors and socialisation processes that affect individual moral decision making, as well as questions of the individual’s own moral development – an attribute closely related to the individual’s self leadership in the terms of VanSandt and Neck. Trevino and Brown (2004) support the belief that moral intensity and social consensus will influence moral awareness. However the relative ease that Milgram demonstrates how individuals can be pushed by authority figures into the most atrocious of actions against other human beings suggests that the moral intensity of an action need not prove an insurmountable obstacle to determined individuals intent on achieving organisational malfeasance. Indeed Milgram’s work

along with Zimbardo's suggests, very worryingly, that abuse of power, and the acquiescence in such abuse by those subject to it, may be the natural tendency of the vast majority of individuals, meaning that any sort of leadership in the opposite direction may be something of an uphill struggle, particularly when the work of Darley and Lantane (1968) is considered, which demonstrates the dislike of humans to stand out in a crowd.

Cragg and Greenbaum's (2002) empirically based discussion of one aspect of an organisation's approach to a fundamental social performance issue – identifying responsibility to stakeholders – begins to hint at why individuals often remain morally inert even when faced with quite contentious issues. Cragg and Greenbaum note that in analysing interviews with individuals in a mining company *"we found instrumental reasoning about responsibilities, values and the interests of other stakeholders built around a single core value 'getting on with the job', to be pervasive"*(p. 326). This corresponds, broadly, to Van Marrewijk and Werre "order" value system – *"requiring legitimisation in order to ensure stability and security for the future"* (p. 110) – though there is evidence of other values at play in the case study organisation. Cragg and Greenbaum note that this focus on *"'getting on with the job' is an instrumentality without content – pure means without an end"* (p. 330). However it still allowed managers interviewed to represent themselves *"not as making ethical decisions but acting in pursuit of organizational objectives in an environment of impersonal constraints. By arguing not in terms of what the company ought to do but rather what it had to do in order to get on with the job, the management team was able to articulate value positions while avoiding an overt choice between ethical values marked by social, environmental or economic consideration on the one hand and business considerations conventionally construed on the other"* (p. 332-333).



Perhaps there were other factors at play to lead to such choices. For example Mellema (2003) introduces the idea of *“ethical distance”*, suggesting there is a lesser degree of moral responsibility, and perhaps more importantly felt moral responsibility, the less the identifiable causal involvement an individual has in an unethical situation. This suggests another reason for the sort of assignment of moral responsibility to the organisation that Cragg and Greenbaum describe. The awareness that they are acting as a collective allows the managers they interviewed to reassure themselves that their causal responsibility for anything that was happening was lessened, and indeed, to a certain extent they were mere participants in an inevitable process. Again this tendency is predicted by Darley and Lantane who write about the *“diffusion of responsibility”* among groups. Alternatively Schweitzer, Ordonez and Bouma (2004) found that attempting to reach goals, particularly when falling just short of achieving them, was a strong motivator for unethical behaviour. This may be particularly true for a group for whom getting the job done is such a strong motivation.

In addition to these more personal factors influencing the behaviour of individuals, a range of writers also recognise a range of more social pressures driving individual behaviour. Jones (1999) outlines six *“institutional levels ...relevant to the concept and practice of social responsibility”* (p. 165). These are sociocultural, national, industry, firm and intra-firm, and individual. While this list is arguably not comprehensive they provide an initial frame by which the factors shaping organisational culture can be individually considered. Van Marrewijk and Were (2003) cite the work, during the 1950s and 1960s, of Graves to argue that there are eight human value systems, *“a*

*way of conceptualising reality... [encompassing] a consistent set of values, beliefs and corresponding behaviours... [that] can be found in individual persons, as well as in companies and societies (Beck and Cowan, 1996)" (p. 108).* These value systems are hierarchical with each higher level including and transcending those below. They argue most business organisations can be categorised into the six highest value systems reflecting principal organisational concerns for energy and power; order; success; community; synergy; and holistic life systems. Companies in each category will give expression to their approach towards corporate sustainability in similar ways on four dimensions: principles; profit; planet; people.

Jones (1999) further hypothesises that the incidence of stakeholder management will be higher when the discourse of social responsibility is prominent in the sociocultural system. This is a logical extension of Darley and Lantane's work: if stakeholder management is socially expected then there would be a desire among managers not to stick out by failing to deliver. Further it echoes with Zimbardo's discussions of social pressures to conform. Jones also argues that it will be positively related to the level of national economic development, where countries have "basic structure" (Rawls, 1993) – institutional arrangements of politics, law, economics and the family in place to provide the "*background conditions against which the actions of individuals and associations take place*". Such basic structures, if they allow for "discursive space" can ensure the expansion of rights across all sections of society. He cites the example of the expansion of rights initially restricted to white men on the adoption of the United States constitution in 1789, to women and blacks over the subsequent 200 years. Where discursive space is limited the extension of rights may proceed even more slowly.

Jones' reflection on the importance of discursive space shows a glimmer of a rationalist belief, mentioned earlier in relation to the normative moral core of stakeholder theory, that, if people can only talk to each other, mutually advantageous *modus vivendi* can be negotiated. However this is mitigated somewhat by his examples of two groups, blacks and women, who had to engage in centuries of, often bloody, struggle against bitter opposition to obtain discursive space. While Jones may prize reason, he seems also to recognise that it is a rare enough commodity in the social world.

At the level of industry social responsibility attitudes will be heavily dependent on the culture nurtured by the conditions of the business and the competitive environment. So *"oligopolistic market structures foster formal or de facto collusion, price fixing, the suppression of new products and similar anti-competitive practices...(Shughart 1990)...Baucus and Near (1991) found that differences in industry culture predicted illegal behaviour as actors within industries tended to look to each other to determine standards of behaviour"* (p161).

As mentioned this idea of individuals looking to peers to determine standards of behaviour has already been raised particularly from the Zimbardo experiment. Jones argues that this mimetic behaviour may be extended across industries and to both firm and intra-firm structures. However, he suggests it may be mitigated somewhat if the nature of the business forces firms and individuals into contact with an *"extensive and complex array of stakeholder groups"* (Jones, 1999, p167). Such contact will, in effect, broaden the view of what is acceptable, as is demonstrated by Dutton and Dukerivich (1991) in their discussion of the New York and New Jersey

Port Authority's response to homelessness in the city of New York. Kassinis and Vafeas' (2002) argument, that businesses are much less likely to violate environmental laws the higher the number of outside directors they have, also seems to bear this out. Discussions of social responsiveness, such as McMahon (1999), demonstrate how this can work.

## CONCLUSIONS

Much of the literature in relation to CSR discusses what "ought" to be, ignoring the gaping philosophical differences that exist between those who value the notion of businesses as political-economic entities with a social and environmental obligations to manage as well as economic ones, and those who adhere to the notion of the responsibility of businesses being merely the maximisation of profits within the law. The utopian view is dispelled somewhat, but not completely, when writers consider the actual pressures that shape human actions in social organisations.

Van Marrewijk and Were (2003) identify a wide spectrum of attitudes to corporate sustainability arising from the combination of individual values leading to different organisational foci. They also recognise the possibility that within a dominant organisational culture there may also be diversity in individual values, which can provide the seeds for change. However they do not recognise a key, and to some disturbing element of the research by Browning and Fogelman (1994) – individual value systems, however freely embraced and genuinely adhered to, are not a guarantee of moral behaviour, even if moral treatment of others is a central tenet of the belief system. Or indeed, remembering that Oskar Schindler was a Nazi (Keneally, 1982), broad adherence to a racist movement does not guarantee evil behaviour in

all situations, in the case of Schindler quite the contrary. This is because until the moment of critical decision individuals may not be aware of what they truly value. Their manner of living up to that point may have represented the acquiescing to social pressures or the demands of authority simply because they did not, for the individual, touch upon matters they valued.

Taken as a whole, there is a recognition in this part of the literature that there are institutional pressures on individuals and personal traits which, taken together, lead to businesses behaving the way they do. The calls for greater “moral agency” (VanSandt and Neck; Trevino and Brown, 2004) imply a view of individual responsibility to obtain institutional reform of the systems in which the individuals are already implicated. Unfortunately, the work of Milgram et al suggests that such action will be rare. While there are some interesting discussions of the particular personal and social reasons for this in business, the manner in which these factors interact is not properly discussed.

The public and academic debates that have been provoked over the years by recurrent business scandals, which seek to obtain explanations for and insights into corporate malfeasance, tend to fall towards two polarities of explanation. There are those, such as Waters (1978), who emphasise the primacy of institutions and structures in their explanations of what drives corporate malfeasance. On the other hand there are those such as Quazi and O'Brien (2000) who emphasise the primacy of individual responsibility.

As Whittington (1989) demonstrates, while each of these positions presumes to explain the nature of agency, either by extending or restricting its

conception, neither can provide a satisfactory explanatory basis for human choice. Social psychological experiments suggest that deterministic explanations may have a particular cogency in predicting tendencies in groups towards particular types of behaviour. However such experiments do not predict who will behave in a given way, nor do they explain why the dissenting minority behaved differently to those who acquiesce in the will of the majority.

So rather than gravitate to either of these polarities it is important to recognise, as Whittington argues, that there is an interplay of individual and institutional factors that result in any given set of choices. Despite the apparent existence of situational factors, such as desire to obey legitimate authority and to not risk appearing foolish in front of peers by being different, compelling conformity even to the most extreme behaviour imaginable, some individuals retain a capacity for alternative action. It is important to understand just how these individual and institutional factors interplay when individuals resist social pressures to chart their own independent moral course if managers or policy makers wish to encourage particular ethical practices by corporations and their staffs. In other words we must understand more clearly what exactly we mean by human agency.

## Chapter 3: What is agency?

*I'll never  
Be such a gosling to obey instinct, but stand,  
As if a man were author of himself  
And knew no other kin*  
– *from Coriolanus, Act V, Scene III by William Shakespeare*

### INTRODUCTION

The previous chapter identified a gap in the literature on corporate social responsibility relating to the lack of a proper understanding of human agency in social situations, particularly professional ones, and the implications of the relationship between human freedom and responsibility for ethical practice in businesses. The philosophical questions relating to human freedom, determinism and moral responsibility relate to the social science question regarding the nature of human agency in social situations. In the previous chapter, there were a number of references to “moral agency” but as this chapter will demonstrate, the term agency is a rather contentious one with multiple meanings. A clear understanding of the possibilities and limitations of agency are necessary in order to properly understand the possibilities and risks attendant on the role of human beings in the practice of corporate social responsibility, particularly the central question addressed by this thesis: *How do some people resist the temptations provided by social pressures and instead chart their own moral course?*

This chapter reviews the literature on the question of agency, looking specifically at three subordinate questions that are discussed in relation to human agency:

- i. How do humans “make a difference” in the social world?

- ii. Why do a majority of people conform to similar behaviour irrespective of what that behaviour is?
- iii. Why do a minority dissent from particular behaviours?

In considering these questions I review the work of Giddens, Emirbayer and Mische, Mead and Archer as key social theorists who have considered the questions of human agency in social organisation. Each provide important insight into the general question and varying insight into the subordinate questions. However, while these writers are all often writing about the same thing, they frequently do so in different ways, on occasion using the same words to define very different things, and, again frequently, using different words to describe the same thing. So, in order to obtain a model of agency in social situations that draws on the different insights of these writers it is first important to try to understand exactly what they mean in their own terms, in relation to each other and in relation to my own particular question. Having worked through this I attempt an initial synthesis of their work to provide a basis for the development of a model of agency from empirical data that can provide better explanations of why human beings behave and, indeed, misbehave as they do.

One further point: when I use the term agency I am specifically talking about human choice, or even more specifically, the making of the choices that individuals *perceive* they have. As will become clear below this is not necessarily what all of the writers I review mean by agency.



## **STRUCTURE AND AGENCY: HOW DO HUMANS “MAKE A DIFFERENCE” IN THE SOCIAL WORLD?**

Whittington (1989) argues that social structural complexity is a prerequisite for agency: it is this complexity that provides both the range of powers and motives to exercise the potential for human agency in choice. In other words social structural complexity both enables and constrains human action (Giddens, 1984; Archer 2003). But, he argues also, that social structural complexity alone is not sufficient for agency. Whittington argues that genuine choice can only be exercised by individuals whose conduct is neither internally nor externally determined, and that an account of human choice requires theories of the human actor and the environmental structure capable of supporting human agency.

The next sub-sections will explore the constitution of environmental structure and how agency may interplay with such structure, before exploring theories of the self that can explain agency in that context.

### **The Nature of Social Structure**

Archer (2003) identifies those aspects of the social world that have a primary dependency on material components, such as capital, rent or an educational system, as being of the “structural domain”. She distinguishes between this and the cultural, which has primary dependency on ideas. Examples of categories in the cultural domain include ideas as complex and extensive as Buddhism and as minor as *“the recipe for popcorn”*. Ideas in the cultural domain may not be “living” but, for example in the case of dead languages, merely recorded in the *“universal human library”*. It is immediately apparent

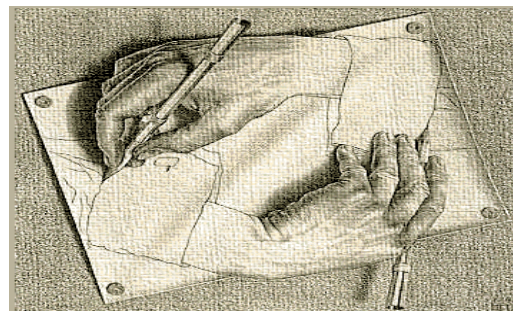
in considering these two categories that what she classifies as the structural domain cannot come into being without “cultural software” to animate its material components.

Giddens (1984) provides a theory that posits the equivalence of structure and agency and which describes how the structural and cultural domains interact to create the social world. In structuration theory Giddens argues that there is a mutual dependence of society and actor and that structures are the rules and resources people use in interaction. *“‘Structure’ can be conceptualized abstractly as two aspects of rules – normative elements [sanctioning modes of social conduct] and codes of signification [constituting meaning]. Resources are also of two kinds: authoritative resources, which derive from the co-ordination of the activities of human agents, and allocative resources, which stem from control of material products of or aspects of the material world”* (p. xxxi).

Implicit to this definition is the idea that resources are subordinate to rules as access to and control of resources is dependent on rules. For example, for a manager to be able to access the human resources of her organisation she depends on a web of normative and signification rules which define the social relationship of boss and subordinates with her staff that in turn allows her to coordinate them. Alternatively, it is a set of normative and signification rules; including, concepts of property and legal title, that allow a prospector to have any sort of control over a gold mine he has discovered and developed. Whittington (1989) implicitly agrees with this point when he notes that, *“social structures grant certain actors the external powers necessary to agency – control over material resources and the labour of other actors”* (p. 77).

So while Archer emphasises the material aspect when talking of the structural domain in the social world, Giddens' (1984) definition of structure as *rules* and *resources* draws together the material and ideational aspects of the social world arguing that structure exists only as "*as memory traces ...and as instantiated in action*" (p. 377). Plainly resources do not exist only as memory traces, so it is maybe more clear to say that the social world is rules, or memory traces, instantiated *in* resources, or ideas animated in the material world.

Giddens argues that structures should be analysed as *dualities* as they are both the medium and outcome of interaction. Hatch (1997) uses Escher's image of his two hands drawing each other to illustrate the central idea – that agent and structure create each other.



*Figure 1: Escher's hands*

This is a central point of structuration theory. Giddens argues not only that structures enable and constrain human action but are also the outcome of human interaction. Structuration theory emphasises the importance of the individual, as they are the carriers and creators of structures through their interactions and relationships. "*Structure exists only as memory traces, the organic basis of human knowlegeability, and as instantiated in action*" (1984: 377).

Giddens (1976) compares the relationship of interaction and structure to that of speech and language. *"Just as every sentence in English expresses within itself the totality which is the language as a whole, so every interaction bears the imprint of global society"* (p. 122). The duality of structure applies also to "deep layered structures", such as language, which, while changeable, are less liable to variation than, for example, the latest fashion in shoes. Giddens refers to these more enduring structures as *"institutions"*, which are analogous to what Whittington (1989) refers to as *complex structures*. Whittington identifies capitalism, patriarchy and ethnicity as three examples.

Empirical reflection corroborates the idea of qualitative differences between the types of social structures that individuals experience. It is possible to conceive of two broad domains of social structure. First there are those institutional aspects of the world that principally only enable and constrain a particular human's action – that is, the *complex structures* that are the medium for human action. For example the organisational activities of a manager in a British brewery are constrained and enabled by the banking system. However, for most intents and purposes, though the banking system is socially constructed, it is only marginally the outcome of the brewery's activity and pre-existed that business. Second there are those portions of the social world that are also the outcome of particular individuals' actions. So, within a brewing business, the rules of that organisation's conduct, such as human resources policies, dress codes, manners of speech and discussion, will be very directly the outcome of the actions of the individual members of the business as well as the medium of their conduct.

So, while not reifying the social world, it is important to recognise, to allow for a clearer understanding of the nature of social structures, that for any particular individual's choices these occur, to use Marx's words, cited by both Giddens (1984) and Archer (2003), in circumstances not of their choosing, and over which they may have very little influence. In other words the agency of any given individual are bounded to a significant practical extent by the structures and agency of other individuals and groups in the social world.

The social world may therefore be conceived as being composed of a multi-layered patchwork of *structurations*. While these structures or institutions that underlie day-to-day instantiations of structuration may be taken for granted in individuals' *practical consciousness*, their level of awareness for most day-to-day activity, Giddens argues strongly that individuals in a social system, as the carriers and creators of the structures, are highly knowledgeable about these structures and can, when prompted, raise them to the level of *discursive consciousness*, at which they can articulate and describe them. This knowledgeability is limited by agents' *degree of penetration*, which means the capacity of understanding and insight they have regarding the structures that pertain to their situations.

### **Agency and Penetration**

Giddens defines agency as the ability to, "*deploy ... a range of causal powers, including that of influencing those deployed by others... An agent ceases to be such if he or she loses the capacity to 'make a difference' that is to exercise some sort of power*" (1984: p. 14). Giddens defines power as the capacity "*to intervene in the world, or to refrain from such intervention, with the effect of influencing specific*

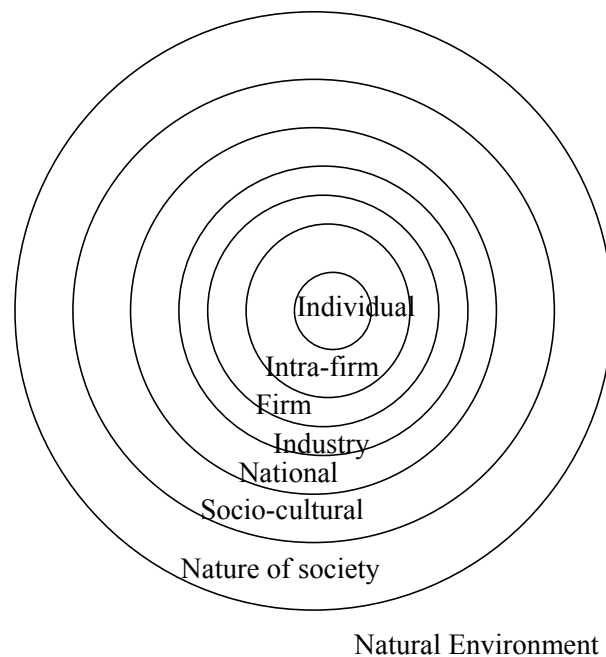
*process or state of affairs*” (Giddens, 1984: p. 14) or, more simply, as the capacity to achieve outcomes (1984: p. 257).

So for Giddens agency and action are very similar: Giddens emphasises the importance of impact in agency – it is about change in the social world. The power to achieve this change arises itself from the structures in which the agent is implicated and increasing the understanding, or *penetration* as Giddens terms it, of the structures in which the individual is implicated, *may* increase the agency of individuals or groups. This is because in understanding the level of structural complexity involved in a situation, individuals may obtain for themselves a greater range of choice regarding which structures they privilege in their social engagements.

So agency as choice is itself also limited by the *degree of penetration* of the structures in which an individual finds herself implicated and the nature of the relationship that the individual has with those social structures. For example, the Governor of the Bank of England, given his relationships with the structures of banking, could have a significant impact on the banking industry beyond the wildest dreams of an average brewery manager. However if the Governor of the Bank of England, through some quirk of fate and politics, has no notion of economics or finance and hence limited penetration of the banking structures in which he is implicated, then he may find his options for action, and hence his agency, severely curtailed.

The nature of the total context for any particular social or organisational situation is hinted at by considering the layers proposed by Jones (1999) and Giddens (1990), as shown together in Figure 2. Further empirical and

theoretical reflection could doubtless suggest a large number of additional and, arguably, comparably relevant layers of structure. But limiting our consideration for the moment just to these it is clear that the rules and resources associated with each of these layers may generate structures that may be manipulated to a greater or lesser degree by the individual at the heart of any given social situation.



*Figure 2: Layers of structure*

So in structuration theory power and agency are intrinsically linked to structure and penetration. Considering for a moment French and Raven's (1959) typology of powers: from the point of view of structuration theory these may be expressed in terms of access to or manipulation of the rules and resources of a particular social situation. For example, for a group of workers to change exploitative practices by employers may require the workers being able to mobilise a comparable level of *coercive power* (French and Raven) on their own behalf to counteract the coercive power that has hitherto sustained the employers' practices. This may be achieved at "firm" level by formation

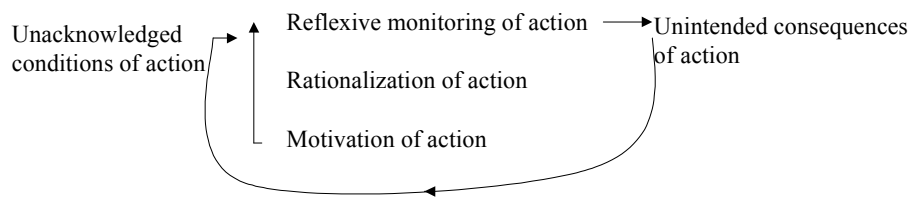
of trades unions and agreement on the rules by which workers collectively cease to enact existing exploitative rules and instead withdraw their labour resources from the business until a new set of rules are agreed. Alternatively the approach of a particular manager may be changed as a result of a legal reform, such as enhancing the roles of unions in the workplace, that uses that *legitimate power* (French and Raven) of the legislature to establish at “national” level a new set of rules and resources that change the enablements and constraints of managerial power to affect outcomes and hence change the range of available actions available to managers.

However, reflection on the global political economy demonstrates that power is not something that is determined only voluntarily, through individuals and groups increasing their penetrative understanding of the situation. It is also bounded by other rules instantiated in other resources. For example the management practices of an exploitative business may be in turn guaranteed by the coercive capacity of the state that may limit by law or repression the rights of workers to organise. Apartheid era South Africa was an example of such a situation, as is the example of Burma in 2009. Lacking further recourse to other structures or structurations, such as international law or revolution, the most subtle and sophisticated understanding of a political economy may be insufficient to ensure workers can achieve desirable outcomes in the social world. This does not mean they have no choices: they may choose protest, sabotage or mere grumbling. But the range of choices available to them are constrained by both penetration *and* other social structuring relationships.



## “Making a Difference” in the Social World

Giddens postulates a model of agency shown in Figure 3.

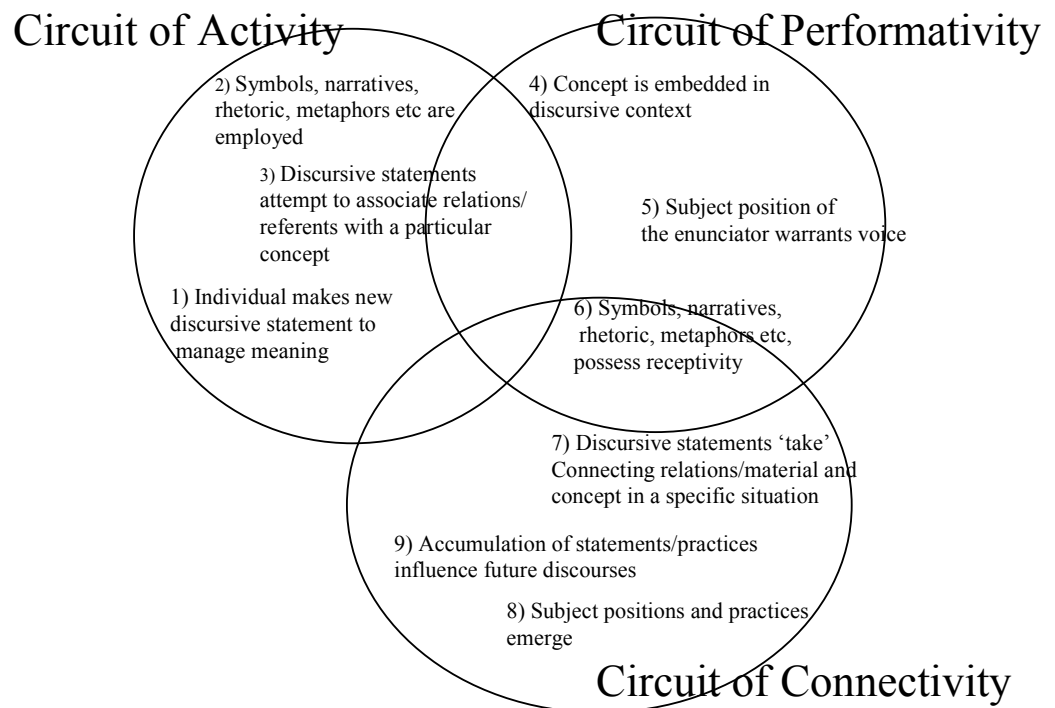


*Figure 3: Giddens' model of agency (1984: p. 5)*

In essence then, from structuration theory we can conceive of agency as the choice of the terms of structuration as a result of individuals reflexively monitoring themselves in relation to their circumstances. As penetration increases so may the range of choices available increase. But the existence of other acknowledged or unacknowledged *structurations*, other individuals and groups enacting their own social structures, will provide another boundary on action. This may result in unintended consequences of action.

How this model plays out may be seen from Hardy, Palmer and Phillips' (2000) insightful study of a non-governmental organisation (NGO), "Mere et Enfant", in Palestine. Their account describes how specific action, the introduction by individuals of new discursive statements about their organisation to the wider social world to evoke new concepts and manage meaning, leads to the creation of new social structures. The model is shown in figure 4. It consists of three "circuits" of human activity. In the first stage, the *circuit of activity* an individual introduces new concepts and ideas to the social discourse. These may or may not "take" at the second stage, the *circuit of performativity*. At this stage the ideas may be ignored, for a variety of reasons including the originator of the idea lacking social credibility, or, as

Mead (1964) points out, a lack of common social interests shared by individual members of the social grouping where reconstruction is attempted. If they start to come into wider currency the process moves into the final stage, the *circuit of connectivity*. Here the ideas and language have become so pervasive that they provide the context of future discursive activities.



*Figure 4: Discourse as a strategic resource – Hardy et al (2000)*

This model may be seen as an empirical account of Figure 3, Giddens' model of agency, describing actions and their impact in the social world. Hardy et al are however much more specific in the details that are involved in the process of structuration. In both models the motivation for action arises from knowledgeability of the existing structures and may lead to the establishment of new structures, intended and unintended, which provide both the motivation for and the basis of future action.

As Hardy et al's account shows, the range of choices is limited by other structural dualities. So a desire by the head office of Mere et Enfant to transform its Palestinian operation from its status as an international NGO to that of a local one could proceed relatively straightforwardly from the perspective of changing its internal normative and signification rules. When the new entity animated by these rules was introduced to wider Palestinian society, however, it encountered, in the form of transformed relationships with the existing structures of that wider society, unintended consequences – ones that meant in essence, that while the new terms of structuration remained a valid choice for the organisation, the consequences would be increased insecurity for staff.

### **Structuration theory and Agency**

I have spent some time reviewing structuration theory because it provides a compelling account of how human beings can change social situations, and Giddens' argument of how this can come about is sustained in the work of Hardy et al (2000). However in terms of my own concerns structuration theory lacks explanatory power. First the close correspondence between action and agency in Giddens leaves little space for the discussion of personal choice. The question of what is antecedent to his definition of agency, which I would describe as human action, is not considered. Second, in asserting the equality of agency and structure, Giddens seems to be at odds with the compelling empirical evidence provided by the likes of Darley and Lantane (1968), Milgram, Zimbardo, and Browning, which demonstrates that structure has a dominating bearing on individual human action. So while Giddens is right in describing the potential of human action for changing social situations and the mechanisms by which such social

transformation may occur, it is difficult to see how this theoretic position alone could be sufficient to explain why in any given social situation, a few people seek to transform it or indeed why so many acquiesce in maintaining it. Before returning to these questions I will review the work of Emirbayer and Mische (1998) and discuss the insights they bring to the question of agency.

### TEMPORAL ELEMENTS OF AGENCY

So far the discussion of structure and agency has made little reference to any temporal aspects of agency. This is something that Emirbayer and Mische (1998) see as fundamental. They define agency as *“the temporally constructed engagement by actors of different structural environments... which, through the interplay of habit, imagination, and judgement, both reproduces and transforms those structures in interactive response to the problems posed by the changing historical situations”* (p. 970).

In conceptualising agency as a *“temporally embedded process of social engagement”* their conception is similar to, but more elaborate than, the idea of agency in structuration theory. They detail the processes leading up to action in the social world, and in highlighting the temporal aspects of agency and the structural contexts of action they emphasise that agency is not merely an evaluation of the exigencies of the immediate relational aspects of a situation but rather a *“chordal triad”* of three inter-related dimensions. These are: *“informed by the past (in its habitual aspect), but also oriented toward the future (as a capacity to imagine alternative possibilities) and toward the present (as a capacity to contextualize past habits and future project within the contingencies of the moment)”* (p. 963).

To explicate these dimensions further they separate them into three *analytic* elements. First the past oriented "*iterational element*", which refers to "*the selective reactivation by actors of past patterns of thought and action, as routinely incorporated in practical activity, thereby giving stability and order to social universes and helping to sustain identities, interactions and institutions over time*" (p. 971). Emirbayer and Mische argue it is this aspect of agency that has been given most attention by Giddens and neo-institutionalists. In other words their attention has been taken up in the main by the question of how "*past patterns of thought and action*", are maintained rather than how they are transformed. Emirbayer and Mische recognise that routinised reproduction of past habits and practices are as intrinsically a part of agency as is achieving change in the social world. This is achieved by individuals' *selective attention*, or ability to only focus on a very small part of the social world at any one time, *recognition of types* or familiarities in emerging experience and *categorical location* that allows for the interpretation of experiences in terms of relationships between people and contexts defined by identities and values. The manner in which individuals orchestrate the use of these agentic processes in the social world is what determines the degree of success in maintaining past patterns of thought and action.

Second the "*projective element*", which refers "*to the imaginative generation by actors of possible future trajectories of action, in which received structures of thought and action may be creatively reconfigured in relation to actors' hopes fears and desires for the future*" (p. 971). This is achieved through *narrative construction* in which individuals can construct imaginative trajectories of how, based on "*causal and temporal sequences*" the present may play out into the future.

*Symbolic recomposition*, through techniques such as scenarios or game theory, allows for yet more imaginative consideration of future possibilities with lesser consideration of the practical constraints on action that currently exist. *Hypothetical resolution* relates to how personal ambitions may be involved in an individual's decisions regarding the future of a social phenomenon. Emirbayer and Mische also suggest that individuals may use *experimental enactment* to test the viability of possible courses of action.

Finally the “*practical-evaluative element*” that “*entails the capacity of actors to make practical and normative judgements among alternative possible trajectories of action in response to the emerging demands, dilemmas and ambiguities of presently evolving situations*” (p. 971). This is achieved through first recognising that a situation must be resolved somehow through *problematization*, then *characterizing* the situation in terms of some sort of typification from past experiences and *deliberating* on the range of plausible choices that emerge in the situation. They quote Nussbaum (1986: pp. 307-8) who notes that deliberation stands “*on the borderline between the intellectual and the passionate*”. These processes lead to *decision* and *execution*, neither of which is wholly unproblematic given that they may give rise to a host of unintended, unforeseen and unforeseeable consequences, as pointed out by Giddens (see Figure 3 above) and illustrated by Hardy et al (2000).

Clearly the “*emerging demands, dilemma and ambiguities of presently evolving situations*” increase exponentially as social structural complexity increases. As noted the social world is not a homogeneous one, but a mosaic of different instances of structuration, occasionally conflicting and competing with each other over the rules and resources that should underpin social

engagement. Choices made in response to these situations of conflict or complexity can consciously or unconsciously change the terms of structuration. However Emirbayer and Mische argue that “*in examining changes in agentic orientation*” to past, present and future it is possible to understand more clearly “*the degrees of manoeuvrability, inventiveness and reflective choice shown by social actors in relation to the constraining and enabling contexts of action*” (p. 964).

This is in many ways a reiteration of the importance of *penetration* in increasing the range of available options for action of which an individual is aware. But degree of penetration of a particular social structural complexity is not simply a matter of understanding the *all* rules and resources available to the individual at a given moment in time. It is also a matter of understanding the temporal orientation of those rules and resources. For example if an organisation is substantially past oriented in their contemplation of the rules and resources of their social situation then their agency will be primarily concerned with replication of those structures. Future-oriented interpretation of those structures may produce wholesale misunderstanding, conflict or completely unintended consequences. The example of *Mere et enfant*, given by Hardy et al, can be interpreted as an individual, the director of the organisation in Palestine, engaging in the present with future-oriented and past-oriented interpretation of the structures in which he was implicated, with a range of intended and unintended consequences.

A further issue that Emirbayer and Mische raise is that “*the point of origin of agentic possibilities ...must reside one level down (so to speak), at the level of self-*

*dynamics*" (p. 974). Their discussion of agency consequently, and as a necessity, oscillates between issues of self-dynamics and of social engagement. For example *recognition of types* in an organisation – is this the type of organisation where everyone wears suits or with a rigid hierarchy – an element of the iterational "chord" of agency, relates more closely to social engagement than to self-dynamics. On the other hand *hypothetical resolution* – I save the company \$1 million on a project, which becomes the springboard of a spectacular career – an element of the projective "chord" of agency, relates more closely to self-dynamics.

This is a development on Giddens' explication of structuration theory. That conceptualisation of the social world satisfies Whittington's first stipulation regarding agency, demonstrating how social structural complexity facilitates and enhances, but also constrains agency. However, as noted above, I find Giddens is less clear on providing a theory of the human actor that is capable of supporting human agency. In discussions of motivation, penetration and power the human individual is something of a cipher in structuration theory. This perhaps should not be surprising as Giddens' central concern, explicitly put in the title of his 1984 book, is *The Constitution of Society*, rather than the personal processes of choice. So what is emphasised is the feedback of both intended and unintended consequences of action providing the context in which reflexive monitoring of action occurs, rather than the reflexive consideration of an individual's choices presented by the social world in the context of an individual's self. Hence this theory of agency is lacking as a basis upon which to answer the questions, posed earlier, as to *why* people behave as they do.



The next sections explore two theories of self, those of Mead (1964) and Archer (2003), in an attempt to find answers to these questions. I deliberately quote extensively from both of these theorists to allow the reader the immediate opportunity to judge my assessment of their meaning.

#### **AN EXPLANATION OF CONFORMITY: MEAD'S THEORY OF SELF**

Mead (1964) provides a theory of self that is consonant with structuration theory. As Archer (2003) points out Mead's conception of the self makes no distinction between the personal and the social. Rather, for Mead, *"Mind, as constructive or reflective or problem-solving thinking, is the socially acquired means or mechanism or apparatus whereby the human individual solves the various problems of environmental adjustment which arise to confront him in the course of his experience and which prevent his conduct from proceeding harmoniously on its way until they have thus been dealt with. And mind or thinking is also as possessed by the individual members of human society the means or mechanism or apparatus whereby social reconstruction is effected or accomplished by these individuals"* (Mead, 1964: p. 268).

Giddens notes reservations about Mead's conception of the self. However it is a theory of self which the above passage, among others, suggests to be in keeping with Giddens formulation of structuration theory. Furthermore given the scant consideration of the self by Giddens there is a need for such a theory of the self in order to support structuration theory: as it stands structuration theory is Escher's hands with one of the hands missing, or perhaps only lightly sketched.

Mead argues that the self is itself a social structure arising from social experience. *“In abstract thought the individual takes the attitude of generalized others towards himself [the “me”] without reference to its expression in any particular other individuals; and in concrete thoughts, he takes that attitude insofar as it is expressed in the attitudes towards his behaviour of those other individuals with whom he is involved in the given social situation or act. But only by taking the attitude of the generalized other toward himself, in one or another of these ways can he think at all; for only thus can thinking – or the internalized conversation of gestures which constitutes thinking – occur. And only through the taking by individuals of the attitude or attitudes of the generalized other toward themselves is the existence of a universe of disclosure, and that system of commons or social meanings which thinking presupposes at its context, rendered possible”* (p. 220).

So, as far as Mead is concerned, the self is socially constituted as well as being the mechanism of the constitution of society, and the language, symbols and common meanings that provide the basis of constitution of self and society are also common for both. If it were otherwise then an individual, in Mead’s view, could not make any social contribution. Self consciousness then, *“is an awakening in ourselves of the group of attitudes which we are arousing in others”* (p. 227). In contemplating self and society, both singly and together, Mead emphasises the duality of subject and object, articulating a view of individual and society as mutually constitutive.

So, despite Giddens’ reservations, central features of Mead’s theory of self seem essential in order to satisfy Whittington’s stipulation of a theory of self capable of supporting the view of agency articulated in structuration theory. Giddens’ effort to remove the subject-object divide implies a view of self that

is similar to that of Mead's, and in many respects Mead's conception of the self can be regarded as the mirror of Giddens' conception of structure. Where Giddens argues that the structure is the medium and outcome of human interaction so Mead argues that the self is the outcome of an individual's interaction with social structures: *"It is the social process itself that is responsible for the appearance of the self; it is not as if there is a self apart from this type of experience"* (p. 207).

This would seem an elegant conclusion to the question of agency. Further if, as Mead argues, the mind is the socially acquired means by which human individuals solve *"the various problems of environmental adjustment which arise to confront him in the course of his experience and which prevent his conduct from proceeding harmoniously on its way until they have thus been dealt with"* (p. 268) then it helps us understand more clearly why peer conformity and obedience to legitimate authority are such powerful social forces: they are efforts by individuals to fit in.

So considering again Hardy et al's model of "Discourse as a strategic resource" (figure 4), what is happening in the "circuit of performativity", according to Mead, is a social process by which individuals and groups assess how, in the context of the social changes introduced in the "circuit of activity", they harmonise themselves to the changed environment. This may be achieved by ignoring or adopting the change. Plainly if the change is introduced by someone who has power in a situation then adoption of the change may be seen as the path of least resistance to harmonisation with the social environment. However if adopting the change means breaking ranks with existing extensive taken-for-granted social practices then harmonisation

may mean ignoring proposed changes in favour of peer conformity. In such instances the changes may not “take”, as Hardy et al put it. So while Darley and Lantane and Milgram demonstrate that peer conformity and obedience to legitimate authority can both lead to comparable actions by groups it is important to note that they are distinguishable social processes which may come into tension, particularly in change situations. Were it otherwise change management might be considerably easier.

Nevertheless Milgram and Zimbardo’s findings suggest that such processes of social harmonisation must be the dominant form of human reflexivity in social situations, and Mead’s work retains its power because of its capacity to explain such a wide array of human activity.

However reflection suggests this theory of self is less strong in explaining why some individuals chose to reject the ethical norms, sometimes in isolation and at great personal risk, generally provoking considerable social disharmony. One could argue that in every idea there is the seed of its opposition or that an individual wishes to privilege harmony with one particular social group and its structures over another. However this still does not explain why some individuals would privilege antagonistic ideas over the more generally accepted social norms or why an individual would value loyalty to one social group more than another. The next section of this chapter looks at a theory of self that shows potential in answering more satisfactorily this question of why some individuals dissent from the social status quo.

## AN EXPLANATION OF DISSENT: ARCHER AND THE “INTERNAL CONVERSATION”

Structuration theory has been criticised on a variety of bases. Bhaskar (1983) criticises it because of its equivalence of agency and structure. Rather than one duality Bhaskar (1979, pp. 43-44) proposes two, the first of structure the second of praxis: *“Society is both the ever-present condition (material cause) and the continually reproduced outcome of human agency. And praxis is both work, that is conscious production and (normally unconscious) reproduction of the conditions of production, that is society.”* In other words there is a *duality of structure* and a *duality of agency*. Emirbayer and Mische (1998) put this another way. They describe the *“double constitution of agency and structure: temporal-relational contexts support particular agentic orientations, which in turn constitute different structuring relationships of actors towards their environments. It is the constitution of such orientations within particular structural contexts that give form to effort and allows actors to assume greater or lesser degrees of transformative leverage in relation to the structuring contexts of action”* (p. 1004).

However if there are two dualities, this implies *dualism* and a subject-object divide, the very thing that structuration theory tries to supersede. It is possible at this point to become mired in an ontological debate regarding the nature of reality. Rather than do so here, I argue that the appropriate test of the value of a realist ontology with a subject-object divide as opposed to a structurationist ontology is functional: does it help us better explain the processes of agency that we see enacted in the social world. The next section of this chapter explores this question in more detail.

## The Private Self

Archer (2003) emphasises that structures enable and constrain human agency and rejects attempts to overcome the dichotomy of subject and object. As noted she categorises the structural domain as those aspects of the social world that have a primary dependency on material components, and she distinguishes between that and the cultural with its primary dependency on ideas. These she argues temporally precede agency as the basis of action. But this rejection is based on a more profound critique than simply the chicken and egg question of which precedes the other. She also argues very strongly for a subjective ontology of thought: a mental space of personal thoughts that is wholly private and more than the memory traces of signification and normative rules: *“the activation of the causal powers associated with constraints and enablements depends on the use made of personal emergent properties to formulate agentic projects”* (p. 7).

Consequently Archer distinguishes between *ideas* and *thoughts*. Thoughts are ontologically subjective, capable of being known only to the thinker. Ideas have an objectivity to them: they are animated through word or deed in the material world, and so, as elements of social discourse, are available to others. In raising a *thought* from *practical consciousness* to *discursive consciousness*, as Giddens recognises individuals are capable of doing, they are also transforming that personal thought into a social idea. Consequently it becomes open to interpretation and reinterpretation by others.

Further Archer takes issue with Mead, who, she argues, sees no difference between ideas and thoughts. This is particularly significant because, as Archer puts it, *“I do not have this freedom [of choosing what to think including*

*daydreaming]* if the life of the mind is confined to adducing cognitive solutions which are functionally related to social adaptation” (p. 88). Archer argues strongly for the conception of “Me” or the “critical self” as theorised by Pierce. This, she argues, is different from Mead’s ‘Me’ in that it is a “personalised sediment” rather than a “socialised deposit” (p. 73). By this she refers to Mead’s contention that we can only experience ourselves indirectly from the perspective of others. This, Archer argues, rules out the possibility that we can learn through practice and engagement with even a non-social world, to distinguish our own properties and powers from those of other things and people.

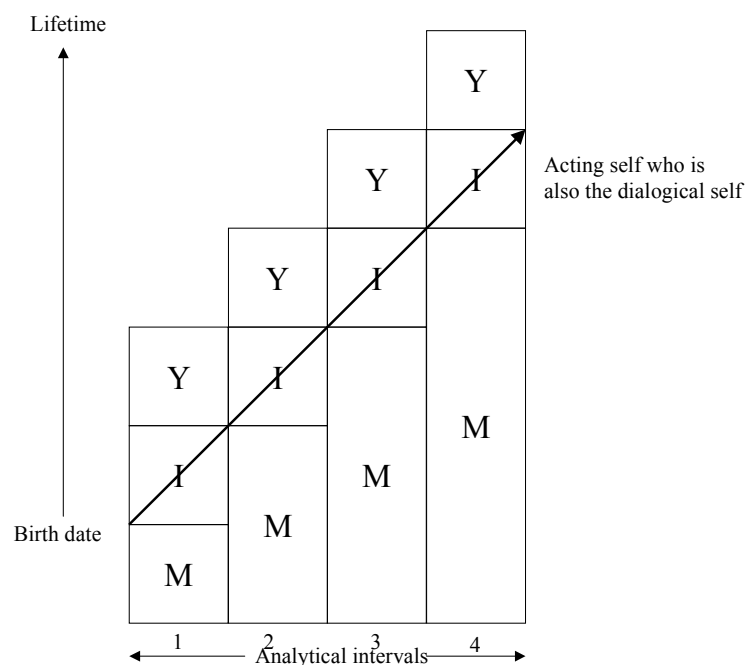
Having established clearly that she sees agency and structure as a *dualism* and not a *duality*, Archer argues that the self-dynamic aspects of agency are exercised through the “‘internal conversation’ ...the modality through which reflexivity towards self, society and the relationship between them is exercised” (p. 9). By such reflexive deliberation we choose which structural and cultural properties we engage with and how we engage with them, either reproducing or contributing to their transformation.

Archer argues that there are two main topics of reflexive deliberation – planning for the future and evaluating the past. So, she describes the internal conversation as a process by which an individual reflexively considers herself in the present (“I”) with reference to her past “me” and the possibility of the future “you” – who she may become or how she may change depending on decisions taken by the present “I”. Archer describes the “me” as “...a summation of the past, which provides us with an orientation to the future,

from its deposition in the present” (p. 72). She concurs with Pierce in associating the “me”, or the *critical self*, with the individual’s conscience.

She notes that, “...through inner dialogue we prioritise our ‘ultimate concerns’, with which we identify ourselves. Simultaneously, we accommodate other, ineluctable concerns to a subordinate status with an overall *modus vivendi*, which we deem worthy of living out and also one with which we think we can live” (p. 32). Here Archer makes plain that her emphasis is on existential experience, relating to how individuals decide to live their lives in modern society, with all the challenges and complexities that this entails. In contrast Emirbayer and Mische’s emphasis is on more specific points of social engagement.

As an individual lives the accumulation of past memories and experiences increases and influences the present internal conversation accordingly. Archer conceptualises the process as shown in figure 5.



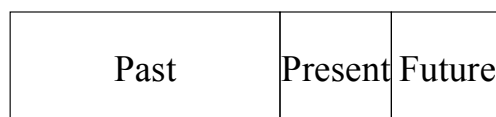
**Figure 5: Archer’s “internal conversation”**



Fig 5 illustrates the present “I” is always the dialogical self. As Archer puts it, “*I am my own and only interlocutor*” (p. 111), alternating as subject and object, reflecting upon utterances we know to be our own.

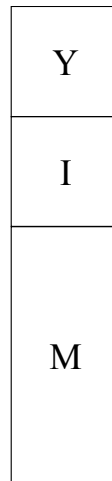
In consideration of temporal concerns Archer echoes Emirbayer and Mische. And, as noted, in distinguishing between *private* thoughts and *social* ideas, Archer sees a clear subject-object divide with agency and structure as a dualism not a duality. Hence Emirbayer and Mische’s work can be seen to be composed of consideration both of the impact of personal thoughts and social ideas on agency. Clearly, as both Archer’s and Emirbayer and Mische’s discussions of agency demonstrate, contemplation of both the personal and social are fundamental in individuals deciding the way they are going to act: Plainly for any particular period of time, it is highly improbable that the present “I” will conduct an internal dialogue in complete isolation from the social world – what would there be to talk to yourself about? Explicitly recognising this point adds further insight into the nature of agency.

So if a social phenomenon is considered as being composed of a set of ideas or temporally orientated rules animating resources of the material world and defining relations in the context of action then this may be graphically represented as shown in figure 6:



*Figure 6: Objective aspects of a social phenomenon*

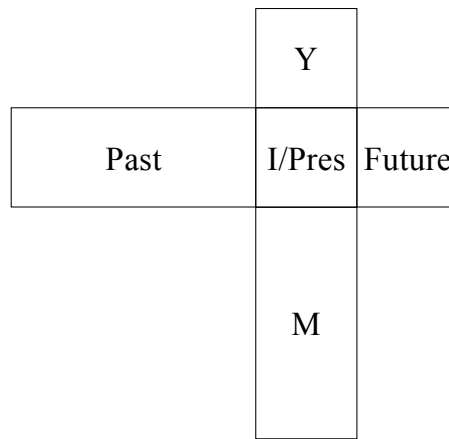
One moment of reflexivity relates, as Emirbayer and Mische point out, to an individual forming their thoughts relating to these aspects of the social world: *“the constraining and enabling contexts of action”*. On the other hand a domain of personal thought at any given instant in an individual’s life may be graphically represented as figure 7:



*Figure 7: The wholly subjective, reflexive self*

This second moment of reflexivity may be considered as the consideration of the beliefs and values that an individual has accrued through life along with the resulting hopes and ambitions for the future arising from her personal biography up to that point in time.

Combining these two moments of reflexivity we can see an individual’s reflexive deliberation on choices arises from their contemplation of wholly personal thoughts, of substantially social ideas and of the interaction between the two. This may be represented graphically as figure 8:

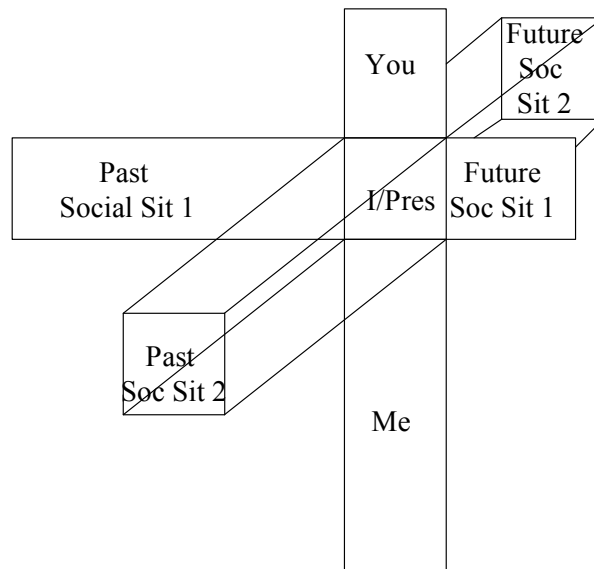


*Figure 8: The “Cruciform” of Reflexivity: the reflexive individual in the social world*

In this model the reflexive individual considers her own life in relation to the exigencies of the social phenomenon encountered and, vice versa, considers the social phenomenon in relation to her life.

At any given instant in time an individual will be engaged in a plurality of social situations, and hence social conversations. These would include social conversations relating to ideas of work, family life, sports, clubs and other interests. Consequently there would also be internal conversations regarding personal thoughts on each of these social phenomena as well as social conversations regarding the ideas pertaining to other social phenomena: for example, lovers often have conversations with each other about their work; running friends discuss their love lives in the course of their sport.

So a more complete model of agency should perhaps be three dimensional, with the social plane occupied by a range of social engagements intersecting with the present experience of the “I”. A simplified version of this, considering only two contemporaneous social engagements is presented in figure 9.



*Figure 9: Human reflexivity in social complexity*

Already it can be seen from this diagram how choice can expand and be facilitated with social complexity. For example, in a work situation, suppose an individual is feeling social pressure, such as that described by Chikudate (2002), to conform to corrupt practices in his firm. An individual could decide to acquiesce, taking the path of least resistance and harmonise himself to that social situation, privileging perpetuation of the past by conforming to the taken for granted practices of corruption. Milgram and Darley and Lantane suggest this to be the most common occurrence. As Emirbayer and Mische point out people have selective attention and rarely consider multiple wider issues leading to a tendency to ensure continuity of the past into the future.

Alternatively he may assess the situation against a personal code of morality and find the situation unacceptable and refuse to conform. Again he may imagine his future “you” in jail if he conforms, or, more hopefully, on a yacht in the Bahamas. However, while he may find this work situation personally

and socially acceptable, he may then assess it against an alternative social framework: “What would my wife say if she knew I was engaging in corrupt practices at work?” and accept disharmonious relationships at work in order to preserve the integrity of his relationship with his wife. In this instance of a conflicted individual then the conversations, whether social or personal/internal, he privileges will be decisive in resolving which choices he makes, and this in turn is dependent on the values he has determined for himself in his conscience up to that point in the course of his life. In this instance the problematisation of the situation itself is a product of the individual’s beliefs and values.

### **Modes of Reflexivity**

Archer postulates four modes of reflexivity: *communicative reflexives*, *fractured reflexives*, *autonomous reflexives* and *meta-reflexives*.

She describes communicative reflexives as types of people who, while their reflexive deliberation may begin in personal space, complete that deliberation socially, usually with significant family or friends. Typically these types are concerned with continuity in interpersonal relationships and will generally “evade” the constraints and enablements offered by society in order to ensure social reproduction. In terms of the models presented in figures 8 and 9, their “me”, their personal values and biographies leads them in reflexive deliberation to prioritise the continuity of certain past-orientated ideas into the future and to make decisions accordingly.

While noting the profound ontological issue that Archer takes with Mead’s conception of the self, it should also be noted that the Archer’s

communicative reflexive bears a striking resemblance to Mead's self. Mead notes that, "*The self conscious human individual...takes or assumes the organized social attitudes of the given social group or community...to which he belongs, towards the social problems of various kinds which confront that group or community at any given time and which arise in connection with the correspondingly different social projects or organized co-operative enterprises in which that group of community as such is engaged; and as an individual participant in these social projects or co-operative enterprises, he governs his own conduct accordingly*" (pp. 220-221).

As noted earlier in the discussion of Mead's theory of self, this *social* reflexivity provides an explanation of why some individuals seek to conform with others, and Milgram's and Lantane and Darley's findings suggest that it is a dominant, if not the dominant form of human reflexivity in social discourse.

Archer also argues that there exist *fractured reflexives*. These individuals seem analogous to what Whittington describes as *actors*: individuals who lack "*a theory of self that involves a theory of agency.*" In other words fractured reflexives are individuals who cannot conceive of themselves as having some control over the manner of their temporal-relational engagement with the social world. Life happens to them rather than being something that they live. In social situations one could only imagine them conforming to group behaviour rather than plotting an independent moral course. Lantane and Darley's (1968) discussion of "*diffusion of responsibility*" suggests that it is also possible for individuals on occasion and on a large basis to be rendered *fractured reflexives*: people to whom events in the social world happen despite

the fact that they are both knowledgeable of the situation and have the power to transform it. The situation described by Cragg and Greenbaum (2002), discussed in the previous chapter, may be considered as an example of this where managers in a mining company depict the actions of the company as a matter external to themselves, despite the fact that it is their actions and interactions as managers that bring the company actions into being. They allow themselves to reify the social world and in doing so decrease their agency in relation to it.

*Autonomous reflexives*, as their title suggests, tend to be people who conduct their reflexive deliberation privately, even away from those closest to them. Their internal conversation generally begins and ends internally, though it may be sparked, as may all internal conversations, by some event in the material or cultural domain – the ideas arising from the horizontal spars to the model in figure 9. Typically autonomous reflexives are ultimately concerned with “*performative achievement*” in their work and so engage strategically with the constraints and enablements of society to achieve their ends. This often comes at the price of creating discontinuities with their past contexts through, for example, leaving home to attend university. In terms of the models presented in figures 8 and 9, past “me” leads the dialogic “I” to evaluate the possibilities presented to them in the constraining and enabling environment of the social world, in terms of the benefit to their future self, the “you”. In other words they decide to act *strategically* in the social world based on the potential for advancing their personal, usually professional, ambitions.

Archer describes *meta-reflexives* as distinctive in that they have a commitment, residing in the critical self, the “me” of the individual, to an ultimate ideal of some sort. This makes them society’s “*subversives*”, she argues, constantly involved in a critique of society and their role in society against these ideals. Consequently the decisions which they take may be disruptive to both themselves, sometimes leading to less socially prestigious roles more in tune with their ideals, and potentially to aspects of the social world. In other words a meta-reflexive is likely to be concerned with achieving some sort of unattainable harmony across all aspects of the “*cruciform*” of agency, not just within the social aspects, and subjecting his life to repeated disruptions in an attempt to achieve this.

It is important to add one further comment on this typology: I would argue that with these Archer presumes too close a causal link between the mode of reflexivity and nature of reflexive deliberation. Consider, for example, the communicative reflexive: To complete reflexive deliberation socially is a mode of reflexivity; to choose to evade certain constraints and enablements and to privilege continuity of certain structures is agency. It is possible also that certain communicative reflexives adhere to very different values from those described by Archer as “*typical*”, conceivable including change and wider social critique. Conversely it is possible that the thinking concerns of some autonomous reflexives are social.

I would further argue that all humans, including those she defines as communicative and autonomous reflexives, are meta-reflexive in some way, shape or form in that they try to obtain harmony across the “*cruciform*” for some social situations in accordance with their personal beliefs and values.



However it should be recognised that some individuals' beliefs and values are more exacting than those of others and their deliberative concerns perhaps wider. It may be these people who are society's subversives.

### **Transmutability of Reflexivity**

Archer recognises that an individual's reflexive orientation to their *modus vivendi* with society might transmute over the course of their lives depending on their life experiences and the impact these have on their "life of the mind". So an autonomous reflexive might become a meta-reflexive or vice versa depending on what happens to them.

As I have already argued, the social world can be conceived of as a patchwork of interacting instances of structuration, and, as Emirbayer and Mische point out, "*at any given point in the flow of transactions, social actors are able to focus attention upon only a small area of reality*" (p. 979). They quote Schultz (1964) who describes this as a "*kernel*" of clear knowledge surrounded by "*various gradations of vagueness, obscurity and ambiguity*".

*"The quality of attention directed at any element... is conditioned by what Schutz calls 'systems of relevance' developed over the course of biographical histories and past collective experience"* (Emirbayer and Mische, p. 979). Schutz's "systems of relevance" have a clear resonance with Archer's "me". This implies that any given individual may display a range of reflexive types not only across the course of their lifetime, but also at any given point in their life depending on the sets of structures with which they are engaged at that given point.

So an individual may find engaging in corrupt practices in a business easy to harmonise himself with because it falls outside his system of relevance, but he may be highly exercised over whether to play a “4-4-2” or “sweeper system” in his local football club, because this question relates on a profound level to something that matters to him. While this example may seem trivial on some levels it is chosen deliberately to exemplify that the diversity of humanity means that even the most inconsequential-seeming social engagement can arouse the most profound passions while sometimes even the life or death of others, as shown by Browning (2001) in his study of a Nazi extermination squad in Eastern Poland, are treated as of little importance compared to group loyalty. Different engagements by an individual with various social situations and phenomena might call up radically different reflexive orientations depending on the values that individuals harbour in the private realm of their conscience. These will either have a direct bearing on the choice an individual makes in a particular social situation they encounter, or will have an indirect bearing by determining which set of social relationships they privilege in their choices.

## CONCLUSION

This chapter has reviewed key theories of agency from the literature. All provide significant insight into the questions of human agency in the social world. Despite the antipathy some of the writers show to each other there is a high degree of complementarity between their contributions. Specifically

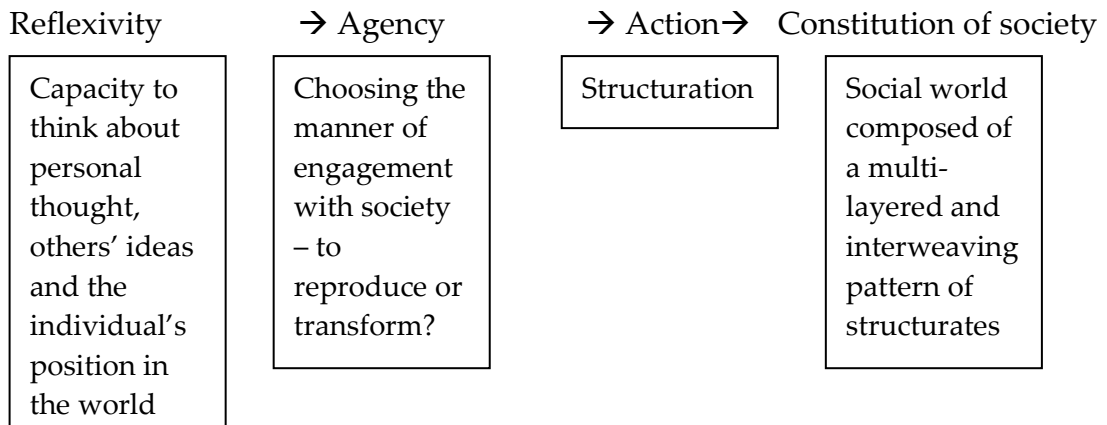
- Giddens describes the mechanism by which human action can bring about change in the social world;
- Emirbayer and Mische demonstrate that agency has a temporal orientation and recognise the complex interplay between these social

orientations and the personal dynamics of self when an individual is engaged in the process of choice in social situations.

- Mead describes why humans seek conformity with each other;
- Archer, while seeking to break with Mead, actually confirms the validity of his explanation for some situations. However she also extends our understanding of self to show why humans can, occasionally, break social norms in order to privilege their own beliefs and values or social relationships other than those in which they are confronted with the initial choice.

Given this there is significant space and need for synthesis into a more holistic theory of agency.

Summing up: the elements of choosing relate to each other as follows:



*Figure 10: Relationships between terms*

In other words, reflexivity facilitates agency, which is the precursor to human action, and the nature of human actions, constrained and enabled by social structures, determines the constitution of society.

In the context of this we can consider once again my research question: Why do individuals choose to do one thing as opposed to another? In Giddens' terms this would be stated as "What is antecedent to agency?" and there is little in his theory to answer this question as it lacks a compelling theory of self – indeed this is probably anathema as according to structuration theory there is no subject-object divide. Hence the close correspondence of action and agency in his writing.

Of the theories reviewed above it is the synthesis of Emirbayer and Mische with Archer as represented above in Figure 8 "the cruciform of reflexivity" that seems to provide most explanatory power in regards to the question "What is antecedent to choice?". Emirbayer and Mische describe the engagement between individual and action context as "*an ongoing conversation*" in that agency is always a dialogical process entailing actual interactions with its contexts. The *cruciform of reflexivity* is more explicit in what the elements of this ongoing conversation are. Emirbayer and Mische also quote Bakhtin (1986) in noting that agency is filled with "*dialogic overtones*" and as a sort of "*link in the chain of speech communications*". In this chapter I seek to specify the internal and external elements of that ongoing conversation and to demonstrate that at any given moment there is a multiplicity of such potential conversations.

It is this multiplicity that allows for the possibility of discretion, or multiplicity of available choices in a given situation. Clearly there is a dominant and dominating tendency in human society for individuals to seek to harmonise themselves to their environment and significant social (or *communicative reflexive*) processes, such as obedience to perceived legitimate

authority and peer conformity, that are orientated towards this. These social processes may, on frequent occasion be in tension, for example in relation to their temporal orientation, and hence, along with the intended and unintended consequences of agency, be the source of conflict.

However deliberate individual dissent, often isolated, is also a phenomenon in the social world. I argue that it is only by allowing for a subjective conscience where a wholly private internal conversation of thoughts can be undertaken and subversion contemplated, that a satisfactory explanation for this dissenting action can be conceptualised.

Five propositions then emerge from this review of literature:

*Proposition 1: Degree of penetration increases agency (Giddens) –* Specifically it is the degree of penetration obtained by an individual that makes them aware of the possible choices available to them. So where individuals' suggest they do not perceive they had a choice there will be evidence that: a) they have reified the social situation such that they cannot conceive of choice; or b) they have shown limited penetration of their particular social situation.

*Proposition 2: Conforming individuals "take or assume the organised social attitudes of the given social group or community" (Mead).* So individuals may account for conformity to a set of community of practice with reference to the norms of that particular community of practice.

*Proposition 3: The problematization of a situation arises from the degree of resonance or dissonance that the situation strikes with the wholly private thoughts of the individual concerned.* In other words, individuals who conceive of choice in a particular situation will demonstrate that they are considering the choices posed to them in both personal and social terms.

*Proposition 4: Reflexive deliberation of choices in a given situation is described by the cruciform of reflexivity.* In other words, individuals may account for dissenting from a community of practice by reference to a wholly personal set of values or hopes. For example this may be expressed in terms of *deliberation* (Emirbayer and Mische) of the current situation against a more valued set of beliefs, or of *hypothetical resolution* (Emirbayer and Mische) where the individual expresses distaste for the *future* social situation that would arise or for the personal *you* that would arise if a particular course of action were followed. Alternatively, dissent might arise with reference to conversations within another more significant social relationship and what might happen to that or for the personal *you* if a particular course of action were followed. Individuals may account for adherence to a community of practice with reference to a personal set of beliefs or values.

*Proposition 5: An individual will display a range of reflexivity and types of choices not only across the course of their lifetime (Archer), but also at any given point in their life depending on the sets of structures with which they are engaged at that given point and how they resonate with their beliefs and values.*

In the following chapters I will explore the explanatory power of these propositions and explore these questions through individuals' accounts of personal and professional choices that have arisen in the course of their careers.

## **Chapter 4: Methodology**

### **INTRODUCTION**

To recap: this thesis aims to answer the question, “What is the nature of human agency in social organisation?” or “Why do people in a given organisational setting do one thing as opposed to another?” – the nature of individual human agency cannot, after all, be divorced from its social context. I have identified this as a gap in the literature of corporate social responsibility, which struggles to understand why corporate scandals occur, and it remains a topic of interest and some contention in wider social psychological and sociological study.

The task that now lies ahead is to test the propositions outlined at the end of the previous chapter, explore whether this theoretic synthesis gives insight into individuals’ accounts of their choices and actions and to consider the implications of this for the policy and practice of corporate social responsibility.

This chapter outlines the research approach that I have adopted in order to proceed with this investigation. This chapter is structured as follows:

- i. Outline of ontological assumptions that underpin the position I have taken on agency
- ii. Consideration of epistemological implications of this
- iii. Research criteria
- iv. Initial research context



- v. Outline of a hermeneutic methodology
- vi. Evolution of theory, analysis and the hermeneutic process
- vii. Conclusions

### **ONTOLOGICAL ASSUMPTIONS**

As the preceding chapter describes, the question of agency is something of a rhetorical battlefield, with a central contention relating to the ontology of the social world. Archer argues for a realist ontology of thought. By this she argues that there is a subject-object divide – that the social and the personal, structure and agency, exist in a dualism not in a duality. Individuals possess properties and powers that are distinct from the social structures, such as believing, thinking, intending, loving, which can never apply to social structures, and these human experiences are real, not some illusory feature of the social.

Emirbayer and Mische also provide a view of agency that, while emphasising its social aspects and, particularly the temporal aspects of agency, acknowledges the subject-object divide, and raises the importance of individual thought in agency. On the other hand, Giddens, following a path previously trodden by Mead, tries to transcend the question of the subject-object divide.

Where Giddens posits in essence the unity of agency and action I distinguish between the two: Agency is choice of action. It is the product of reflexive thought and deliberation on the interplay between personal values and hopes and social challenges; action is when individuals reproduce or transform social structures. To make that distinction implicitly involves

accepting Archer's argument for a realist ontology of thought: If agency is choice emerging from reflexive thought then to have that capacity of choice there must be space for wholly private contemplation of the situation and the range of choices it poses. A realist ontology of thought is intrinsic to the definition of agency I use: if such space does not exist then neither does agency and the idea of free will and genuine human choice is illusory. Instead the situation described by Giddens and Mead pertains with a unity between agency and action. But this ontological conception does not, as outlined in the previous chapter, have much power to explain specific examples of human action that dissents, sometimes at considerable risk, from majority action.

As discussed in the previous chapter, I find that those accounts of agency that allow for a realist ontology of thought provide more complete and convincing accounts of agency than those of Giddens and Mead who try to supersede the subject-object divide. This is in part intellectual: as discussed I find that realist accounts hold the capacity for explanation of a wider range of human choices than non-realist accounts: Giddens' and Mead's accounts of action provide compelling explanations of how humans create the social world through action and why individuals will conform to group actions. However there is little theoretic space in their ontology to explain why individuals sometimes dissent. I intend to demonstrate in subsequent chapters that the model of agency that I use, which recognises the subject-object divide, has considerably more explanatory power. This leads to a further proposition:

*Proposition 6: A realist ontology offers more explanatory power for the discussion of agency than a structurationist ontology.*

In keeping with Alvesson and Skoldberg's (2004) argument for reflexive methodology, I believe I should also recognise and note that realist accounts are also more emotionally appealing to me. Descartes argued that the only thing we can be truly certain of is doubt (Fearn, 2001), but, nevertheless, that *thought* could be a proof of our existence. Giddens and Mead implicitly assert that we cannot even be certain of that because in a crucial way our thoughts are not actually our own but an extension of social ideas. While humans are clearly social beings, to suggest we are only such does not ring true with the totality of my own experience of personal agency. In addition to the greater explanatory power of a realist ontology of thought that I will demonstrate in subsequent chapters, this emotional component must be recognised as part of the reason why, after a long foray into the writings of different theorists this is the position that I have ultimately chosen.

Adopting a realist ontology of thought (Archer, 2003) implies as a basic assumption of my research that individuals have free will, albeit a free will that is bounded by penetration of the social structures in which the individual is implicated and by reflexivity in relation to that individual's personal beliefs and values. This in turn has methodological implications consonant with my research question: it means that it makes ontological sense to interrogate the data with questions relating to how this free will is exercised in social settings.

This ontological position is also congruent with some of the wider concerns in the literature on corporate social responsibility, specifically the question of why otherwise admirable people sometimes indulge in corporate malfeasance (Waters, 1978). The question of agency is important because it can illuminate the institutional and individual factors that contribute to socially destructive human activities. By understanding how such factors interact we potentially allow more informed choice by individuals in relation to such behaviour. Moreover, this creates the possibility of developing management and other systems that will reduce the risk of social organisations and individuals within them perpetrating harm on others.

Zimbardo (2007) defines evil as “*intentionally behaving in ways that harm, abuse, demean, dehumanize, or destroy innocent others – or using one’s authority and systemic power to encourage or permit others to do so on your behalf. In short, it is “knowing better but doing worse”*” (p. 5).

However, as noted above, I would also argue that often people, even well educated and otherwise sophisticated people, given to thinking about and questioning the rules and resources of some social situations, do not always “know better”. More specifically, I would argue that there are many occasions when for one reason or another individuals do not conceive of better choices. We are always limited by our depth of penetration of a situation by other social factors, such as peer pressure or *diffusion of responsibility* (Lantane and Darley) or physical distance that leads to *moral disengagement* (Bandura, cf quoted in Zimbardo, 2008, p. 17).

In other words a significant motivation of this research is emancipatory: if

one understands why people make “bad” choices it may be possible to help us see that often we have options for less “bad” choices, and it may be possible to devise management systems and cultures that encourage deeper penetration and greater reflexivity among individuals when confronted by ethical choices.

However the very concept of emancipatory research makes little sense without a realist ontology of thought. Unless we assume that there is that wholly personal space for contemplations of the social world and consideration of alternative potential courses of action there would be no mechanism – individual agency – to achieve individual emancipation or to buck wider oppressive social trends. If the individual embodies in themselves the mere duality of society, there is nowhere to locate to personal emancipatory power.

### **EPISTEMOLOGICAL CONSIDERATIONS**

As noted above, a critical aspect of the model of agency postulated in the preceding chapter is that it assumes a realist ontology; and more specifically, a realist ontology of the self. That is, an individual ‘self’ exists independently of the social world, which is knowable only to the subjects themselves. This also assumes a distinction between thoughts and ideas, where thoughts are wholly personal and ideas are social (Archer 2003).

Given this ontological position, we now address the epistemological question as it relates to the thesis – how can we come to know this reality? Or more precisely perhaps, *these realities*, as the model of agency that I postulate recognises that there are personal and social aspects to agency as well as a

meeting of the two.

Hammersley (1992, quoted in Bryman, 2004) raises the idea of *subtle realism*. *Subtle realism* argues that there is an ultimate and objective social reality, but that we can never be absolutely certain about the truth of any account since we have no completely incontrovertible way of gaining direct access to that reality (Bryman, 2004). However access may be gained through the accounts of individuals directly implicated in and trying to make sense of that social reality.

Archer notes a further fundamental methodological assumption that follows from this ontological position – that if subjects are conscious then they are also self-conscious and so might be able to tell others something about the nature of their internal lives and decisions. Archer notes, “*However great the difficulties may be in one person conveying a subjective meaning, and another comprehending (something of) it, the process must be at least imperfectly successful to account for such durable practices as talking and teaching*” (2003, p. 154)<sup>16</sup>.

Hence the idea of subtle realism extends to personal reality as well as the social. For the purposes of this thesis, my analysis of the interviews I conduct with participants and my reviews of literature are explicit attempts to understand the thinking of those participants and writers. The resulting discussion is my attempt to provide as clear a socially accessible account as possible of one aspect of my personal interpretation of their words. It is possible to get insight into the *thoughts* of others through their *ideas*, though it

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<sup>16</sup> Emphasis in the original

must be emphasised that this is a subjective matter in a further way: The aspects of an individual's account that I would privilege may be wholly different from those privileged by another researcher even where they also explore the question of human agency using the same empirical material. In other words, this thesis is my attempt to communicate as succinctly as possible my thoughts on the nature of human agency, based on the insights I have gained from consideration of the ideas of others. In certain respects the thesis will say more about me than any of my informants or any of the theorists that I draw upon. It is a matter for the reader whether my ideas on agency rings true with them. That is: does your understanding of my expressed ideas have resonance with your own reflexivity regarding your own agency?

As noted the experimental approaches of Milgram and Zimbardo provide significant knowledge of human responses given certain social stimuli these approaches give only limited insights into motivations for action. As Emirbayer and Mische point out the motivations for action occur "*one level down*", that is in the realm of private thought not social action. The purpose of this thesis is to illuminate this aspect of the question of agency and hence give insight to the question of why corporations behave in the ways they do by giving insight into the way in which individuals in social situations behave. For the reasons stated above, gaining understanding of agency, the motivation of action, requires attempting to fathom the thoughts of individuals through their verbally expressed ideas.

## **RESEARCH CRITERIA**

From the consideration of the theory and its ontological and epistemological

implications a number of key design criteria emerge:

1. Given that agency is, by my definition, choice-making then the data that is to be gathered must relate to choices.
2. Furthermore, since the core concern that I wish to address in the CSR literature relates to ethics then the focus of the data gathering should be on ethical choice as opposed to any other question of choice (strategic choice for example) in a professional context.
3. As the underlying research question relates to why someone does one thing as opposed to another, rather than why someone does something “bad” instead of something “good” then there is a need to focus on an ethical choice that is between alternative moralities (Nussbaum, 2001) rather than between a positive and a negative within the same moral system.
4. Given that, as is outlined in the theory above, reflexivity (which is antecedent to choice), relates to both social and wholly personal spheres, then the approach to data gathering must involve giving human individuals the opportunity to communicate their personal thoughts as social ideas. This implies a need to obtain access to individuals’ accounts of their choices.
5. A range of possibilities exist for obtaining individual accounts: in a verbal form, alone or accompanied. Alone would be a personally recorded narrative. Accompanied would be focus groups or interviews. Focus groups were discounted to minimise the risk of peer pressure influencing individual’s accounts and because I felt there would be limited opportunity in such relatively public discussions for exploring more sensitive personal questions. Diaries would require considerable commitment on the part of the research participants. I



felt that this would have been unrealistic to expect as while the research was important to me there was no reason it should be important to the informants. These considerations led to a choice of interviewing as a means to obtain individual accounts.

6. The focus of the interviewing process then must be to draw out what are the dynamics of agency and personal belief that are at play when individuals choose between different courses of action.
7. Given that only the individual has access to their own thoughts and that this is communicated socially through the sometimes inaccurate medium of language there is a risk that key thoughts may not be communicated precisely. The use of a data gathering approach through face-to-face and one-to-one semi-structured interviews aimed to minimise the opportunity for misunderstanding and misrepresentation by informants to respond in their own terms to the questions that were put to them and allowing me the opportunity to explore responses as they were to ensure that I understood what was being meant and to explore the consistency of responses in relation to other responses (Bryman, 2004).

### **INITIAL CONTEXT**

I had four principle criteria for the identification of an initial research context:

1. The context had to be one where there was already a public ethical controversy. I did not want that the first time my informants heard a criticism of their professional responsibilities to be from me. Rather, I wanted professionals who would generally be aware of the public debates on the ethics of what they were doing and have come to some judgement on the

rights and wrongs of that for themselves.

2. I did not want to be exploring an ethical controversy which entailed the exploration of illegal practices. This would have been a powerful disincentive for informants' honesty if there was any possibility that what was being said to me may in the future be heard in evidence against them in some court of law.

3. I wanted to explore a subject that was non-trivial, that related to matters that were intrinsically socially important in that they related to matters that had a significant bearing on people's lives.

4. I wanted to explore a subject about which I did not have strong feelings and was relatively open to being convinced on the rights or wrongs of each informant's position. In other words I did not want to be prejudging individuals but rather trying to understand their positions.

A number of contexts could have been used for exploring the question of ethical choice. Craig and Greenbaum's study of a mining enterprise was a reminder that the extractive industries are ones which are often fraught with ethical conflicts. This was an initially appealing area for me because the genesis of this research lay in encounters I had in Angola in the late nineties with urbane oil and diamond company executives. These were the people who ran industries that were widely blamed at the time for providing the revenues to both sides of the civil war that allowed its prosecution and the enrichment of elites with little discernable benefit to the ordinary people of the country<sup>17</sup>. In the end business sensitivities meant that initial overtures were rebuffed. This may have been a blessing in disguise as it may have been

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<sup>17</sup> Many Angolan's regarded the countries oil and diamond reserves to be a curse rather than a blessing as a result.

difficult for me to remain objective in the course of the enquiry so visceral were some of my memories and consequent opinions of those industries.

A further possibility I considered was the advertising industry looking at the choices that some managers and executives in that industry considered, over, for example, advertising of tobacco products or environmentally damaging products, such as cars.

In the end a key determinant in the choice of context was access to informants. This was resolved by a number of contacts among fellow PhD students and in the MBA programme of Strathclyde Business School who were able to introduce me to a number of pharmaceutical representatives and doctors. Hence the issue that I initially chose to explore: the attitudes of medical and pharmaceutical professionals towards the pharmaceutical industry and the ethical dilemmas they confront as they interact with each other throughout their working lives.

The relationship between the medical profession and the pharmaceutical industry is a controversial one. Among the criticisms are that *“over the past two decades [the pharmaceutical industry] has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including...the medical profession itself”* (Angell, 2004: pp. xvii-xviii). On the opposite pole however others argue that without the incentive of profits no new drugs will be developed. Hence, they argue, the marketing orientation of big pharmaceutical companies is a necessary condition to allow innovation,

research and development in that industry (Miles, Munilla and Covin, 2002).

Why individuals adopt one of these positions as opposed to another satisfies research criteria 3 above in that it is not about a choice between “good” and “evil” though adherents to the ethical positions described above may regard the holders of opposite views in very negative terms. Rather this choice is about choosing one set of moral values over another. It echoes Nussbaum’s (2001) argument that life often presents individuals with a choice between competing systems of “good” rather than explicitly about a choice between good and evil.

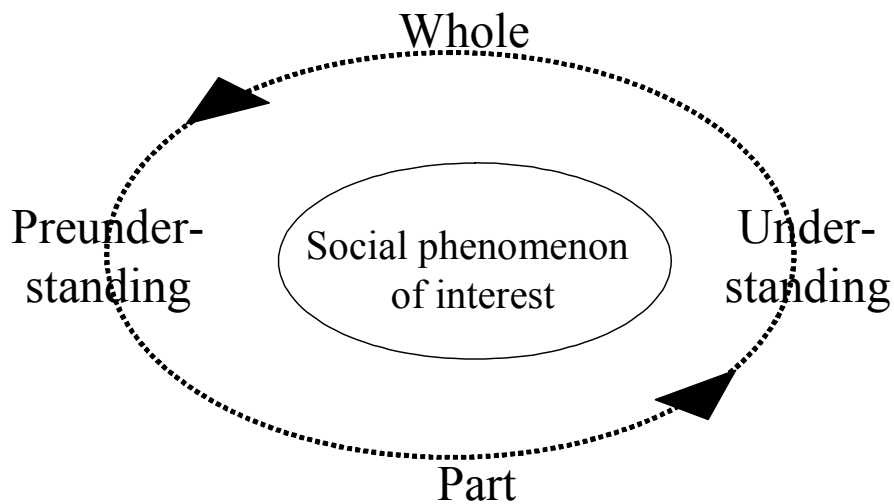
### **THE HERMENEUTICS CYCLES**

Miles and Huberman (1994) note that, *“Very seldom does a start-up sampling frame survive the lovely imperfection and intractability of the field. It must be shifted and reframed”* (p. 31). In the case of this research this point may be extended to add that initial sampling choices do not survive contact with evolving theory.

Kramp (2004) notes that the research question determines the research method. However, if the meaning of the research question is itself contested then the determination of appropriate research methods becomes more complex. My research question, “What is the nature of individual’s agency in social organisations?” has been relatively constant through this project. However my understanding of the meaning of that question and the consequent appropriate approaches to answering it has evolved with my engagement with the literature on this subject and conversations with informants. Hence the method of researching this question, including both the propositions derived from the theory and the sampling approach

required to test these propositions, has evolved as a result of the hermeneutic nature of this enquiry.

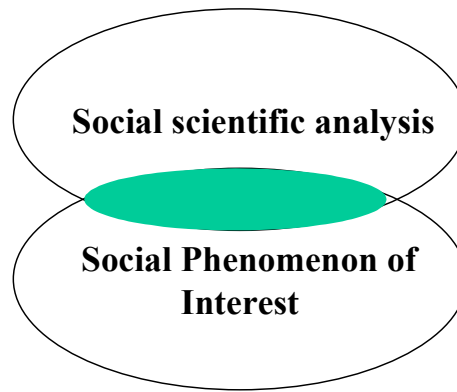
Alvesson and Skoldberg outline the basic hermeneutic cycle:



*Figure 11: Basic hermeneutic cycle (from Alvesson and Skoldberg, 2004)*

Alvesson and Skoldberg (2004) note how the hermeneutic cycle illustrates how optimal understanding of a phenomenon of interest must be arrived at from an initial partial understanding, but can only be properly understood when the totality is understood, which itself can only be arrived at from partial understanding.

In trying to understand the meanings of my informants a “double hermeneutic” (Giddens 1984, Archer 2003) is involved. In other words the enquiry involves “*the interpretation of interpreting subjects*” (Archer 2003, p. 154). Giddens illustrates the double hermeneutic graphically:



*Figure 12: Giddens' double hermeneutic*

One example of a way in which this idea could be applied to research would be when new theoretical perspectives are brought to bear on a particular social phenomenon. However, as my aim in this thesis is to understand the nature of human agency in social organisations, something that is itself contested in the literature, it is clear that the nature of the double hermeneutic is more complex. In this enquiry theory gives insight to a social phenomenon, and the social phenomenon itself provides critique to the theory, and, furthermore, theorists critique each others' theory.

So a researcher's preunderstanding of an individual's account of agency, for example, arises from reading a particular theory and perhaps personal reflection on the researcher's own actions and agency. However a participant's account or a set of participants' accounts may in turn suggest insufficiency in the researcher's reading or, indeed, an insufficiency in a particular theory. So the hermeneutic cycle for this research should perhaps better be represented as follows:

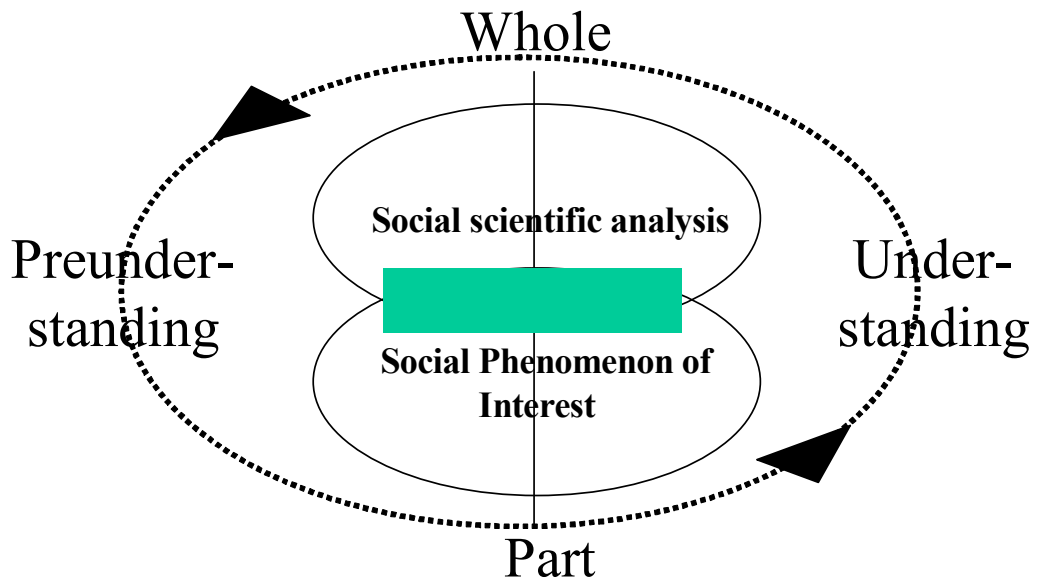


Figure 13: Basic hermeneutic cycle mark 2

Or perhaps as follows:

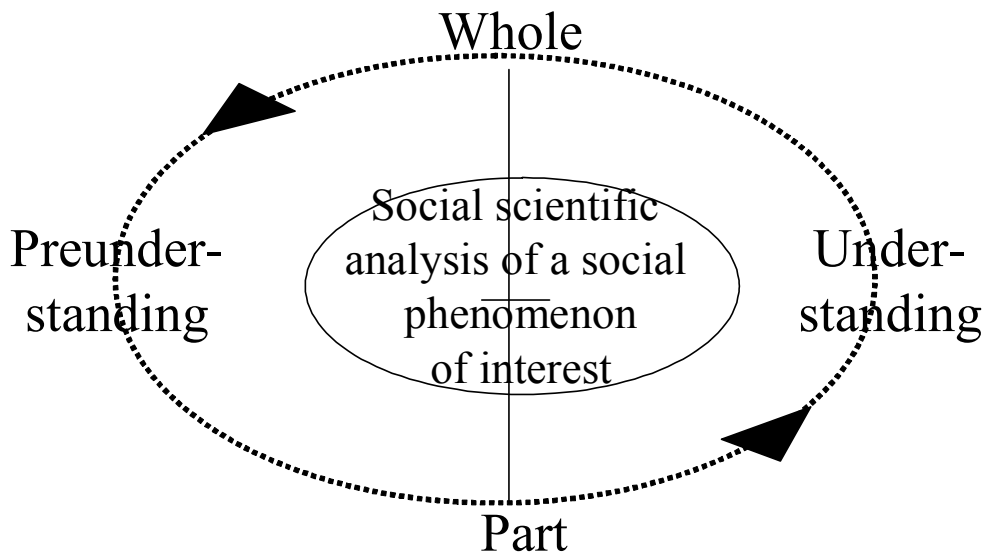


Figure 14: Basic hermeneutic cycle mark 3

The purpose of the two preceding diagrams is to try to represent graphically

not only the cyclical nature of the double hermeneutic, but also the inter-relationships between the theory, the empirical material and the interpreter of both – me. In other words Giddens’ double hermeneutic is in fact (at least) a treble hermeneutic when all elements of Alvesson and Skoldberg’s (2004) and Giddens (1984) models are integrated.

So in my case my understanding of the meaning of the question evolved from understanding agency as the human process of reproducing or transforming social structures (structuration) to understanding agency as the process by which human individuals decide on their course of action, which structures they will privilege and how, in their engagement with the social world. Consequently my research propositions and sampling approaches have changed in order to accommodate this evolution in the understanding of the question. This evolution in thinking emerged from the critiques posed on initial theory by other theories and my empirical material leading to development of theory and posing new lines of empirical enquiry, specifically developing questions and analyses that would elucidate the thinking processes leading up to choice and exploring whether there were commonalities in these processes among all of my informants.

#### **EVOLVING THEORY, ANALYSIS AND THE HERMENEUTIC PROCESS**

The following table summarises the identities of my informants and the nature of the choices that I discussed with them.



*Table 1: Overview of informants, part 1*

Research Participant (pseudonym)	Research Stage	Location	Profession	No. of choices	Nature of choices
Karyn	1 & 2	Glasgow	Pharma manager	1	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> </ul>
Freida	1 & 2	Glasgow	Pharma rep	1	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> </ul>
Martin	1 & 2	Glasgow	Pharma manager	1	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> </ul>
Frazer	1 & 2	Glasgow	Pharma manager	1	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> </ul>
Gillian	1 & 2	Glasgow	Pharma rep	1	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> </ul>
Jock	1 & 2	Glasgow	Pharma manager	1	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> </ul>
Pedro	1 & 2	Glasgow	Pharma rep	2	<ul style="list-style-type: none"> <li>Basis for becoming a pharma rep</li> <li>Reasons for leaving pharma industry</li> </ul>
Rutger	1 & 2	Amsterdam	Pharma manager	1	<ul style="list-style-type: none"> <li>Reasons for joining pharma industry;</li> <li>Reasons for becoming a pharma reform campaigner</li> </ul>
Ben	1,2&3	Glasgow	GP and NHS researcher	1	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> </ul>
Lauren	1,2&3	Glasgow	GP and NHS researcher	2	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> <li>Abortion</li> </ul>
McGregor	1,2&3	Glasgow	GP and NHS researcher	2	<ul style="list-style-type: none"> <li>Reasons for initial engagement with pharma industry</li> <li>Reasons for disengaging with pharma industry</li> </ul>
Bergman	1,2&3	Glasgow	NHS research manager	2	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> </ul>
Eva	1,2&3	Glasgow	GP and NHS researcher	2	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> <li>Abortion</li> </ul>
Winston	1,2&3	Glasgow	GP	3	<ul style="list-style-type: none"> <li>Ethical stance towards the pharma industry</li> <li>Abortion</li> <li>Euthanasia</li> </ul>
Des	1,2&3	Glasgow	GP	2	<ul style="list-style-type: none"> <li>Reasons for initial engagement with pharmaceutical industry</li> <li>Reasons for disengaging from pharmaceutical industry</li> </ul>

*Table 2: Overview of participants, part 2*

Research Participant (pseudonym)	Research Stage	Location	Profession	No. of choices	Nature of choices
Faith	1,2&3	Glasgow	GP	1	<ul style="list-style-type: none"> <li>• Ethical stance towards the pharma industry</li> </ul>
Hope	1,2&3	Glasgow	GP	1	<ul style="list-style-type: none"> <li>• Ethical stance towards the pharma industry</li> </ul>
Rosamund	1,2&3	London	GP	5	<ul style="list-style-type: none"> <li>• Ethical stance towards the pharma industry</li> <li>• End of life issues</li> <li>• Euthanasia</li> <li>• Child protection</li> <li>• Abortion</li> </ul>
Dr Mirren	3	London	Head of OH in transport business	1	<ul style="list-style-type: none"> <li>• Health and safety dilemmas</li> </ul>
Nicole	1,2&3	London	GP	2	<ul style="list-style-type: none"> <li>• Ethical stance towards the pharma industry</li> <li>• Appropriate treatment of the elderly</li> </ul>
Zola	1,2&3	London	Consultant psychiatrist	5	<ul style="list-style-type: none"> <li>• Personal involvement in the pharma industry</li> <li>• Trainees involvement in the pharma industry</li> <li>• Sectioning patients</li> <li>• Developing democratic work culture</li> <li>• Potential dispute with colleagues over patient care</li> </ul>
Robert	1,2&3	London	Specialist in treatment of drug addiction	3	<ul style="list-style-type: none"> <li>• Abortion</li> <li>• Tension between interests of patient and integrity of service</li> <li>• Exclusion of patient from practice</li> </ul>
Marilyn	1,2&3	Belfast	Anaesthetist/ Former GP	4	<ul style="list-style-type: none"> <li>• Ethical stance towards the pharma industry (as GP)</li> <li>• Ethical stance towards pharma industry (as anaesthetist)</li> <li>• End of life</li> <li>• Private practice</li> </ul>
Clooney	1,2&3	Belfast	Consultant surgeon	4	<ul style="list-style-type: none"> <li>• Ethical stance towards the pharma industry</li> <li>• Junior doctors training</li> <li>• End of life</li> <li>• Abortion</li> </ul>
Audrey	1,2&3	Belfast	GP	4	<ul style="list-style-type: none"> <li>• Ethical stance towards the pharma industry</li> <li>• Abortion</li> <li>• Best interests of patient</li> <li>• Reporting patients</li> </ul>
Keira	1,2&3	London	Paediatrician	3	<ul style="list-style-type: none"> <li>• Ethical stance towards the pharma industry</li> <li>• Child protection 1</li> <li>• Child protection 2</li> </ul>

In summary I conducted 26 interviews and discussed 51 different ethical choices with my informants. However the gathering of empirical data and its analysis was not a straightforward process. Miles and Huberman (1994) note that data collection is a selective process with conceptual frameworks and research questions protecting against data overload.

In the event my research went through three overlapping phases, which are reflected, though not explicitly, in the structure of the theory chapter: an initial exploration of the material from a structurationist perspective (Stage 1); the development and testing of a new model of reflexivity in response to the shortcomings I perceived in a purely structurationist account of agency (Stage 2); an exploration of a further key insight regarding agentic sophistication emerging from the empirical testing of these new ideas on reflexivity and agency (Stage 3). Interviews and analysis were conducted across these three stages. In the following subsections I will discuss in more detail the methods I adopted at each stage.

### **Stage 1: Structuration theory: sampling and analysis**

In the first phase of data gathering and analysis I approached the answer to the research question from the perspective of structuration theory: this posits a duality of agency and structure and with that an equivalence of the two. The principle propositions under consideration at this point were Propositions 1 and 2:

*Proposition 1: Degree of penetration increases agency (Giddens)*

*Proposition 2: Conforming individuals "take or assumes the organised social attitudes of the given social group or community" (Mead).*

For the reasons outlined above in design criteria, I adopted one-to-one interviewing as my primary approach to obtaining such accounts. Given the propositions there is a central concern in this mode of analysis of identifying the structures that constrain and enable the individuals.

Giddens identifies three analytically separable dimensions of structures:

- signification - coding or modes of coding in communication
- legitimation - interplay between values, standards and sectional interests
- domination - control of allocation or authorisation resources (Riley, 1983)

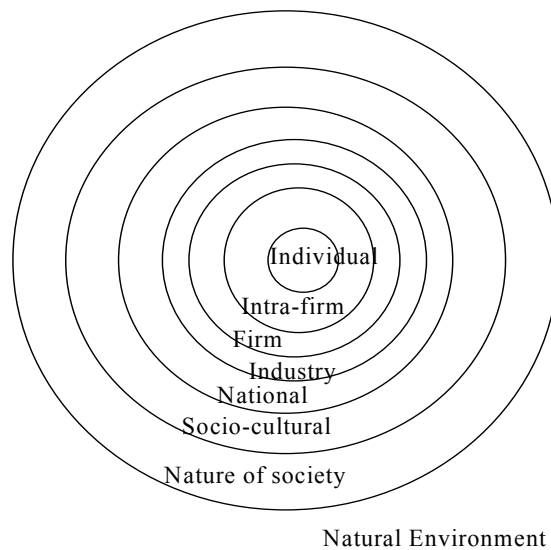
Against these are three equivalent dimensions of interaction:

- communication
- morality/sanction
- power

and these are understood to be mediated by three modalities:

- interpretive schemes
- norms
- facility (Willmott, 1987).

As described in the preceding chapter, a social situation is composed of layers of structuration – human beings reproducing and transforming the social structures in which they find themselves implicated – and is often bounded by other social structures.



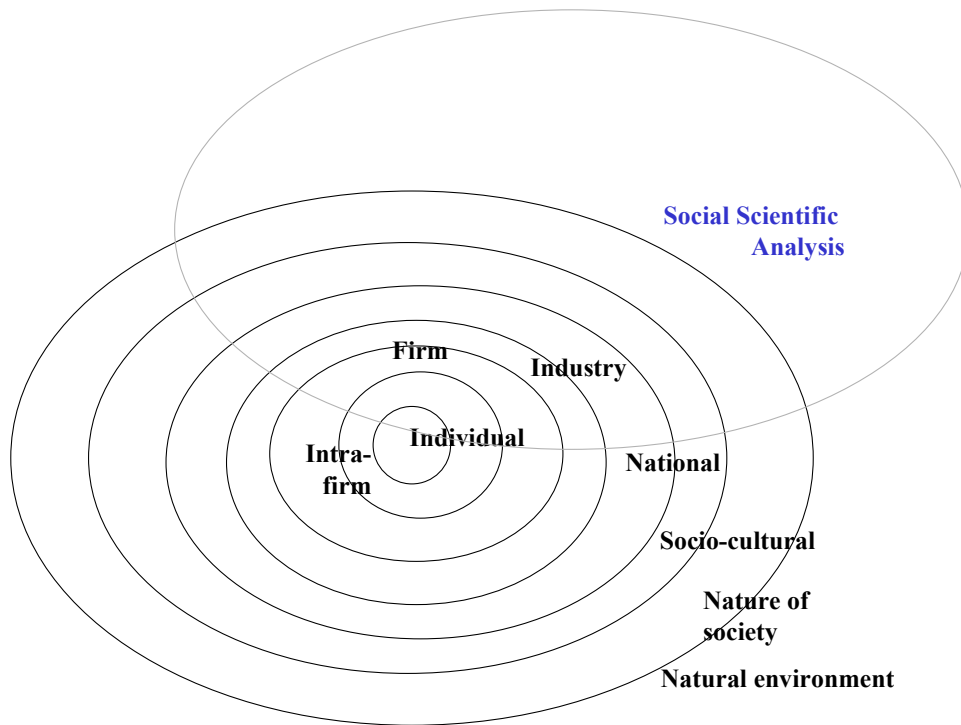
**Figure 15: Layers of structure**

The diagram in figure 15 gives some sense of the depth of social structures for an individual in their business environment, but it is too neatly ordered to provide a satisfactory sense of the complexity. In addition to business relationships at any point in time an individual has multiple other relationships – friends, family, sports clubs, political organisations, religious and community affiliations – each governed by different, sometimes harmonious, sometimes competing, structures.

From this theoretical perspective, as previously discussed, the extent of human agency, the range of conceivable choices available to an individual, is dependent in significant part on a) the depth of penetration that the individual achieves of the social structures in which they are implicated; and b) which social structures they consequently choose to privilege in their decision-making.

With the caveats noted above in terms of the difficulties of representing the social world diagrammatically the attempt to understand the individual's

depth of penetration could combine Giddens' double hermeneutic, where social scientific analysis here relates to analysis of narratives and discourse of individuals' accounts. This is represented in Figure 16.



*Figure 16: A model combining double hermeneutic and layers of structure*

Giddens argues that individuals are highly knowledgeable of their social situations and while implicitly recognising that structures may be taken for granted at the level of practical consciousness, argues that individuals may be prompted, for example through questioning, to raise matters to a level of discursive consciousness.

Two problems arise from this when considering the question of individual penetration of their social situation. First, and more straightforward, for a structure to be made explicit requires that the right prompting has occurred. Second, leading on from this and more problematic: exploration in a single

industry of the reasons that individuals act could provide limited purchase on the discourse. That is it may be possible, with the right prompting and thorough analysis to obtain sufficient contextual understanding from the informants and to describe that which is *taken-for-granted*. From this it would be possible to provide detail of the social structures that lead to broad conformity of action by individuals within the industry. However, while recognising that every idea carries with it the idea of its own inversion, in practice it may be difficult to get adequate perspective on an industry to properly conceive of critical, deeply layered structures and discourses, or if there are valid alternative bases for action available to informants.

#### Stage 1 sampling

At this stage of my research I sought to resolve this problem by not confining my enquiry to a particular industry, but rather to an organisational field. As I have noted elsewhere, the social world is a mosaic of instances of structuration, intersecting with and abutting against each other. Within the business sector, for example, there may be quite influential relationships between suppliers and customers. It is my contention that participants in such relationships would have illuminating insights into each other, as each would have a high level of knowledge of the professional culture and practice of the other but also be in a position to critique it from a different set of taken-for-granted assumptions.

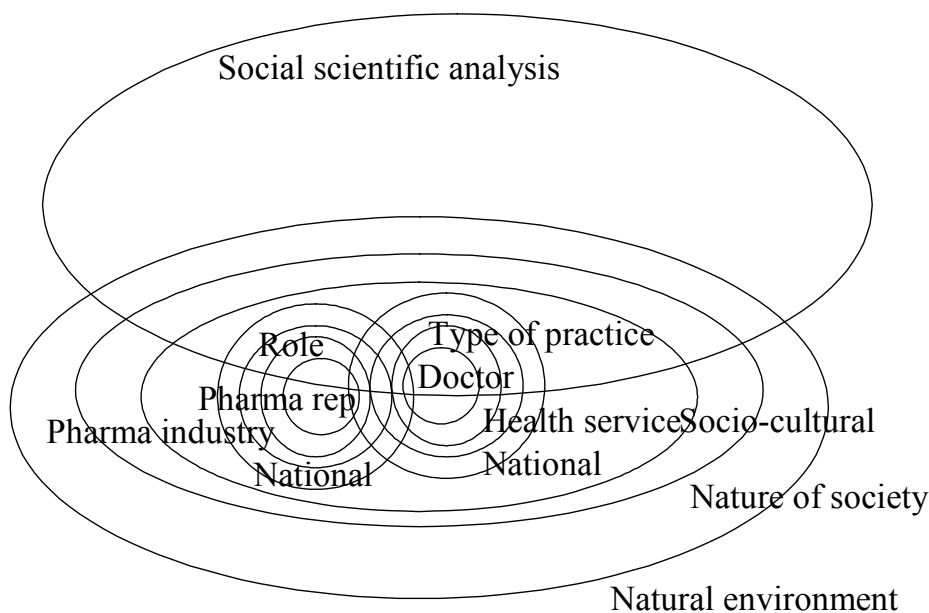
Furthermore, while research on the question of agency into two related industries would still be a simplification of the social world, it comes one small step closer to a more realistic and complex mosaic of social relationships.

This led to a series of decisions on sampling parameters regarding the settings, actors, events and processes (Miles and Huberman, 1994) that I would focus upon:

- Setting – the interface between the pharmaceutical industry and the medical profession;
- Actors – pharmaceutical representatives whose primary responsibility is selling to doctors, and doctors themselves. Given Giddens emphasis on the importance of understanding the structures in which individuals are implicated I chose also to interview some other professionals, particularly middle managers, in the pharmaceutical industry, *mixing* (Miles and Huberman, 1994) the sampling approach in order to achieve some further triangulation of the data provided;
- Events – this would focus upon selling practices and the making of choices regarding the adoption of an ethical stance towards the pharmaceutical industry;
- Processes – this would relate to the thinking and ideational processes that led to the individuals ethical choices.

Graphically this could be represented as follows:





*Figure 17: A double hermeneutic describing the relationship between doctors and pharmaceutical representatives*

The confusing and complicated representation more closely reflects reality. However, it is still a radical simplification of the social world. Attention should be drawn to the common structures that both share, in relation, for example, to all my subjects being from Western Europe. But there are many other structures which are both different and unshared, most obviously in relation to profession, but also in terms of gender, ethnicity, nationality, to name a few. However, because of the particular interactions between individuals in the medical profession and pharmaceutical industry, which will be described in more detail in subsequent chapters, each is well placed to comment insightfully on the other, having the privilege to observe the other at close quarters from a vantage point constructed by a different set of organisational structures.

### Stage 1: Interview design

Interviews began by me explaining my research to the participants – that I was trying to explore the nature of human agency in social organisations and that I was doing this by exploring the ethical stance that professionals with some form of direct involvement in the pharmaceutical industry took towards that industry.

I outlined two potential ethical positions that were polar opposites: On one hand there is the position put by Angell (2004) that the profits made by the pharmaceutical industry are disproportionate to the social value provided by that industry. On the other hand there is the position that without the profit motive society would be deprived of industry innovation and progress on development of new life-saving drugs (Miles et al, 2002). I then asked the informants to describe for me their ethical position in relation to the pharmaceutical industry.

In order to optimise the possibility of obtaining thorough accounts of choice and action I strived for the interviews to be less an interrogation and more of a conversation. This led to a semi-structured approach to interviewing, which allowed for exploration of the nuances of the individual's account as the interview proceeded.

The hermeneutic cycle, moving from a partial to full understanding, applied in microcosm to the interviews as it did to the whole research project. The partial understanding of the phenomenon of interest, in this case why individuals adopted one ethical position as opposed to another, was represented by the initial interview questions. As a conversation proceeded

then responses to the initial questions exposed additional areas for further exploration in the interview itself and in the wider research project.

The interviews were also an attempt at a *dialogue* – developing through conversation a greater mutual understanding through careful clarification of the meanings the informants were trying to convey. This reinforced the need for a semi-structured approach to an interview – there was no guarantee any informant would automatically find the meanings I intended to convey without greater explanation and sometimes exemplification. Similarly each interview could throw up new concepts or ideas that I had not previously considered and had limited knowledge and understanding of. My aim with the interviews was, by attempting to build dialogue, to obtain an increasingly close approximation to a full understanding of the *other* individuals' thoughts. In other words, within a conversation, if dialogue is occurring then a hermeneutic cycle is also recognised (Alvesson and Skoldberg, 2004).

#### Stage 1 analysis

In total the 26 interviews I undertook provided me with 423 pages of transcript composed of 222,793 words.

Kramp (2004) describes *analysis of narratives* as the attempt to find similarities and commonalities in a variety of accounts and this is the initial approach that I adopted to discern the structures underpinning the organisational field my informants inhabit. An analysis of narratives should highlight the social rules and resources that constrain and enable the actions of a group of individuals and may identify personal beliefs shared by two or more

informants. These commonalities across a range of individuals will outline the social terrain in which these individuals choose, act and interact.

The analysis of narratives also requires sensitivity to discourse. Phillips and Hardy (2002) argue that discourse, the process of talking and writing, brings social objects into being. Bryman (2004), quoting Foucault (1926-84), notes that discourse relates to the relationship between the language we use to describe something and the way we comprehend that something. That which is *taken-for-granted* is rarely articulated.

If it is rarely articulated then it must be sought through analysis of dimensions of structure other than the mode of signification. As noted *signification* relates to interpretive schemes and so one might anticipate that it is the form of structure that will be most readily represented in language. The second dimension of structure – *domination* – is likely to be in individual accounts in narrative rather than in specific language. Ricoeur (1981) noted that narrative is not simply about adding episodes to one another but constructing meaningful totalities out of scattered events. So, while jargon may rapidly be discernable from a conversation with an informant and this may relate directly to certain signification structures, the nature of the structures of domination and legitimation are likely to be discernable only from common elements of narrative in diverse accounts. It is narrative which allows the discernment of bases and relationships of power and the norms within a situation, and more significantly perhaps, allows the *taken-for-granted* to be discerned.

So in attempting to discern the structures in a social situation attention must be paid to:

- The language in the diverse accounts for the identification of particular structures, acknowledging that some structures which are referenced by some informants may apply to all;
- The narratives of the informants which may highlight particular structures, and again that the structures in particular narratives may apply to more or all informants in similar situations.

To analyse the interviews I coded the transcription to identify the key themes discussed. At this stage of analysis the focus of the analysis was identification of structures emergent from the data, so there was no pattern identification undertaken at this point.

Polkinghorne (1988) notes that narrative provides a meaning *structure*<sup>18</sup> that organises events and human actions into a whole so attributing significance to those actions and events according to their effect on the whole. Considering the idea of structure as the rules and resources that enable and constrain human action (Giddens, 1984), then a narrative is an explanation or telling of an action or event in terms of the rules and resources that an individual understands constrain and enable their own life. A focus of the analysis of these interviews was to compare and contrast the accounts across the whole initial set of interviews to explore the understanding the informants had of their choices, the understanding they had of the rules and resources that constrained and enabled them, and their orientation to and interpretation of these structures. Here also the hermeneutic cycle pertains:

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<sup>18</sup> Emphasis is my own.

as one moves from a partial understanding gained from the individual interviews, to a more complete understanding when all of the interviews are understood together, it is possible to discern deeper underlying assumptions of the informants. Alvesson and Skoldberg describe "*knocking the text*", engaging in "*dialogue*" with the text with a view to discerning the basic underlying question that lies beneath and hence generates the text. In the terms of Giddens (1984) what is underway is an attempt to understand the deeper structures at play in the conversation. The sample, in ensuring multiple perspectives on the same events and processes, allows for sharper focus on these deeper structures.

In analysing discourse the question of available *alternate bases of reality* was also probed: were there sets of rules and resources potentially available to an individual but not currently used in any sense as a basis for choice making? For example, considering an example from the literature previously reviewed is a mining enterprise in Southern Africa bringing wealth and economic development to a poor country or is it despoiling the environment and exploiting a vulnerable workforce for the benefit of European shareholders, or is it all of these things simultaneously? The alternate ethical stances on the pharmaceutical industry sketched earlier define a similar complexity. In considering the accounts of the individuals I explored if alternative structures were brought into consideration by them at any point in order to conceive of completely new courses of action.

## **Stage 2: The cruciform of reflexivity – sampling and analysis**

The search for a more complete explanatory model of agency led me to the work of Emirbayer and Mische (1998), and Archer (2004), whose work is outlined in Chapter 2.

Archer posits a different ontology of the self from Giddens, Mead and Emirbayer and Mische, one which is dualist emphasising the difference between the self and the social, and, when combined with the work of Emirbayer and Mische, provides a view of the key elements of the social and the personal that may interact in the production of any given choice.

The implications of the cruciform of reflexivity are expressed in two further propositions:

*Proposition 3: The problematization of a situation arises from the degree of resonance or dissonance that the situation strikes with the wholly private thoughts of the individual concerned.*

*Proposition 4: Reflexive deliberation of choices in a given situation is described by the cruciform of reflexivity.*

### Stage 2 Sampling and interview design

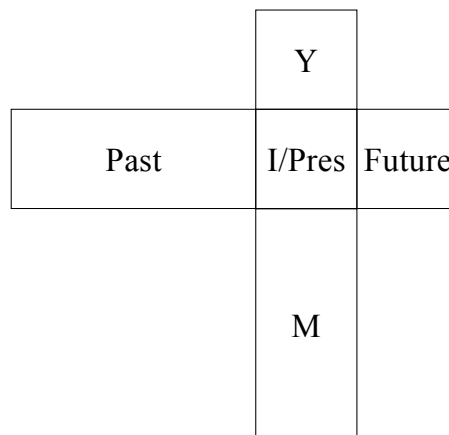
The sampling strategy at this stage of the research remained mixed. The numbers we augmented by “snowballing” or “chaining” (Miles and Huberman) where existing informants were encouraged to suggest further informants they might know. The approach to interviewing remained much the same as in stage 1. However, at this point, with some analysis already done and with an existing body of empirical material to draw upon it was

possible to discuss some preliminary conclusions and ideas with informants with a view to prompting further their own thinking about the issues under discussion.

### Stage 2 analysis

In addition to the propositions the approach to analysis at this stage related more to *narrative analysis* than *analysis of narratives*. One would expect to see evidence of an individual's beliefs and values in their narrative. Kramp (2004) notes that with a narrative the narrator constructs a plot by selecting and sequencing action and events, thereby imposing a meaning on these actions and events that comprise a story. She might also add that the converse may also be true: that the *meaning* the narrator applies to these actions and events may also determine the selection and sequencing of events.

Revisiting the "cruciform of reflexivity":



*Figure 18: The "Cruciform" of Reflexivity: the reflexive individual in the social world*



My argument here is that there are two *moments* of agency: A social *moment* and a personal one. The purpose of the analysis is to discern these aspects from the accounts and hence to consider more clearly how they interact for the individual who has provided the account, and from consideration of the patterns across a range of accounts, consider whether there are any general insights to be obtained for human agency in social organisations.

In terms of hermeneutics the effort to understand meaning relates most closely to the approach known as objectivist hermeneutics, where the research alternates between the part and the whole to develop a progressively deeper understanding of both (Alvesson and Skoldberg).

Betti's hermeneutic canons (1967; 1980) quoted in Alvesson and Skoldberg, argue that the objects of research should be understood *in their own terms* and that they should fit into a *harmonious whole*. However he also recognises that understanding is a creative, reproductive act, something that is a result of the frames of reference that the researcher brings to the research, and argues for "*the hermeneutic correspondence of meaning (adequacy of meaning in understanding)*". This is something that Alvesson and Skoldberg argue means that the researcher "*has to establish a kind of 'resonance' with the object of investigation, a 'congeniality' by which an invisible bond (of meaning) is forged between them*" (p. 69). This seems closer to mysticism than clear guidance for research. However I interpret this to mean that for there to be effective hermeneutic research that, in addition to attempting to understand texts in their own terms and in terms of the totality, researchers must be clear about their theoretic preconceptions and allow for the empirical material to shape their understandings of the phenomenon of research.

At this stage of analysis the transcriptions were again coded but rather than trying to identify common structural themes the analysis focused upon the narratives themselves and the accounting of choice that individuals presented to try to discern if there were any patterns in the narratives that offered insight into the processes of choice. Specifically the analysis of the accounts aimed to identify patterns relating how the individual informant considered past, present and future ideas, and personal beliefs and hopes in the process of choice making. In essence this was a conscious attempt to move away from explanations of choice that emphasised the structural components towards one that was more individually and psychologically rooted.

While *analysis of narratives*, with particular attention to *discourse*, will give a sense of the choices posed by the social world to the individual, it is in the *narrative analysis* of the individual's own account that one gets a sense of why they chose to act the way they did. Here I diverge somewhat from Hardy and Phillips (2002) who argue that texts are not meaningful individually, "*it is only through their interconnection with other texts, the different discourses on which they draw, and the nature of their production, dissemination and consumption that they are made meaningful*" (p4). This is indeed a strong argument in relation to how social objects can be constructed and identified. However it rejects the possibility, implicit in my ontology, that there is a wholly subjective personal space and this space can be illuminated by individual narratives.

Connelly and Clandinin (1990, quoted in Kramp, 2004, p. 109) note that "*Narrative and life go together and so the principal attraction of narrative as method*

*is its capacity to render life experiences, both personal and social, in relevant and meaningful ways*". In the terms of this enquiry "meaningful" relates to how the personal and the social interplay with each other in the making of a choice.

Polkinghorne (1995, pp. 5-6 quoted in Kramp, 2004) notes that "*storied narrative is the linguistic form that preserves the complexity of human action with its interrelationship of temporal sequence, human motivation, chance happenings and changing interpersonal and environmental contexts*". From the preceding chapters, particularly the discussion of the cruciform of reflexivity, it may be seen that I argue that each of these aspects plays a significant role in human choice. Hence personal narratives provide the opportunity to explore how these interplay to arrive at a choice for a given individual in a given situation. Kramp (2004) argues that "*in narrative enquiry you are committed to describing the phenomenon you are researching rather than explaining it*". However she also notes that researchers should be aware of the language used by informants because, "*the language used constructs what it narrates*" (p. 116). It is my contention that given my model of reflexivity that an individual's narrative of choice constructs that choice and in doing so describes their agency.

It is worth also noting that this process begins at the interview stage: The process of interviewing individuals puts in train an interpretive process where, in explaining, informants try to make sense of their choices in relation to the whole of their lives. I argue that it is the subjective interpretation of choices and actions in the social world in the context of personal biography that is antecedent to human agency. So, when the narrative is recounted, the

interviewer is presented with the interviewees' notion of what their agency is. The point at which the choice is actually made in life is the point at which the individual's agency is most truly revealed, and indeed it may come as a surprise to them.

As discussed in the previous chapter it is only the individual who can know her own thoughts and how they interplayed with social ideas in order to come to a decision. Kramp (2004) notes that narrative privileges the storyteller: it is only through their telling of their lives that the researcher can have any insight into the lives they have experienced.

Kramp (2004) further argues that *narrative analysis* allows us to explore how the individuals concerned endow their life experiences with meaning. This form of analysis then seems appropriate for exploring the question of human agency. Because, for any individual, *choice* is not an abstract question: whether a social situation poses a painful ethical dilemma, or whether it is a completely unproblematic part of the routine of their professional responsibility, for that individual their interaction with the social world and their thoughts about that interaction is an intrinsic part of their lives. The meaning they construe on their experiences will be a product of their particular lived experience to that point, of their thoughts in interaction with the ideas of the social world in the present, and of their aspirations both for themselves and for the world in which they live.

As noted above, I define agency as directly related to the nature of choice of action, where action relates to trying to make a difference in the social world through the reproduction or transformation of social structures. Choice-

making relates to how an individual decides on a course of action through consideration of their personal thoughts in interaction with the social ideas composing the world in which they find themselves and which provides the catalyst for personal choice. If this theoretical argument holds true then within narrative individuals present will be their reasons for the choices they have made.

The literature postulates that agency is related to penetration, or the depth of understanding that an individual has of the social structures in which they are implicated – such penetration allows them the choice of action on a wider range of bases. Didion (1961, quoted in Kramp 2004) argues that narrative fills the space between “what happened” and “what it means”. Understanding the concept of penetration then requires that we should add a caveat: narrative fills the space between “what happened” and “what it means to the narrator”.

It is for this reason that consideration of discourse, something excluded in Hardy and Phillips (2002) methodology of discourse, is important at the level of narrative analysis as well as at the level of analysis of narratives, because it relates not only to the taken-for-granted social structures in which an individual is implicated but also to the personal values that an individual carries with them. So, as noted above, it must be recognised that discourse also underlies personal narrative.

### **Stage 3: Exploring agentic sophistication**

The third phase of the data gathering and analysis related to a fifth proposition:

*Proposition 5: An individual will display a range of reflexivity and types of choices not only across the course of their lifetime (Archer), but also at any given point in their life depending on the sets of structures with which they are engaged at that given point and how they resonate with their beliefs and values.*

As noted earlier, I argue that agency is fundamentally linked to reflexivity: the capacity to think about thought and an individual's position in the world allows that individual the capacity to choose how they are going to engage with the world.

Archer (2003) shows clearly that agency is related to an individual's values and beliefs and goes on to argue that individuals have fundamental modes of reflexivity and hence of agency: As reflexivity facilitates agency then the beliefs and values to which an individual adheres has a direct bearing on the nature of that agency.

Archer (2003) notes that her research subjects presumed that everyone was reflexive in the same manner. However she was able to distinguish different modes of reflexivity – communicative reflexive, autonomous reflexive, meta-reflexive and fractured reflexive – from their accounts. When the subjects were presented back with her accounts of the ways they thought they agreed that she had made fair representations.

From this she argued that individuals have reflexive tendencies, that is they engage with life in a particular thinking way. Her area of investigation was essentially existential, relating to how people thought about their lives and

their general ways of engaging with the world. And from this work we can see a fundamental reflexive process to explain why individuals sometimes dissent from the majority: when the majority actions are in contradiction to their most personally held beliefs and values.

However this view is problematic when confronted with the key question put by Waters (1978) and others: how do otherwise seemingly admirable human beings sometimes come to perpetrate reprehensible actions? There is a risk implicit in Archer's conclusion that it really is a question of good people doing good things and bad people doing the rest. However this is at odds with the convincing work of Milgram and Darley and Lantane, which shows otherwise decent people doing regrettable things.

These anomalies in the theory as well as the indications from my data suggested that individuals adopt diverse reflexive approaches to their thoughts on different choices. To explore this question I conducted a further series of interviews.

### Stage 3 sampling

The desire to explore whether individuals adopted different reflexive approaches with different choices led to the addition of a further research design criterion:

9. Interview subjects should be professionals who deal with a large volume of complex ethical choices.

The logic of this criterion is to test if an individual's thinking and reflexive deliberations differed with choices made, if not contemporaneously, then at least temporally close to one another. This suggested a focus on doctors in the last phase of sampling and a *critical* sampling strategy (Miles and Huberman) that would allow the application of information to other cases: doctors make a high volume of highly complex ethical choices as part of their day to day responsibilities. Hence the probability in this data set, already suggested in previous interviews, of finding different types of ethical choice-making on different issues, is increased. Other professionals must also, from time to time, make difficult ethical decisions, but these may be relatively rare. Understanding how such choices are made can provide a useful point of learning for those who make such choices more infrequently, and provide insight into how "wrong" choices might be avoided in the corporate world.

In these sets of interviews, in addition to questioning doctors on their attitudes to the pharmaceutical industry and why they reached those positions I explicitly asked them about

- a) Their ethical position on abortion;
- b) Their approach towards treatment of children where parents objected to the medial approach they proposed;
- c) Their thoughts on their responsibilities regarding end of life issues;
- d) Any other ethical issues they encountered in their professional lives.

During this stage of the research I paid particular attention to critical incidents. While not all accounts held such critical incidents where they did occur they were often illuminating of the informants' thought processes. Kain (2004) describes the critical incident technique as asking respondents to



identify events or experiences that were “critical” for some purpose. Kain’s discussion of this technique makes plain that the process of individuals providing accounts of critical incidents is narrative in essence. He notes that critical incidents are created by the person to whom they are critical. The *meaning* “critical” is assigned to the incident by the narrator, based on how he or she perceives its relevance to their lives.

Within my interviews two types of questions related to critical incidents. The first was of the type “Why do you believe this?” a question which asks explicitly for the informant to state their key reasons for adopting a particular belief.

The second was of the type “Why did you change your mind?” While this is similar to the first question it also has the potential to draw out new information. Specifically, if the theory that I outline pertains then the process of changing one’s mind relates to shifting one’s basis for action. This might be drawing upon another more deeply layered structure within the set that already enable and constrain professional practice. Or it may be as a result of deciding to privilege another set of social relationships or personal beliefs that fall outside the rules and resources of professional life: for example Bob Leuci cited returning to the tenets of his religion and away from the police culture of group loyalty as the basis upon which he ceased corrupt practices himself and initiated undercover investigation of institutionalised police corruption in New York in the 1970s (Daley, 1978).

Critical incidents, particularly where the interview subjects change their minds, are of particular interest because they are points when those subjects

perceive for themselves alternate bases of action and hence are most consciously aware of their personal agency.

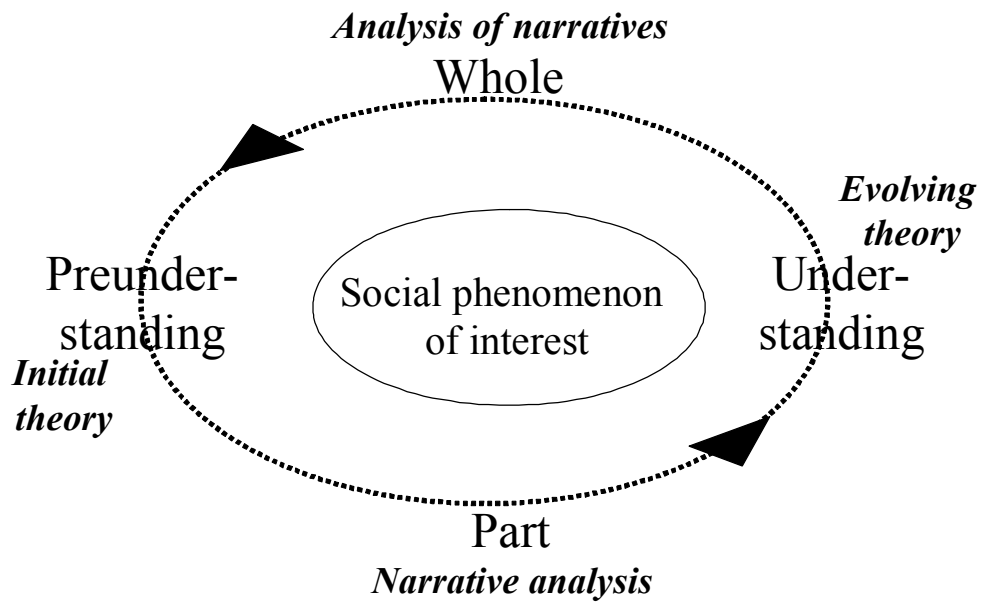
## CONCLUSION

While the structure of this chapter is to a large extent linear what I am trying to convey is much more of a spiralling research process, roughly represented by the hermeneutic cycle involving both the literature and the empirical material that follows.

In the course of my research I have attempted to adhere to Betti's four canons of objectivist hermeneutics by adopting the following approaches:

- a) in order to understand the accounts of subjects in their own terms I have used *narrative analysis* (Kramp, 2004);
- b) in order to understand the totality of the accounts I have used *analysis of narratives* (Kramp, 2004)
- c) I have attempted to be explicit about my theoretic preconceptions as is discussed above; and
- d) as also discussed above I have been open to allowing the evidence I have gathered to shape my understandings and the course of my enquiry.

This is an attempt to place greater specificity on Betti's 4 canons of objectivist hermeneutics and how they fit with the basic hermeneutic cycle.



*Figure 19: The hermeneutic process revisited*

The nature of this hermeneutic process and this chapter means it is difficult to separate some theory building from the research methods. The next three chapters will outline in greater detail the findings from each of the three research stages.

## Chapter 5: Findings: choosing a position on pharmaceutical selling practices: part 1

*Brian: Please, please, please listen! I've got one or two things to say.*

*The Crowd: Tell us! Tell us both of them!*

*Brian: Look, you've got it all wrong! You don't NEED to follow ME, You don't NEED to follow ANYBODY! You've got to think for yourselves! You're ALL individuals!*

*The Crowd: Yes! We're all individuals!*

*Brian: You're all different!*

*The Crowd: Yes, we ARE all different!*

*Man in crowd: I'm not...*

*The Crowd: Sssh!*

*– from Monty Python's Life of Brian*

### INTRODUCTION

I ended my review of agency theory with a conclusion that agency, (an individual's choice of a course of action), arises from an individual's reflexive consideration of the past, present and future ideas, which compose the social situation in which they find themselves, together with their personal beliefs, values and hopes. This, and the body of literature on agency reviewed in the course of this research, gave rise to five propositions.

*Proposition 1: Degree of penetration increases agency (Giddens).*

*Proposition 2: Conforming individuals "takes or assumes the organised social attitudes of the given social group or community" (Mead).*

*Proposition 3: The problematization of a situation arises from the degree of resonance or dissonance that the situation strikes with the wholly private thoughts of the individual concerned.*

*Proposition 4: Reflexive deliberation of choices in a given situation is described by the cruciform of reflexivity.*

*Proposition 5: An individual will display a range of reflexivity and types of choices not only across the course of their lifetime (Archer), but also at any given point in their life depending on the sets of structures with which they are engaged at that given point and how they resonate with their beliefs and values.*

A further proposition arises from methodological considerations:

*Proposition 6: An ontology that recognises subjective reality offers more explanatory power for the discussion of agency than a structurationist ontology.*

In this chapter, the findings of the empirical exploration of the explanatory power of the first two propositions is reported. The following chapter 6 deals with propositions three and four. Chapter 7 deals with proposition five. Proposition six is discussed in part in findings chapters 6 and 7 and in more detail in Chapter 8, the discussion. This structure reflects the theoretic and methodological development, outlined in Chapters 3 and 4, recall the empirical data were structured and analysed as follows:

- 26 interviews;
- 3 stages of data collection;
- Data collected in stage 1 and 2 were narratives of choice around the ethics of the pharmaceutical industry;
- Propositions 1 and 2 were explored from the perspective of a structurationist ontology, focussing on *analysis of narrative* to identify common structures;

- Propositions 3 and 4, discussed in the following chapter, were explored from a perspective of a critical realist ontology that recognises subjective reality using *narrative analysis*.

This chapter is organised as follows. The first two propositions are taken in sequence: first the proposition is re-stated, second the expectations of patterns in the data are stated, third illustrative quotes<sup>19</sup> are then provided and finally conclusions are drawn with regard to the accuracy of the proposition.

### CONSIDERING PROPOSITION 1

Proposition 1 states that, “**Degree of penetration increases agency**”. Here the expectation of the data is that those informants who show deeper penetration, that is deeper awareness of the social structures in which they are implicated, will demonstrate a greater awareness for alternate choices in relation to their potential courses of action.

Recall that in relation to this proposition *analysis of narrative* was used to identify common social structures referenced in the individual informant accounts. The following quotes are exemplar illustrations of considerable overlap in informants understanding of the rules and resources that constrain and enable their actions. Specifically there is common recognition that: (1) they undertake pharmaceutical research and development of new drugs and that this is not something the National Health Service could ever undertake (2) the companies and their representatives provide information to

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<sup>19</sup> A suffix is provided to each name to indicate their industry: Dr for medical professional, all of whom were, in fact, doctors; and Pharma for pharmaceutical industry professionals. In the quotes three dots “...” indicates where comments have been omitted from the quotes. A dash “-” indicates where the informant has paused in their comments.

doctors, often as part of an attempt to sell drugs and (3) the pharmaceutical industry is in existence to sell drugs and the pharmaceutical companies require a return on their investment. These themes were recurrent in the interviews. Of the 26 interviews conducted 20 informants voiced ideas on the roles of the pharmaceutical industry in relation to therapeutic innovation, 15 discussed their thoughts regarding the levels of profits the drugs companies make, and 22 described aspects of pharmaceutical selling practices.<sup>20</sup> The following quotes were chosen because they succinctly capture all three themes - not all informants were so concise.

Pharma Karyn describing her role:

“The information that is exchanged [with doctors] is what the company wants put over...Pharma is doing the research that the NHS can't afford and there has got to be a return on investment for that, and obviously, out of that research and development they're going to take out the best, the other information is available, its published data, but we'll only take out the key things that will really sell our product, so they [the doctors] are only getting a very small amount of the information, and the reason for that is because people can only absorb so much so we'll be very selective in our marketing campaigns...”

Dr Ben describing his view of the sector relationships:

“Of course there's a big hard selling, drug reps have a difficult job they've got to try and sell these things to you and quite often we're not that interested in seeing the drug reps or learning about something else. So it's tough from that point of view. It's probably good that there's a tension exists because it keeps everyone on their toes but I don't think I would say you should write off the drug industry and get rid of it. I think they can be a force for good as long as you recognise they're also a force for profit and you know where they're coming from.”

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<sup>20</sup> The very last interview I conducted contained no discussion of the pharmaceutical industry. The focus of the conversation was on Proposition 5 and the doctor concerned had no professional contact with the pharmaceutical industry.

Dr McGregor describing his view of the sector relationships:

“I would say it’s a necessary evil. It’s necessary that they’re at the cutting edge of new drugs and it is ... we are beholden to them to come up with some of the cutting edge drugs which are saving lives. I think we mustn’t confuse that very important altruistic purpose with the much more business driven model of accountability of the pharmaceutical industry to shareholders and the conflict of interest that necessitates when you come up against GPs or hospital doctors and their responsibility as advocates for their patients. So you’ve got a potential there for difficulty, where on the one hand we need them, on the other hand the way they go about their job can conflict with the primacy of advocacy for their patients.”

This particular aspect of similarity indicates a comparable degree of penetration amongst the informants. Further, when considering more closely their attitudes towards the pharmaceutical industry they display a wide variety of choices in relation to their ethical stance towards the industry:

Pharma Karyn continues to work for the pharmaceutical industry and expresses her enthusiasm for it:

“We’re treated well, looked after, and very interesting and within the health sector, so you still feel like you are helping even though you are not treating patients as there is still that aspect to it I like. And its seven years experience and years in the health sector to give up. Financially for me to move into another job I would lose out. And I am not very high up but because you are so well looked after with cars and shares you would lose out. I mean I would take the hit, but it would have to be the perfect job. I’d consider moving into the NHS again some sort of management level, but there’s nothing interests me at the moment. But I think it’s very interesting. It’s going to have to change a lot over the next years.”

Dr McGregor describes his previous heavy involvement with the pharmaceutical industry with regret and verbalises a harsh interpretation of the industry practices:

“When I was, if you like, a full jobbing GP I was one of these people who saw reps, did the rounds, did research with them, was aware of the inside track on the way they worked, and presented work on their behalf at



conferences in Europe. I lived the pharmaceutical industry life. So probably being a convert you're one of the strongest advocates against what they do now, but I have personal evidence of the way it worked, good justification therefore for why I changed, and at the same time the research backed up to me, or my interpretation of the research confirmed to me that I was doing the right thing".

Dr Ben chooses to continue to occasionally meet with the representatives for two reasons: in part as a professional courtesy and also in recognition of a vital role he regards the industry playing in health:

"I don't think I'd be quite as black and white, as with most things in life. It's a grey area. I think these are massive industries for Britain that do generate huge amounts of finance, employ a lot of people, huge quantities into drug research and into sponsoring science and development and innovation. They do their studies generally very well. I mean, you've read, I suppose, the criticisms of them when things don't go their way, they tend to hide it but you've got to balance that against they have done a lot of good research on medication and have driven things forward, I think, in a way that governments might not have put the same money into doing that. You can probably counter that again by saying is all the research needed because once one or two drugs of a class have been found you really need other competitors and there are times when you create another drug on the market to lower cholesterol, was that really necessary, would the money have been better spent going elsewhere? Of course there's a big hard selling, drug reps have a difficult job they've got to try and sell these things to you and quite often we're not that interested in seeing the drug reps or learning about something else. So it's tough from that point of view. It's probably good that there's a tension exists because it keeps everyone on their toes but I don't think I would say you should write off the drug industry and get rid of it. I think they can be a force for good as long as you recognise they're also a force for profit and you know where they're coming from."

These quotes exemplify three types of engagement with the pharmaceutical industry: 1) positive; 2) anti or non engagement; 3) equivocal engagement. Each of the informants who had discussed the pharmaceutical industry fitted into one of these categories.

*Table 3: Summary of the nature of informants engagement with the pharmaceutical industry<sup>21</sup>*

Type of engagement	Positive engagement with pharma	Anti or non engagement with pharma	Equivocal engagement with pharma
Informant names	Pharma Freida, Pharma Martin, Pharma Frazer, Pharma Karyn, Pharma Gillian, Dr Faith, Dr Audrey, Dr Keira, Pharma Jock, Dr Hope	Pharma Pedro, Dr Des, Dr McGregor, Dr Winston, Dr Nicole, Dr Rosamund, Dr Robert, Dr Bergman, Dr Eva	Dr Ben, Dr Lauren, Pharma Rutger, Dr Zola, Dr Clooney, Dr Marilyn
Number	10	9	6

At one level this data supports Proposition 1: a thorough knowledge of the relationship between the pharmaceutical sector and the health sector does indeed facilitate a diversity of choices and hence agency. However this does not account for why the informants chose one position as opposed to another. Referring to just the example quotations above each shows comparable penetration of the principle social structures relating to the pharmaceutical industries engagement with the medical profession: therapeutic innovation, profit making and selling practices. None raises any new social structure that would account for their divergent choice. Rather these informants make some different interpretations of the legitimacy of how these rules and resources are enacted. Pharma Karyn expresses no qualms about the ethics of the selling practices that pharma reps use with doctors, even though she acknowledges that they are, “very selective” in the information they present to doctors, showing products in the best light. Dr Ben recognises a tension between the imperative to sale and doctors responsibilities to patients, but still sees pharmaceutical representatives believing that this tension can help “keep everyone on their toes”. Dr McGregor is much harsher in his judgement of the industry indicating that

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<sup>21</sup> One informant, Dr Mirren, did not discuss the pharmaceutical industry at all because it was not relevant to her current role.

his experience of the business has led him to “convert” from pro to anti. Specifically, as will be discussed below, he came to regard pharmaceutical selling practices as a professional affront.

Given this data and analysis I would argue that the Proposition 1 should be revised to: **Comparable penetration facilitates a diversity of agency.**

## CONSIDERING PROPOSITION 2

From Mead, Proposition 2 states that **“Conforming individuals “takes or assumes the organised social attitudes of the given social group or community”.**

Dr Marilyn began her interview in an interesting way:

“I probably, as an anaesthetist, I am probably one of the few groups in medicine who have very little exposure to pharmaceuticals, and we kind of in a way we almost take a moral high ground, we accept, we’ll look if you have developed a drug that good we will then start using it. So don’t come and take me out for dinner, don’t give me a bottle of wine, don’t offer me a weekend away, and you know that’s basically ... I would have to say when I last saw a rep I can’t remember. In the last year? I don’t know ... Now, in GP, when I worked in GP I saw it from a different side. When I did GP you were completely bombarded, like we would have every week you could have gone out for a meal, it was really nice, really sociable, you went in every restaurant, you ordered food you wouldn’t normally order because it didn’t matter if you like it because you weren’t footing the bill. You tasted wines you wouldn’t normally have tasted and in a way I guess that I sort of ... obviously it’s a moral dilemma because you don’t want to be seen to prescribe something because somebody is pushing it, so I would pay as little attention to whatever the drug was, that they were selling, and I probably would be quite a conservative prescriber anyway. I’m not easily persuaded, but I can see a lot of people are and I can see even just in patients coming in, the patients list the way you can see obviously certain drugs suddenly appear, and I assume it’s a big push on the pharmaceuticals and you think “my goodness in the last six months lots of people that are on such and such a drug.” I presume that’s a push from the drug company.

[When did you stop taking dinners and weekends away from pharmaceutical?]

“Well it probably is because anaesthetists don’t, as a group. Because I changed career, the group that I work with don’t generally. I mean they don’t even think of it as an option... So you work somewhere where it was OK and everybody went out to a group that would say “hm, well we don’t. We’re fine, we don’t do free drug deals, we’re above all that.””

Dr Marilyn was the only example of an informant who had consciously shifted the nature of her engagement with the pharmaceutical industry because she changed her community of practice from GPs to anaesthetists. She was very aware of the criticisms of pharmaceutical selling practices and described herself as being so when she partook of them. However for her, the decisive shift was in changing careers: “Morally superior” anaesthetists simply do not see drugs reps. Dr Marilyn’s data is highly supportive of Proposition 2 because here she explicitly and without prompting acknowledges that her change in agency relates to taking on the social attitudes of a new social group.

To test this proposition further consider the three groups identified in Table 4 (designated “pro”, “anti” and “equivocal” in relation to their engagement with the selling practices of the pharmaceutical industry). If this proposition pertains then one would expect the individuals thus categorised would share within categories similar attitudes to the social structures in which they are implicated.

## **The parameters of the debate**

Across the conversations with doctors and pharmaceutical representatives four key axes of debate were identified, three already mentioned above.

These were:

- i. therapeutic innovation;
- ii. profit;
- iii. selling practices; and
- iv. ideas of personal responsibility.

The following sections will sketch using exemplar quotes the debates and the attitudes of the various health and pharmaceutical professionals interviewed to these debates. Each subsection will end with a summary, in table form, of the level of agreement on each of these elements of the debate for each of the three categories discussed above (positive, anti, and equivocal).

### **Therapeutic innovation**

As noted in the discussion of proposition 1 there is general recognition across all interviewees that the pharmaceutical industry engages in a lot of research to produce new drugs. Dr Lauren recognises that the pharmaceutical industry:

“do fund a lot of research. They put a lot of money back in and maybe for the average busy GP if a drug has come out and it's on the signed recommendation, the ... guidelines or whatever, and they're going out and giving the GP a ten minute bit of information about the drug that's a recommended drug to prescribe any way, then why not?”

Pharma Freida describes how:

“[Our drug] saves more lives for the same dose in a shorter period of time [than the generic]...At the moment we've got these two fantastic studies that are ground breaking, but because we don't have a license to say we save lives we're not allowed to talk about it until the licence comes in.”

Her railing against the injustice of regulation here suggests that it does not cross her mind that the drive for profits might on some instance trump the question of patient safety. Pharma Martin describes a similar situation, albeit in a more nuanced and business oriented manner:

“We have three products ... which were to go through approval. The FDA [the United States Food and Drugs Administration] had a change in regulations and they obviously cracked down a lot more and all three products failed... So with the change in the FDA those three products actually failed because it was ... actually, ‘Yes you are curing this disease but the level of toxins you’re putting in the body to do it aren’t actually acceptable.’ Whereas before they were perfectly acceptable with the drug of the past. And that’s eventually what killed off one of our businesses, those three products which were at final stage ready for launch.”

However Dr Des argues that:

“the idea that life, you know, the tenets of life can be broken down to chemical reactions is ludicrous, because the things that people value in life are things that you can’t measure so easily. You know ... you can live to 60 and have had a good happy life, or if you were to live to 70 and have restriction in everything you did, what would people choose? So longevity and health in a physical sense is not the only measure of wellbeing.”

This is a case where we can see an instance of deeper penetration occurring: with this comment Dr Des is not questioning the utility of pharmaceutical contributions to therapeutic innovation. He is contesting the idea of the values of therapeutics itself in the context of the broader question of patient health. Below I will return to the question of whether this depth of penetration is the cause or effect of his agency.

Anyway, Dr Des argues:

“Therapeutics don’t change that quickly. There are very few new innovations and the ones that do don’t need to be promoted anyway because the people are drawn to it”.

Dr Ben is more respectful of the importance of therapeutics and therapeutic innovation:

“I suppose there’s a camp [of doctors] who are quite happy just that it’s nothing but the ticking boxes and doing the therapeutics. There’s the others [who are all about the social problems of the patient] ... both are important for it. I have to say whenever a doctor’s in trouble it tends to go back to about it’s the patient that counts and it’s this special thing, this hocus-pocus that goes on in the consultation and it’s used defensively an awful lot”.

Dr Ben also points out that

“The thing that kills people is chronic, some form of chronic disease and all that’s happened is as you go through the years, we don’t all die of infection at 40 now, we go on till 70 now, once you stop ... people dying of heart attacks at 60, so they’re not going to die until they’re 100, what they’ll do in the intervening time is people will start having more motor neuron disease, more Alzheimer’s, there will be something else comes along. So it’s a new challenge for the drug companies because in their society something comes up. There’s another area for them to go and shoot at, [so] their argument is we need to make big profits because we don’t know what’s coming along next and we need to invest heavily in a lot of your drugs that will not work, or you get a safety scare and it all goes bad ... I think that’s overly cynical [to think chronic disease is less important than acute].”

*Table 4: Attitudes to importance of therapeutic innovation*

	Attitude to therapeutic innovation by pharma		
Type of engagement with Pharma	Important	Not important	No comment
<b>Pro</b>	Pharma Freida, Pharma Martin, Pharma Frazer, Pharma Karyn, Dr Faith, Dr Audrey		Dr Keira
<b>Anti</b>	Dr McGregor, Dr Winston, Dr hope, Dr Nicole, Dr Rosamund, Dr Robert	Dr Des	Pharma Pedro
<b>Equivocal</b>	Dr Ben, Dr Lauren, Pharma Rutger, Dr Zola, Dr Clooney, Dr Marilyn		

So apart from an occasional caveat there is a general recognition among informants, irrespective of their ultimate attitude to engagement with the pharmaceutical industry, that therapeutic innovation is important and the pharmaceutical industry has an important role in bringing products to market.

### **Profits**

When asked about the reputedly vast profits gained by the pharmaceutical industry Pharma Karyn puts this in the context of therapeutic innovation:

“You need to look at the cost of getting the drug to market. The vast majority of drugs you try to get to market get to phase 2 or 3 [of trials] and don’t get anywhere else. So you have to ensure that the molecule you are looking at is going to give you a return. Otherwise you could do all this research, get nowhere and that’s the business completely collapsed”.

Pharma Martin, a finance officer with a pharmaceutical company also addresses this issue directly:

“...something that often missed is billions of pounds that go into the research in the background and we’ve seen, to our own problem, our own default, we’re actually shutting down our DNA business in the UK, which is they can put millions in their research and never actually get anything out of it. So I think there still has to be some sort of overlap so I can see why [pharmaceutical companies are] saying we need more money for this because when you do get a drug to market it will inflate the price because it’s funding the next generation. And a lot of profits you can actually see what they’re doing is funding the next generation which is good.”

Pharma Frazier, a management researcher in the pharmaceutical industry, also sees justification for the business practices of the pharmaceutical industry in the challenges of bringing a drug to market:



"I've always thought yeah it costs they'll embellish the figures I imagine but if you look at the value chain of who does what and the fact you've got "Eureka!" at the university, and so the university resources, public funds have gone into that eureka, increasingly the universities now are clawing back as much as they can. They are saying public funds were used so we own the ideas, we want to get some share of revenue share agreement, we want to start spin out companies, take equity in these companies and you know recover a little bit more than we've done in the past ... But when it gets to the point of a pharmaceutical company then acquiring the IP [intellectual property rights] or partnering with whoever..., whether they outsource it or not it is costing millions of dollars to do phase 1, 2, 3, and post marketing trials. So that's always been their argument. It's that (a) they've got 20 years of [copyright] protection, ten years of which is lost in the whole pre-clinical trials process so they've only got eight to ten years of that monopoly position. And so £500 million is the minimum now to get a drug through approval so they want to recover that."

Pharma Gillian, while reckoning at a lower cost for the delivery of new drugs to market, understands that few organisations, even within the pharmaceutical industry have the capacity alone to deliver drug innovations:

"...partnership is so important because it costs £200 million to create a chemical entity over time, so it's a lot of money so there are things that are outsourced, there are partnerships created, so there's a mixture of being involved with universities, other bio-tech companies, other pharmaceutical companies...You have to look at the economic viability. Otherwise nobody would create them [new drugs]. The government can't afford to create them. Universities can't afford to create them. So people should work in partnership too. I don't think that is happening enough..."

It is in the context of compelling justifications for the need to sell and earn profits that pharmaceutical representatives go about their job. And so they are not in any way coy about that need to sell. Pharma Freida describes her role as "basically to grow the sales, develop people"; Pharma Karyn states:

"My role...is to work with my target customers to sell products my company produce for better patient care and taking care of our sales and market share. I mean that's the bottom line, that's what we're here for...[I find out]what the needs of GPs are, what they are trying to achieve, so that

the campaign messages that I have fit in with what they are doing, so that they're getting the best for the patients and I'm getting the sales from that."

Each hold without tension the thoughts that they are doing good by doctors and patients *and* helping their companies make money. Indeed, as with all private sector organisations, that increasing of sales and making of profits is seen as being a social good in itself. Pharma Gillian is blunt:

"We're there to make money. We're a business. Its like making food, its like making multi-vitamins: it's the way we have to make money."

Pharma Martin also reminds us that:

"Apart from the whole social thing of these big pharma companies make huge profits, guess where our pensions are based on? That sort of thing. [So] That's obviously good".

Among the medical community some recognise this as a reasonable argument. Dr Marilyn notes:

"There has to be some sort of incentive to encourage them to spend money on research. It's very, very expensive, and I think you have to accept that it is expensive and it's going to become more expensive. You cannot move medicine forward without giving a lot of money, without a lot of money. I mean they've reduced, you know they've reduced a lot of problems but all the development areas are highly expensive, you know, new antibiotics and anti viral agents, things like that are hugely expensive, they're hugely expensive trials to look at safety. So they're going to have to get some benefit from it ok? And the only way they can get benefit is encouraging people to use it."

Other attitudes to profit making are somewhat more equivocal. Dr Bergman notes that:

"In terms of the company I can just about get over the fact they do, they call it research and they do investigate drugs and things like that but I guess my basic premise is that they're doing it for financial gain and I just find that really just doesn't fit with my values because the health service is not in it for financial gain. So I find that uneasy."

And Dr Clooney wonders about the values of some expensive treatments:

“...we’re faced with a lot of commercial pressure from these companies saying we’re to use this, we’re to use that. They developed new drugs, surgeons say yes it is easier to use, but ... I have to look very, very long term in doing an operation for somebody which I’m hoping they will survive, 20 – 30 years down the line... in the last year, [I’ve had] a lot of pressure from reps who want to come along and talk and sell the latest new expensive anti-clot agent. What we tend to use is in our practice, and this is a sort of consensus decision, the one we tend to use is aspirin. There was one trial that showed aspirin seemed to use the incidence of clots in hip fractures, less so in joint replacements, but in the sense that we use aspirin because we can demonstrate we are doing something. We can demonstrate that we have risk assessed... and it can be done for six weeks which is the period when clots are likely to form, most likely to form after surgery, so you can be given it easily, it doesn’t have to be monitored and it is absolutely dirt cheap. So to treat your patients for six weeks costs, I don’t know 30-40p as opposed to hundreds of pounds, which may be the case with some of the newer drugs”

Dr Des is the most negative and cynical about the pleadings of the pharmaceutical industry needing profits for reinvestment:

“The average amount of money spent on marketing per doctor per year is about £10,000. The idea that the industry is purely research led is absolutely ridiculous because they probably spend less than 20% of the, you know, turnover on R&D and by far the biggest part of their expenditure is based on promotion and marketing.”

*Table 5: Attitudes to pharmaceutical profit making*

	Attitude to pharmaceutical industry profit-making			
Type of engagement with Pharma	Reasonable	Equivocal	Negative	No comment
<b>Pro</b>	Pharma Karyn, Pharma Martin, Pharma Frazer, Pharma Freida, Pharma Gillian, Pharma Jock			Dr Keira, Dr Audrey, Dr Hope
<b>Anti</b>	Dr Robert	Dr Bergman, Dr Rosamund	Dr Des	Pharma Pedro, Dr McGregor, Dr Winston, Dr Nicole, Dr Eva,
<b>Equivocal</b>	Pharma Rutger, Dr Zola, Dr Ben, Dr Lauren, Dr Marilyn	Dr Clooney		

Overall, particularly when considered in the context of pharmaceuticals undertaking therapeutic innovation and bringing new drugs to markets, there was general acceptance that it was reasonable for the pharmaceutical industry to derive considerable profits from the manufacture and sale of drugs. Where Dr Clooney, Dr Bergman and Dr Rosamund express concern it is more about a potential risk to be managed rather than an outright rejection of the right of business to derive profits from pharmaceutical sales. Only Dr Des expressed outright hostility to the pharmaceutical industry's business model.

### **Selling practices**

The discussion of selling practices was the most complex and contentious of the topics discussed with informants. The following quotes are chosen as

illustrative of the key aspects of the discussion on this topic raised in the course of interviews.

Pharma Gillian, a senior manager of a pharmaceutical sales team describes the logic of pharmaceutical sales strategy:

“So everything is orientated around a structure of numbers... numbers of calls, frequency of calling target doctors, numbers of symposia they are going to do, numbers of doctors they are going to take to international meetings. Number of meetings they are going to do. Awareness, script change values, all of these things. These are numbers and they put these numbers on everything and everybody has to comply with that. That’s your job to do that, so everything is number chasing. This is all orientated from we need X many people to prescribe a certain number of the product a certain amount of time to achieve what we need to achieve, which is 50% of the market, whatever that may be.”

Pharma Rutger, formerly a marketing director and managing director with his own pharmaceutical company, is clear about the importance of this approach: doctors are continually visited by reps because it works in developing sales:

“The system is that you know once you’ve been to the doctor they’ll prescribe your drug. They are so vulnerable.”

Pharma Rutger explains some of the process:

“I’ve been a rep, for four years ...I was a nice guy. So I could climb in and I was a guy that believed in his story and I thought at that time I was telling the story of my company... and at that time I think I knew what I was talking about. So it’s still possible a lot of reps know what they’re talking about. It’s also possible that a lot of drugs are the same. There are many [factors] so they have a good story, but because they tell a good story, the doctor knows that guy believes that story, so he prescribes that drug because from the other rep he doesn’t know exactly the story. Same type of drug, but he has better experience with me and I’m a better marketer, a salesman.”

People buy from people, a comment that a number of pharmaceutical reps and doctors made. So in addition to the approach of repeating calls reminding doctors of particular products, there are efforts to build more substantive relationships with doctors. Pharma Freida reckons:

“it takes about 18 months minimum to build up the trust [with a doctor].”

Dr McGregor reflects on the importance to him as a young man of friendly engagement by the pharmaceutical representatives.

“It’s a very important part. Probably about 70 – 75% was social. They were very convivial people and introduced you to probably a way of thinking about things which was highly materialistic. Interestingly it was against the way I am as a person anyway. I’m not that materialistic deep down but it was a very, what I would call a good night out or a good day away.”

Dr Faith noted the importance of being able to get on well with a drug rep:

“You just have a rapport with that person... We had a rep a long, long time ago and he was a larger than life person... I think he worked on that. He was in your face and was good fun and things.”

Pharma Rutger goes on:

“Yes, so it’s again a personal relationship. And you are a little bit... brainwashed by your company. No doubt about it. That’s true. I believe I speak the truth. No doubt about it. You can’t believe not to speak about the truth. But it doesn’t mean your truth is ... it can be my truth is a little bit different truth than the truth of my competitor... so reps are very important because reps always talk... I think it’s not necessary to cheat doctors. It’s just tell what you know, tell what you think is good or think: you’ll sell doctors your medicine.”

Pharma Freida describes how she sells products.

“[I don’t] go out and say ‘use this company’s drug, its brilliant’...I don’t think that gives you any credibility. I prefer, when I give a brief, to give them [doctors] an overview of the evidence, say what they prescribe and why if money wasn’t an issue if they would be prescribing something else...but I think as a [pharmaceutical] rep your job isn’t only to sell your drugs but also to be an information service for [the doctors].”

This theme of credibility is a strong recurrent element in Pharma Freida's comments.

Pharma Gillian describes her ideals for selling drugs:

"We should be giving advice because the clinical trial work shows that this will happen in certain situations or the consultant down the road, he had this situation, this is what we advised him to do and this is the outcome we had."

Again there is an implicit theme of credibility in this statement. As Pharma Gillian puts it:

"...we create value added service systems within the NHS because they are really struggling to achieve their targets and we would come in...to review some of their medication, education, reduce costs...An ethical pharmaceutical company believe they are bringing high quality products to market that should be prescribed by a doctor."

Pharma Freida sees herself as a person whose professional expertise is sufficient to establish credibility. Indeed:

"I actually gave a talk on how to analyse clinical papers. ... I was a guest speaker to a postgraduate meeting."

And Pharma Gillian describes a commonplace where the pharmaceutical industry advises consultants, the acknowledged experts on particular disease areas, on patient treatment.

Pharma Pedro, who no longer works for the pharmaceutical industry is more cynical about this approach to selling:

"The information aspect is an excuse to get in front of the doctors. It gives you the purpose for walking in and having access to them. The information is irrelevant to the drug reps, I have to say. It's completely irrelevant. It's the fact that you have something in your hand and a purpose to walk in with... What you always do is have an excuse to call back, which is usually about delivering information. So it's crap, and the doctors just go along with it I

think at times because they don't want to be rude to the reps, whereas some blatantly say "I'm not seeing you, and don't come back." ... I wasn't actually there to be an information deliverer. I was actually there to get my call targets up and to give up the sale... so I didn't see that as I was actually doing something worthwhile or that there was anything valuable about that."

Pharma Gillian's, Pharma Rutger's, and Pharma Pedro's view of the importance of volume of contacts in selling rather than quality is somewhat sustained by the phenomenon of "contract reps" who are used on occasion to supplement the selling process of more regular pharmaceutical reps. Dr Faith describes how "contract reps" are used to supplement the selling process:

"...they're hired on a short term contract and they are used to boost a drug so they don't particularly work for [any particular pharmaceutical company] they might have just been put on an 8 week contract to boost whatever they want to boost at that time and so you end up getting the rep from the official [pharmaceutical company]... And then you'll get two contract reps all selling the same thing and it really is infuriating because they're wasting your time. You know. But obviously they've got a certain amount of face to face contacts with GPs they've got to make in... It just doesn't matter, it's a name in a box and a statistic.... And that annoying when you get them and you think oh not again... and it just gets boring and that kind of puts you off in a way that's the one thing that puts me off."

The professionalism of the pharmaceutical reps is sometimes acknowledged by doctors. For example Dr Faith notes that:

"Usually most of them are graduates... Some of them are nurses that have left nursing and gone on to do further training and don't know what to do when they go from nursing so I presume they are fairly intellectual people... and usually they can help you. I mean, they may have a BSc or something, it's not specific. They haven't got a pharmacology degree [but]... I don't know if they go on and learn more about pharmacology kinetics and biochemistry and the things, physiology you know. Or whether they just have a degree and just go and learn that bit that they're learning and sometimes I think that they do just blinkeredly learn, you know if they're selling something to stop heartburn they learn the receptors in the stomach and learn that by rote almost. I sometimes get the impression because if you ask them something outwith that... they wouldn't hesitate to go and find out for you and provide you with it, but they don't always know.... Some of



them have BAs as well and that's little to do with pharmacology... So I have a feeling they're selling a drug and they go away and have maybe ... a fortnight intensive learning this... I've had a rep once before and I've asked him about the trials and he didn't know about the trial of his own drug he was selling... I don't want to be negative about them because they are always very helpful to go and find out. But they no doubt are clever people, as clever as you expect someone with a degree to have. It doesn't always mean does it I suppose ... all brains and no common sense maybe?"

Dr Faith also notes how pharmaceutical representatives:

"...will bend over backwards to help you with something if you particularly wanted some paper, not that I seek out that many research papers, but if I did, on two occasions I've asked and I've had it delivered to me you know and if you are good at trawling the internet you could say get it yourself, but I'm not so it's easy ... and they are very obliging."

Dr Hope, who sees pharmaceutical representatives most days over a lunch they provide for the whole practice, describes how their role as information provider works for her:

"[they] provide us with information on whatever they are selling and it's up to us to decide whether it's any good. I mean, there's a lot of reps I really get on well with, great people, never used any of their drugs, I don't think they're any good, or they're not in the Glasgow formulary, I'm not necessarily going to be using them. Their role is purely to provide me with information. They do often offer you lots of additional services ... they can come in and do, you know, audits and this, that and the other but you know very rarely is it ever without something attached. And if there is anything attached to it we will immediately draw back and not see that person again. We've had a few. We've got one on at the moment where a drug rep had offered to supply us with some software that would help us with the new contract, but then immediately ruined it by saying, well how many new scripts would they get for the drugs, we just pull back and won't see them again. So if there is any overt implication that we have to use their drugs then we would immediately step back from that."

However other doctors are less comfortable with these selling practices. Dr Winston, for example describes how:

"...there are some surgeries that I go and visit, in my job as an appraiser, and everywhere you go there's a drug rep name, the blood pressure

machine will be from a drug rep, there'll be a drug rep clock, there'll be a drug rep calendar, there's just a lot of names, every pen you pick up will be a drug rep, and so I think for some surgeries [the pharmaceutical reps] are just there all the time. Some surgeries I go to for appraisal and the drug rep will have done the audit for the appraisal."

Dr Eva recalls seeing pharmaceutical reps over lunch when she worked as a

"locum in a health centre in Glasgow which is in a fairly deprived area and there wasn't much facilities in terms of where you could go and buy your lunch, so they had drug reps come in every day, Monday to Friday at the coffee break in the morning and I absolutely hated it because it meant that our coffee break was totally taken over by a drug rep. There was no interaction between the other doctors, it was basically a drug rep would control the conversation. So we all met, had this false conversation with someone and then they left. For me I enjoy interaction with my colleagues and I thought that because we had a drug rep there all the time it stifled interaction between the other doctors, because I think some doctors are reluctant to open up in front of drug reps. But it certainly was the practice manager that brought in the drug reps so that people had their lunches. That's where I would rather go to Gregg's the bakery than have to sit and listen to someone trying to sell their drugs. So it's quite interesting because they do target these big health centres and I think they utilise the fact that there is that issue of well doctors maybe have a limited time to go away and buy their lunch, but I suppose you can bring your own lunch can't you, in these situations?"

Dr Winston:

"For the rep to bring sandwiches you know that your manager will say to the doctor "look can you see the rep?" because you know that's a thing you've agreed. If that person's bringing a sandwich it's quite a lot of money, you know your cost of that is that the doctors go round and see that rep. So I really just found that I started to think, "Well we can afford those sandwiches, not a huge deal, do we need that sandwich, what are we seeing the rep for?" They came out and the pseudo friendship, the pseudo relationship you had, this kind of all smiles, very often they would be young females ... but there's so many of them it became a meaningless transaction. So now we just buy the sandwiches ourselves, or people bring their lunch in themselves."

Further attention is sometimes shown to doctors by invitations educational meetings with the pharmaceutical industry. Dr Des is very critical of this approach:

“The industry talk about their contact with the NHS in many different ways. They talk about it from an education point of view and something like 90% of the education in the NHS is pharmaceutically sponsored. The problem with that, again, is the question of priority and agenda setting. If you have the companies providing the education they are going to provide the education they think is appropriate and again it gives a skew towards therapeutics whether you like it or not. And it sounds dead trite but he who pays the piper calls the tune and that’s a major issue. When educational institutes have looked into this, the education that’s currently provided to the NHS through the pharmaceutical industry could be done at a fraction of the cost to the NHS using different avenues. The other thing is from an education perspective that the most important type of education is self directed education. Looking at your needs assessment. This idea of going away to a 5 star hotel to be educated for ½ an hour on drugs is ludicrous. The other thing is that they talk about services they provide to the NHS. Well they do provide services to the NHS but only in the context of improving their market share. So imagine a diabetic drug, hey you know, you are going to offer diabetic education, you are going to offer independent service to come in and find diabetics and to case find and improve the, improve the prescriptions, if you like and care. But the pretext of that is for profit and it’s not as if they’re going in saying “you know I know we’re doing diabetes drugs, but we’ll do work on mental health”. You know the education is entirely directed toward their particular market and the problem with the reps is in some ways they’re being duped as well. In some ways they’re employed by the companies, they believe the information they are giving to their marketing departments and you know I’m very close to some reps and they find it very hurtful, the idea that we should distance ourselves, but in reality they in some sort being manipulated by the industry.”

Dr Faith, who acknowledges that she is often a willing participant at pharmaceutical educational events in part confirms this critique:

“The other thing that you know I hear people, but that’s not my opinion, but people complain that you are maybe taken out for dinner and there’s not enough of an education element in the evening when you go out for dinner. But I think, well everybody knows why they’re there. You go and have a meal out, the drug company, I suppose is making themselves a bit more high profile and they usually always mention their drug, they’ve got to you

know but it's not like a powerpoint lecture or anything. So that's something people complain about but I wouldn't complain about that."

She justifies her attendance because,

"They just bring their drug to your attention, that's all. Unless it's a really big one where they've maybe invited 30 GPs and have a guest speaker and in that instance you'll have about an hour where there's some sort of powerpoint lecture and then just have dinner after. Then, obviously you get a solid hour, of usually a consultant, not plugging their drug. It will be some system in the body that you can use their drug or an alternative and the consultant doesn't plug their drug, you know, they may just be talking about beta blockers in particular, in general. So they are probably more informative, but they're not as much fun."

The importance of consultants in the selling process is recognised by Pharma

Freida:

"I try to influence the consultants' prescribing because in the pharmaceutical industry they reckon that for every one referral a consultant does, depending on which figures you believe, its equivalent to between 8 to 10 scripts out of primary care."

This arises, she indicates, from that combination of time pressure and hierarchy:

"Well it's just that it's true that GPs don't have the time, they want to know: does it work? Is it safe? And what is the consultant doing?"

This view is confirmed by Dr Audrey, a GP, who recalls:

"...you were very much influenced at that stage [as a junior doctor by the consultants], I mean the consultants had - that's the difficulty, general practice is general and consultants have a niche, you know, they know their subject inside out and what they took on board from the point of view of initiating new drugs irrespective of the fact they had put a bit of time and energy into, you know, they read the papers, they were quite often involved in drug trials and things like that too, so they very much led the prescribing in hospital."

Sometimes companies will go to significant lengths to procure a consultant for their event. Dr Clooney, a consultant surgeon, tells a story about a company that makes orthopaedic implants:

“To large extent I avoid going on trips or conferences, or meetings, that are organised by companies. I don’t like to spend a lot of time travelling and going to a meeting that is of limited educational benefit, so I look very critically and appraise the educational content of any meeting, but about a year ago a company did say they were organising a trip to Dublin. There was a meeting in the morning and there were a few good talks in the morning, about an implant that I don’t use, an implant that I’ve actually no intention of using but it was organised by a company, the company that supply our implants that I do use, and I use on the basis of trials of different implants which I did and then decided this is what I like best, this is what works best with me. So it is a company I will happily use, so they said they were holding a meeting about a particular hip implant which I don’t use, in Dublin, and then afterwards they were going to bus everybody from the hotel to Croke Park in a box, and we’d have a meal and watch the rugby international, then back to the hotel for dinner afterwards, and was I interested? I said yes. And went to the meeting. And I still don’t use the hip.”

[Who won the match?]

“Ireland, Ireland beat Scotland...The price of my soul was to watch a match in a box in Croke Park!”

Where Pharma Freida sees opportunity however Dr Des sees a problem and argues that:

“The problem with the NHS is that it is very hierarchical, so unless you are a professor, unless you are at the top of a field in some way, unless you are a doctor, your voice won’t be heard.”

This hierarchy is exploited by the pharmaceutical industry in pursuit of sales.

Dr Clooney notes that:

“I would be very aware I’m a prime target [for pharmaceutical reps]. I would be a prime target with them, first of all I’m a consultant, secondly I’m a consultant some other consultants would turn to me and say “well what

do you think?" As their director of training, through me, reps may have access to the trainees as well, to all of our trainees, so I see that, I'm acutely aware. That's where I know I let the reps come along to the weekly meeting but I like to ration it, and I don't like it to happen too often. I like to keep that tightly under control."

He does however, as a professional courtesy to pharmaceutical representatives, see them and allow them to see his staff from time to time.

Dr Lauren, who sometimes sees drugs reps if she has a spare time in the day, acknowledges the impact consultants and the pharmaceutical industry can have:

"I do tend to read a lot of the literature for myself. I suppose other things I'm prescribing, a lot of its to do with what comes back from the hospitals. If you see local specialists start to use something for certain conditions then I suppose that would influence what I would try before I referred somebody the next time. If that would be feasible for me to prescribe or use it. I mean I've read a lot of literature that says if you engage at all with drug companies it suggests it does affect doctors prescribing. They prescribe more, they prescribe more expensive drugs. On face value that's a bad thing. But maybe it's not. Because maybe sometimes it is informing doctors of what is best practice. Not always, not as a blanket statement because if some drug rep comes and tells me this is 50% better than that, I don't take that on face value."

Aside from facilitating meetings with consultants Pharma Freida has been personally involved in doctors' training. Referring to a talk on analysis of clinical papers that she gave to postgraduate doctors:

"I was quite up front with it. I said please ask some of the things that companies would do, so when you are looking at it look at the trial design, look at what patients have been excluded. Look at the "p" value but look at the confidence interval as well... So a lot of the one of the GPs said well we don't have time for all of this, but I said yes but these are the four things to account for in a study. Because how closely does it reflect what you are having to do in your practice and if there's too many exclusions and they cherry pick the patients, well no wonder the study's so good. And I think if pharmaceutical companies were more open about stuff like that they would

maybe be a bit more respect. But I don't think in GP-land there is the time to do that. I have the luxury of the time to do that in a hospital environment."

Over and above her occasional training sessions for postgraduate doctors, Pharma Freida continues to advocate professional responsibility in individual encounters:

"Its like doctors will say, 'But every company tells me theirs is the best', and I say 'Well that's great because you've all the information from the different companies, you've got the references from the papers, you can come to your own conclusions.'"

Pharma Freida also explains why it is so important to do this:

"[We] use biased information as well. I mean there'll be loads of different studies out there showing loads of different stuff, and they'll [pharmaceutical companies] only use the study that will represent our products in the best light, as do all our competitors."

Indeed Freida goes further and says explicitly:

"There are a percentage of doctors that can be bought. It's like a new drug is being launched you always target those doctors, every company targets those doctors because you know if you wine and dine them enough they will turn out so many scripts for you. I mean it plateaux. They won't carry on doing it...It is amazing though. It is the same doctors you see, every company. I mean I've worked for four different pharmaceutical companies, it's the same doctors names you see on the lists."

Pharma Gillian believes that whatever nefarious practices may occur in some corners of the industry the truth will always out:

"[While it goes on sometimes] suppressing information doesn't actually do any good at the end of the day. It always ends up out in the public domain...we always get the bad information on other products...so another control mechanism in the market is your competitors."

**Table 6: Attitudes to pharmaceutical selling practices<sup>22</sup>**

Type of engagement with Pharma	Attitude to pharmaceutical selling practices					
	Likes the perks	Professional service	Functional (simply the way to sell drugs/ find out about drugs/ professional courtesy)	Waste of time	Affront to sense of professionalism	No comment
<b>Pro</b>	Dr Audrey*, Dr Faith*, Dr Hope*	Pharma Freida;	Dr Audrey*, Pharma Karyn, Pharma Gillian, Dr Keira, Dr Hope*, Dr Faith*		Pharma Freida*	Pharma Martin, Pharma Frazer, Pharma Jock
<b>Anti</b>			Dr Rosamund, Dr Robert	Dr Nicole, Dr Eva*	Pharma Pedro, Dr Des, Dr McGregor, Dr Winston, Dr Bergman, Dr Eva*	
<b>Equivocal</b>	Dr Marilyn*, Dr Clooney*		Dr Clooney*, Pharma Rutger, Dr Ben, Dr Lauren, Dr Zola			

As noted above this was the most contentious and complex topic encountered in the course of the conversations with doctors. The attitudes ranged in a spectrum from liking the perks associated with selling practices to regarding the manner of engagement by the pharmaceutical industry with

<sup>22</sup> An Asterisk "\*" indicates that the informant has expressed multiple opinions on an issue



the medical profession as a professional affront. However there was noticeable overlap with informants on occasion ascribing to more than one position. This is perhaps most striking in the case of Pharma Freida who argues strongly for her professional responsibility, but also acknowledges that she works in an industry which “buys” doctors, thereby undermining their professional integrity.

One further notable point is that there are not any significant instances of disagreement with the nature of the practices. What causes the greater diversity of opinion on these subjects is the interpretation of the ethics of the practices by the different informants. This variety of interpretation arose from consideration of the final principle theme from the conversations with the informants: the nature and extent of doctor’s responsibilities.

### **Doctors’ responsibilities**

When questionable selling pressures are brought up in conversation Pharma Karyn points out:

“I think we are always looked upon as the baddies being here to sell, but you don’t have to buy...but then they [the doctors] have pressures of their own as well.”

So despite pharmaceutical representatives often acknowledging that they provide asymmetric information to doctors, this does not generally appear to be problematic to them because 1) they recognise they do this in the context of others providing similarly biased information; and 2) doctors should be able to make an impartial judgement, as is their job and all the information is available somewhere. However they also occasionally acknowledge that at least part of their sales success depends on at least some doctors not actually doing that job of impartial evaluation and many of the selling approaches,

such as development of relationships with doctors, are based on further encouraging them not to impartially evaluate.

Where pharmaceutical representatives excuses for questionable practices tend towards displacement of responsibility towards doctors, many doctors seem willing to accept this responsibility and in doing so provide their own excuse for engaging with controversial practices.

Dr Faith also argues that the nature of the engagement with the drugs companies is determined by the doctor:

“I think you can have as much of a relationship as you want to have. If you want no relationship with them, you have no relationship. That’s it. You just sever ties with them and say you will not see them and that’s fine you know. So ultimately you’ve got the deciding vote as to whether you want to foster them, so to speak ... They can, it can be informative. I mean, obviously, they do bring things for you, which I know people will see as bribing ... But to be quite honest what they bring is a load of junk. I’m not particularly interested in the half of it, you know, what they bring. They bring you a thermal mug. Well I must have four already and they bring you another silver alarm clock, do you know, with the drug name plastered across the front. So the most beneficial thing they’re bringing is a mouse mat and paper pads, you know, sticky pads and pens. So I wouldn’t say that I’m particularly bribed by the goodies that they bring is the point I’m trying to get across I suppose. .... I don’t believe gossamerly what they say to me because every one of them will come and skew, you know statistics can be twisted and turned and all this so you have to have an open mind and not believe them. Their drug’s always the best isn’t it?... Even the drug [dinner] don’t have that much influence on you...”

However she does acknowledge one occasion where she has been influenced:

“There’s nothing more irritating than a drug rep who comes in and says we’ve got the top sales. ‘Thanks a lot for the week I got in Tenerife.’ I’ve heard it ... and I know this drug rep particularly that he got a very good gift for coming top and it really put me off prescribing that drug again. He had a negative impact on me. Although I do prescribe the drug, but I do not prescribe that company’s version of it. I prescribe it generically and they get what they get. But I’ll never forget and I thought ‘you should know when to

keep your mouth shut and don't blow a good thing!'... you get these people that have got this personality that's infectious and there was another one and I'm trying to think whether I prescribed his drug or not and I didn't. I honestly didn't. Only when it's appropriate."

The question that arises from this data is that if she can be thus negatively influenced by a pharma rep she does not like, then perhaps she is positively influenced by the reps she does like.

Dr Hope's sense of professionalism demands that the search for sales, which the pharmaceutical representatives acknowledge as a fundamental in their work, is never overt. So while she does acknowledge that she values the information they bring, she strongly argues that the final decision on the matter of prescribing is hers:

"Some of it's quite relevant, but you know, we are always taught to take these things with a pinch of salt. For instance, you'll get half a dozen different drug reps all selling a type of drug... Each will provide you with details and graphs that theirs is the best one. But we have enough noodle to kind of know that they can't all be the best one so although they will show me the information and I'll nod and agree with them all I won't necessarily take it on board that theirs is the best one. I will wait till I have, erm, evidence from an outside body, you know, clinical evidence that theirs is the best one."

Neither Dr Hope nor Dr Faith seem to give much credence to Dr Ben's reflection, supported by Pharma Rutger and Pharma Pedro, that,

"a lot of people presume it's like water off a duck's back and you say I don't pay any attention to it, but it's not about that, subliminally these things are bound to get through otherwise drugs companies wouldn't put a lot of effort into delivering people into your practice."

Dr Hope would refute this idea:

"I'll take anything going [from the pharmaceutical industry]. It doesn't mean I'm going to prescribe that. And they know that. They know they can't directly influence what I'm going to do."

Dr Lauren also hopes that doctors are not easily swayed in prescribing, but,

“I do know there are probably GPs out there who are more willingly, or more easily influenced. It’s not necessarily because of this they want to be seen to pander to drug reps, it’s maybe just that if somebody tells them something and they’ve got a graph with figures on it maybe they believe them. I don’t know, I don’t want to assume that other GPs don’t understand literature because that would be really damning of my colleagues, but I do some teaching of GP trainees and I teach them something about critical appraisal skills... I don’t think naturally people do it that well. I think more people coming through ...are, but I don’t necessarily think they’re taught that well in medical school. I think as a profession maybe where you sometimes assume people will follow the same ethical code that you will, that at the end of the day drug reps are like sales, it’s a selling industry whether they like it or not. It is on some level. There’s no avoiding that.”

Pharma Rutger, from years of practice as a pharma rep and at more senior levels within the industry, argues that this range of particular engagements with the medical profession does indeed lead to improved sales. This is something that Dr McGregor, from his past engagement with the pharmaceutical industry, would also argue:

“I think one of the interesting facts as I understand it is that ... approximately a third of what the pharmaceutical industry spend is on marketing. Very specific marketing in very subtle ways, towards the medical profession, whom they describe as opinion leaders. So they’ll have very carefully thought through tactics on how to identify appropriate individuals who will then do their work for them, either individually by high prescribing or perhaps more effectively through cascading messages and influence locally which they could never do. I think the evidence is, from research that’s been done, that this works very well. Common sense tells you they wouldn’t put a third of their effort into it if it didn’t. I think not enough of my colleagues think deeply enough about it to question it. So it perpetuates itself by the fact it works. It works because there is a reasonable proportion of my colleagues who allow it to work. So I think everyone, if we take the principle of free will, the choice being made is to what I would call prostitute yourself intellectually... But I do think there is a need to think deeply, to reflect on the purpose of the person knocking on your door flogging X, Y, or Z.”

And Dr Marilyn, in her current role as an anaesthetist reflects that:

“I’m not easily persuaded, but I can see a lot of people are and I can see even just in patients coming in, the patients list the way you can see obviously certain drugs suddenly appear, and I assume it’s a big push on the pharmaceuticals and you think “my goodness in the last six months lots of people that are on such and such a drug.” I presume that’s a push from the drug company.”

Dr Winston sees a transactional relationship in existence between the pharmaceutical reps and the doctors they provide lunch or training or some form of hospitality for. He describes an attitude of:

“You scratch our back we’ll scratch yours, there’s lots of registrars, or sponsor an event and provide lunch, what’s in it for us though? So there was a kind of sometimes unsaid, sometimes said, this is the deal. It’s whether you feel that’s good, or is that good enough.”

Dr Des argues that,

“The profession... don’t want to acknowledge any of this because ... they like the hospitality and frankly most of them think they deserve it. So it’s one of the few perks they get paid: ‘I’ve worked bloody hard at university’ and all that bullshit.”

Dr Des’s comment is perhaps overly harsh, though it does find some echo in Dr Hope’s comment that she’ll “take anything going.”

Dr Audrey also confirms this view to some extent, but in a more conflicted manner when she reflects on some of the events she has attended:

“There’s always - there’s an element of discomfort certainly you know, weekends away and things like that. You kind of thought, “gosh this is an awful lot of money to be spending at a very nice place to tell us a brief message about a medication or whatever.” But at the same time, you’re so torn because you know, you’re sort of “life’s quite tough and this is one of the perks of the job.” And it was very useful, socially, to meet some other GPs and people in a similar position and all that kind of camaraderie I guess. Meeting up with

colleagues that you maybe wouldn't normally see. The education side of it, you know, you do need to keep up with new products and it's absolutely impossible to do that - the working day is incredibly busy, my home day is busy and to sit here and read a lot of information, it was very difficult. So we get weekly, like a newspaper really, of what's happening, but it is useful to hear the new products as well."

What seems to be a stronger theme with doctors in this sample is that they individually believe they cannot be swayed by trivial things even if they are not so sure that their colleagues have comparable high standards.

Indeed at a deeper level, with doctors, I would argue that what might be called a "myth" of personal agency pertains. This is not to argue that personal agency does not exist, but rather that individuals, in this case doctors, in spite of evidence to the contrary, believe that their personal agency is a stronger force in social affairs than it really is. One could argue that a lot of doctors are wandering into relationships with pharmaceutical reps with the belief that they will not be improperly influenced as a result, when evidence from pharmaceutical reps suggests the contrary. This belief in personal agency provides both the excuse for questionable practices to be undertaken as well as providing the opportunity for their success.

Summarising the attitudes of the informants to their idea of doctors' responsibilities:

**Table 7: Attitudes to doctors' responsibilities**

	Stance on doctors' responsibilities		
<b>Type of engagement with Pharma</b>	Doctors have primary responsibility for engagement with pharma	Engagement is a joint responsibility between doctors and pharma	No comment
<b>Pro</b>	Pharma Freida, Pharma Karyn, Pharma Gillian, Dr Faith, Dr Audrey, Dr Keira,		Pharma Jock, Pharma Martin, Pharma Frazer
<b>Anti</b>	Pharma Pedro, Dr Des, Dr McGregor, Dr Winston, Dr Hope, Dr Nicole, Dr Rosamund, Dr Robert, Dr Bergman, Dr Eva		
<b>Equivocal</b>	Dr Ben, Dr Lauren, Pharma Rutger, Dr Zola, Dr Clooney, Dr Marilyn		

### Reviewing the debate

The following table summarises the comments of the informants above in relation to the key debates

**Table 8: Summarising positions on the pharmaceutical industry part 1**

Informant	Therapeutic innovation	Attitude to profits	Attitude to selling practices	Doctors' responsibilities	Prepared to engage with/as pharma reps
<b>Pharma Freida</b>	Important	Important for innovation	Professional service	Doctors have ultimate responsibility for prescription and personal learning	Yes
<b>Pharma Martin</b>	Important	Important for innovation	No comment	No comment	Yes
<b>Dr Ben</b>	Important	Important for innovation	Professional courtesy	Doctors have ultimate responsibility	Yes
<b>Dr Lauren</b>	Important	Important for innovation	Professional courtesy	Doctors have ultimate responsibility	Yes
<b>Pharma Frazer</b>	Important	Important for innovation	No comment	No comment	Yes

**Table 9: Summarising positions on the pharmaceutical industry part 2**

Informant	Therapeutic innovation	Attitude to profits	Attitude to selling practices	Doctors' responsibilities	Prepared to engage with/as pharma reps
Pharma Karyn	Important	Important for innovation	Functional	Doctors have ultimate responsibility	Yes
Pharma Gillian	Important	Important for innovation	Functional	Doctors have ultimate responsibility	Yes
Dr Faith	Important	Important for innovation	Professional service	Doctors have ultimate responsibility	Yes
Pharma Pedro	No comment	No comment	Affront to sense of professionalism	No comment	No (Strongly)
Dr Des	Not Important	No comment	Affront to sense of professionalism	Doctors have ultimate responsibility	No (Strongly)
Dr McGregor	Important	No comment	Affront to sense of professionalism	Doctors have ultimate responsibility	No (Strongly)
Dr Winston	Important	No comment	Affront to sense of professionalism	Doctors have ultimate responsibility	No
Dr Hope	Important	Important for innovation	Affront to sense of professionalism	Doctors have ultimate responsibility	No
Pharma Rutger	Important	Important for innovation	Functional	No comment	Yes
Dr Zola	Important	No comment	Functional	Doctors have ultimate responsibility	Yes
Dr Nicole	Important	No comment	Distraction from job	Doctors have ultimate responsibility	No
Dr Rosamund	Important	No comment	Doesn't see reps	Doctors have ultimate responsibility	No
Dr Audrey	Important	No comment	Good for keeping up with colleagues	Doctors have ultimate responsibility	Yes
Dr Robert	Important	Important for innovation	Raises awareness of new drugs, but wary of some risks of bribery in practices	Doctors have ultimate responsibility	No



**Table 10: summarising positions on the pharmaceutical industry part 3**

Informant	Therapeutic innovation	Attitude to profits	Attitude to selling practices	Doctors' responsibilities	Prepared to engage with/as pharma reps
Dr Clooney	Important	Thinks some new drugs are overpriced	Sees reps as a professional courtesy but tries to control the engagement between reps and trainees	Doctors have ultimate responsibility, but reckons that even impartial guidelines may be unduly influenced by pharma industry	Yes
Dr Bergman	Important	Thinks financial incentive sits uneasily with principles of health care	Doesn't see reps	Doctors have ultimate responsibility	No
Dr Keira	No comment	No comment	Useful for keeping up to date on drug developments	Doctors have ultimate responsibility	Yes (Finds reps helpful because dealing only with limited disease areas)
Dr Mirren	No comment	No comment	No comment	No comment	Not relevant for current work
Dr Marilyn (as GP)	Important	Recognises the importance of profits financing research	Enjoyed being wined and dined while worrying that she may be seen to have prescribing decisions influenced	Doctors have ultimate responsibility	Yes
Dr Marilyn (as anaesthetist)	Recognises that pharma industry may make a useful innovation sometimes, which anaesthetists will use then	Recognises the importance of profits financing research	Doesn't see reps	Anaesthetists are experts on anaesthetics	No

Revisiting proposition 2 again: *Conforming individuals "take or assume the organised social attitudes of the given social group or community" (Mead).*

In summary: there is considerable agreement among all the informants on most issues. Generally they agree that therapeutic innovation is important and that the pharmaceutical industry has the right for a return on its investment to obtain these therapeutic innovations. Generally they also agree that doctors have the ultimate responsibility for prescribing. Where divergence occurs arises from attitudes towards selling practices.

Five of the nine informants who do not engage with the pharmaceutical industry express moderate to strong antipathy towards the industry's selling practices, often regarding them in some degree as an affront to their professional standards, particularly as it compromises their duties to patients and they regard the open engagement with the pharmaceutical industry as compromising this responsibility.

Where pro-engagement individuals express discomfort over some aspects of selling practices they are clear that it is the responsibility of some other, and that any tendency to prescribe in a way other than the patient's best interest should not be affected by their actions. They are united, irrespective of their professions, by a number of other common factors: The situation they find themselves in and the choices it requires of them seems to strike no notes of dissonance with their personal values and hopes. Where potential disputes arise they are comfortably explained by the powerful narratives that the situational complexity and their comprehensive penetration of the complexity offers. In the case of the ethics of the pharmaceutical industry they can explain their choices to themselves as not only socially "good" but also socially important.

A justifying narrative (for the pharmaceutical representatives) is that they add value to the health service through communicating new information about life-saving drugs to doctors, helping with medical education, and, by building sales, facilitating the path for the development of new generations of drugs. Where some aspects of the industry's engagement with the health service are perhaps a bit more unpalatable there are also powerful narratives as to why it is not their responsibility, but rather that of doctors.

Doctors who engage with the pharmaceutical industry also have a powerful narrative available to them: that of professional responsibility. It is the same narrative that is used by pharmaceutical reps to justify their *diffusion of responsibility*. While it is clearly the case that many doctors, including many who engage with the selling practices of the pharmaceutical industry, do indeed conform to high standards of patient care and concern, it is also plain from the comments of both doctors and pharmaceutical reps that it is an open secret that many do not.

In other words both anti-engagement and pro-engagement professionals justify their positions on the basis of the same principle – the doctor's duty of professional care to patients.

This goes some way to supporting proposition 2: those who engage with the pharmaceutical industry share a number of similar attitudes; those who do not engage with the pharmaceutical industry also share some common features.

Doctors indicate that engagement with the pharmaceutical industry was something they were introduced to at medical school, or something that was often established and taken for granted in the practices where they started work. Dr Eva, for example, recalls:

“In the past all those kind of educational meetings used to be sponsored by drug companies... When I first started there were loads of adverts about drug-sponsored educational meetings because again that’s how they would get a speaker from the hospital to come along and talk about diabetes. I mean I’ve been to some good talks but they’ve been sponsored by a drug company. It’s funny because they also capitalise, I think when we were training, doing the GP training, again a bit like being medical students we probably were the people that they hone into because we had a talk on inhalers that was organised and we also got taken out. You get taken out for drinks, and dinner and things like that.”

For this group proposition 2 seems to explain much.

Proposition 2 also seems to explain why Dr Rosamund, for example, does not see pharmaceutical representatives – it is simply something that her practice does not do.

“We don’t have any pharma reps coming in to the practice. I’ve had lots of encounters with pharma reps in the hospital. Back in the old days they could bring in huge lunches, take us out to supper, and advertise their particular brand of drug. I was expected to deal with a lot and they were always very friendly, helpful, but it was always quite difficult when you’re a junior doctor and not knowing as much about assessing papers for example, assessing the evidence they were providing you with was always a bit difficult. Now, last year when I was working as a locum I did go to several GP practices where pharma reps would come in at lunch time and catch the GP and you would be exposed to a very short burst of information which I don’t know how healthy that was because it wasn’t very balanced if it was one on one. I think it’s a lot better if you’re a group of clinicians being led into a discussion about a particular drug where maybe people have more questions to ask than just a wild one. So now this practice doesn’t have pharma reps in at all. Really one of the reasons for that was we’re supposed to go on local guidelines for prescribing and I think that’s quite useful.”

However doctors, such as Dr Des, Dr Winston and Dr McGregor began their professional careers taking for granted engagement with the pharmaceutical industry and have moved from this group. This raises a number of questions:

- a) Are they conforming to a new social grouping?
- b) Are they reaching a similar set of opinions separately and giving the appearance of a social group where none actually exists?
- c) Is this the beginning of a wholesale change in the wider group norms and values? That is if this sample were revisited in some years would they all be seen conforming with the antipathy of Pharma Pedro and Dr Des to the selling practices of pharmaceutical businesses.

The shared ideas of, for example, the anti-pharmaceutical engagement doctors, are represented by the horizontal crossbeam of the cruciform of reflexivity. However as noted above no informant other than Dr Marilyn was so explicit in explaining her change in engagement simply in terms of shifting profession and conforming with new group attitudes. As the discussion of the attitude to pharmaceutical selling practices in particular indicates there are individual nuances to these positions and attitudes, something anticipated from the literature review by the vertical, personal, aspect of the cruciform of reflexivity.

As noted above the methodology posed a further proposition:

*Proposition 6: An ontology that recognises subjective reality offers more explanatory power for the discussion of agency than a structurationist ontology.*

Thus far, analysis of the data has taken the form of *analysis of narrative*: trying to identify common features among the individual accounts and see if these can give insight into agency in general and into propositions 1 and 2 in particular. These propositions, which arise from the theory of Giddens and Mead, show limitations when trying to understand what gives rise to choice either in relation to an individual action or in relation to breaking with group norms. These limitations, the expressed nuances in individual accounts, as well as the theoretic implications of the cruciform of agency, support the idea that some analysis of accounts that recognises the importance of individual self-consciousness may give insight into the question of agency.

With this change in ontological assumption, comes a change in mode of analysis, and to be clear that both of these changes have occurred I will close this chapter.

## Chapter 6: Findings: choosing a position on pharmaceutical selling practices part 2

### INTRODUCTION

The most common theme from Tables 8 to 10 above as to why some reject the selling approaches of the pharmaceutical industry relates to the idea that they find it a professional affront. This is in contrast to others for whom the process is unproblematic. As is argued in earlier chapters, I theorise from the literature that this is because the issues strike a dissonance with the personal values and hopes. Hence this leads to propositions three and four:

*Proposition 3: The problematization of a situation arises from the degree of resonance or dissonance that the situation strikes with the wholly private thoughts of the individual concerned.*

*Proposition 4: Reflexive deliberation of choices in a given situation is described by the cruciform of reflexivity.*

As is also noted in previous chapters these propositions are based on an ontological assumption of subjective reality. Therefore the exploration of these propositions must occur through a process that can recognise and accommodate this assumption. *Narrative analysis* of the accounts of choice provided by individual informants fulfils this criterion.

If these propositions pertain then one would expect to see evidence in individual accounts of 1) reflexive deliberation that considers both social ideas (past, present or future-oriented structures composing social situation in which they are implicated and which is posing the choice) and personal

thoughts, particularly beliefs and hopes; 2) a realisation by individuals that they have a choice to make; and 3) a choice of action arising from some personal conclusion on the situation arising from this deliberation and realisation.

In other words accounts should follow the generic structure outlined in Figure 20 below:

Reflexive deliberation → Reflexive conclusion → Choice

*Figure 20: Generic structure of accounts of choice*

Given this, this chapter will take the following structure: Illustrative *accounts*, not simply quotes, are provided and examined for evidence of reflexive deliberation, in line with the cruciform of agency, and problematisation in relation to personal hopes and values. The relationships between these and the final choice of action will be considered and the nature of the reflexive conclusions and choices of action will be categorised.

Having considered six types of account I will argue that there are discernable from these two typologies: one of reflexive conclusion, and one of resultant choice, and there are particular relationships between types of conclusions and choices of action that taken together with the cruciform of reflexivity represent a generic model of agency, which will be presented towards the end of the chapter.



Finally an emergent issue, the relationships between agency, action and power is considered and the professional utility of agency without action.

### **PERSONAL NARRATIVES OF CHOICE**

In the following sections I will discuss a series of narratives in which the individuals describe how they came to make specific choices regarding their engagement with the pharmaceutical industry. From these I will distil what I believe to be key elements of their choice-making processes. Once I have reviewed these six sets of accounts then, from the elements I will construct a more general model of choice-making.

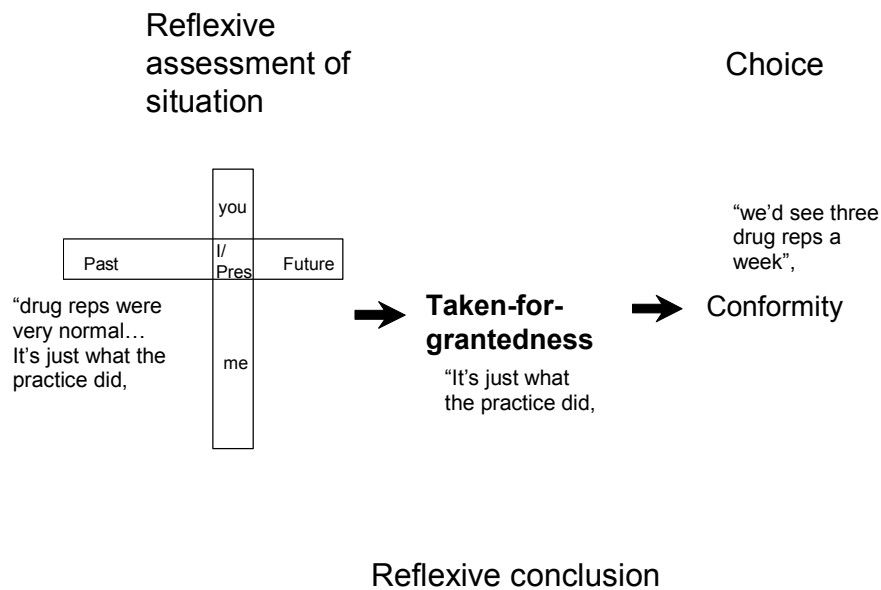
#### **Choice type 1: Taken-for-granted conformity**

Let us begin by considering part of a narrative from Dr Winston, a GP (general practitioner) in the west of Scotland, in which he describes his initial engagement with the pharmaceutical industry:

“I think when I was a young GP ... I suppose then... drug reps were very normal. You’d see a lot of drug reps, in the surgery we’d see three drug reps a week. It’s just what the practice did, which was often what other partners had done in the past and it carried on. So we got to know quite a lot of drug reps. Some of them became pseudo friends in that they’d become quite pally with you, would get to know you, or attempt to get to know you.”

In reflecting on his initial experience of drugs reps Dr Winston describes a situation where seeing the reps was the norm. In seeing reps he is merely continuing the practices of the past into the future. He does not see any tensions with this and his role as a doctor. Neither his beliefs and values nor his other social networks lead him to problematise the practice of seeing reps. Hence his reflexive conclusion is “taken-for-grantedness” insofar as he was aware that he had a conclusion to draw about the practice of seeing reps and

he conforms with the practice of seeing pharmaceutical reps. So his account may be represented diagrammatically as follows:



*Figure 21: Conforming*

However it should be noted, as is part of taken-for-grantedness, that in this part of his account the "me" and the "you" are barely engaged.

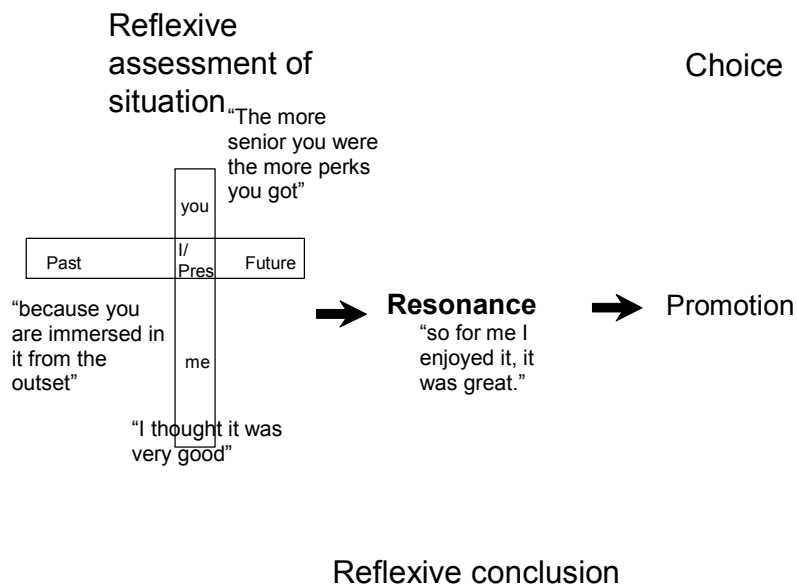
This portion of his narrative reflects the choice-making processes associated with many of the doctors represented above who form an ethical community broadly sympathetic to engagement with pharmaceutical representatives. With them also there is little dissonance perceived between choices posed in the social world and their personal hopes and values.

### **Choice type 2: Willing conformity (Promotion)**

Like Dr Winston, Dr Des traces his involvement with the pharmaceutical industry back to medical school:

“because you are immersed in it from the outset and the industry are ever present and they’re there with your tutors, at meetings, and nobody ever questions their influence or their constant daily contact they are having so I grew up in a situation where I thought it was very good. They would take us out, I had no idea there was some sort of code of practice. I just saw hospitality everywhere I went, you know and it was... piss ups at night time and expensive restaurants, and ... freebies here and ... people were going all over the place. People were going to international conferences which were little more than junkets... flown out all over the world. The more senior you were the more perks you got... Business class across the world, £300 - £400 for speaking. People fawning over you, and that’s the way it works. It’s based upon hospitality but it’s also based upon flattery, people buttering you up and ... just like everybody else, they show the same failings, so for me I enjoyed it, it was great.”

The process of conforming begins similarly for Dr Des as for Dr Winston. However Dr Des describes a deeper immersion in the practices of pharmaceutical selling. Initially Dr Des takes for granted that the hospitality on offer is part and parcel of how the medical profession engages with the pharmaceutical industry. He conformed to this because he did not notice any particular dissonance between what he felt to be his hopes and values and the past practices, present imperatives and future aspirations of the pharmaceutical industry. But he goes further: He also describes a great personal affinity for what was on offer and how he was made to feel. Here Dr Des’s account describes a process of agency that would be represented by Figure 22:



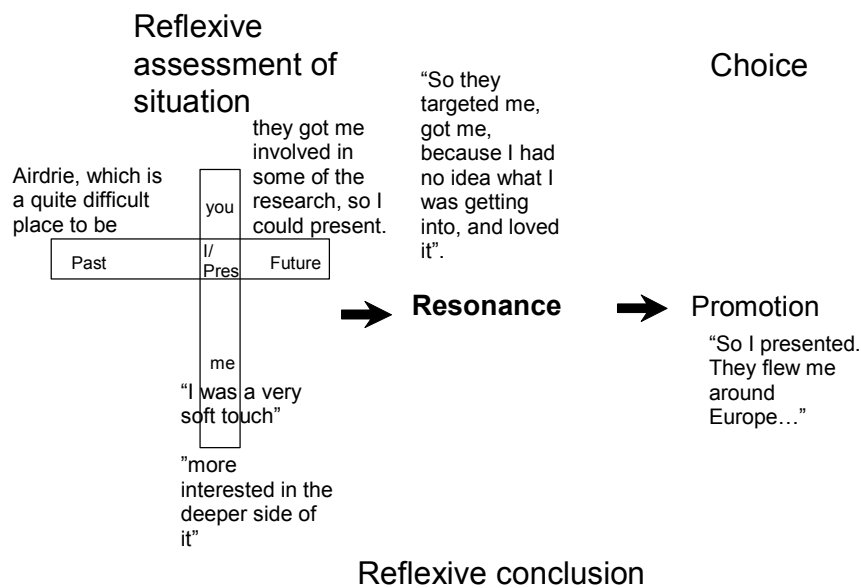
*Figure 22: Example 1: Dr Des choosing promotion*

Dr McGregor describes a similar affinity that drew him into a close involvement with the pharmaceutical industry:

“I was a very soft touch ... The job I got [as a GP] was in an area, Airdrie, which is a quite difficult place to be, but it’s a pharmaceutical paradise. High prescribing, no training practices, at what I call at an intellectual level, of practice at a fairly low key in many ways. So reps would come to me like bees to a honey pot. They’d found Airdrie quite a difficult place to crack, to get an opinion leader, saw me as somebody who was a bit more outgoing, and let’s get this guy. So they targeted me, got me, because I had no idea what I was getting into, and loved it. So like for dinner, I was engaging with people who were very engaging to engage with. They’re trained that way. I had enough insight to know what was going on, and of my own free will courted it. As I obviously read a bit and was probably more interested in the deeper side of it in terms of what they were about they got me involved in some of the research, so I could present. So I presented. They flew me around Europe, more dinners, you know, you just couldn’t say no.”

The reflexive conclusion that Drs Des and McGregor describe is qualitatively different from that described by Dr Winston. It is *resonance* with what is on offer not just a *taking-for-granted* of it. This feels like home to them.

I describe the subsequent choice they make regarding their engagement with the pharmaceutical industry as *promotion*: it is choosing not just to conform to majority practices but when an individual uses their bases of power to socially extend an idea or set of ideas. In this case particular doctors are using their expert power (French and Raven) within the web of structures that constrain and enable them to advance the interests of the pharmaceutical industry.



*Figure 23: Example 2: Dr McGregor choosing promotion*

This agency process, *resonant promotion*, is typical of the agency of many of the pharmaceutical representatives, such as Pharma Freida, who enthusiastically engages with GPs and consultants to sell their companies drugs.

Though both Dr Des and Dr McGregor cast something of a jaundiced eye back on their past involvement with the pharmaceutical industry, as was noted above and as will become increasingly clear as this chapter proceeds, it should be recognised that morally this *resonant* aspect of agency is

intrinsically neutral. It is this same human tendency for affirmation and belonging that may lead some to become involved in activities as diverse as movements to demand civil rights or think tanks to promote caring conservatism, as well as some of the nastier aspects of human life that Zimbardo discusses (2008).

### **Choice type 3: Reluctant conformity**

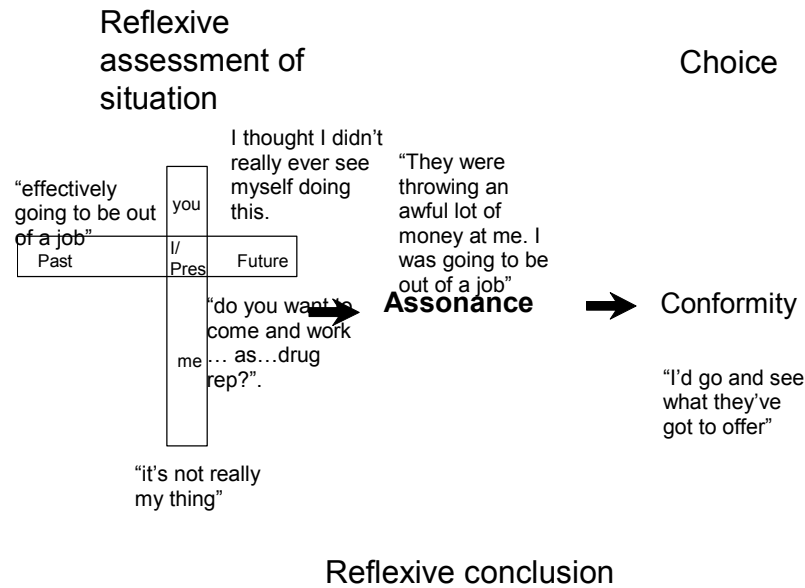
Now consider the following narrative from a former pharmaceutical representative, Pedro:

“...myself and about 25 other nurses were effectively going to be out of a job, like, so on something like the day that [the company] actually announced it to us we were in London. We all got called down and were told... within 10 minutes ... a guy from Edinburgh who worked for a competitor company, already knew the announcement was coming. He phoned me and said do you want to come and work [his company]... I said “what as?” He said, “drug rep”. I said “I don’t know, it’s not really my thing.” He said “well it’s a good job and have a think about it. My manager wants to meet you”, and all this kind of stuff. So I kind of said “right fair enough, tell him to phone me.” ... I thought I didn’t really ever see myself doing this. They were throwing an awful lot of money at me. I was going to be out of a job. Then this guy, this was on a Monday, he said come back down to London on the Thursday to interview me, so I thought I’d go and see what they’ve got to offer.”

In contemplating the job Pedro describes the interaction of elements from the cruciform of reflexivity: In noting that his immediate prospects appear to be a choice between imminent unemployment or a new career as an extremely well paid pharmaceutical representative he describes a choice posed by two different ideas of the future. In stating that he didn’t really see being a pharma rep as “*his thing*” and that he “*didn’t really ever see myself doing this*” he makes on the one hand a vague reference to his sense of values, his “me” and an unease about his hopes, the “you” he might become if he takes the job of pharmaceutical representative.

Despite the work that he has been doing with the pharmaceutical industry this job represents a discontinuity with his immediate past, though the dilemma is posed by the fact of the ending of his past employment.

Diagrammatically Pedro's choosing can be represented as follows:



*Figure 24: Troubled conformity*

Here I introduce the notion of *assonance* as a reflexive conclusion, half way between complete *resonance* with a situation and complete *dissonance*. In this situation some of the social ideas, a well paid job for example, fit comfortably with the individual's hopes and values, and others, working in pharmaceutical sales for example, do not. In this situation Pedro's reflexive consideration of the situation leads him to feel somewhat troubled by what is being offered to him as an alternative to unemployment. But his need for a job leads him to respond, however hesitantly to the overtures that are being

made to him – he conforms to the behaviour of a job hunter and goes for the meeting to find out more about the job.

He continues,

“I got the job, basically. It was sort of working with GPs and all that at first, but they put me in at hospital level, the main reason they did because the customers were already people I knew socially and professionally and they already knew me, so I didn’t have to go through that sort of sales induction phase. I had a lot of access that most reps, experienced reps, wouldn’t get. So that’s how I got involved. So that’s how they chose me.”

Others demonstrated a similar agency process in relation to their choices regarding engagement with the pharmaceutical industry. Dr Ben reflects that:

“It’s a grey area. I think these are massive industries for Britain that do generate huge amounts of finance, employ a lot of people, huge quantities into drug research and into sponsoring science and development and innovation. They do their studies generally very well. I mean, you’ve read, I suppose, the criticisms of them when things don’t go their way, they tend to hide it but you’ve got to balance that against they have done a lot of good research on medication and have driven things forward, I think, in a way that governments might not have put the same money into doing that. You can probably counter that again by saying is all the research needed because once one or two drugs of a class have been found you really need other competitors and there are times when you create another drug on the market to lower cholesterol, was that really necessary, would the money have been better spent going elsewhere? Of course there’s a big hard selling, drug reps have a difficult job they’ve got to try and sell these things to you and quite often we’re not that interested in seeing the drug reps or learning about something else. So it’s tough from that point of view. It’s probably good that there’s a tension exists because it keeps everyone on their toes but I don’t think I would say you should write off the drug industry and get rid of it. I think they can be a force for good as long as you recognise they’re also a force for profit and you know where they’re coming from.”

This portion of Dr Ben’s account is composed almost uninterrupted as a point- counterpoint discussion, where Dr Ben demonstrates his familiarity with both sides of the debate by way of explanation of the choice he has



ultimately made of engaging “as a professional courtesy” with pharmaceutical representatives.

And Dr Clooney is aware of how pharmaceutical reps can seek to implicate him in their selling practices. As noted above he describes:

“I would be very aware I’m a prime target. I would be a prime target with them... As the director of training, through me, reps may have access to the trainees as well, to all of our trainees, so I see that, I’m acutely aware. That’s where I know I let the reps come along to the weekly meeting but I like to ration it, and I don’t like it to happen too often. I like to keep that tightly under control.”

Both these doctors indicate an *assonant* conclusion regarding engagement with the pharmaceutical industry expressed in terms of voicing explicit concerns regarding the potential negative as well as positive consequence of such engagement. But both, in the end, conform to what is hoped of them by the pharmaceutical industry.

#### **Choice type 4: Dissenting**

Dr Winston’s unproblematised involvement with pharmaceutical reps (see above Choice 1) did not last forever. He describes,

“But I guess with years you become quite cynical with that and realise that’s not really a friendship at all [with the pharmaceutical reps], it’s just a business acquaintance and you realise that drug reps are there all the time, they’re ... and they’re having increasing problems now getting in to see GPs. I think now GPs are really saying “What are we seeing these drug reps for? What are we gaining out of this?” ... I’m not really sure doctors benefit from seeing a rep. I think often it’s a selling point for the rep. I think we can now get information very quickly from the websites of these drug companies...They used to sponsor protected learning time in that they would bring sandwiches and stuff like that, but it was a price we paid. They would come and say “we’ll just come for 10 minutes and drop things off.” That 10 minutes would be about an hour, they would hog the place, always be about, making networks and links with people, they would try and catch some of the GPs and there’s this realisation that you know there’s a price to be paid, you know you’ve got to come and see the rep....When did that

change? It just probably gradually evolved I think with time and experience... I think also some people were coming in and you're often targeted because of what you do. I had an interest in diabetes so I would be targeted by diabetic drugs new manufacturers and I think you eventually thought "What's all this about?" you know I think you just think "where's this going, this relationship?"...Eventually people thought let's just not receive them any more, what will we miss? So probably I don't think we could put a point in time and say it happened then, it just gradually happened."

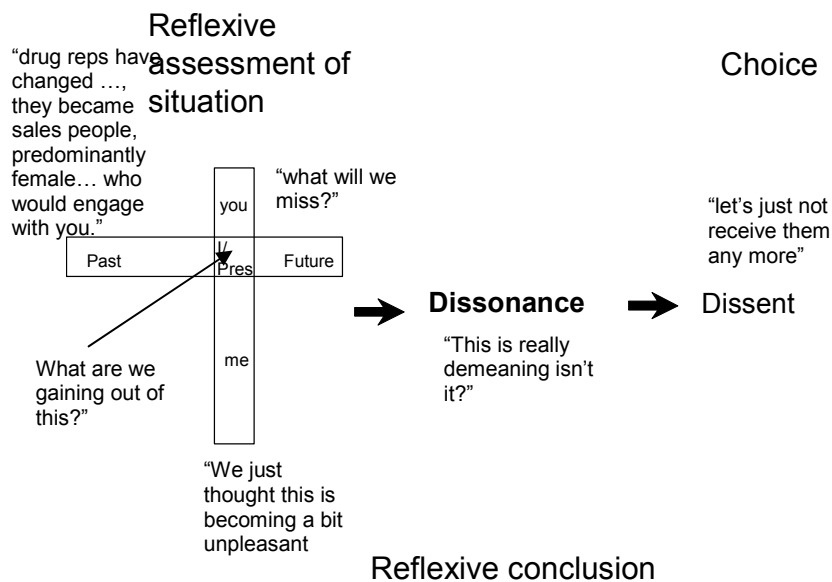
In describing this gradual move from seeing reps as part of the routine of work to regarding the seeing of reps as compromising his work, Dr Winston describes a series of reflexive deliberations and choices, each providing the basis for the next. As a result of, as a younger doctor, choosing to conform with the practices of the past regarding seeing pharma reps Dr Winston noticed their encroachment on his time, time which he otherwise could have used for tasks he had come to consider more important for his practice. In other words he felt his time spent engaging with the pharmaceutical industry compromising his personal values as a doctor. The emerging tension between the social choices he was making in the present and his personal values and beliefs, his "me", led to a shift in Dr Winston's reflexive conclusion – from a *taken-for-granted* acceptance of the social practices, to a more troubled conformity, of the same order, but in relation to a different choice, as described by Pharma Pedro, arising from an increased *assonance* between his personal values and social practices, diagrammatically represented in Figure 24.

Doctor Winston continued:

"...invariably over the years drug reps have changed from being male, suits and almost a pharmacist in the profession, they became sales people, predominantly female, young, good-looking girls who would engage with

you. The drug reps would come in and we realised after a while they would ignore the female GPs. They would almost have a flirting relationship with men in that they'd come in and sit opposite the men and it was almost a case of a low cut blouse, and you thought... some of them were a bit in your face. We just thought this is becoming a bit unpleasant and that's when we just thought, let's just end this. It was one of the markers of us saying to ourselves, "What's this about? Is this really about a professional person telling you about the advantages of a new drug, or is it just a case of anything to sell?" That was one of the things we thought. We did this study, well not a study, but one of our female partners would sit right beside the drug rep and they would sit and make no eye contact with the female GPs. It became almost a sexual thing. We thought, "This is really demeaning isn't it?" and that's how they tried to sell their drug...and we thought this is really beneath us almost. I think that was one of the nails in the coffin. So there wasn't actually a point in time where you said, "That happened and that was it." It was a kind of gradual evolvment kind of thing."

The mounting affronts to personal values, such as what he and his partners perceived as sexualised selling, meant that for Dr Winston the continuation of past practices into the future became less and less tolerable. In the end Dr Winston was so dissatisfied with the situation that he chose to remove himself from it: he and his partners decided not to see pharmaceutical representatives any more. This is a category of choice that I call *dissent*: the privileging of personal values in social choice such that individuals remove themselves from a particular ethical community.



*Figure 25: Choosing dissent*

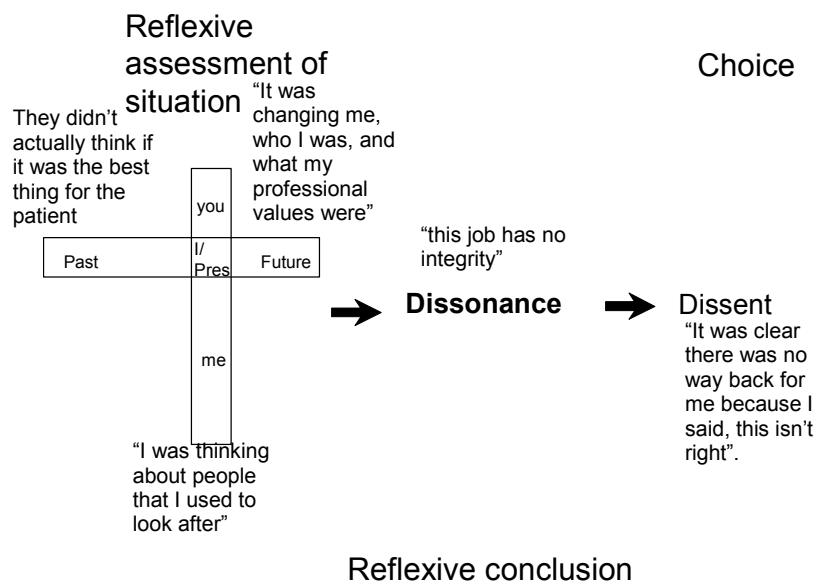
Pharma Pedro, the reluctant conformer from Choice type 3 eventually also decided to *dissent* from his role in the pharmaceutical industry:

“I did the training for six weeks, then I lasted on the job a total of eight days. I packed it in by the end of the second week on the job...“Some of the people that I knew personally, like the national manager for the sales... I suddenly saw this metamorphosis taking place on the stage [at a conference] in front of me where she became almost another person and I’ll never forget it to this day, standing there punching her fist in the air saying, “Get out there and sell the arse off this drug.” All the time I was thinking about people that I used to look after. And the carers and the reality of what it’s like to live with schizophrenia. But the only objective that this company had was to make sure that as many patients were on it, whether it was the right thing or not. That was a kind of defining moment for me. I thought, “Hold on a wee minute. This is a world away from the rhetoric they gave, that we really care for people with schizophrenia.” They only care about people for schizophrenia is that people with schizophrenia use their product and if the doctors prescribe it. They didn’t actually think if it was the best thing for the patient, or the impact of the drug in terms of the side effects which this particular drug was creating issues around diabetes ... This was a real concern and the company were basically putting all the clinical research to the side that even suggested this. They were reiterating the message “tell your customer this isn’t the case.” I knew from my own clinical drugs link and my own experience that this was the case. So I couldn’t lie to the customers for the sake of selling the drug ... This isn’t right. The company didn’t give a shit about that. They were just happy it was going to be a

brand leader and all this crap. So that was the main thing the fist in the air and this evangelical atmosphere of people that, outwith the conference room, you thought were perfectly reasonable people. They were becoming frenzied about this scenario, and it was quite frightening because I had doubts working at the other end thinking what it actually meant outside the room. So that was important. Then, actually that night, we had a massive dinner dance thing and these pharmaceutical dos, there's loads of drinks, it's all free, it's all very glam, you had to come along with a tuxedo, bow tie and all this kind of stuff.... I remember sitting watching it, thinking, this is a world away from some of the people I know with schizophrenia who are in a lot of stress at the moment. It was so alien that it made me feel uncomfortable about myself. You know, I probably had a degree of guilt because I'm sitting here thinking this is not what I believe in and I'm trying to convince myself that I do because I'm being rewarded extremely well for it and that's when I started thinking well regardless of how well I'm rewarded I can't compromise my ethics because it was changing me, who I was, and what my professional values were, and what my own personal moral values were...I couldn't do it. It's not me... Some people might be happy to do that because the rewards are there... It got to the point where I had to think it was all so irrelevant. What's more important, the money, or you know, what I'm actually doing. I became unhappy... I thought "no I don't feel right about this." It came to the stage that when I told my manager I didn't feel I was suited to the job. I sold it in a self-deprecating way saying this isn't for a foreigner and that type of thing. They flew this guy up from London the next day to talk me out of it, who also used to be a psychiatric nurse and who had a kind of successful sales within the space of a year and had been promoted early and the messages that were sent out to me said if you stick this for a year you're going to have an extremely successful career in this company ... So this guy came up and said, "What are you doing? This is mad. You've got a great career here." But I said, "Look this is a pile of shite, and I know that it could all be fine in a year's time but I can't do this for a year. I can't do it for another day"...I eventually had to say to him, I was trying to avoid saying to him, this job has no integrity. Because by saying this job has no integrity I was actually saying to him you have no integrity and people like you have no integrity. I avoided that, and tried to put that off as much as I could, and once I actually did say that he got the message. It was clear there was no way back for me because I said, this isn't right."

I have quoted at some length here in order to convey something of the intensity of feeling and, by extension, the intensity of *dissonance* that Pharma Pedro held and still holds about the pharmaceutical industry and his time in

it. It is this intensity of feeling that led him to walk out of his job after seven weeks. More specifically it was the intensity of the dissonance between personal values and the social ideas that formed the structures enabling and constraining action in the pharmaceutical representative job that caused him to move from a position of *assonance* or doubtfulness about his suitability for a role in the pharmaceutical industry to one of profound dissatisfaction. He also worried about his “you”: what he would become if he carried on in this role. This in turn led to Pedro radically and irrevocably cutting his links with the industry and deeming preferential unemployment, however temporary, to the prospect of a lucrative career in this business.



*Figure 26: Pharma Pedro choosing dissent*

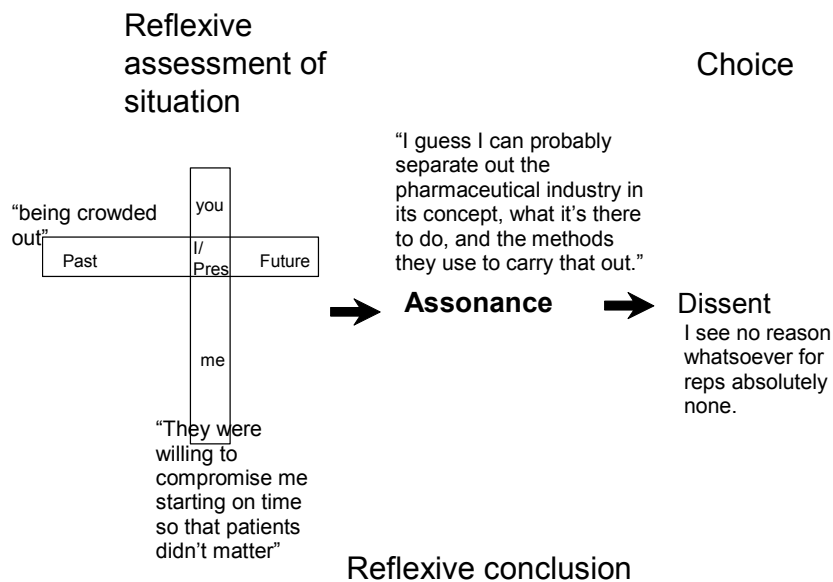
Dr McGregor’s change from willing ally of the pharmaceutical industry to critic followed a similar path to that of Dr Winston:

“If I was to try to look back that far [over ten years ago], given all the caveats that are inherent in that I would say the process that sticks out in my head, the one process that happened over time, was being crowded out. I recognised that I was too accessible, there were too many reps... there would literally be six reps lined up knowing when I was coming in from

house calls to get to my surgery. Three up one side, three up the other, literally asking "Can I have two minutes". It was that selfishness, it was that self-centredness about wanting two minutes when I had a waiting room full of patients, who were probably, although I didn't ask, very aware of what was going on. They were willing to compromise me starting on time so that patients didn't matter. That was the implication of it and although it's almost trite to suggest it, that is the way they operate and the patient, although this is all about improving patient care through their drugs, has got nothing to do with it whatsoever, it's a complete marketing ploy...That really was, if you like, the process where I moved from there being some possible altruistic dimension to what they were doing to [viewing it as] a completely self centred, selfish, and probably wasteful job. I guess I can probably separate out the pharmaceutical industry in its concept, what it's there to do, and the methods they use to carry that out. I see no reason whatsoever for reps absolutely none. I have, obviously, a lot of understanding and justification for needing a pharmaceutical industry but the regulation of that and we're talking here again about mega politics now and mutli-global... but at the ground level, at the interface where decisions have to be made, choices have to be made, where you're pitted between rep and patient, that's the level I'm talking at. There's no issue there for me. Reps are not necessary."

Like Dr Winston it was the encroachment of his time by pharmaceutical representatives distracting him from what he regarded as more valuable matters that opened up the tension between his personal beliefs and his engagement with the pharmaceutical representatives in the social world, moving him from a position of willing conformer to their structures to a position where he decided to dissent from them.

Dr McGregor's dissent differs from Dr Winston's in that it seems to come from a reflexive conclusion of *assonance* rather than *dissonance*. While he is adamant in his conclusion that there is no need for pharmaceutical reps he also notes, "*I have, obviously, a lot of understanding and justification for needing a pharmaceutical industry.*" So in this instance his agency could perhaps be represented as follows:



*Figure 27: Troubled dissent*

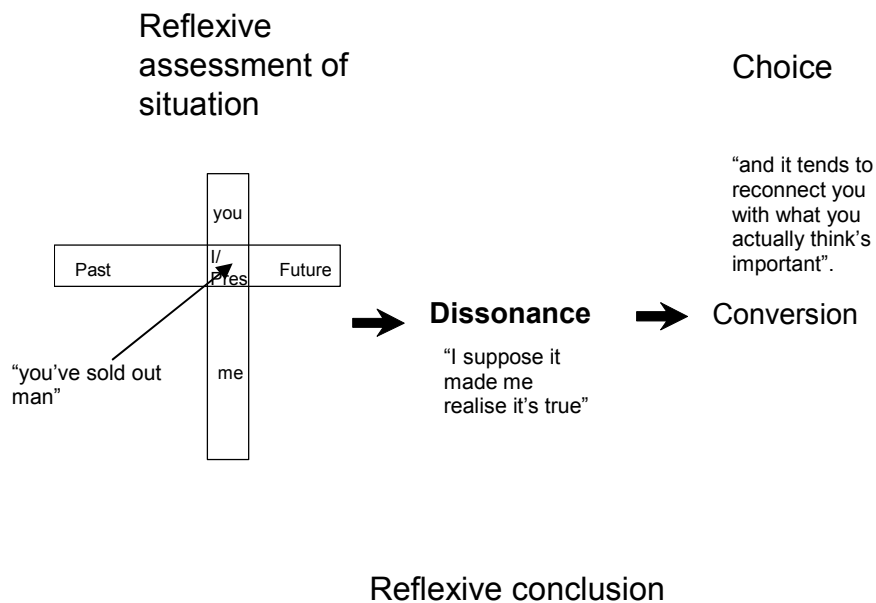
Just as *conformity* can arise from an ambiguous, or *assonant*, reflexive conclusion so too can *dissent*.

### Choice type 5: Converting

Dr Des is now better known in Scotland for his hostility to the pharmaceutical industry than his past deep involvement with it. He describes a Damascene experience with his wife as the key to his change in position:

“I’ve been married for a long time and my wife had known me ever since I used to work in Tennent’s [pub] across the way and I was some sort of radical young member of the Labour party, stupid hair cut and you know ... and she looks at me and says look how you’ve become, you’ve sold out man, your just a pawn and that’s – Humble pie’s not very good to eat but it does you some good and I suppose it made me realise it’s true and it tends to reconnect you with what you actually think’s important. Because you do get kind of lost don’t you, in the pressure, it’s very easy to lose your sense of perspective and so as part of my penance I think I decided I’d have to commit to being honest with people, telling what I’ve experienced and what I know is going on and use it to try and change the situation.”





*Figure 28: “Damascene” Converting*

I describe this agentic choice as *conversion*. This is the changing of personal values to fit with another ethical community. What distinguishes Dr Des’s choices from Pharma Pedro’s, Dr McGregor’s or Dr Winston’s is that Winston, McGregor and Pedro made choices that brought harmony between their actions in the social world and their more deeply valued personal beliefs. Here what Dr Des describes is a choice to change his values to fit with a particular ethical community – in this instance his wife. The result was also his removal from another ethical community but as a result of a different agency process to that which led Dr Winston or Pharma Pedro to dissent from the pharmaceutical ethical community. Such conversions begin with the introduction of a new idea into the present as, in the case of Dr Des noted above, he did not have any problems with his involvement in the pharmaceutical industry. On the contrary, as he says, he thought it was great.

Dr Des goes on:

“You know, I thought it [the pharmaceutical lifestyle] was fantastic, but you know the problem is it’s bullshit. People lose sight of themselves. That’s one of the problems, people become detached from the core values, looking after people. You get so caught up in the position of status, the wealth, the hospitality, so for me I was doing all that.”

At this point it is perhaps worth contemplating Dr Marilyn’s comments, noted above, once more: Dr Marilyn began her interview stating:

“I probably as an anaesthetist I am probably one of the few groups in medicine who have very little exposure to pharmaceuticals, and we kind of in a way we almost take a moral high ground, we accept, we’ll look if you have developed a drug that good we will then start using it. So don’t come and take me out for dinner, don’t give me a bottle of wine, don’t offer me a weekend away, and you know that’s basically ... I would have to say when I last saw a rep I can’t remember. In the last year? I don’t know ... Now, in GP, when I worked in GP I saw it from a different side. When I did GP you were completely bombarded, like we would have every week you could have gone out for a meal, it was really nice, really sociable, you went in every restaurant, you ordered food you wouldn’t normally order because it didn’t matter if you like it because you weren’t footing the bill. You tasted wines you wouldn’t normally have tasted and in a way I guess that I sort of ... obviously it’s a moral dilemma because you don’t want to be seen to prescribe something because somebody is pushing it, so I would pay as little attention to whatever the drug was, that they were selling, and I probably would be quite a conservative prescriber anyway. I’m not easily persuaded, but I can see a lot of people are and I can see even just in patients coming in, the patients list the way you can see obviously certain drugs suddenly appear, and I assume it’s a big push on the pharmaceuticals and you think “my goodness in the last six months lots of people that are on such and such a drug.” I presume that’s a push from the drug company.

When did you stop taking dinners and weekends away from pharmaceutical?

“Well it probably is because anaesthetists don’t, as a group. Because I changed career, the group that I work with don’t generally. I mean they don’t even think of it as an option... So you work somewhere where it was OK and everybody went out to a group that would say “hm, well we don’t. We’re fine, we don’t do free drug deals, we’re above all that.””

This statement encompasses a series of choices: a move from general practice to anaesthesiology brought with it a new set of structures, rules and resources, constraining and enabling her actions. This led to a *conversion* where Dr Marilyn changed her values in relation to engagement with the pharmaceutical industry which brought her into a position of *dissonance* with the idea of engaging with the pharmaceutical industry and hence a *dissent* from continued involvement with them.

However this highlights another social phenomenon: the tendency of certain communities to define themselves in relation to other communities or ideas. In this instance anaesthetists simply do not engage with pharmaceutical representatives. This is not *dissent*, in the terms of this thesis, as dissent is defined as the removal of one's self from a particular ethical community. A simple refusal to engage with another community is indicative instead of a shared set of social norms in a particular community. This phenomenon, though innocuous in this instance, could be seen to provide barriers to increasing mutual understanding in other social settings.

Where Dr McGregor still explicitly recognises the importance of the pharmaceutical industry in producing valuable therapeutic treatments, Dr Des, as already noted above, is much more sceptical about the role of therapeutics in health:

“the idea that life, you know, the tenets of life can be broken down to chemical reactions is ludicrous, because the things that people value in life are things that you can't measure so easily. You know ... you can live to 60 and have had a good happy life, or if you were to live to 70 and have restriction in everything you did, what would people choose? So longevity and health in a physical sense is not the only measure of wellbeing.”

Furthermore, Dr Des argues,

“Therapeutics don’t change that quickly. There are very few new innovations and the ones that do don’t need to be promoted anyway because the people are drawn to it.”

So, explicitly, Dr Des plays down the importance of the pharmaceutical industry in producing new drugs. His *conversion* is quite total.

I return to this point because it is one of the rare instances in the conversations where an informant so obviously displays a deeper degree of penetration than others in a similar position. However I would also argue that this deeper penetration is the product of agency not the facilitator of it. Dr Des’s position on therapeutics appears as a result of his rejection of the pharmaceutical ethical community not something that in and of itself led to his estrangement from it. That estrangement, as he describes it, was a much more visceral and emotional matter relating to his relationship with his wife rather than any structural analysis of the pharmaceutical industry.

### **Choice type 6: Advocating**

Pharma Rutger’s joined the pharmaceutical industry as a drugs rep in order to help pay for his education:

“So my sister said to me why don’t you go to become a pharma rep you get the car you get the salary and you have time enough to do your study. So that’s what I did. I became a rep ...”

Despite discomfort with some of the short-term stunts occasionally pulled in the pharmaceutical industry, such as marketing products that didn’t work particularly well “*instead of thinking what really worked*” he clearly found he had a talent for commercial endeavour.

“I kept there and made a career in the industry. First as a rep and then later in a company that did business with all the pharma industry so in that business we sold all sorts of [products] scientific magazines, record systems,

databases and I became better and better and I became marketing director and later I was a managing director in a pharma supply company. I had no money but we were very creative ... but in fact I was always a bit [the] conscience of the organisation. I didn't want to go for quick money. I wanted to build the business. I liked it. But you know, some of our people went for quick money and that was never of interest to me."

Having built up and sold a company Pharma Rutger had time on his hands and:

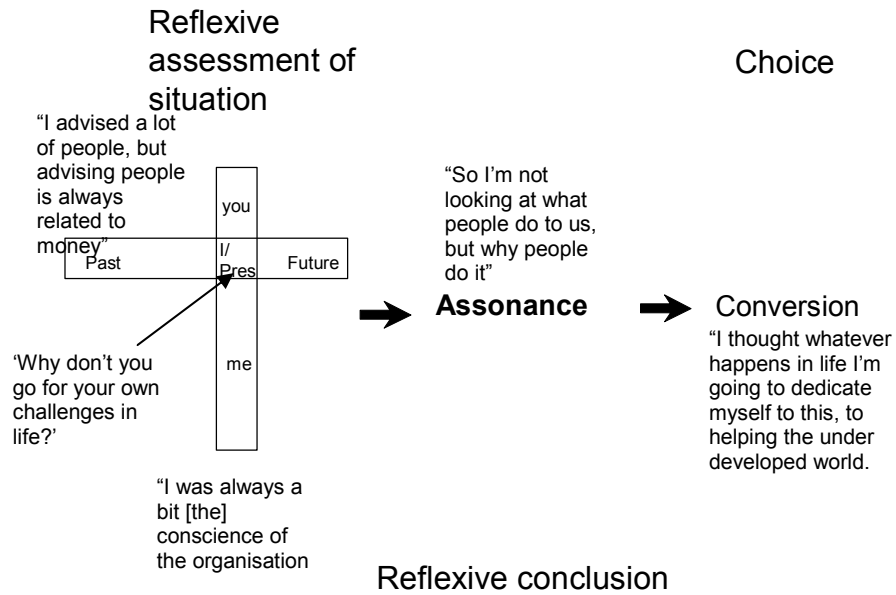
"I had a lot of time to think about life. What's important in life ...I advised a lot of people, but advising people is always related to money... And often my wife would say 'Why don't you go for your own challenges in life?' And I tell you it happens".

Pharma Rutger had a meeting he remembers clearly from 11 Sept 2001. In part it is because of the events in New York that day, but it is also because of the content of the meeting:

"I am a commercial guy and I always see what's good commercially... we had a meeting with a business guy who built schools in [the developing world]... within six to seven minutes this guy got my complete attention [despite the horror of what was happening in the United States]... do something ...in this world where they needed ... there was, I thought whatever happens in life I'm going to dedicate myself to this, to helping the underdeveloped world. How should I do it? I'll do it with my know-how from the business world." Later he described going to see "[this] very well known guy ... But also for him it was 9/11 that triggered him because he said who is behind 9/11 and what world we live in that people do this. So I'm not looking at what people do to us, but why people do it. ... That's why I was interested... when I found out that Oxfam were [campaigning] to get the pharma industry on a good track. I saw them, I talked to a lot of organisations and I saw how unprofessionally they did it."

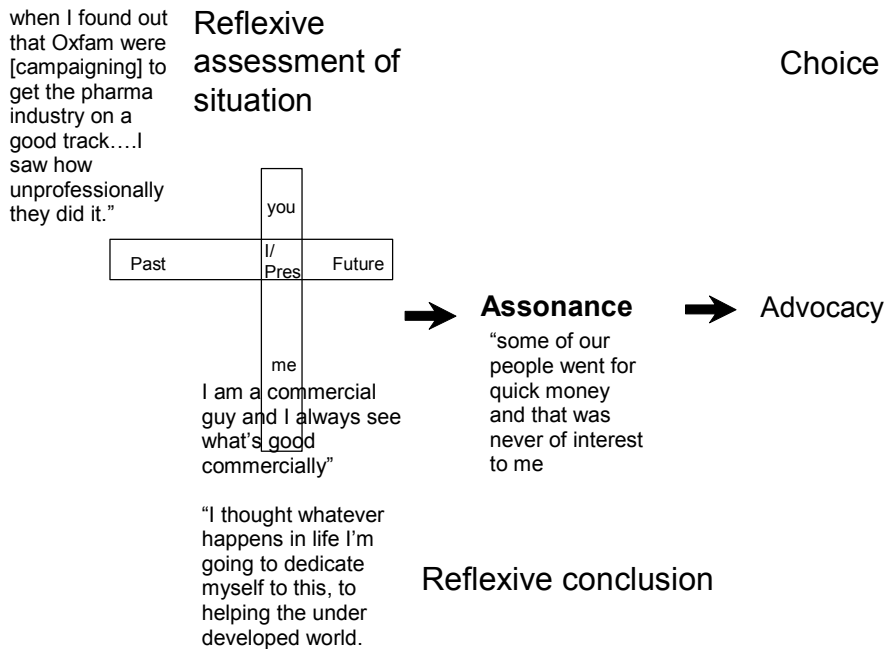
Pharma Rutger is now engaged with campaigning organisations, such as Oxfam, seeking reform of the pharmaceutical industry to ensure the delivery of life-saving drugs to the developing world.

This narrative describes two choices. First there is a *conversion*:



*Figure 29: "Evolving" conversion*

Pharma Rutger describes changing his values by privileging other parts of his "me" in addition to those that had been predominant in his initial commercial endeavours. Pharma Rutger's narrative indicates that he has long recognised many limitations in the pharmaceutical industry from dubious selling practices to an excessive fixation on profits. But while he is troubled with these issues he still believes the pharmaceutical industry can be a force for good, particularly in the fight against disease in the developing world. Unlike Dr Des, this *conversion* does not lead him to reject one ethical community in order to embrace another. Rather he makes a different choice, aiming to synthesise his social concerns with his experience as a successful pharmaceutical businessman. This means that rather than rejecting a particular ethical community he instead seeks to use his very involvement in that community to change it. This leads to the second of the choices described in his narrative.



*Figure 30: Choosing to advocate for change*

I call this choice *advocacy* which I define as the conscious effort to transform the rules and resources governing a particular ethical community. In advocating for change Pharma Rutger is seeking a similar change in the pharmaceutical industry to the one that he has already wrought in himself. He argues that it should in turn make a different future for itself by bringing to the fore some of the more latent ideas already present in the industry, such as prioritising healing the sick relative to maximising profits.

#### TOWARDS A MORE GENERAL MODEL OF AGENCY

We began this section with two propositions:

*Proposition 3: The problematization of a situation arises from the degree of resonance or dissonance that the situation strikes with the wholly private thoughts of the individual concerned.*

*Proposition 4: Reflexive deliberation of choices in a given situation is described by the cruciform of reflexivity.*

The examples of choice described above tend to support both propositions. However as the consideration of taken-for-granted conformity suggests, a matter must be problematised before it can be properly deliberated upon. Hence proposition 4 should be restated to more explicitly indicate its dependence on proposition 3:

***Proposition 4: If a situation is problematised then the reflexive deliberation of choices in that situation is described by the cruciform of agency***

As noted in an early chapter reflexivity facilitates agency, which is the precursor to human action, and the nature of human actions, constrained and enabled by social structures, determines the constitution of society. Also the generic relationship between reflexivity and agency, as noted in Figure 20 is:

Reflexive deliberation → Reflexive conclusion → Choice

In other words the contemplation of personal values (“me”) and hopes (“you”) in terms of the choices offered to the individual in the present by the social situation, which also entails past and future ideas, leads to individuals drawing a *reflexive conclusion* about the choices available. Furthermore a typology of reflexive conclusions may be discerned from the narratives.

These are:

- *resonance*, where the social ideas that define a situation are in harmony with the hopes and values of the individuals implicated in the situation;
- *assonance*, where some of the social ideas are in harmony with the individuals beliefs and values and some are in conflict with the



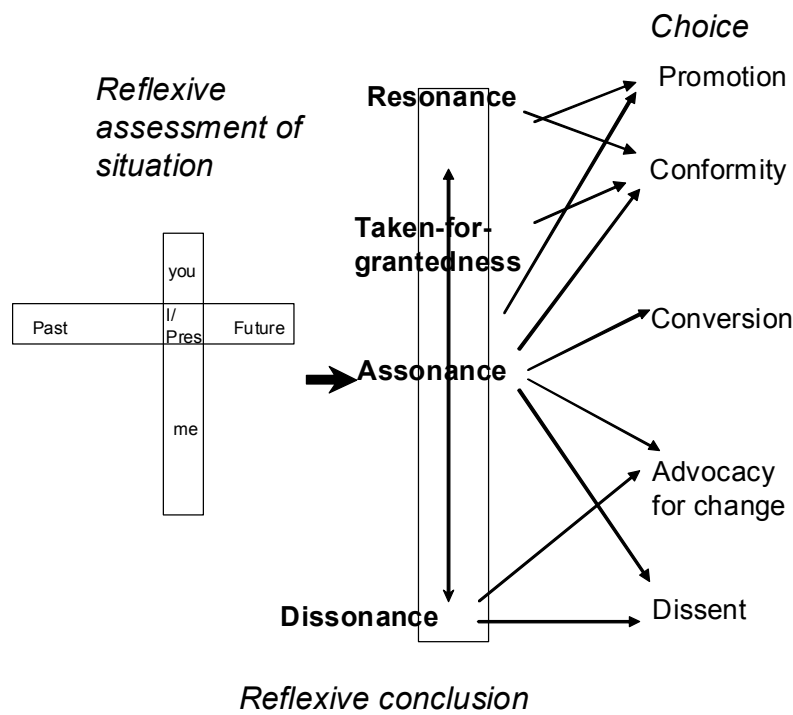
individuals beliefs and values;

- *dissonance*, where the key social ideas are in fundamental conflict with an individual's beliefs and hopes; and
- *taken-for-grantedness*, which conceptually lies between resonance and assonance: this is essentially a failure to engage any personal thoughts in the reflexive assessment of a situation.

Each of these reflexive conclusions facilitates a range of choices and a typology of choices also emerges from these narratives:

- Promotion – where an individual seeks to expand the influence of the ideas constituting a particular ethical community;
- Conformity – where an individual adheres to the majority interpretation of the rules and resources constituting a particular ethical community;
- Conversion – where contact with the ideas of a particular ethical community leads to an individual changing their own beliefs and values;
- Advocacy – where an individual uses their position within a particular ethical community to change the ideas constituting that community;
- Dissent – an individual finds that their hopes and values are in such discord with a particular ethical community that they remove themselves from that community.

In considering the inter-relationship between reflexive assessment and these particular types of reflexive conclusions and choices then a model emerges:



*Figure 31: A general model of choice-making*

In essence *taken-for-grantedness* will only facilitate conformity because there is insufficient interest on the part of the individual to critique the structures constraining and enabling their action sufficiently to contemplate any alternative course of action. Sometimes, as in the case of Dr Winston, life and the accumulation of experience leads individuals to develop a new critique of the choices their life poses them where previously there was unthinking acceptance. *Resonance* can facilitate *promotion* or *conformity*. Life experience can change this also, as the instances of Dr Des and Dr McGregor show. *Dissonance* can facilitate *advocacy* or *dissent*, but life experience may lead to conversion which could see the harshest critics becoming the most convinced of *promoters*. *Assonance* is the most agency responsive reflexive conclusion as it can facilitate all agentic choices.

Each choice adds an episode to the individual's personal biography that

becomes part of the “me” that contemplates future choices. So over time the model could be thought of as follows, recurring across the entire span of an individual’s life:

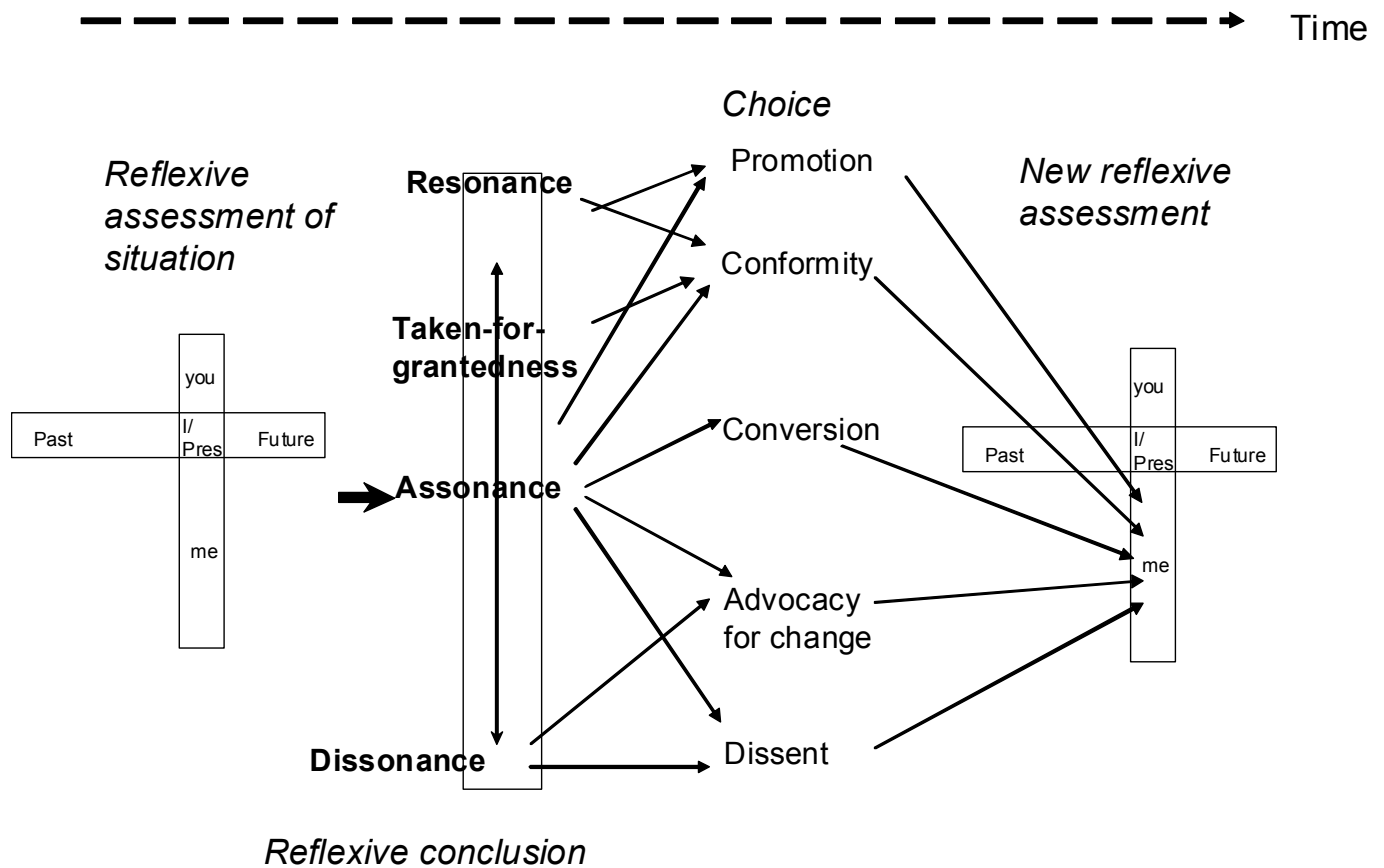
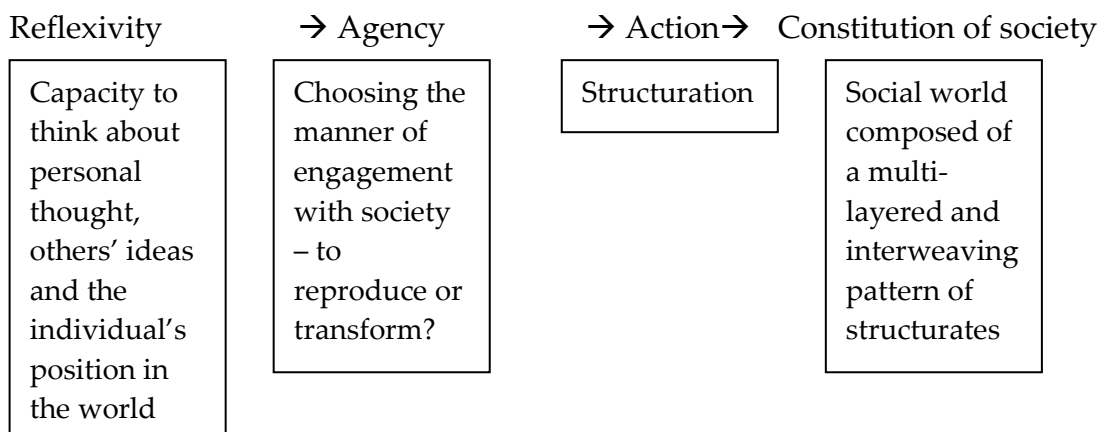


Figure 32: Agency and the evolving self

### EMERGENT ISSUE: AGENCY, ACTION AND POWER

Chapter 3 concluded by proposing a set of relationships as follows:



This set of relationships emphasises the distinction between agency as choice and action as structuration, the reproduction or transformation of social rules and resources. The model in Fig 32, drawing on Emirbayer and Mische, and on Archer, and on the analysis of informants' accounts of choice, provides a general account of the relationships between reflexivity and choice, and how this subsequently affects future reflexivity, and hence future choices.

In Giddens' (1984) account *"an agent ceases to be such if he or she loses the capability to 'make a difference', that is to exercise some sort of power"* (p.14).

This thesis argues that the idea of agency is not so simply related to social power. It is rather about the personal capacity to make choices. Consider for example Dr Clooney's description of his thinking underlying his decision-making on junior doctors' training:

"I would try and make the judgment for the greater good. I'll take the example of a trainee who comes from the last six months, has done the job and have got a poor report from the jobs we get reports every six months... there are issues with training and problems with their training and I have to look for the best way to say, well there are problems with the training, and somebody had come to the end of their training, at the end of the day I can't let somebody come in on top of the training scheme, when somebody is saying there are problems, without doing something about it and focussing on it. What I do in that situation is I try and as best, as far as possible, come up with a positive for the individual; so I would say in this particular case I would say "right, they say you've problems with communication, for example, you have problems with 3D perception and doing an operation, you have a problem with these particular operations we've highlighted, you've particular issues. And we need to target that.".... I have a responsibility to act and do something about that. ...I want you to succeed, I'm not failing you, I want you to succeed and this is how you will demonstrate that you're succeeding... I want you to come back with a wadge of assessments for these procedures that you have been supervised and you have demonstrated you can do that"

Because of the power that his position in overseeing surgeon's training gives him Dr Clooney's decisions (agency) determine a key set of the rules and resources (action) that constrain and enable junior doctors (structuration) and hence what sort of orthopaedic care patients will receive over the coming decades (constitution of society).

Dr Clooney is similarly strongly opinionated on other matters over which he has much more limited authority. Take for example his thinking on statins, drugs that are meant to control cholesterol:

"I mean one of the big problems, and this doesn't affect me directly although I see it in patients coming in, when I look at the drug lists of patients coming in, is the big statin things, which reduces cholesterol. I mean statins as far as I know in the UK, statins alone cost about £400 million a year. That's in the UK economy and on average half of them are given to women. There ... are targets for reducing cholesterol, this is what cholesterol should be, this is what is tested, so the whole industry is built around cholesterol. To the best of my knowledge and what I've read if you reduce a woman's cholesterol you don't actually change the risk of death from heart disease, doesn't affect her at all. So you're treating a blood test, to the company spends about £200 million on drugs that change your blood test but don't actually do anything to change people's health...[but] it seems like a good idea. It seems you can assume there's a link between high cholesterol and heart disease. There is a link and the link is stronger in men than it is in women. So it would seem sensible, and reason would say "right, so there is that link, so if we reduce cholesterol we will reduce", but that's not necessarily the case".

Dr Clooney has a high degree of power over the anti-clotting drugs that he gives his patients after surgery ("*aspirin*") and hence a significant degree of influence over his colleagues who pay attention to the choices made by a senior consultant surgeon. However in relation to the treatment of cholesterol this is not something over which he has much power. This does not however prevent him from coming to a choice regarding what he thinks of the general approach to the treatment of cholesterol: were he involved in treatment he suggests he would assume an agency of *dissonant dissent* from

the widespread prescription of statins. In this instance there is not a chain of causality from reflexivity to constitution of society, rather it is a constrained chain of Reflexivity/penetration → Agency. Dr Clooney is not implicated in the necessary web of rules and resources to make his opinion on statins anything other than an opinion.

As noted above in structuration theory there is unity between the concepts of agency and action. The difference between the concepts of agency in this thesis and that of structuration is more than a difference in definitions. The model presented above argues that agency does not emerge simply from penetration, though doubtless deeper penetration may facilitate more informed choice. Instead effective agency emerges from the subjective contemplation by means of the internal conversation (Archer) of the social structures of which the individual is aware.

The concept of agency can and should be divorced from action in order to understand it more clearly. But this distinction between agency and action can also be useful to the practice of professionals. Dr Clooney's opinions on statins may never affect the life of a single patient or the training of a single doctor. However as his career evolves he may bring this note of dissent on the subject to other policy conversations and stimulate dialogue and rethinking over a previously taken-for-granted idea. The idea of subjective reality that facilitates this conception of agency as personal choice constrained and enabled by the social world, also facilitates the concept of contingent thinking, and promotes the idea that human agency matters, and that not all is subject to impersonal deterministic forces.

## CONCLUSIONS

1. The cruciform of reflexivity describes the dimensions of deliberation that individuals can contemplate when posed with a choice from the social world that they recognise explicitly as a choice. The explicit recognition of choice arises from the degree of resonance or dissonance that the choice strikes with the hopes and values of the individual.
2. The relationships between reflexive deliberation, conclusion and choice are shown in Figure 32.
3. Because agency is separate from action it allows for contingent thinking in preparation for difficult decisions that may be required in later, more urgent circumstances.

The next chapter will explore the robustness of this model and the concept of agentic sophistication, encapsulated in proposition 5.

## Chapter 7: Findings part 3: exploring agentic sophistication

### INTRODUCTION

From the perspective of the thinker, life is composed of a diversity of choices, some which an individual may regard as trivial, and some which are of the utmost importance to them. This raises another question: is an individual's agency consistent? Archer (2004) suggests that is the case particularly in existential terms relating to how individuals seek to live their lives. However it is conceivable that certain choices draw out different reflexive approaches.

In a series of interviews with doctors towards the end of this second phase of data gathering a number of these doctors began to raise additional ethical issues that they encountered in their daily professional experience, over and above the ethical issue I initially posed. These interviews suggested that some individuals behave with different agency depending on the choices they are facing. Frequently the informants would raise a diversity of approaches to the other ethical questions that they themselves had raised. This led to a third stage of analysis relating to a fifth proposition.

Proposition 5 asserts that: *An individual will display a range of reflexivity and types of choices not only across the course of their lifetime (Archer), but also at any given point in their life depending on the sets of structures with which they are engaged at that given point and how they resonate with their beliefs and values.*

The first part of this proposition, that a range of reflexivity and choice may be seen across the course of an individual's life, is already supported by



some of the findings presented in the previous chapter: consider for example Dr Winston's description of how he moved from a position where, as a young GP he took for granted the seeing of pharmaceutical reps to where, at a later stage in his life as a result of changing values brought about by his life experiences, he began to regard the imposition of pharmaceutical representatives as a challenge to his professional priorities.

However, life rarely poses us only one choice, even one ethical choice, to deal with at a time. Often there are a multiplicity of choices, arising from the mosaic of social structurations that a professional is implicated in.

This chapter is structured as follows: First I describe drawing on quotes from the doctors I interviewed, a range of ethical challenges faced by doctors and the diversity of reflexive conclusions and choices of actions that they come to. The ethical choices discussed are as follows:

- i. End of life
- ii. Abortion
- iii. Treatment of patients against their will
- iv. Child protection
- v. When the best interest of the patient is not the pre-eminent purpose

Then, from the perspective of a realist ontology utilising narrative analysis of these individual accounts, I identify the elements of the agency model engaged by each doctor for each ethical choice. I then review the range of choices each medical informant discussed and the nature of their agency in relation to these questions. If Proposition 5 pertains then one would expect

that doctors will display a diversity of reflexivity and choices for the range of ethical choices they confront at any given point in their lives.

Two further issues are emergent at this point:

- vi. The professional value of doubt and the hierarchy of guiding principles
- vii. Elements of professional maturation

I argue that these throw significant light on professional development and agency.

## OVERVIEW OF DOCTORS' ETHICAL CHOICES

### End of life

As a GP Dr Rosamund has to deal with a lot of end of life issues:

“I did a talk on it once and I was talking about the difference in attitude and recognising the individual’s response to the approach of death and I think I quoted someone saying they want to just die in peace and want to die in their own home, they want to die pain free, quiet death with some nice Mozart in the background, something like that. That’s fine for some people but I hope I’m not misquoting Dylan Thomas who said “rage, rage against the dying light”. So for some people it’s really important to fight it and so you have to deal with that on an individual basis, you can’t presume that somebody wants to speak to you that ought to have you speak to them very, very quietly when they die. Some people might want AC/DC blasting in the background and be smoking their last spliff. Whatever that person needs at the end of their life is important to recognise and so it’s not always what you think it’s going to be.”

In describing this choice Dr Rosamund describes a strong *resonance* with the idea of *conforming* to the patient’s wishes on how they meet death. However while such an approach may be common and appropriate in general practice, doctors dealing with trauma raise some different issues and different agency in dealing with end of life issues. Dr Clooney, a surgeon, notes that

“the ethical decisions [relating to end of life] then come about with if the patient then develops complications and problems after [surgery], it’s how far you pursue doing something about that. And how you deal with relatives – as someone who has an unrealistic expectation of what should be done, and what the next stage is - ... a 90 year old who has dementia and multiple problems and ulcers, and bed bound and so on, how do I - and I say “Well, we’ll do lots to this patient and we could keep him going for another week or two and another month, or we don’t.” I would tend to think, well why prolong this poor person’s agony. They’ve had a good, long, fruitful life, but then how do you deal with family and relatives who may think differently, and that’s one of the ethical problems that I would face.”

Dr Marilyn, who is an anaesthetist, describes similar dilemmas, where the judgement of the doctor as to what is in the best interests of the patient may come into conflict with the wishes of the family. She describes a typical trauma situation which she attends:

“So you’re at the point where obviously somebody is critically ill, so I need to start doing something otherwise the patient dies. Your judgment of that, what to do, very often at that point you will say “right I institute emergency treatment” because that’s the only thing I can do. So you start to ventilate somebody, you will give them appropriate support to improve their blood pressure ... take them to scan, if that’s appropriate, and various investigations. Then we get a little bit more history through realise that this isn’t a well patient, it’s somebody who has been going downhill and their seizure it’s a pre-terminal event.... But you have to make a decision [on further treatment], and that is usually with those around you, with some of your colleagues, with family if there is anybody there about the appropriateness of continuing treatment, because you treat practically anybody alive, and the natural point at which they... would die. So you can keep things going until then. But it’s sometimes not appropriate ...So someone who comes in, I’ve seen somebody who’s a quadriplegic, for 20 years, they’re contracted and - but they may have a very good quality of life. They may have a lot better quality of life than the 22 year old schizophrenic who has a very tortured six years, and has had a dreadful life but physically looks fine. So it’s very hard to put a value on it. But I mean, that’s what we’re doing all the time. We have to do that, and we have to, in a way we have to - they say there’s no such thing as rationing, we have to ration [because of limited resources such as intensive care beds], we have to ration, and sometimes the kindest thing to the family and to the patient is to ration, but of course it’s an awful lot of difficulty and a lot of discussion between family members. Recently we had an elderly gentleman who was admitted to intensive care. He was very, very unwell. We knew the chances of him

surviving to leave intensive care, let alone hospital, were very, very slim. Your ability even when you help the aged, your ability to recover obviously you lose any ability to compensate. His family couldn't accept that, so we ended up going through the motions for about two months, which was really cruel, until the family could accept they were going nowhere and would allow us not to escalate and to withdraw treatment. Those are difficult decisions. They are huge decisions to make."

Both Dr Clooney and Dr Marilyn describe situations where they find a *dissonance* with the families' desires to continue aggressive treatment which they, as doctors, find deeply problematic. Their response then is an effort at *advocacy* to transform the understanding and expectations of the families towards an approach that they feel to be more in the patients' interests.

### **Abortion**

Repeatedly doctors, as with Dr Rosamund, Dr Clooney and Dr Marilyn, cited the idea that a core principle that guides their work is attending to the best interests of the patient. As the quotations from Dr Clooney and Dr Marilyn above illustrate adherence to this principle can bring them into conflict with the patients' families. However it can also mean bringing them into conflict to some extent with their own personal beliefs.

Dr Audrey describes how she works to this principle of the best interests of patients even when the issue under discussion is abortion, a matter that she finds morally problematic:

"I think I can support the patient regardless of whatever decision they make and I think it's more important that they feel there's somebody who's non-judgmental, who's a support to them, as opposed to somebody - and again, my position truly I can think very black and white in it. I remember at school we all learned about abortion and things, but you're sitting in a position [as a doctor] and a lot of them it's tragic because the decision is not necessarily being made for them, it's been made for their family, it's been made for - and everything I've seen is relationships progress, maybe somebody has got

pregnant by some guy and they end up getting married, settling down, they're not going to stay together, and that, the pregnancy has accelerated that relationship into a situation that it would probably have never gone into. A lot of misery and stuff too, so it's kind of - but I don't see my, I truly don't see it as my position to be judgmental. And [unwanted pregnancy] is a problem [that] we see an awful lot, you know."

On this issue Dr Audrey describes a position of *assonant conformity* with the wishes of her patient, describing a morally complex landscape in which she feels it is appropriate to set aside her personal values in order to privilege a deeper ideal regarding the role of the doctor and the doctor's relationship with the patient. Dr Lauren described an identical agency in relation to her responsibilities towards patients considering abortion, despite her own moral objections to the procedure.

These moral complexities are one of the matters that led Dr Clooney away from an initial interest in obstetrics:

"[In] the field of obstetrics where you're faced with ... this takes you to your question about abortion, which is I can see it is easy if you're well removed from it to be absolute on your views on abortion. I'm removed from it, it's easy for me to say I'm against abortion, and take that stand, but if you're close to it, it's much more difficult to be that absolute. I see and I understand that. So when I say I'm against abortion I understand the reasons why other people aren't. I understand the reasons why some women choose that path, and they're very, very difficult issues. I understand entirely why they do that, and at again when saying that I would be against it, I feel it as a principle I'm against abortion, from a practical point of view I really don't know whether I could stand by that and say if I was in the situation or close to that situation I really don't think I could say I could be as absolute, if it faced from me a real situation. Let's say for example, [my wife] was pregnant and the scan showed there was encephalic, so a child with no brain, who is going to die, the child will be born and will die, this is an extreme example, is it right or fair to make her carry a pregnancy for 40 weeks, deliver a child that is going to die, and that is going to die, there's no question about it? So that's

the absolute. Then you start to bring it back a little bit and say well let's say it's not encephalic, let's say it's micro cephalic so it's not that there's no brain and the child will definitely die, as soon as it reaches the sweet air of the earth it's going to die. So then with micro cephalic they're not going to die, they're going to be extremely, severely handicapped, they're going to need lifelong care. Then you say do I want the child to go through that? Some of these children suffer terribly. Some of them do, and some of them don't, and do I know enough about it, do I want a child to go through that? So faced with that situation I don't know. So then you can say, let's say you come from micro cephalic, you can say, I can take a decision with that and say OK, I wouldn't continue that pregnancy. Where's the next line? Where would it go? If I was working in obstetrics, it's not my pregnancy, I'm the person who diagnosed the issue, diagnosed the problem, and I may be facing somebody who says "right this child is micro cephalic, I do not want this pregnancy, I want an abortion, this is going to be a severely disabled child", so in that case I don't know whether I fall in the side of supporting or not supporting. I know I have to do something to facilitate and maybe that's what their wish is but then if you scaled on to say lesser diseases and lesser physical things like cystic fibrosis, where there is a child who has very significant health problems and there's reasonable medical care, and will live to their 20s and children who may make a satisfactory, may make a reasonable contribution to society, but will suffer terribly. I as a practitioner would be faced with a parent who might say I don't want the child to go through all of that. And I can see their stand point and see if it's very severe and nasty disease and can see the terrible upset, where do I stand? That's the problem. It's because there is more lines that you can draw that it's exceptionally grey, and I know that, and I know faced with those situations I would prevaricate because I would spend my time debating the rights and wrongs of each issue ...That's all big R and big W, that's all big right and big wrong."

Here Dr Clooney describes a position of *assonant dissent* – he removed himself from a profession where he would have been confronted daily with ethical issues that he recognises are of considerable complexity. Nevertheless he displays considerable sympathy with those who disagree with him and

respect for their position. He had simply decided that this was not something he wished to be involved in.

Dr Winston describes changing his values in relation to abortion as a result of not only his experience as a general practitioner but also the influence of the communities that he worked with as a junior doctor and the influence of his wife:

“I think when I worked in hospital ... I was against it [abortion] happening but I think you realise when you move into general practice ... [In hospital] Somebody comes in with chest pain or an unwanted pregnancy, whereas in practice they're Jill Brown who's coming to see about a termination. So I think with that you then think if there's a person there and they're in charge of what they'd like to do and their view is current as well. I think also when you're young it's easy to say there's nothing I can do about that, whereas in general practice you have to think “well it's more than just me, it's not just about me, it's about them as well.” So I guess just moving out from that and I'm thinking it isn't an easy issue, you can't always duck out of it. Maybe you could in hospital perhaps say “I'm not taking part in this” but I think I changed when I became a GP. And the daft thing was that I suppose when I worked in obstetrics and you do terminations there I didn't actually physically do them but the midwives were very much against them because they saw it very much against life, they were very much for childbirth, but the reality was that someone's midwife was coming to see them having a termination. So you realised there was professional/personal split, that people would professionally say, “this is not on, I'm not doing this” but in their own lives they would sometimes have an unwanted pregnancy and come in and say “well for me, actually, it's different.” And I guess that's often what people think there's this decision about when it's you it's a bit different isn't it ... I think you do change your views because of what you've personally experienced, or you've thought about things with your work ... And I think as you get, personally as I've got older I've become, I think I've become more tolerant of what can go wrong in life and life isn't all that straightforward. So I suppose my ethics have changed to become more liberal, more accepting and saying things can go wrong, things do happen, it's not very good but it has happened and yes... and I talk to my wife as well because she's a GP and that's made me think about the things you do, is that right, is that wrong? So I suppose that is the same for a lot of GPs who may well be married to other GPs or doctors or healthcare professionals. I think that is often a professional person you can bounce off your thoughts and ideas of is this right or wrong. I would say she was [a big influence on

my position on terminations], yes... because she made it in obstetrics first. Maybe it was because she's female and she's felt, well for a man you don't have a personal experience of pregnancy, so maybe for a woman you can think Ok that's what happened to her, it's not happened to us, but it might have done and I guess it's like saying there are some situations in life that OK you might never do that, but possibly it could be me, or a close relative, would I want my doctor to say I don't see drug reps so I don't see drug addicted people, I don't get involved in termination of pregnancy, I don't do this. Would I want that for mine? So I think probably she has made me think about the different scenarios and different perspectives and made me think, well maybe it's not all that clear cut and I've mellowed and changed my thoughts, but then that did happen a long time ago. But I know for example we have got some partners who don't have anything to do with termination of pregnancy and would refer them to me because they know that I probably will refer them on, or go along that process. And I don't think I've influenced them in what they do. But they are both religious people and they feel they can't have anything to do with it. So I will probably see them for them. I don't really mind doing that. It's not all that common so it's not a huge burden to carry."

In this narrative we hear Dr Winston describe his *conversion* from a position of *dissonant dissent* on the issue of abortion to *assonant conformity* with the wishes of the patient, a set of agentic processes that related not only to the critique of this issue that was posed by his values but also the critique that his professional and personal experiences posed to his values.

Dr Robert, who did not have any moral qualms about abortion still indicated that the question of treatment of a patient who was considering an abortion still posed considerable ethical challenges. He remembered the first occasion when a patient came to see him about this procedure and the basis for his conduct:

"It was based, I think at that stage, it was based on realising that I had a huge amount of power in the way I could sway somebody. That if I said something was right or wrong then that could leave quite a scar on somebody. And that in fact it wasn't my decision. So that it was trying to help a person, and the decision how they wanted to deal with the situation they were in. I could help them look at the various issues, but very much



realising it wasn't my decision. And I must have at some stage, but I can't remember the situation, have come in fairly heavily and said "well I think you ought to do this" and realised exactly what I had ... how I put my foot in it. Or how I would think I had put my foot in it. I think some people would say that's the right thing, they want to tell people. So I don't know whether I should be saying I put my foot in it, but ... It felt uncomfortable. I felt, "oh crumbs, I've got a lot more power than I realised." I'm not easy using that power to tell somebody what to do. Again medically I will say "I think this is what you do, this is something you have got to do."

Dr Rosamund, another doctor with no principled objection to abortion, echoed this view that the doctor's role above all others is supporting the patient to make their own decision, not to impose their views one way or the other:

"I remember being in a clinic at medical school and a girl came in who was pregnant wanting an abortion, she had brought her friend who was heavily pregnant and the female clinician discouraged her out and out, actively discouraged her to have an abortion and she went out deciding to keep the baby. I was fuming. The female physician turned to me afterwards and said "was it obvious I'm pro-life?" I was spitting chips. I thought "you let her sit in the room with her heavily pregnant friend, you didn't give her any option". Equally I empathise with women who are sitting there not able to have children and are having to decide on abortion, saying "keep this bloody child, it might be your only chance, you stupid cow" is what you sometimes think and you've got to not let that influence your support of that woman. So I think I now say "these are your options, you can call this number for Marie Stopes, this is how to facilitate it," actually in our practice we don't do the abortion act. In Scotland you sign the first part of the abortion act and then you hand it over to somebody else to do the second part, but in our practice it's all done at a centralized place so we don't actually prepare any of the legal paperwork. But you should always say to the woman "whatever your decision is we'll support you." I think I say that three or four times during consultation. If the woman is saying "we've just got together, blah, blah, blah". I will say "you don't need to make the decision today, talk to your partner about this, think about it, because if you rush into it you could be living with the guilt for the rest of your life". On the other hand if you don't get it done you could cause yourself incredible harm emotional and financially who knows. So you cannot make the decision for the patient. They want you to say, and sometimes you want to say to them as well because you think their decision is wrong in your mind but that's not what we're there for. We're there to be a mirror, and sometimes you get it completely wrong, you say something and you know

you've influenced somebody. Some circumstances that's ok, but the majority of the time you need to try the mirror, you need to feed the information and be a mirror for the patient to make their own decision to come back to."

For both Dr Rosamund and Dr Robert, both despite and because of their appreciation of the social complexity for the cases they deal with, their agency in dealing with facilitating patients to obtain abortions would be categorised as much closer to *resonant conformity* because their principle of supporting a patient to make their own decision did not fundamentally conflict with any other of their values.

### **Treatment of patients against their will**

While the idea of best interests of the patient is repeatedly cited by doctors as a dominant guiding principle it is not always straightforwardly applicable. Consider a portion of a narrative from Dr Zola, a consultant psychiatrist, discussing a process that led him to section a patient:

The patient, Dr Zola recounted,

"somehow got unwell, left her job...[no] benefits... she did have savings because she had been spending her money from savings, had been buying food but very meagre things, biscuits and basic narrow range of food but at the same time [she] was ok, her flat was in reasonable order, didn't want very much help from us and wasn't at risk of death, wasn't in any kind of danger, wasn't going to harm anybody else...it just sort of gradually, she just gradually lost a bit more weight, the flat was a bit bare, there was less in the cupboards, and it wasn't really clear at some stage we just decided to bring her in. She was absolutely not going to accept so it wasn't the kind of life threatening crisis, it just had gone on a long time and was many months. It just felt sad to leave her in that way, I guess."

Dr Zola was faced with a difficult ethical issue that required him to come to a choice on what was in the best interests of the patient when the patient

herself, as a result of the very condition that was giving rise to Dr Zola's concern, was not clear on where her best interests lay.

In consultation with his team Dr Zola first decided to wait and see:

“because she wasn't presenting any kind of risk to anybody including herself; partly that there was a kind of range of views within the team which I'm not sure how fixed my views were, although there certainly was an argument that someone who was mentally ill with a psychotic illness who had never been treated before [and previously] high functioning ought to be treated quite aggressively. That was a view that I'm not quite sure I would have supported but it was certainly a view that I wouldn't have found objectionable. I don't know quite where I would place myself on that issue but... within the team and there was a sort of range of views which included that to bring her to hospital is a harsh draconian business and there was a hope that she might change her mind, that it might be possible. And it might have been possible, I guess, it wasn't completely clear. [But] Nothing really got achieved until she came into hospital but that wasn't completely straightforward in advance.”

Dr Zola is clear that his involving his team in the decision making on this case was by no means a shirking of responsibilities:

“ I don't think I'm someone who's afraid of making decisions and within the team ... I am quite keen on seeing patients as they first present... and I don't have any qualms in making very clear decisions about people, but I'm also quite keen on involving the team in decisions as well... had I been very keen to admit her [at the outset] and the whole team was against her coming in I would certainly have been comfortable going with the majority position on that occasion. I think six months more down the line if the team was still on that I might have thought of ...having a discussion at that time [on sectioning]. Had there been someone with more acute risk I would have been more keen to override them as well if there had been objections, [though] there probably would have been fewer objections.”

Indeed:

“The people that objected to doing something their objections got weaker over time,”

and so the decision on sectioning the patient was taken, and she appeared to benefit from the treatment.

There are two processes of agency immediately apparent in this narrative: on one hand there is the choosing of a course of action in relation to the treatment of an ill patient. On the other hand, and contemporaneous with this, is an effort by Dr Zola towards building a more inclusive decision-making process with his team, something he saw as a priority when he discovered that staff had acquiesced in what he regarded as a poor and potentially dangerous assessment by his predecessor over the management of a case involving a child at risk.

In the terms of the model of agency presented in the previous chapter his reflexive deliberation on the case regarding the ill patient led to a reflexive conclusion that may be termed *assonance*: part of him felt that he should treat the patient but part of him felt that to do this against the patient's wishes would be ethically and clinically problematic. This *assonant* conclusion remained up to and including the point at which he chose to section the patient and treat her against her will. What had changed was the increased likelihood of a more negative future transpiring if an interventionist approach was not taken. This led to a choice of what would be termed in the model of agency presented in the previous chapter as *promotion* – using his power to section and to extend psychiatric treatment to a person who had previously refused this. This choice seems to have been a result of some quite solitary reflexive deliberation as well as the social conversations about the case that Dr Zola describes: in the end he acted in the way he did because of the “*sadness*” of watching the woman deteriorate.

In regards of the second choice described in this narrative, development of a more assertive staff culture, then in terms of the model of agency presented in the previous chapter Dr Zola's reflexive deliberation led to a reflexive conclusion of *dissonance*. This was as a result of his strong valuing of a more assertive staff culture coming into conjunction with a social situation where acquiescing in the decisions of the consultant seemed to be a prevailing rule. This led to a choice of *advocacy* – an attempt by Dr Zola to change the rules and resources of the professional practice that he was part of.

Dr Zola recognised that there could be some tensions between what he thinks is best for the patient and his efforts to build a more assertive staff culture. However he was prepared to tolerate this when he judged the issues as not being an acute threat to life. Furthermore he describes being prepared to assert his own authority if he is in a minority in relation to his staff when what he regards as a risky course of treatment is proposed. Implicit in this is another example of agency: again an instance of *assonant promotion* where he is prepared to impose his view of treatment at the risk of retarding his efforts to achieve a more inclusive approach to deciding treatment as the culture of the practice. This is also a specific example of how agency facilitates contingent thinking, as discussed at the end of the previous chapter.

This tensions of trying to work in the best interests of the patient where the patient may not be clear what is in their best interests is not confined to psychiatric care. Dr Audrey, a GP, describes another case both complex in itself and further complicated, positively and negatively, by the rules of confidentiality:

“I have a patient at the moment who has troubled me greatly. She is 22, struggling at university... and has bulimia, self harms, and is now addicted to alcohol as well and is just on this downward spiral and was pretending to her parents who have been also in touch with me at different stages, that she’s been keeping up with her studies and actually forging grades and she’s doing well, and it was just this dreadful situation, I actually contacted the [Medical] Defence Union to see could I breach confidentiality, and you know, it was getting to the point where there’s very strict guidelines as to when we can, and again what the union encouraged me to do was what I was doing, which was just to encourage her to talk to her parents and try and facilitate that, and even bring her parents to an appointment with her. Eventually, thankfully, it all did come to a head and her mum came in with her and sorted it. But it was dreadful for a while because this complete self destruction, and these type of patients sometimes, again with an alcoholic it can be incredibly difficult until they actually want to do something themselves.”

Again an instance of *assonant conformity* with the wishes of the patient, though in this case even more troubling for Dr Audrey because, constrained and enabled by the strict rules of confidentiality, she felt her options limited in preventing the damage that she could see the patient was doing to herself.

### **Child protection**

At the time of my conversation with Dr Rosamund, a GP, she was dealing with a particular issue that she was finding difficult, in part because of the importance of confidentiality and trust in treatment of patients:

“Child protection on the surface seems a very simple thing if there’s a child you think is at threat you need to contact social services immediately, of course you do, however you may for example using real life situations here may have built up a relationship with a patient over some weeks, months and in some other GPs cases, years. You may have been dealing with their alcohol abuse and getting them to a stage where they are recovering but then they regress and start drinking again and they have access to their child, and you are responsible, as is any adult who knows that child in ensuring their safety. As a GP you know this person, it’s not someone you have on a PowerPoint presentation saying Mr X was drinking so many beers a

day and he's started drinking again. I'm thinking of a particular case that had no history of violence, history of a good relationship with his son, a very fine balance to try and get this man to stop drinking and only one episode of drinking around his son but confronting him with the need to actually speak to somebody about this, ending up in threats and all sorts of things and a total breakdown of the relationship with him, means that ... although it's obvious you need to act on it, you do have to think it through quite carefully; are you actually causing him to go deeper into this drinking; in which case is he going to be more of a danger to his son - he's not living with his son but he has access to his son - are you going to push him to do something spontaneous and damaging like abducting his son; all these things go through your mind whereas if you'd left it and everything was as it was and had been for years then the son is not in any danger. But you have to just be influenced by the law which is great; the law backs us up and says "do this, don't do that", in the case of children certainly. So that's why I say sometimes it's a bit easier with children to make that decision because it's more obvious however uncomfortable it is with the other person it's still an obvious decision you need to do something about."

In terms of the agency model Dr Rosamund describes drawing an *assonant* reflexive conclusion about this situation leading to a choice of *promotion* – privileging a hitherto unused set of rules, and hence extending the structures, constraining and enabling the relationship between her and her patient.

Dr Keira, a community paediatrician, is regularly confronted with child protection issues:

"You know, the worst one I had was, it was a Friday night and I was the last one in the department. I'd seen this little kid, little boy with bruise to his balls and I had to work out whether this was possible that he'd got it accidentally and I felt it wasn't. I felt he'd been hurt on purpose. I had the social worker there, parents were there, and brothers, three brothers. So I had to make my decision and say to the social worker I think this is non-accidental. The parents called in all their friends, who started getting menacing, in the end we had to call the police to come and protect us and

the children were taken into care. I think ... it was an horrendous situation, very frightening, but I had to make a judgment call... but they eventually went back to their parents but I saw them all again for pre-induction medicals, it has been decided they were in a dangerous environment and so it eventually came to light that judgment call that night was right, but we don't know, we can't know [when making the decision]. We're being told one story... but you just have to use your judgment. And it proved that one was right but I didn't know it at the time and it was horrible, very distressing."

In this instance Dr Keira's reflexive conclusion could be described as *assonance* because while she was clear on her responsibility to the children there was the worry that she might be mistaken. The courage to face down the threats of the children's family in the case of Dr Keira, and the resolution to sacrifice the trust of a patient in the case of Dr Rosamund both appear to originate with a clarity of purpose on the part of both doctors regarding their responsibilities towards the protection of children. In the instance of Dr Rosamund she understands this responsibility as superseding her responsibility towards the best interests of her own patient.

### **When the best interest of the patient is not the pre-eminent purpose**

The principle focus of Dr Robert's current practice is the treatment of drug addicts. This sometimes brings with it echoes of the concerns voiced by Dr Lauren and Dr Audrey to not let their personal values interfere in ensuring the best treatment of the patients. Dr Robert describes how:

"it's really difficult to keep my own sense of disgust, it's not quite as strong as that, but really my own personal distress or whatever it is, about a situation, that I need to keep that, I need the concentration for the patient's view. I've got to be firstly, what is best for them, and put my own issues out of that and find ways of trying to help what their want is, not necessarily what I'm wanting. And it's not putting moral ideas onto whether they should be sex working or shouldn't be sex working, it's how can you do that safely? How can you make sure you get out of the car so that somebody doesn't bash you up, using condoms, how to make sure you're not trapped, and these whole safety issues which if I think about it "oh my God, you



know, this shouldn't be happening", but actually that's not the issue. It's how can I help somebody do something safely, so with injecting heroin how can I help somebody inject and teach somebody how to inject safely? I had someone yesterday that I was actively try to help make sure he was going to inject in a safer way, whether I agreed with him injecting in the first place that wasn't the issue. If I'd said, "oh you mustn't do it" he would have just stuck two fingers at me and walked out, it would have been a dead loss. And it wasn't an issue of that, it was how do you do this better, safer and in a more controlled way so that you're not going to kill yourself, or lose your leg or whatever?" So how can you obtain drugs safer, how can you use them more safely? Although they're illegal how can you smoke crack more safely? How can you use all the drugs they're using? So it's harm reduction and trying to reduce harm without putting a moral hat on, saying you shouldn't be doing that, because that's not going to help."

But while the issue of best interest of patient was a strong guiding principle for Dr Robert, as for so many doctors, it was not necessarily the pre-eminent one. He describes a situation,

"Somebody who came in that said they'd lost their prescription, that's a sort of common ... your cat steals it, somebody steals it, it's got lost, it's gone down the drain, all sorts of places. It's just to get another prescription so they can get the drugs and we generally have a policy that we don't do and I talked to this lass and said "no, I'm sorry I won't". She was very distressed and everything else, and I think she genuinely had lost it. I saw her the next week and she'd had a terrible week, she didn't have any medication, and I think "ok I don't think that was ... I don't think I made the right decision." Maybe a decision for the whole system so that it didn't get out into the streets, you just tell the doctor you've lost it and get another one, and there's an important message but for that individual she had gone and done things that weren't good for her."

[But if someone walks in tomorrow saying "I've lost my prescription ..."]

"I'll probably go back to saying "try and work it out" and probably it would come down to them saying "no, I'm sorry I can't."

So, for Dr Robert, the maintenance of the integrity of the service that he works in must, on occasion, take precedence over what he believes to be the

best interests of the patient. Leading to a choice in relation to the situation above where he refused to provide a patient with a replacement prescription of *assonant promotion* of the rules of the service over the needs of the patient. While he regrets the distress his choice caused he recognises that he would probably follow the same course of action again if the situation presented itself.

This is a similar situation to that described by Dr Mirren, a doctor in charge of occupational health in a major transport company. She describes how:

“The Driver Vehicle Licensing Authority has developed really extensive guidance about fitness for driving; especially normal car driving and also for driving passenger carrying vehicles and so on, heavy goods vehicles. Now, we lean quite heavily on that because that’s very, very heavily researched and they look at levels of risk. We lean very heavily on that. In other areas of transport we might decide on fitness to work. I’ll come up to the ethical issues there but there’s a lot of the work is about fitness to work and is about this person has had a funny turn, does that mean they can or they can’t carry on in their job? Or, can they do all aspects of their job? So, you immediately begin to see the kind of tension between the impact on the individual and the kind of need to reassure the travelling public that you’re running a safe service, and of course, the need to run a safe service. Those two things ...We require the individual to tell us. They might then be raised by the manager but the individual is required to record anything that might have an impact on their ability to do their job safely. If they don’t then they’re in breach of their contract and terms and conditions of service. The vast majority of them do, to be honest. If they don’t it’s because they genuinely - usually it’s because they genuinely don’t believe it would have an impact on safety. That is to say the vast majority of employees do seriously understand the importance of safety and will put their own future at risk... I mean a good example would be for example a diabetic, a quite serious diabetic who’s working rotating shifts. They might find it very difficult to control their condition. So that would be the kind of thing we might advise on, or some way of modifying their work so they could be accommodated and manage their condition well. Then the

other thing we do is a lot of advice if people go off sick and managing them back to work and trying to get them back to work earlier, trying to help them rehabilitate so they can get back into their job soon. Those are the kind of ... that's the nub of it really. Actually there are ethical issues in every single one of those but the ones that come really high on my agenda tend to be more related to fitness to work because the impact can be so devastating to the individual... in my case load today somebody saying to me they don't meet the hearing standard for working in our environment but they believe they would be safe. So they want to appeal against the decision. That one gets pretty short shrift to be honest."

Again here is a case of *assonant promotion* by Dr Mirren, where the need of the business to maintain the integrity of its safety provisions is routinely privileged over what a patient may regard as being in their best interests.

#### AGENTIC SOPHISTICATION

Consideration of the choices described by the doctors discussed above supports proposition 5: *An individual will display a range of reflexivity and types of choices ... at any given point in their life depending on the sets of structures with which they are engaged at that given point and how they resonate with their beliefs and values.*

This may be seen more clearly in Tables 11 and 12 below, which summarise how this phenomenon of multiple types of reflexive conclusions and agentic choices is typical for the doctors in the sample who discussed more than one type of ethical issue.

**Table 11: Summarising doctors' choices part 1**

<b>Name of informant</b>	<b>Nature of contemporaneous choice</b>	<b>Typology of choice</b>
<b>Dr Zola</b>	Sectioning of a particular patient against her will	Assonant promotion (of psychiatric treatment of patient)
	Developing a more democratic work culture in practice	Dissonant advocacy (of change within the structures in which he is implicated)
	Privileging his assessment of patient care needs over colleagues' assessments in situations he assesses as acute	Assonant promotion (of his views over staff)
	Attitude to personal involvement with pharma research	Assonant dissent (from further personal involvement)
	Attitude to one of his trainees being involved in pharmaceutical research	Assonant conformity (with trainee being involved in research)
<b>Dr Nicole</b>	Attitude to involvement with pharmaceutical selling practices	Dissonant dissent (from seeing reps in practice)
	Appropriate treatment of elderly patients	Assonant conformity (with whole of patient's family)
<b>Dr Rosamund</b>	End of life treatment of patients	Resonant conformity (with patient's wishes on how they die)
	Engagement with drugs reps	Resonant conformity (with rules of current practice refusing to see reps)
	Attitude to euthanasia	Assonant dissent
	Protection of a child deemed at risk from an alcoholic parent who is a patient	Assonant promotion
	Facilitating patients obtaining abortions	Resonant conformity
<b>Dr Audrey</b>	Facilitating patients obtaining abortions	Assonant conformity (with wishes of patient)
	Treatment of patient with emotional problems	Assonant conformity
	Reporting patients who are putting other people at risk	Assonant promotion
	Engagement with pharmaceutical reps	Taken for granted conformity
<b>Dr Lauren</b>	Facilitating patients obtaining abortions	Assonant conformity (with wishes of patient)
	Selling practices of pharma	Taken for granted conformity (seeing drugs reps on occasion)
<b>Dr Robert</b>	Facilitating patients obtaining abortions	Resonant conformity
	Denying medication to a patient who said she had lost her treatment	Assonant promotion
	Excluding an abusive patient from the practice	Assonant conformity (with the rest of the practice)
<b>Dr Ben</b>	Engagement with drugs reps	Taken for granted conformity (seeing drugs reps on occasion)
<b>Dr Eva</b>	Engagement with drugs reps	Dissonant dissent (doesn't see reps now she has a choice)
	Facilitating patients obtaining abortions	Assonant conformity (recognises social complexity but it does not conflict with personal values and believes it is patient's decision)
<b>Dr Winston</b>	Engagement with drugs reps	Dissonant dissent
	Facilitating patients obtaining abortions	Assonant conformity
	Euthanasia	Assonant conformity (to the law)
<b>Dr Des</b>	Engagement with drugs reps	Dissonant dissent
<b>Dr Bergman</b>	Engagement with drugs reps	Dissonant dissent
	Facilitating patients obtaining abortions	Resonant conformity

**Table 12: Summarising doctor's choices part 2**

Name of informant	Nature of contemporaneous choice	Typology of choice
Dr McGregor	Engagement with drugs reps	Assonant dissent
	Choice to leave one partnership and set up a new one	Dissonant dissent (with old partnership)
Dr Faith	Engagement with drugs reps	Assonant conformity
Dr Hope	Engagement with drugs reps	Resonant conformity
Dr Clooney	Engagement with drugs reps	Assonant conformity
	Determining training of junior doctors	Assonant promotion
	End of life decisions where medical judgement is in conflict with family wishes	Assonant advocacy
	Regarding choosing a potential career in obstetrics	Assonant dissent
Dr Marilyn	End of life decisions where medical judgement is in conflict with family wishes	Assonant advocacy
	Refusal to do private work	Dissonant dissent (from private practice)
	Engaging with pharmaceutical reps (as a GP)	Taken for granted conformity
	Engaging with pharmaceutical reps (as an anaesthetist)	Taken for granted dissent*
Dr Mirren	Tension between interests of individual and needs of wider organisation, particularly health and safety needs	Assonant promotion (of needs of organisation, particularly health and safety)
Dr Keira	Engaging with pharmaceutical reps	Taken for granted conformity
	Reporting child abuse	Assonant promotion
	Fabricated illness involving a child	Dissonant promotion*

The proposition that individuals can engage different modes of agency depending on the structures they are engaging with and the questions that those social situations pose them is well supported by the evidence and outlined in the table above.

Archer's suggestion that there is a link between nature of reflexive deliberation and the sorts of choices that individuals make does not seem to be borne out among this professional group. While identifying reflexive deliberative processes was not a central part of my research, two of the informants stood out as of a particular type. Dr Bergman appeared very strongly to be an *autonomous reflexive*. At one point in the interview I asked her how she came up with research projects. She responded,

“I don’t even know if it’s a conscious thing. At the moment I’m toying with the idea - I tend to have an idea about something, think about it for a long time and then I will either eventually do it or not do it.”

The shift from the specific to the abstract (“*At the moment I’m toying with the idea - I tend to have an idea about something...*”) was common throughout the interview in which Dr Bergman seemed very unwilling to discuss her specific thoughts.

In contrast Dr McGregor appeared a *communicative reflexive*, describing the way that he would work out his thoughts on a subject:

“Without a doubt collectively. I am, again, driven by seeking other people’s opinions, having a very good argument about it, and then making a decision, but I rely on talking to others. That’s just the way I function, I get my best ideas and develop them from what others contribute to that. Definitely.”

When Dr Bergman talked about Dr McGregor, who was a colleague, she described her difficulty in accepting that someone could carry out their reflexive deliberations in this fashion, so alien was it to her own mode of reflexivity:

“He [Dr McGregor] used to come into the room and he’d never be in his [own] room, he’d be out there talking to the whole place and I’d be thinking, “what’s he doing, he’s not doing any work? He’s just out there doing that all the time.” Then I would analyse basically what I learned and what he’s actually doing is he’s shaping his ideas by talking to people, whereas I shape my own ideas in my own head, at my desk or often in the car because I drive to work and it takes me an hour each way, I do a lot of thinking there. So I shape my own ideas in my own head and think it through whereas he talks it out.”

Nevertheless both Dr McGregor and Dr Bergman shared similar opinions on the appropriateness of doctors engaging with pharmaceutical representatives, albeit arrived at via markedly different modes of reflexivity.

## EMERGENT ISSUE: THE PROFESSIONAL VALUE OF DOUBT AND THE HIERARCHY OF GUIDING ETHICAL PRINCIPLES

*Doubt is not a pleasant condition, but certainty is absurd*  
- Voltaire

Ambiguity and uncertainty seem to pervade the medical profession. Dr Lauren describes how:

“a lot of [being a general practitioner] is you don’t know what’s going to come in, you get a whole big mix of things, even a shift yesterday and even then I was seeing things that I was just like, “I don’t know what this is”. That I quite like.”

[Yes, but I imagine the patient wouldn’t like that very much.]

“They don’t. But I think to be honest they prefer if you - if you say, I think it’s this but I’m not entirely sure. Sometimes they seem to quite like being special. I had a guy who’d been to A&E twice on a Saturday and saw me yesterday and he said I was the only person who gave him vaguely any idea of what I thought it was and I was still being reasonably vague of what I thought it was. So, I don’t know, the joy of the medicine, you don’t necessarily know everything all the time.”

Dr Audrey puts the challenges of diagnosis in a similar way:

“It’s just an absolute assumption, I mean I spend ... out all the cases I see in day, I will know what’s wrong with maybe two of them, and the rest I don’t but I’m kind of saying “it’s not this, it’s not this, it’s not something I’m worried about, or if it’s not going away come back”. So it’s very much part of my working day is there’s very rarely something that’s absolute. It’s hard. I kind of enjoy ... The people you’re a bit unhappy about and not quite sure what’s going on, the greyness becomes quite uncomfortable because you know, is it safe to send them off, and sort of say “look, you know, if things aren’t getting better come back.” Or do I need to refer you on for a specialist opinion, or we have a limit of tests we can access through general practice, do I need to refer on for further investigations? So there is, and it’s impossible to follow up on stuff, you know. You can send somebody away you’re a bit worried about but you can’t, if you don’t see them again, it’s up to them to come back if things aren’t getting better, and it’s just being sure

they feel they can despite the difficulty of getting appointments and getting back. And part of the time people will say it's difficult to get back to see me. That's why I tend to work with very much an open door, that they know to come back, and that's how I deal probably most with the greyness. But it's so lovely when you've got a classic, something simple so you can go "this is what you have, this is what will make it better, and it will take this length of time and then it will be ok."

And Dr Keira describes her working day:

"A lot of doctors say that every single case is different and every single child is different; every parent is different; their situations are different. ...There's always situations you're coming across, every day you come across something new. I think that's what makes the job so exciting and interesting really. As long as you've got the colleague support to bounce it around."

This description of uncertainty as to the nature of the ailments they are faced with is echoed by Dr Rosamund and Dr Eva, and it is a matter that is put into some context by Dr Clooney:

"So if you have to enrol 130,000 patients into a study to show meaningful effect, the meaningful effect that they're showing is probably not that huge, so then you say, "well why bother at all?" That's part of the statistical thing. If you look at the medical literature, we come from a scientific background and we think that we're scientific but have we actually proven the limits of what's actually been done there are huge areas of the unknown and huge variability. And what's regarded as the gold standard, which is a randomised controlled test, you take two groups of equally matched people and you apply a different treatment and you look and see what the effect is. Those are rigidly controlled trials, but in actual fact the amount of meaningful information you get from them is small, because there are those - a trial like that is necessarily restricted in size first of all, and the exclusions tend to exclude for example the people where things will go wrong. So you don't know what effect you're having on the real public because it's just a select group of the public... as I say there are big holes in the body of medical knowledge and there are big holes because humans are a variable commodity. So that's why a lot of decisions are done, and policy decisions, and what's right to do, are done on the basis of "this seems like a good idea." We can create a logical scientific argument for why this is a good idea. But it's difficult to test to say it's a good idea."



But this issue seems to go beyond diagnosis. Doctors consistently express their awareness of the diversity and complexity of the issues they are dealing with and are often prepared to *thinkingly* put to one side their personal values in order to privilege their ideals of being a doctor. A core element of this is treating patients without passing judgement on their choices. Above Dr Robert notes setting aside his occasional sense of “*disgust*” at some of the actions of his patients.

Dr Marilyn notes that:

“...in my working life I think when I started working there was a little bit of black, a little bit of white and a bit of grey. Now, and this is just due to everything, now grey. And as far as I’m aware I can’t discern anything. The more I see the more I experience life, the more I become grey than any extreme views about anything. I mean, I wouldn’t be particularly judgmental but I’m very ... I’m not very judgmental now at all. I accept most things, or I try to see round them, I think. that’s probably ... it changes my practice. I don’t know. I think it’s always evolving. I think you’re always changing. You’re always tweaking on every experience you have, slightly changes the way you approach people, and experiences on your personal life and how people have experience or their experiences of hospitals are very, very valuable. It changes how you approach, and how you talk to people, and how you deal with people. It’s very, very easy to depersonalise people in hospital and I think when you’re in hospital yourself, or family members, a friend, changes how you deal with people.”

Reviewing the interviews with doctors one of the most striking issues across all of the conversations is the centrality of doubt as an aspect of their work. Dr Marilyn and Dr Audrey describe moving from a “*black and white*” view of the world to one composed of shades of “*grey*”. Dr Clooney describes seeing issues in terms of “*grey*”. All three describe how this has evolved across the course of their professional career: implicit in these descriptions is a description of *assonant conversion* where contact with the complexities of the social world that they encountered as doctors led them to review their values and change them, or privilege certain ideals over others.

Confronted with this web of ethical complexity law and professional principles provide guidance. Dr Keira, working in the stressful area of community paediatrics, has a clearly articulated purpose in her role:

“Working with child protection and there are a lot of difficulties, it’s very hard to make them generic actually because they tend to be case based. The biggest difficulty we sometimes face is looking at the rights of the child in the context, the rights of that family, and their parents. Particularly when it comes to confidentiality, but as a guiding rule in our department we tend to only really see the rights of the child when it comes ... when push comes to shove it’s what’s best for that child even if it contravenes their parents wishes.”

But even clear principles and explicit regulation do not necessarily assuage the conscience when it comes to difficult choices. Dr Robert remains troubled by denying a patient her medication when she lost her prescription, even though he feels it was the right course of action for the preservation of the integrity of the service he works in. Dr Rosamund worries about damaging trust with her alcoholic patient when she was concerned that his son was being endangered.

This residual worry and doubt seem important in facilitation of learning. That doctors review and reflect upon their choices and follow up on their consequences allows them the opportunity to question their own values and to assess future choices in the context of previous ones. Dr Marilyn describes one case:

“So we had one [old lady] who fell in the geriatric ward... [I thought] this lady is not going to survive. I spoke to the consultant and he said “no we’ve got to do something.” I thought “well this is not right”. I said “well I’ll stay with her. I’ll stay with her.” So I stayed with her, I took her to the scan, I came back, I looked at the scan, unsurvivable, spoke to the surgeon, unsurvivable, and the radiologist and the doctor on the scanner said “you should be doing more” - you do think this isn’t the right thing to do, you’re

not giving her appropriate treatment, and it was very hard to stand back and not just to go through the motions. It wasn't the right thing to do, ok? She had something that was a terminal event, she was going to die, but the pressure from other people around were saying "you've got to go down this route, you've got to get her a bed in intensive care." Totally the wrong thing to do. But it's hard to do that."

The comment "*Totally the wrong thing to do*" indicates a judgement that Dr Marilyn has made of that choice and carries with her in future encounter with such situations as a basis upon which future choices will be judged.

Reviewing Tables 12 and 13 indicate the predominance of *assonance* as the reflexive conclusion that doctors arrive at when confronting the ethical choices posed to them by their work. Functionally, as indicated schematically in figure 32, there is greater flexibility in this reflexive conclusion than in other reflexive conclusions in that it appears to allow a professional a greater range of choices in their course of action. In significant part this is because it can be seen to problematise issues so that professionals are more aware of the positive and negative consequences that might arise from the range of choices. Dr Rosamund, for example, describes a case that shocked her even after many years in medicine and general practice:

"A woman ... came in with some gynaecological problems and I realised she had her clitoris removed, she's had female circumcision ... So to me that is the greatest violation you can ever cause to a female and yet I had to deal with my standards and I had to resolve that very quickly because when I broached the subject to her "Would you like to see somebody about this?" the answer was no. She was showing no signs of low mood, no signs of problems to her self-esteem, she made good eye contact, she was smiling appropriately, she was talking to me...For her the proportion of my discovery, the proportion of the importance of my discovery was far less important in her life than it was in mine. I wanted to say to her "my God, you've been mutilated", of course I didn't. You run two conversations in your head when you're a GP, this is an outrage, this is a woman that this is happening to....That was interesting because my reaction was so much more extreme than hers ... but it's just interesting that I have to have these parallel - I want her to come back to me in the future... and want her to be able to

trust me and me not to have said potentially insulting things, I could have insulted her family and her beliefs and her relations.”

The value of this reflexive conclusion is emphasised when considering the multiple levels upon which thinking is necessary in order to allow doctors to function in this ethically complex environment.

Dr Zola describes two potentially contradictory choices of courses of action, which has prompted a further ethical choice relating to the hierarchy which he will privilege these choices. Dr Audrey describes a fundamental principle about working for the best interests of the patient, which supersedes some of her own values, but is in turn superseded by the principle of confidentiality. This in turn is superseded in other circumstances by the need to protect others. Dr Rosamund describes breaking trust with a patient in order to ensure protection of his child. Dr Robert and Dr Audrey note that they are legally obliged to break confidentiality if it will prevent someone from being endangered. Both Dr Robert and Dr Mirren note that the nature of their roles means that they have a professional responsibility to their organisations that sometimes supersedes what the patient may regard as their best interests.

The ability to make the right ethical choices in these situations depends on not only clarity of purpose on the part of the doctors but also on clarity of hierarchy of purpose. The conversations suggest that doctors operate on the following hierarchy of purposes, with “1” representing the highest imperative:

1. Prevent harm to others
2. Protect the integrity of the service that the doctor is offering
3. Act in the best interests of the patient

#### 4. Support the patient's choices

### **EMERGENT ISSUE: PROFESSIONAL MATURATION**

*On every hand, in a small way, we find that a certain amount of evil is a condition  
by which a higher form of good is brought  
– William James*

The importance of social pressures in influencing choice of courses of action is well noted in the literature. Milgram, and Darley and Lantane in particular show that social pressures may, despite a degree of anguish on the part of the individuals involved, be used to make individuals act in ways that they feel are contrary to their values or even their best interests in particular circumstances.

Dr Eva illustrates an example of this. Recall her opinion on seeing pharmaceutical representatives:

“I suppose my take has been influenced by my own personal experience of the pharmaceutical industry through my medical career. In particular it's become more of an issue working as a GP. I think when I was working in hospitals they were there but they didn't feel like they were trying to influence as much as when you're working in general practice, so I personally am quite cynical on them, based as I say, on personal experience.... at the moment I wouldn't see a drug rep. And it's something that my day is busy enough without having someone come in and try and do social chit chat with you when they're not really interested in who you are as a person, they're using that as a means to sell you a drug. So based on that ... I can just tell you that this year I've worked in a health centre where none of the doctors will see drug reps and it hasn't been any loss to me not seeing them.”

However despite this expressed antipathy to seeing drugs reps Dr Eva instances where she has come to see the pharmaceutical representatives:

“But when I worked as a locum in a health centre in Glasgow which is in a fairly deprived area and there wasn't much facilities in terms of where you could go and buy your lunch, so they had drug reps come in every day,

Monday to Friday at the coffee break in the morning and I absolutely hated it because it meant that our coffee break was totally taken over by a drug rep...this practice I loathed in they actually made me see a drug rep which I couldn't believe. They said "look this guy has come in and given us lunch, can you spare 10 minutes." I had to be somewhere else in the afternoon and I was really annoyed that I had to stand and listen to someone harping on about the drug."

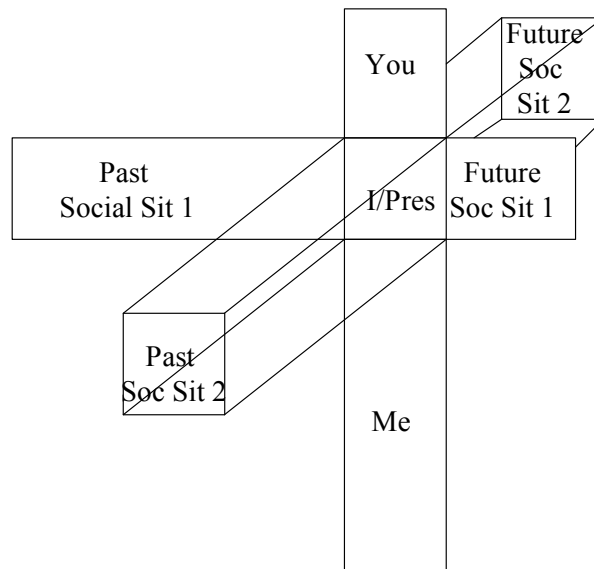
Dr Keira also notes the importance of social pressures on junior doctors:

"I've developed with experience and time and I've a little bit more confidence in my own judgment. I think as a junior doctor you don't have any self confidence, and you very much have to do as you're told. There are ... I can give you specific incidents of things I went along with as a junior doctor that now would make me sick."

And Dr Audrey remembers that:

"Certainly from a point of view, there's things in the past I've done that I now know I shouldn't have. You know, I'm not happy to do as I did, a procedure again ... over the phone with a very sick baby, which as a very, very junior doctor - I mean I'd done no paediatrics, and the consultant told me through the phone with the help of a nurse who'd seen it a few times, but this was a procedure that somebody very qualified in paediatrics would have been trained to do and I didn't really know that I could have said no to that. What I found was quite interesting, when I went back into hospital medicine for a year I was much more clued into the fact that ultimately the responsibility lay with the consultant and they actually I think were quite lax in letting somebody do something they were clearly not able to do. Especially now as a mother I wouldn't have let me do what I did."

As was postulated in Chapter 3 an individual will be implicated in a diversity of social situations at any single point in time and hence their reflexive deliberation is more fully represented by conceptualising a 3 dimensional model as shown below:



*Figure 33: Human reflexivity in social complexity*

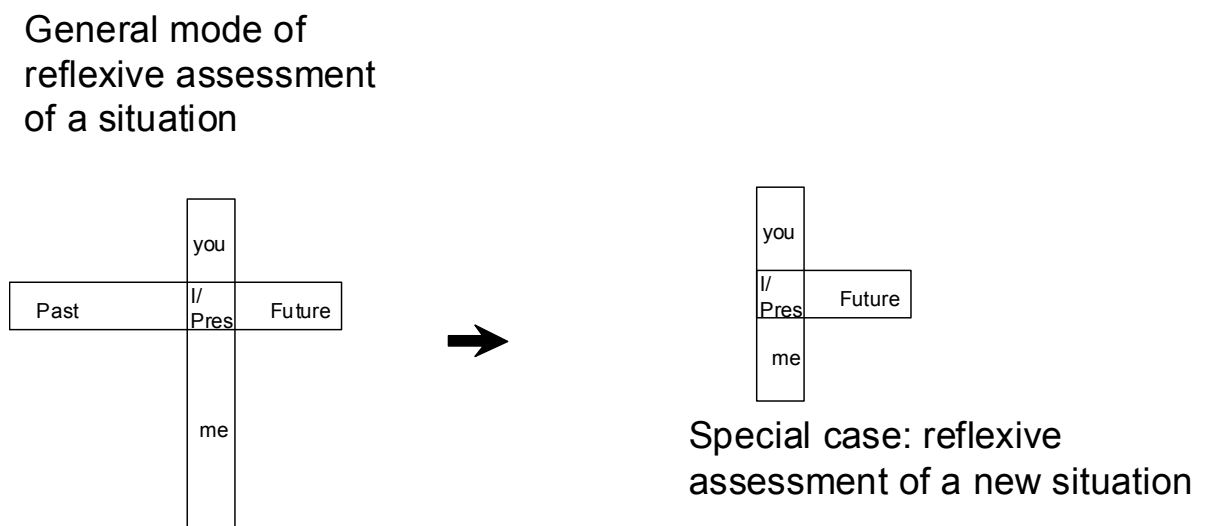
By considering this model of reflexivity we can see how an initial dissonance, for example regarding Dr Eva seeing a pharmaceutical rep or Dr Audrey performing an unfamiliar procedure, can be complicated, indeed made more ambiguous, by the intervention of another set of social factors – in these instances following instructions or suggestions of senior colleagues. This led to a change of reflexive conclusion to one of consonance, where the issues must not simply be considered in relation to the hopes and values of Dr Eva or Dr Audrey but also in conjunction with the wishes and suggestions of their seniors, particularly as these impinge upon Drs Eva and Audrey's hopes and values. In the end both conform to the guidance of their bosses, just as Dr Keira indicates is typical for junior doctors.

This outcome of conformity with the legitimate authority of more senior doctors, would not be surprising for anyone familiar with the work of Stanley Milgram. However these cases also give some insight into the limitations of important studies such as those of Milgram, and Darley and

Lantane, noted briefly by Zimbardo (2007). Key aspects of the experiments that gave rise to these studies involved placing of individuals in unfamiliar social settings.

As noted in Chapter 3 Emirbayer and Mische (1998) describe the “*double constitution of agency and structure: temporal-relational contexts support particular agentic orientations, which in turn constitute different structuring relationships of actors towards their environments. It is the constitution of such orientations within particular structural contexts that give form to effort and allows actors to assume greater or lesser degrees of transformative leverage in relation to the structuring contexts of action*” (p1004).

For individuals in unfamiliar situations the temporal relational contexts leads to a radical curtailing of their cruciform of reflexivity as follows:



*Figure 34: Thinking in unfamiliar situations*



In other words in unfamiliar situations an individual has no personal knowledge of the past rules and resources that have created the present situation. They only have what they can glean from the present situation itself. Likewise they have a limited store of relevant personal experiences to draw upon to assess the situation and the appropriate course of action to follow in the situation. Instead a dominant aspect on which to make choices becomes the *“projective element”* of agency, which refers *“to the imaginative generation by actors of possible future trajectories of action, in which received structures of thought and action may be creatively reconfigured in relation to actors hopes, fears and desires for the future”* (Emirbayer and Mische).

Browning’s work indicates that, in maintaining the conditions in which transgressions occurred it is possible that groups of people can sustain serious abuses over protracted periods, in spite of the distress these abuses may cause some of the participating individuals. In such instances penetration of the social situation increases over time but this does not seem to lead to an increased diversity of choice.

However the accounts of Dr Marilyn, Dr Audrey and Dr Keira, as well as those reviewed in chapter 5 where professionals describe their changing choices in relation to the pharmaceutical industry, indicate that the capacity for agency is less a matter of social penetration and more a matter of evolving personal values.

For junior doctors the agentic orientation that often seems dominant at the outset of their career is conforming in the present to the will of more senior doctors or respected colleagues, much like the participants in the

experiments of Milgram, and Darley and Lantane. However, as this is occurring, their biographies are evolving and they are constantly interpreting and re-interpreting past actions in the light of present choices, evolving values of professional responsibility and hopes for the future. Furthermore, and perhaps crucially, junior doctors are not kept in the same social settings for the length of their training but rather move across social settings learning from different seniors and peers with different outlooks, values and modes of working. And they may be confronted with the consequences of their choices if a patient or their family is dissatisfied with the course of the results of their treatment.

The imprints of various social engagements are reflected in the accounts of development of some of the personal values that sustain the professional practice of the informants to this thesis. For example: Dr Des describes how his wife's judgement on his involvement with the pharmaceutical industry had a profound impact on his thinking; Dr Marilyn described changing her values regarding seeing drugs reps as a result of shifting careers from GP to anaesthetist and hence privileging the values of one group over another; Dr Winston describing changing his position on abortion as a result of reflexive deliberation on a variety of professional and social experiences. These accounts echo the more complex mode of reflexive deliberation represented in Figure 33.

From these accounts I would argue (with Archer) that values emerge from personal biography. However we can also see that the diversity of social complexities that these individuals have experienced has facilitated both broader and deeper reflexivity.

It is not inevitable that experience of social complexity facilitates reflexivity. As noted in chapter 5 pharmaceutical representatives sometimes justify providing incomplete information to doctors, which they hope will influence the doctors prescribing decisions, on the basis that prescribing responsibility resides with the doctor. Likewise some doctors justify participating in relationships with pharmaceutical representatives which they know might negatively influence other doctors prescribing practices because it is other doctors' responsibilities to avoid this. In other words social complexity can facilitate, at least in part, a *diffusion of responsibility* (Darley and Lantane) as well as providing justifying narratives for denying responsibility.

In contrast consider the narratives of Dr Des regarding his relationship with the pharmaceutical industry, Dr Marilyn regarding instituting inappropriate critical treatment, and Dr Winston also regarding his relationship with pharma, for example: In spite of the diversity of the choices they describe and the differing natures of their reflexive conclusions that led to these choices, each of these narrators has ownership of their decisions even if not complete ease with the consequences. In other words because of their commitment to ideals of professional responsibility and competence this has led them to take responsibility for what they have done. As a result, these people have chosen to become different professionals to the young people they were when, often bullied and overworked, they made the mistakes they now lament.

For the cases cited above, the particular social dynamics of these doctors' roles, the relative sophistication of professional development that they

describe, and their commitment to professional responsibility has led to the transgressions and failures that they highlight becoming moral guides for them. For example Dr Marilyn describes now a decision to institute critical treatment on a dying patient as *“totally the wrong thing to do”*. This statement, along with those accounts of Dr Audrey and Dr Keira, implies a critical self awareness and the rest of her account indicates that the memory of error is a factor in building a capacity for assertion of her beliefs later in her career, also a feature she has in common with Drs Keira and Audrey. This phenomenon is discussed at length by Mercurio (2002) in his semi-autobiographical novel on the experiences of junior doctors.

Dr McGregor counsels against regarding doctors as moral or professional paragons or too much as the product of an enlightened and thorough system of professional development:

“My work in here is my own selfish piece of research and development is I’ve developed a multi-source feedback instrument for GPs. What is a good GP? That’s the question I asked...Fascinating how the different groups think of a good GP. But now all GPs in Scotland will now do this and they’ll do it electronically themselves and then their practice will rate them and it will be fed back one to one as part of their appraisal. So now self awareness is very much on the agenda. There will be some who are disturbed individuals who have no insight, they will be possibly quite damaged by some of the feedback they get where they’ve been sailing along in oblivion and not recognising that they are either despised or enormous blocks to progress. In Canada they’ve been doing this for about 10 years. Some of the 20% of doctors who’ve been through this have narcissistic personality disorder and it blocks any possibility of them changing to be more team players, to get out of themselves a bit more and so common is that now that they’re questioning whether there should be screening of potential medical students for this. Because once you’ve got that, you’ve got it. There’s no way they can work with them.”

Despite this very sobering insight I would argue that there are more general lessons for all professionals to draw from the accounts provided by doctors

to this research: All professionals begin their careers in unfamiliar environments. Hence they begin their careers with constrained reflexivity, as illustrated in Figure 34. Further, as we have seen, they have many significant reasons arising from the social dynamics of their professional milieu not to break the patterns of thought and action that they are first introduced to. Nevertheless it is a responsibility of professionals in general and doctors in particular to not only obtain familiarity with their professional settings but achieving a degree of mastery over them and to be able to demonstrate responsibility for the decisions they take in this role. It is from this authority arises.

## CONCLUSIONS

1. Individuals are able to adopt a range of agentic stances at any given point in time. Indeed this is vital in order to be able to function in a complex ethical environment where a range of ethical challenges are regularly faced.
2. The mode of reflexivity adopted does not appear to have a particular impact on the ultimate choices that the individual professional adopts. Instead this arises from the particular interaction that is prompted by the choices in the social world with the individuals' hopes and values.
3. A reflexive conclusion of assonance, or doubtfulness, provides the greatest breadth of choice for professionals, problematising a situation so that it must be thought about but not determining the course of action that will result.
4. Taking personal responsibility for mistakes, errors, misjudgements and for the negative consequences of correct decisions provides a basis for learning from which professional authority can emerge.

## Chapter 8: Discussion

### AGENCY AND RESPONSIBILITY

To recap: this thesis explores how professionals are able to chart their own moral courses in spite of the social pressures that bear upon them from the very social situations that demand their ethical decision making. As discussed in Chapter 1 this question bears heavily upon a more ancient philosophical question relating to the relationship between freedom and moral responsibility.

Ward (2006), in his discussion of Kant's three critiques, suggests that in thinking about morality "*we should begin with the certainty that morality does apply to us, and then ask ourselves not whether it is possible, but how it is possible*"<sup>23</sup>. As noted above Warnock and Magee argue that a fundamental requirement for the possibility of morality is free will. This thesis provides some further insight into this question of how morality is possible.

Kant famously described 3 types of judgement: analytic a-priori, synthetic a-posteriori and synthetic a-priori. A priori judgements do not depend on experience. Analytic terms are those which are true by virtue of the meaning of the terms involved (e.g. all bachelors are unmarried). Synthetic terms are ones where the "*meaning of the predicate term is not contained in the meaning of the subject term. Example "All men are mortal"*" (Ward, 2006, p.16).

Kant argued that the axioms and principles of pure mathematics and pure natural sciences are examples of synthetic a-priori judgements – that is synthetic judgements that do not depend on experience. Whether one accepts

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<sup>23</sup> Emphasis in original

this argument in its entirety or not Kant does provide a convincing argument that humans hold an a-priori capacity for scientific thought.

It is a fundamental assumption of this thesis that humans also have the a-priori capacity for reflexivity, thinking about thought. The representation of this by the cruciform of reflexivity, obtained by synthesising key ideas of Archer and of Emirbayer and Mische, is new. The agency that emerges from this reflexivity is a capacity that allows for consideration of the choices posed by the social world in the context of an individual's hopes, beliefs and experiences.

Kant also argued, according to Warnock and Magee (1987), that "*perceiving subjects as such cannot but bring certain predispositions to bear, and only what fits with those predispositions can be experienced.*"<sup>24</sup>

Much more recent work, such as that of Ariely (2008) argues that humans hold predisposition for relative thinking: "*we are always looking at the things around us in relation to others*". He argues that this can influence us, negatively, into agreeing to bad deals because when presented with a range of options we tend to compare them with each other rather than against questions of utility or original purpose.

However this tendency for relative thinking also suggests that it is inevitable, at least in moments of reflection or more systematic learning environments, that past actions are compared in memory with each other and against more recent choices posed to individuals in the social world. The process of

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<sup>24</sup> Emphasis in original

professional maturation discussed in Chapter 7 can then be seen as a result of reflexive conclusions drawn by individuals as a result of relative thinking in the reflexive cruciform.

The evolution of common principles in human morality may then arise in part from agentic or contingent thinking arising from a combination of this predisposition to contemplate the world in relative terms in conjunction with a human a-priori capacity for reflexivity. That the rules of morality would emerge from these common human deliberations suggest that another predisposition “*to do unto others as you would like them to do unto you*” may also be in play at some level. Though, as Zimbardo (2007) discusses, this tendency, if it is there at all, can be suppressed as a result of stress, embarrassment, the pleasure of exercising power or a host of other factors, particularly in the case of individuals and groups in unfamiliar situations.

If it is these predispositions and capacities that give rise to morality then this also suggests that Kant’s Categorical Imperative - “*Act only in accordance with a maxim that you can at the same time will to be a universal law*” – sits contrary to human tendencies of relative judgements rather than absolute, rational thinking. The humanity and humaneness emergent from doubt and appreciation of human frailty and social complexity exhibited by many of the doctors who participated in this research suggests this may not be a bad thing.

The findings of this research also support Margolis and Walsh’s (2003) insight discussed in Chapter 2 that human choices, including those relating to research projects, are related to personal hopes and beliefs. In other words



each individual paper in each of the identified strand of the literature reviewed in chapter 2 represents an antecedent choice to research a particular topic. The interest and desire to research these topics arose from the hopes and values of the researchers in interaction with the possibilities for various topics of research presented to them by the social world as represented by the cruciform of reflexivity in the model of agency presented in this thesis. This is apparent in, for example, the writings of Henderson, with his clear antipathy towards CSR, and in the writings of Freeman with his efforts towards conceptualising a more inclusive approach to the management of businesses.

Ethical choice making can, like any choice making, arise from taken-for-granted reasons or with social pressures suppressing consideration of alternative courses of action. However the findings of this study also suggest that there is a class of ethical choice making which I would term as *moral integrity*. This, in simple terms, is about professionals trying to do the right thing in relation to their own personal moral values, experiences and hopes, aware of, but not determined by, the social pressures that may bear upon them. This is a self-learned and *self-learning* process that is both enabled by and emerges from the taking of personal responsibility for the consequences of an individual's choices and actions. Occasionally this process can be facilitated by others in learning or mentoring situations but it is fundamentally a personal matter rooted in the processes of human agency described above, particularly in reflexivity and the personal learning and self awareness that this can bring. Often the values and hopes that guide *moral integrity* may be burnished by the experience of regret or shame over past failures to live up to these values, as described for example by both Dr

Audrey and Dr Marilyn. The subsequent desire to do better can provide an even more compelling force to personal, ethical choice making than any of the social pressures that may be exerted. Understanding this leads to the broader questions raised in the Introduction to this thesis:

- What are the personal responsibilities of professionals operating within diverse social institutions, such as business or the military, given these institutions demonstrable capacity to cause evil as well as good?
- Is it justifiable to engage in actions that have an immediate negative consequence because of potential long-term positive benefits?
- Given that so much is unknowable about the immediate conduct of markets or wars, for example, and the future unfolding of history, how can one take personal responsibility for one's own actions as they touch upon these matters?

The next sections of this chapter attempt to provide some answers to these questions.

## ETHICAL PRACTICE AND THE RULE OF LAW

*William Roper: So, now you give the Devil the benefit of law!*

*Sir Thomas More: Yes! What would you do? Cut a great road through the law to get after the Devil?*

*William Roper: Yes, I'd cut down every law in England to do that!*

*Sir Thomas More: Oh? And when the last law was down, and the Devil turned 'round on you, where would you hide, Roper, the laws all being flat? This country is planted thick with laws, from coast to coast, Man's laws, not God's! And if you cut them down, and you're just the man to do it, do you really think you could stand upright in the winds that would blow then? Yes, I'd give the Devil benefit of law, for my own safety's sake!*

- *from A man for all seasons by Robert Bolt*

In 2006 I presented a class of business students I was teaching with a question based on research conducted by a British NGO Global Witness in

the late 1990s: *“You are a buyer working in Zambia for an international diamond wholesaler. You have the opportunity there to buy legally cheap diamonds from a group of sellers. However you know that these diamonds must be sourced from Angola, because of their type and that Zambia produces no diamonds. You also know that those who are selling the diamonds are agents of UNITA, the Angolan rebel movement, who will use the profits to finance a terrorist campaign aimed mostly at civilians, often including children. What do you do? Buy and make a considerable profit for your shareholders or refuse to buy?”*

As is discussed in Chapter 2 the various positions represented in the literature have roots in and echoes with professional practices and, as illustrated by the cruciform of reflexivity, in the beliefs, values and hopes of the human individuals who collectively constitute business enterprises, social institutions and markets. Echoing this, the question regarding trade of blood diamonds split the class evenly between those who argued the duty to shareholders within the law and those who felt higher moral obligations may pertain.

The question of moral intensity (Jones, 1991) seems not to have provided a significant issue for at least half of the class in this discussion, and the evenness of the split in opinion suggests that the organisational factors, suggested by Browning and identified by Zimbardo, Milgram and Darley and Lantane, such as obedience to legitimate authority, peer conformity, diffusion of responsibility, were not overwhelmingly in play, and certainly not to the extent that they would be in a professional environment discussing a real decision as opposed to a hypothetical one.

Mellema's (2003) idea of "*ethical distance*", the lesser degree of felt moral responsibility arising from the lesser identifiable causal involvement that an individual has in an unethical situation, may have been a factor in the opinions expressed in the class: To young business students in Glasgow, Africa and the trade in blood diamonds may seem a long way away and difficult to conceive. These limitations, or similar, are likely to be echoed in professional environments where the complexity of the international business environment provides plenty of potential to obscure causal linkage. Review of the responses of those who take for granted the appropriateness of pharmaceutical reps' engagement with medical professionals, even where it might compromise their prescribing in a manner not in the best interests of patients, indicates that the complexity of even relatively simple business relationships provides considerable scope for denial of a causal relationship between the actions of pharmaceutical reps and inappropriate prescribing by doctors. To the mine managers described by Craig and Greenbaum, the reified notion of the business they work for provided them with a concept to distance themselves from the consequences of their choices.

As noted in Chapter 2, Kohlberg's posits the idea that the highest form of ethical decision making is based on the ideas of justice and rights. Students expressing their opinions on the primacy of responsibility to shareholders in this instance may not have met the standard that Kohlberg would have thought represented ideals of justice and rights. But that begs the question, when Kohlberg is considering justice and rights, whose justice and rights is he talking about? Friedman's view is quite clear regarding managers' responsibilities to prioritise respect for the rights of the shareholder above all other stakeholders. Furthermore robust arguments are made that if business executives focus on delivering value for shareholders then everyone benefits.

This is a point I touched upon in the Introduction in considering potential future benefits of investment in South African industry during apartheid, or development of the Angolan oil industry during the civil war. From this emerges the question: given that so much is unknowable, about the immediate conduct of markets or wars for example, and the future unfolding of history, how can one take personal responsibility for one's own actions as they touch upon these matters? Friedman responds to this question essentially that one cannot and should not. Instead one should only concentrate on that which is within one's area of commercial expertise. So, in considering students' beliefs that their primary responsibilities are to shareholders, it is arguable that individuals voicing these beliefs are indeed fully developed morally. Their choice indicates simply that they have chosen moral codes that privilege a narrow community. Other moral codes may indicate other stakeholders whose interests should be prioritised in a business relationship, or perhaps more usefully, a lexically ordered system of principles (Rawls) that can guide decision making. However these moral codes currently appear to be minority interests in the political economy.

Irrespective of the precise reasons for the class voting pattern it did indicate a significant appreciation for the clear ethical guidance that Friedman offers to business executives in complex international environments. However, considering the legitimate societal concerns regarding the social and environmental impact of business, a key lesson I draw from the findings of this thesis is that, in view of the contemporary globalising political economy, the idea that responsibility to shareholders within the law alone is a satisfactory moral purpose must be recognised as out of date.

Most fundamentally the view that such a straightforward rule alone could ever be sufficient to provide moral guidance in the ethical complexity of international business is at best dangerously naïve. Doctors, whose ethical decision making, while complex, relates to cases involving only a few people, must rely on an array of moral rules as outlined above. Even the most cursory examination of some of the ethical conflicts that the international business environment can throw up, as with the issue of, for example, blood diamonds discussed above, demonstrates critical limitations on the shareholders first logic, if minimisation of social damage is any concern.

Second the idea of this alone as a satisfactory moral purpose for business leaders is based on an outmoded conception of the state having the capacity to regulate business, even if it had the will. In other words I would argue that this principle is fundamentally flawed because significant portions of international business operate beyond the *rule of law*<sup>25</sup>.

International businesses will often operate in countries where rule of law is at best an aspiration. For example, Wrong (2009) describes in some detail a business environment in Kenya where corruption is not only tolerated by the nation's elected political leadership but required by them. The worldwide financial near-collapse of 2008 was the result in large part of the unsustainable business practices that grew up in a deliberately unregulated financial sector. In both these instances adherence to the spirit and letter of Friedman's rule alone can be argued as having had devastating

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<sup>25</sup> Bingham (2010) notes that legal scholars trace the concept of *rule of law* back to Aristotle, though I would argue that the concept is apparent, at least in nascent form, in Sophocles' Oedipus the King written a century earlier. In this the king realises as his own investigation finds him responsible for the plague on Thebes that he must be subject to his own prior judgement.

consequences for many ordinary people, ranging from increased unemployment to increased levels of infant mortality.

But the issue of ensuring applicability of rule of law to international business goes beyond this. Bingham (2010), a former Master of the Rolls, Lord Chief Justice, and Law Lord in the UK, argues that there are eight principles that are fundamental to rule of law:

1. The law must be accessible and so far as possible intelligible, clear and predictable;
2. Questions of legal right and liability should ordinarily be resolved by application of the law and not exercise of discretion;
3. The laws of the land should apply equally to all, save to the extent that objective differences justify differentiation;
4. Ministers and public officers at all levels must exercise the powers conferred on them in good faith, fairly, for the purpose for which the powers were conferred, without exceeding the limits of such powers and not unreasonably;
5. The law must afford adequate protection of fundamental human rights;
6. Means must be provided for resolving without prohibitive cost or inordinate delay, bona fide civil disputes which the parties themselves are unable to resolve;
7. Adjudicative procedures provided by the state should be fair;
8. The rule of law requires compliance by the state with its obligations in international law as in national law.

This setting out by Bingham of principles underpinning the idea of rule of law is aimed at bringing up to date the Victorian era formulation of the concept, which he summarises as: *all persons and authorities within the state, whether public or private, should be bound by and entitled to the benefit of laws publicly made, taking effect (generally) in the future and publicly administered in the courts.*

Unfortunately both the Victorian articulation of the concept and Bingham's more comprehensive and updated formulation are also rooted in the concept, more accurate in the past, of the state as regulator and international law emerging from and complementary to national law. Consequently his thinking inadequately considers the challenges to the concept of rule of law from the phenomenon of corporate citizenship exemplified by deterritorialising transnational corporations, as discussed by Matten, Crane and Chapple (2003) (see above, Chapter 2).

Particularly problematic from the viewpoint of applicability of rule of law to international business is this deterritorialising aspects in the globalising political economy. For example transnational corporations can change their country of incorporation to more favourable legal and regulatory environments. This is often done for economically fair and socially harmless business reasons. But this phenomenon is indicative of the capacity of transnational businesses to operate beyond the control of any given state. Further it is a simple step to consider how such practices could be used to evade independent arbitration of disputes (relating to Bingham's sixth principle) through, for example, changing country of incorporation to



countries where simply the cost or delay associated with bringing a dispute to court might render it less likely to be brought.

Bingham notes various impediments to the application of law in general and international law in particular. The International Court of Justice for example lacks support of many United Nations member states hence limiting its purview. The impediment of delay is particularly accentuated in international law regarding the holding of states to account because of the overwork of otherwise effective courts, such as the European Court of Human Rights. However I would argue impediments on access to justice as it relates to international corporations is further exacerbated because, in addition to a laissez-faire ideology towards business regulation among many national politicians, consideration of how to hold deterritorialising transnational corporations to international legal account is a major lacuna in jurisprudence. This is demonstrated by Bingham's limited treatment of the question, in an otherwise thorough consideration of the meaning of rule of law.

So the simplistic notion that business executives, particularly those working in international business, have only to consider profits and the law as their sole ethical guide is nonsense: for transnational business, operating beyond much current international legal thinking, between states and in countries where rule of law is absent, it can be said in a very real way both satisfactory legislative guidance and the rule of law itself simply does not exist.

By considering Friedman's ethical assertion from the perspective of rule of law relating to international corporations exposes just how threadbare it is as

an ethical guide. Indeed for business executives actually making corrupt deals in Kenya, or taking advantage of a lack of regulation to make financially unsustainable ones in the City of London, Friedman's rule by itself excuses their behaviour by providing an apparent moral imperative to justify it: they are, at least in theory, maximising profits for shareholders within the de facto law, even if the legal code suggests matters may be more complex. This runs contrary to the conception of *moral integrity* outlined above. Further to the question posed in the Introduction to this thesis, and again at the beginning of this chapter: "*What are the personal responsibilities of professionals operating within diverse social institutions, given these institutions demonstrable capacity to cause evil as well as good?*" I argue that it is the personal responsibility of professionals to obtain this *moral integrity*. The imperative to this is highlighted by the consideration, as I argue above, that large parts of the international business environment operate, de facto, beyond the rule of law and hence professionals must strive to establish moral leadership as they will find little enough from others. In the next sections I will outline some measures by which this may be achieved.

### **AGENCY AND CORPORATE SOCIAL RESPONSIBILITY**

As noted in Chapter 2 the "*moral agency*" of professionals in businesses has been asserted by a number of writers (Van Sandt and Neck, 2003; Trevino and Brown, 2004) as a key factor in the achievement of corporate social responsibility.

A key objective of this thesis has been to understand more clearly what *agency* is. Chapter 3 outlines a range of understandings of agency, each of which would lead to a significantly different interpretation of *moral agency*

and each of which would lead to a significantly different understanding of what might be achieved by such moral agency.

This thesis, building particularly on the work of Mead, Giddens, Archer and Emirbayer and Mische, argues that all agency, including the moral variety, is rooted in the social, but has particular personal aspects that allow for the capacity of individuals to deviate on occasion from group norms and/or taken-for-granted social structures. So in this regard Trevino and Brown's (2004) argument, that the majority of adults are not fully formed when it comes to ethics and are not autonomous moral agents, but rather reside in an earlier stage of moral development some way short of making their ethical decisions based on principles of justice and rights, misses the point: No agency is fully autonomous. All are rooted in the social complexity of the situation which presents the ethical dilemma. This is a fundamental insight offered by the idea of the cruciform of reflexivity.

This presents a clear implication for the practice of corporate social responsibility. It means that CSR depends to a large extent on those who have been professionally formed in a significant way by socially irresponsible or perhaps *un-responsible* enterprises breaking with past patterns of thought in order to conceive of new thoughts about appropriate conduct and articulate those thoughts socially as ideas that may begin, if they "take" to change the patterns of future behaviour of organisations. For example, for a manager who has been happily conducting business in accordance with the Friedman's principles to decide to implement a triple bottom line drawing on Woods' (1991) framework, would require a radical conversion in their values to have occurred.

This thesis shows that a mix of social and personal factors can aid development of professional capacity to identify fundamental personal values, or to convert personal values and stimulate personal intent to act in harmony with these values. How this occurs can be seen in considering how junior doctors move from an agency that is frequently about conforming with the instructions and suggestions of more senior colleagues, to one that I call *moral integrity*: a self-learned and *self-learning* process that is both enabled by and emerges from the taking of personal responsibility for the consequences of an individual's own choices and actions. This often difficult choice, to have *moral integrity* in any given situation, facilitates individuals to chart their own moral course through the complex issues that work and life poses.

I also argue that because of the operation of aspects of international business beyond the rule of law attainment of *moral integrity* is an imperative for all business executives. However this evolution to *moral integrity* when it occurs among doctors is in large part because it is the intent of a significant portion of doctors' professional development, as illustrated by Dr Clooney in his discussion of his role of head of training for orthopaedic surgeons. If the social system in which professionals are implicated is focussed on facilitating denial of responsibility and the acceptance of core assumptions that justify such a denial of responsibility, something that is facilitated by Friedman's ethical guidance, then the development of personal moral integrity, a difficult endeavour at the best of times, is likely to be impeded.

This in turn would impede the development of newer ideas, such as conceptualising responsibilities to a broader range of stakeholders than shareholders alone. And if such ideas are somehow introduced by an innovative manager into a wider social conversation there is likely to be significant resistance among others from taking up the ideas in the “circuit of performativity” (Hardy, Palmer and Phillips, 2000) discussed in Chapter 3.

Review of the empirical material in this thesis suggests that development of *moral integrity* among doctors arises from three key sources:

1. A strong culture of taking personal and professional responsibility for decisions.
2. The codification in law and professional ethics of a hierarchy of moral purposes;
3. A training regime that ensures experience of a wide variety of professional settings, and hence professional outlooks, in the course of training;

In addition doctors deal with a high volume of highly complex ethical issues and often, unlike with many business executives, it may be difficult for them to avoid the consequences of their choices – they continue to see the same patients or may be confronted by their patients’ families if those families are unhappy with the course of action chosen by the doctor.

Some key aspects of business executives’ moral purposes, such as health and safety responsibilities and some environmental standards, are in places codified in law. But, as I argue above, a significant portion of international business currently operates, *de facto*, beyond the rule of law. Furthermore

review of the literature on corporate social responsibility, as outlined in Chapter 2, indicates that the fundamentals of personal and professional responsibility in the business sector are themselves the subject of a significant ideological dispute. As discussed, this controversy is characterised by the Friedmanite notion of the primacy of duty to shareholders on one hand versus a less morally clear stakeholder view of the firm (Humber, 2002) on the other.

In addition business executives may often spend their professional lives in the same work culture and so have little reference to alternative ethical communities or viewpoints. By contrast the nature of doctors' work means that each patient can bring with them a whole new challenge to the way they look at the world, as illustrated, for example, by Dr Rosamund's encounter with female genital mutilation, or Dr Robert's encounters with the drugs subculture. Moreover, while business executives may regularly have to make major ethical decisions, such as procurement from a supply chain that is rife with forced or child labour, that have far reaching consequences beyond the immediate stakeholders to the firm, these may be more rare than the daily ethical challenges faced by doctors.

The next sections consider some of the policy and practice changes that are necessary to introduce if some of the lessons from the development of doctors' *moral integrity* were to be generalised across the profession of business management.

## PROFESSIONAL PRACTICE TO TAKE PERSONAL RESPONSIBILITY

As Nussbaum points out sincerely held and well-intentioned moral positions can still have devastating consequences: For example a government's desire to prevent corporate malfeasance through increased regulation may stifle small business and drive away inward investment leading to increased unemployment and poverty. Alternatively a desire to increase inward investment and entrepreneurialism could lead to deregulation resulting in falling labour standards and increased environmental damage.

In Chapter 7 I argue, from the findings, that decision making about complex ethical dilemmas is best undertaken from a reflexive conclusion of *assonance* that explicitly recognises the potentially negative as well as positive outcomes from the choice of a particular course of action. Given the complexity of the international business environment and the potential negative consequences that any single regulatory approach might bring, as indicated above, it seems that the challenges of conducting business in the globalising economy are best contemplated from an *assonant* position. This is best achieved in the first instance by dispensing with the comforting fairy tale that the only responsibility of business managers is to maximised profits for shareholders within the law. The recognition that there are legitimate responsibilities to other stakeholders, even if only vaguely defined at this point, immediately complicates the moral landscape.

The importance of *moral integrity* in such a dispensation is therefore accentuated because of this: an *assonant* reflexive conclusion implicitly recognises that some decisions that a person makes will be wrong and,

indeed, that some correct decisions will have negative consequences. Hence it is vital that the individual learns from the experience to enhance the possibility of mitigating any of the negative consequences of the decision and to provide a more sophisticated basis for subsequent decision making.

In summary and in response to the question that I have posed both in the Introduction and in this chapter, "*What are the personal responsibilities of professionals operating within diverse social institutions given these institutions demonstrable capacity to cause evil as well as good?*" then I would argue that there are four generic processual components of any code of conduct for professionals that emerge from the concepts *assonant decision making* and of *moral integrity*:

1. For the explicit purpose of morally complicating any potential decision consider its consequences in relation to the hopes and values of the diverse range of stakeholders who are implicated;
2. Take personal responsibility for the consequences of your professional choices;
3. Ensure that the nature of the known and foreseeable consequences of decisions are reviewed for a broad range of stakeholders;
4. At a later time, with the benefit of hindsight, decide if you would make the same decision over again and in the same way.

The ethical guidance given to doctors includes substantive as well as processual points. In the next section I will explore whether there are specific substantive points that can provide more sophisticated moral guidance for the conduct of international business.



## MORAL GUIDANCE FOR PROFESSIONAL PRACTICE IN INTERNATIONAL BUSINESS

As noted above a dominant theme in business ethics is the ideal that business executives need only focus on the maximising of value for shareholders within the law. For reasons outlined above<sup>26</sup> I believe this to be an insufficient guiding principle for the contemporary world.

In the preceding section I outlined key processual elements that I believe should form the generic core of a professional's code of conduct. In this section I draw from the hierarchy of doctors' guiding principles outlined by the interviewees in the course of this research some elements for moral guidance in relation to the second of the questions that I posed in the introduction: "*Is it justifiable to engage in actions that have an immediate negative consequence because of potential long-term positive benefits?*" This question will still pertain in many situations but this section argues that certain negative consequences should not be countenanced by business managers striving to attain *moral integrity*.

The hierarchy of doctors' guiding ethical principles stands in stark contrast to the bluntness of Friedman's ethical guidance. While doctors' most common concern relates to the best interests of the patient this is by no means necessarily the paramount ethical concern: where there is risk to others, particularly to children, then the desires of the patient are of secondary, and sometimes tertiary, concern. With Friedman's principle that

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<sup>26</sup> For example: the limited capacity of individual states to legislate for international business; the corruption of certain states; the ideological refusal, on occasion, by governments to regulate aspects of business practice potentially leading to devastating social, environmental and economic consequences; the existence of portions of international business beyond the rule of law.

the *only* responsibility of business is to maximise profits for shareholders within the law there is no moral sophistication. As a moral guide its attractiveness lies in its simplicity. Occam's razor (Fearn, 2001) advocates that, all other things being equal, the simplest solution is usually the best. However as the discussion of, for example, Kenya indicates such simplicity may not be sufficient to provide sound moral guidance in complex and corrupted moral environments.

Taking the fourfold hierarchy of doctors' moral principles as a guide these suggest a comparable set of principles to guide international business. The idea of maximising profits for the benefits of shareholders within the law seems to me to be the basic guiding purpose of business executives in the same way as acting in the best interests of patients is the basic purpose of doctors. Given the economic crises of 2008/9 and the importance of the "triple bottom line" discussed by a range of writers on corporate social responsibility it is perhaps important to refine this basic guiding principle to *sustainably* maximising profits for shareholders. This implies attention to long-term issues in the social and environmental sphere as well as the economic. However as is noted above in the case of doctors the basic guiding purpose may be superseded by other imperatives.

In medical ethics the perceived best interests of the patient may be superseded by the need to preserve the integrity of the system in which doctors practice. This suggests a second, higher order, principle for international business over the basic guiding principle: adherence to the principles of *rule of law*. Even in states where corruption has been institutionalised, for example, there must be an imperative on international

business to uphold the letter and spirit of national law, even if national political leaders and judiciary are failing to do so. Ideally, when legal thinking and political action catch up with the implications of the globalising political economy and Matten, Crane and Chapple's concept of corporate citizenship, this is a standard to which business executives must be held *internationally* accountable. To fail to do this is to contribute to the failure of states and ultimately to make business unsustainable in those contexts.

Finally the principle of preventing patients harming others may be translated into a general principle for business: that businesses should endeavour to ensure the respect for the Universal Declaration of Human Rights across their supply chains and throughout their operations. This is an argument put by Sir Geoffrey Chandler (2009), a former senior executive at Shell and a founder of Amnesty International's Business Group. While Bingham's conceptualisation of rule of law encompasses respect for human rights I believe it is important to emphasis this as the overarching principle for two reasons. First, for some time to come, until the rule of law is extended into all of the places where international business currently operates, business executives are going to encounter a risk of human rights abuses encroaching on their operations and on their supply chains. Increasingly society will expect them to take some responsibility for rectifying these problems. Second, irrespective of the knowledge and expectations of society, the resolution of human rights abuses from a business manager's area of operations is perhaps the paramount test of a professional's moral integrity.

These second and third principles are related to Rawls' principles of justice as follows: Rawls first principle states that "*Each person is to have an equal right*

*to the most extensive total system of equal basic liberties compatible with a similar system of liberty for all".* If a business were to collude in deals that undermine the rule of law in a country then such action would run counter to this principle. Rawls second principle states that *"Social and economic inequalities are to be arranged so that they are ...to the greatest benefits of the least advantaged..."* If business dealings are based on, for example, slavery, article 4 of the Universal Declaration of Human Rights, as the trade in blood diamonds was, or as significant parts of contemporary garment manufacture is, then it cannot be said that the economic inequalities are arranged to the greatest benefit of the least advantaged.

Doctors noted the importance of clear law in providing moral guidance in difficult conflicts of interest. These second two principles have the advantage of being rooted somewhat in international law even if, in recent years, they have been honoured more in the breach than in the observance. With the strengthening of international institutions around the G20 and with the establishment of the International Criminal Court there is a potential that implementation of law and regulation emerging from these principles may become an increasing issue in the globalising political economy seeing ultimately the extension of rule of law to those sections of international business who currently evade it.

In summary then in the previous two sections I have sketched a professional code of conduct for business managers with seven elements, four processual and three substantive:

1. For the explicit purpose of morally complicating any potential decision consider its consequences in relation to the hopes and values of the diverse range of stakeholders who are implicated;
2. Take personal responsibility for the consequences of your professional choices;
3. Ensure that the nature of the known and foreseeable consequences of decisions are reviewed for a broad range of stakeholders;
4. At a later time, with the benefit of hindsight, decide if you would make the same decision over again and in the same way.
5. Sustainably maximise profits for shareholders...
6. ...while always upholding the principles of rule of law...
7. ... and striving for the eradication of abuses of the Universal Declaration of Human Rights from business operations and supply chains.

This code of professional conduct seeks to provide some guidance to the two questions:

- What are the personal responsibilities of professionals operating within diverse social institutions, such as business or the military, given these institutions demonstrable capacity to cause evil as well as good?
- Is it justifiable to engage in actions that have an immediate negative consequence because of potential long-term positive benefits?

This code will not and cannot eliminate ethical dilemmas. Rather, if anything, it may illuminate that such dilemmas exist where previously some managers had been in blissful ignorance. Such discomfort is the price of responsibility, which, I would argue, is also the core of professionalism.

## SOME IMPLICATIONS FOR CORPORATE GOVERNANCE

On 2<sup>nd</sup> Sept 2004 the Economist gave some details of a report by a special committee at Hollinger International, a newspaper firm, which examined how Conrad Black, its majority shareholder, allegedly looted the company. The Economist noted how, *“The report alleges that Richard Perle, a former chairman of the Pentagon’s Defence Policy Board, is personally liable for his “abject failure to fulfil his fiduciary duties”. As head of an executive committee at Hollinger International, it says, he repeatedly failed to “read, evaluate, discuss or attempt to understand” documents that he signed that facilitated Lord Black’s wrongdoing. The report says that Mr Perle should return over \$5m he received from the firm.”* The Economist also noted how Hollinger International’s audit committee, which included a former governor of Illinois and a former US ambassador to Germany, was repeatedly condemned in the report for its passivity and inaction in failing to call Black to account for some particularly dubious deals. *“In the audit committee’s favour, however, the report says that Lord Black often misled the board, and that its members co-operated fully with the company’s investigation”* (Economist, 2004).

While the ideals and practice of corporate governance may have moved on since then some aspects of this story remain relevant to this thesis. For example, despite careers that included positions of exceptional power and influence up to that point many of the board members appear to exemplify the sort of constrained agency discussed above and represented in Figure 34, where unfamiliarity with a new situation led to a radical curtailment of their reflexivity and hence their agency. This allowed for a corrupt executive to mislead them regarding his many ambitious thefts with relative ease.

I would argue, drawing upon the evidence presented in this thesis that the processual responsibilities outlined in the professional code of practice outlined above apply to the directors undertaking their board responsibilities as much as to professionals undertaking their operational and other responsibilities. Directors must obtain mastery of their governance domain. Blithely accepting the lies of any manager, no matter how brilliant or charismatic that manager may be, does not fulfill that requirement.

But I would argue that this thesis has a further implication for corporate governance. The dominant principles underpinning corporate governance as outlined in the Combined Code of Corporate Governance (Financial Reporting Council, 2008) are economic: primacy of responsibility to shareholders and economic performance, albeit sustainable economic performance, is emphasised. This, I would argue, is necessary but insufficient guidance for boards of directors running international enterprises. Boards must also be required to report on how they are working to ensure the upholding of rule of law and respect for the Universal Declaration of Human Rights throughout their operations and along their supply chains. If a company chooses not to comply with these principles the Board of Directors must explain clearly why, as is currently the case for the existing principles under the 2008 code. In other words the Combined Code of Corporate Governance should clearly reflect the ideal of the triple bottom line.

In December 2009 the Economist reported on the fury in sections of American business at the proposals for increased regulation by the Obama administration. It is perhaps something of a paradox that many of those who

argue that the only responsibility of business executives is maximisation of profits within the law have such resentment of the law, particularly when society through its politicians seeks to close regulatory gaps that have brought the world so close to economic catastrophe.

However it must be recognised that the tension between facilitating economic performance and entrepreneurship and ensuring sufficient regulation to prevent economically, environmentally or socially destructive behaviour by business is likely to be a permanent feature of the evolving political economy. A beginning in establishing a more informed dialogue between stakeholders on this problem may be if the boards of corporations explicitly address in their annual reporting how their enterprises affect the triple bottom line in general and the rule of law and Universal Declaration of Human Rights in particular.

### **MAKING ETHICAL DEVELOPMENT A CENTRAL ASPECT OF MANAGERS' PROFESSIONAL DEVELOPMENT**

Pharma Freida's assertion that

“There are a percentage of doctors that can be bought. It's like a new drug is being launched you always target those doctors, every company targets those doctors because you know if you wine and dine them enough they will turn out so many scripts for you”

along with Dr McGregor's caution on the limitations of doctors noted above highlights that even systematic attention to moral development of a profession has its limits.

The failings in the medical profession have echoes in every professional sphere including business. This is exemplified by, for example, the Cityboy



culture (Anderson, 2009) which portrays workers in London's financial sector as concerned more with maximising their own bonuses even before satisfying the most basic principle of obtaining a profit for shareholders. This culture found in 2009 a new icon in Sir Fred Goodwin who appears to have seen no problem in accepting vast remuneration for bringing his business to the brink of bankruptcy (Finch, 2009).

So the ideal of promoting the adoption of more sophisticated guiding principles for international business may find stony ground where some executives are concerned. However many other business executives are indeed morally concerned and professionally conscientious individuals interested in upholding the sort of principles of international business outlined above and troubled by the practical difficulties they encounter in doing just this. If this more conscientious group can be empowered to provide greater moral leadership in the wider business community then Milgram and Zimbardo's work also suggests that they can positively influence those with less social and more selfish concerns.

As noted above a key feature of doctors' professional development is training across a multiplicity of medical disciplines bringing junior doctors into contact with a range of senior professionals, patients and different working environments with which to compare and contrast their experiences and against which to contemplate their futures. In contrast, business executives may spend their entire careers within a single less heterogeneous industry, sometimes within a single business. Even if the industry is not one that Jones warns of, where *"oligopolistic market structures foster formal or de facto collusion, price fixing, the suppression of new products and similar anti-*

*competitive practices*” there may be such a common culture across the industry, with little intrusion for outsiders that there is limited opportunity for critiquing the standards for decision making as *“actors within industries ... look to each other to determine standards of behaviour.”*

Stakeholder management, with the moral core seeking to sustainably maximise profit for shareholders while upholding *rule of law* and ensuring the respect for the Universal Declaration of Human Rights through all aspects of business operation including the supply chain, can perhaps provide managers more *discursive space* (Jones, 1999) to critique and be critiqued in their practices and work out the solutions to complex issues. A conscious adoption of stakeholder management in business among a wide group of stakeholders could mean that business executives are more regularly confronted with the consequences of their choices. This could also help highlight ethical blind spots, issues that business executives have simply taken for granted until confronted by individuals or groups whose critique of the issue problematises it for the executive. The issue of ethical blind spots is highlighted in the data of this thesis, where conscientious doctors in a range of subjects find no problem engaging with pharmaceutical representatives despite the fact that they know such engagement influences other doctors’ prescribing practices.

The adoption of more widespread stakeholder management presupposes the acceptance by business executives of at least the value in the approach and hopefully also the guiding principles outlined above that can provide the moral core to the approach. Where the “Cityboy” culture (Anderson, 2009)

pertains it is unlikely that there will be much discursive space for the contemplation of even limited changes in existing business management.

One set of discursive spaces where consideration of such questions may be possible are the universities, particularly the MBA programmes. These, at least in theory, provide an opportunity for the discussion of ideas such as personal and professional ethical responsibility in business, and learning from professional ethical misjudgements. Conceptually just as questions of operations management and finance sit in the context of business and corporate strategy so the questions of strategic approach themselves sit in the context of the ethical principles and *moral integrity* (or lack of *moral integrity*) adopted by the business executives deciding strategy. The adoption of Woods' comprehensive consideration of corporate social performance, for example, would represent strategic choice which only executives of a certain ethical outlook would be likely to undertake.

Given the problems encountered in the global financial system in 2008 it is perhaps time for more MBA programmes to recognise that the questions of business ethics, professional responsibility and personal agency are as fundamental to success and achievement in business as strategy and finance. Indeed it can be argued that ethics and agency are more important subjects for managerial education than any other core topics of business education. Because where an erroneous strategic choice or limited cash flow can lead to the failure of a business, a failure in ethics can lead to the undermining of entire economies as Wrong's (2009) discussion of the Goldenberg scandal in Kenya demonstrates.

The acceptance of personal responsibility is a key source of authority, including moral authority, among professionals. However the denial of personal responsibility is still common among professionals, including some who would accept responsibility for other decisions: As noted, for example, there are doctors and pharmaceutical representatives, who justify the risks to influencing prescribing practices as a result of pharmaceutical engagement with doctors because they say it is nothing to do with them. Some doctors argue that they are not influenced by any pharmaceutical interventions and those doctors who are simply should not be. Some pharmaceutical representatives acknowledge that they provided skewed information but the doctors should do their own due diligence. Doctors should indeed do their own due diligence, but this is beside the point: It is not only known that they do not do this but the success of much pharmaceutical selling is based on the knowledge that they will not do so.

Professionalism ends where the denial of responsibility begins because it is the point at which self-reflexivity and personal learning become impossible. The denial of personal responsibility in a situation renders us “fractured reflexives” (Archer) to that situation: people to whom life merely happens rather than human agents who may have considerable choice in relation to what courses of action will be followed. In contrast, acceptance of responsibility for the consequences of choice provides a greater basis for personal growth, a greater capacity to engage with the complexities of a situation and, when doubtful of the rightness of a particular course of action, a reduced likelihood of conformity with the majority or the boss.

As can be seen from discussion of professional maturation above the acceptance of responsibility for mistakes individual professionals feel they have made has been a significant factor in their personal and professional development. In short this acceptance of personal responsibility may be seen as a core to agency itself. Furthermore it may be argued that agency itself is leadership, at minimum opening up new discursive space but also frequently changing the very nature of organisational engagement where the deliberating professional is at a critical conjunction of the rules and resources constraining and enabling an organisation.

#### **INSTITUTION OF A FORMAL MULTI-LEVEL DIALOGUE ON BUSINESS REGULATION FOR SOCIAL AND ENVIRONMENTAL PERFORMANCE**

Mason's (1959) concerns, that corporations run by unaccountable and "*self perpetuating oligarchies*" are beginning to outgrow in size and resources some states, and the nature of their market power means they cannot be effectively constrained by society, remains a significant challenge for the 21st century.

Perhaps the G20 meeting of 2 Apr 2009 is the beginning of an attempt to address these concerns. The notion of democratic accountability of trans-national enterprises, implicit in Mason's writing, may be difficult to realise in practice. But the recognition that a laissez-faire approach to regulation is no longer credible and with discussions beginning around co-ordinated international regulation there is perhaps the glimmer of recognition that it is time to ensure that deterritorialising corporations are held to the rule of international law. This implies recognition of a value to some form of wider

stakeholder engagement beyond employees and boards in the regulation of business enterprises.

However the success of such an approach will require a sustained process. The rapid evolution of the international political economy and the recognition that courses of action taken for the best of intentions can have devastating negative consequences implies the need for the institutionalisation of a formal dialogue between key stakeholders from international to community levels.

This brings us back to the third question that I posed in the Introduction: *“Given that so much is unknowable, about the immediate conducts of markets or wars for example, and the future unfolding of history, how can one take personal responsibility for one’s own actions as they touch upon these matters?”*

The truth of the matter seems to me that no one can be sure what history will judge to be the right course of action for a particular organisation or society, and indeed sometimes, as Whittington (1989) shows, diverse responses to a situation can produce comparable positive results. Society depends on a diversity of thinking for entrepreneurial social and business ideas. This is no less true for ethical choice making. Even with strict adherence to the professional codes of conduct that I suggest above there will be ample space for genuine and honourable disagreement.

However I would argue even if it is problematic to take personal responsibility for the consequences of one’s actions given the vastness of what is unknown this is what professionalism requires of us, that we do just

that in honest accordance with our hopes and values. History will sort out who is right and why.

#### A BREIF NOTE ON STRUCTURATIONIST ONTOLOGY

Proposition 6 states: *An ontology that recognises subjective reality offers more explanatory power for the discussion of agency than a structurationist ontology.*

Approaching the analysis of my empirical material from the perspective of structuration theory led, I found, to structural explanations for the study participants' actions: explanations privileged the rules and resources underpinning the action of individuals rather than explaining why people of apparent goodwill could end up with such divergent views on socially responsible behaviour.

While this was extremely useful for developing an understanding of the context in which human action occurs and how human action relates to the reproduction and transformation of social structures, it falls short of providing insight into why humans choose to act as they do.

Giddens (1990) notes "*Critics who argue either that structuration theory provides too little space for free action or, alternatively, underestimates the influence of structural constraint... miss the point. The theory of structuration is not a series of generalisations about how far 'free action' is possible in respect of 'social constraint'. Rather it is an attempt to provide the conceptual means of analysing the often delicate and subtle interlacings of reflexively organised action and institutional constraint.*"

As noted in chapter 3 of this thesis Giddens does indeed provide a conceptual means of understanding the interplay of human action and structural constraint. However, in conflating agency and action, Giddens studiously ignores the explanatory limits of his theory. It is the very personal contemplation of the choices possible in response to the challenges posed by the social world that is the essence of freedom. Without this there is no possibility of alternative let alone free action. Indeed action can never be wholly free – it is always constrained and enabled by the social world. Thought, on the other hand, can be free, or at least substantially freer. However the concept of structuration implicitly dismisses the idea that there is a subjective reality that has some degree of independence from the social world. Hence there is no theoretical basis for contemplating the role of wholly personal thought in generating action in the social world. So, while it argues for the duality of “agency” and structure, in a critical way it denies conceptual space for agency, that is human choice, to occur.

While the first group of interviews I undertook did show some variance of choices among the individuals concerned as a result of privileging of one set of social relationships over others, the conception of self posed in Giddens’ work gave limited explanation as to why this should be the case. Rather it privileges the idea of the unintended social consequences of action as the means that change the social rules and resources for future action.

Asserting this duality of agency and structure structuration theory also implicitly argues for a limit to the extent of enquiry into the individual human role in social affairs. Giddens defines agency as making a difference



in the social world, and so the focus of research must be on the accounts of action rather than the reflexive processes that have led to the choice of a particular action.

Other literature, particularly the research of Milgram, Zimbardo, and Darley and Lantane, indicate the dominance of structural considerations in determining the choices individuals make in any particular social situation. If agency and structure were equivalent in the duality of structure, as structuration theory argues, then perhaps one might expect a greater degree of diversity in human action than is identified by social-psychological researchers. This then suggests that structuration theory also underestimates the influence of structural constraint on human action.

Mead provides a compelling rationale for why individuals would conform with structure in social settings in the way described by Milgram and Zimbardo. But his rationale contributes little to understanding how and why dissent and divergence is conceived.

Warnock and Magee (Magee, 1987) in their discussion of Kant note that, *"It is an undeniable empirical fact that most of us have some moral convictions which we find ourselves unable to ignore even when we want to. Now, for these convictions to have any validity or even significance – and for the basic moral concepts such as good, bad, right, wrong, ought, and so on to have validity or significance – we must have some element of freedom of choice. There must be some area, some space, however narrow, which we can exercise our own discretion. For if there is not - if it is never true to say that we could have acted otherwise than we did- any attempt at moral evaluation is empty and meaningless. So if moral concepts possess any*

*significance at all, some degree of free will has to be a reality. And for that to be so there must be at least some part of our being which is independent of the empirical world of matter in motion governed by scientific law, for it must be possible for us to move some of the material object in that world, namely our bodies, "at will" (p181).*

The concept of free will is difficult to locate in structuration theory and its absence must also limit the emancipatory possibilities of structuration theory. Without free will it is impossible to see how we can contemplate action to reform or overturn the very social systems that are so influential on human action.

Consideration of these conceptual limitations in structuration theory led me to adopt a critical realist ontology as a means to consider the role of human thought and reflexivity in relation to agency and to contemplate agency separate from action. Some structurationists might argue that in doing so I did not give structuration theory enough of a chance to prove itself. Giddens (1984), after all, argues that two types of methodological bracketing can be undertaken to facilitate a structurationist analysis of a phenomenon: institutional analysis where structures *"are treated as chronically reproduced features of social systems"* and strategic conduct analysis, where the focus is placed upon the modes *"in which actors draw upon structural properties in the constitution of social relations"* (p 288). Strategic conduct analysis gives *"primacy to discursive and practical consciousness and to strategies of control within defined contextual boundaries"* (p288), and this analysis must be *"rounded out by concentration upon the duality of structure"* (p288). Perhaps strategic conduct analysis would provide a basis for properly considering the human role in creating the social?

Urry (1990) notes that, despite Giddens' emphasis on human agency, he fails to supply adequate accounts of how agency is implicated in the structuring of time and space. Giddens does cite a study by Willis (1977, cf Giddens 1984) as an example of strategic conduct analysis. In this study Willis shows the high level of knowledgeability of schoolboys regarding the rules and resources constraining and enabling their school, how they account for their actions in terms of these structures, and how this schooling prepares them for taking up unskilled and unrewarding jobs when they leave school thereby "*facilitating some general features of capitalist-industrialist labour*" (p289).

Overall, from Giddens' recounting of this study, strategic conduct analysis accounts for *how* individuals manipulate structures rather than *why* they choose particular structures to manipulate. Furthermore, following the discussion of professional maturation in Chapter 7 of this thesis I would argue that it would be forlorn to expect children to be able to answer the question of why they chose to privilege any particular set of structures over another. Irrespective how insightful or intelligent a set of children are, they are always going to be limited in the understanding of their own positions. The discussion of professional maturation, above, argues that when an individual enters an unfamiliar social setting their reflexive cruciform is radically curtailed. This phenomenon must be accentuated in the case of children in new social settings who would have even less experience to draw upon than adults going into similarly unfamiliar settings. Children have, by definition, even more limited experience and hence comparators than adults in unfamiliar situations. Therefore they will have comparatively limited conception of their capacity for choice. With time children may develop considerable knowledge of their situation. Nevertheless this cannot

compensate for understanding that is born of comparison and experience. This will be particularly so if they are taking the situation for granted. Taken-for-grantedness means, as discussed above, that they will not engage greater reflexive capacity to assess the situation – something that, in any event, presumes a subjective reality.

In Willis' account cited by Giddens the schoolchildren are knowledgeable. However they are not wise and appear unaware of how wisdom may be developed through reflexivity. Hence their insight into their own agency is deeply limited, even as their understanding of their actions is highly evolved. Awareness that reflexive thinking processes are available to an individual makes it more likely that the individual will avail of them and hence perhaps opt for different choices to the ones that society seems to have prepared for them. However an ontology that excludes subjective reality limits consideration of how these personal emancipatory possibilities may be harnessed.

As stated earlier, as a result of hermeneutic engagement with the theory and empirics of the research, it has become a fundamental assumption of this thesis that agency is not in duality with structure; there is not an equivalence of one to the other in terms of how society is constituted. Rather the agent is separate from but implicated in their social structures. This is a view that I argue the findings support: by adopting an assumption of subjective reality a more powerful exploration of agency is facilitated which itself supports the validity of that fundamental ontological assumption. And by understanding the possibilities and limitations of human agency, both more effective and more moral agency, and systems to develop such agency, are made possible.

## **Chapter 9: Conclusions**

*The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore all progress depends on the unreasonable man*

*– George Bernard Shaw*

### **PHARMACEUTICAL INDUSTRY AND DOCTORS**

At the conclusion of my research I find it difficult not to agree with Dr McGregor and Dr Des that there is no justification for pharmaceutical representatives selling to doctors. This is particularly so when one considers the evidence of influencing prescribing practices arising because of the deliberate presentation of skewed information to doctors knowing that at least some doctors will not do proper due diligence on the information.

While some general practitioners acknowledge that they enjoy being wined and dined by pharmaceutical companies and others value having new drugs brought to their attention by reps, a greater number indicate appreciation for what they regard as impartial sources of prescribing advice such as National Institute for Clinical Excellence Guidelines (NICE) or local formulary. Though Dr Clooney, while in sympathy with this, adds some cautions. Speaking of recent NICE recommendations to orthopaedic surgeons he notes:

“I looked at the NICE document and was interested to read ... who had contributed and who was involved...there were big recommendations about orthopaedic surgery, [but] orthopaedic surgeons weren't asked to be involved, certainly British Orthopaedic Association which would be our professional body, wasn't involved but there were about five or six manufacturers of low molecular weight heparin who were involved and who contributed to the NICE guidelines. And then strangely the NICE guidelines came out, this is what's recommended [treatment using low molecular weight heparin]. So the recommendation seems to have come round to, I don't know whether, it would be hard for me to say, but NICE has been influenced by pharmaceutical companies, but that's how it appears

to me...What we tend to use is in our practice, and this is a sort of consensus decision, the one we tend to use is aspirin ...so you can be given it easily, it doesn't have to be monitored and it is absolutely dirt cheap. So to treat your patients for six weeks costs, I don't know 30-40p as opposed to hundreds of pounds, which may be the case with some of the newer drugs."

This suggests that, like any good business, as one strategic approach ceases to be viable another is adopted. The tension will continue to exist between a philosophy of socialised healthcare as a right and the market driven efforts of pharmaceutical companies to maximise profits for shareholders. The framing of this tension in the context of the hierarchy of principles for international business may mitigate some of the more reprehensible aspects of pharmaceutical industry practice identified by Angell and, more popularly, by LeCarre with *The Constant Gardener* (2001).

#### AGENCY

As noted in Chapter 3 Bhaskar (1979, pp 43-44) argues that "*Society is both the ever-present condition (material cause) and the continually reproduced outcome of human agency. And praxis is both work, that is conscious production and (normally unconscious) reproduction of the conditions of production, that is society.*" This thesis supports Bhaskar's argument. However based on the findings chapters I would argue that these indicate that the conscious production of society is a considerably more complex process than Bhaskar's statement would initially appear to suggest.

While the reproduction of society does indeed occur, in the main, when individuals take for granted the structures that constrain and enable their actions, "*the conscious production of the conditions of production*" takes a variety of forms, described in chapter 5 as *promotion, conversion, advocacy and dissent*.

Conversion falls into the category of “*conscious production of the conditions of production*” because an individual changing what they believe produces new conditions of production. Similarly with dissent – an individual removing themselves from the conditions of production also changes the conditions of production.

Agency is choice but it is perhaps better thought of not as a single thing, but as a composite process composed of reflexive deliberation, conclusion and choice of course of action. The relationship between these elements is sketched in Figure 32. It should be noted that I would argue that the notion of reflexive conclusion in this model corresponds to Damasio’s (2006) concept of “somatic markers”. A potential area for further research may be developing quantitative tests for agency model.

Sometimes the choice of a course of action may be contingent on a particular set of circumstances pertaining which allow for the choice to be translated into action. That is if an individual is not implicated in a relevant set of structures then it may be impossible to translate choice into action: For example a European may have been convinced that Obama would make a better president than McCain, but unless he or she had dual nationality and hence a vote in the United States, that opinion would probably never be translated into action.

As agency is choice it is analogous with strategy: agency is to the personal as strategy is to the organisational. Hence agency can also be leadership: it can be self-leadership, deciding for oneself what one is going to do, taking account of the social pressures but also taking personal responsibility for the

consequences of the choice. It can also be organisational leadership either by creating discursive space for the contemplation of alternate courses of action or, if the choosing individual is at a conjunction of rules and resources that are critical to the future realisation of a social system or practice, then that social system can be changed by that individual's choice.

Agency can also be followership, if an individual chooses to suppress their personal opinions in the interests of social considerations. This can lead to negative consequences, but again where personal responsibility is accepted, it can provide a basis for learning from others. In either instance agency as leadership or followership, the acceptance of personal responsibility for the consequences of choice is fundamental to moral and professional integrity and personal growth.

Agency is facilitated by penetrative understanding of the social situation but it is personal values and hopes that drive choice: it is these that provide the basis for a personal critique of the choice posed by the social situation either in relation to those values alone or in relation to other social situations in which an individual may be implicated. It is the personal that allows the individual the capacity to problematise a situation and hence move it to a status other than taken-for-grantedness. This opens the possibility for the taking of personal responsibility or the contemplation of a variety of courses of action.

Both the narratives of doctors and pharmaceutical representatives presented above tend to bear out Nussbaum's (2001) argument that people will do things for good reasons, often because they adhere to a particular moral



code. So in answer to the question raised in Chapter 2 of this thesis: Why do “good” people do “bad” things? The answer is because they believe they are doing good things. Or more specifically because they believe they are privileging one set of goods over another.

This is not to assert that everything is morally relative. I believe there are certain moral absolutes. Many would argue that these are unknowable, but whether there are or not is beyond the scope of this thesis. A reasonable place I would start would be to take as a basic assumption that causing death or injury to other human beings is generally a bad thing. I hold this irrespective of the number of people involved in a decision or the distance between cause and effect. However, as I attempt to illustrate in Chapter 1 of this thesis with regards to my decision to end a humanitarian operation in the face of a security threat, it is clear that social and situational pressures can be brought to bear which can lead individuals to believe that this is indeed the lesser of evils.

*Deprofessionalising* a choice among the lesser of evils does seem to me to be unacceptable. This can occur in, at least, two ways – if reflexive assessment, taking responsibility for and learning from such a choice, right or wrong, does not happen. Or if it is argued that the lesser of evils is in fact a moral good. The assertion that the only responsibility of business executives is to make profits for shareholders within the law allows for both delusions to flourish.

As Descartes (Fearn, 2001) showed, doubt is the one thing of which we can be truly certain. Review of the findings of this thesis indicates the importance

of doubt, *reflexive assonance*, in the management of complex ethical questions, both because it is a strong basis for learning, but also, as Montaigne argued, because it contributes to tolerance and that this can engender the basis of civilisation, in the best sense of the word.

The question implied by Mason (1959), Matten and Crane and Chapple (2003) and others of how to ensure democratic accountability of transnational economic enterprises still remains unanswered. There appears however to be two fruitful avenues for further investigation in the 21st century, which might provide some constraints on corporate malfeasance. First there is the potential by the establishment of the International Criminal Court and strengthened international financial mechanisms to ensure that the *rule of law* is upheld and applied to international entities. Secondly there is the possibility offered by business education to engender a more doubtful and *hence* professional approach to management by international business executives.

The notion of free will is fundamental in allowing individuals the capacity to find meaning in their lives – life is not something that simply happens to you, but something with which you have the choice of how to engage. Frankl (1985) argues that this search for meaning is fundamental in human experience and that the possibility of finding meaning in even the most extreme situations is the freedom that can be denied by no one but oneself.

Comte-Sponville (2004) asks, “Are we free to choose what we want?” He describes the question of the extent and nature of freedom of choice as the most philosophically problematic aspect of the concept of freedom. From this

research I would argue the other way - that it is choice itself that defines and delineates our freedom. As I noted earlier there is no such thing as autonomous free will. All free will is rooted in the social world which poses choices, ethical and otherwise, to us. Our agency is determined by the nature of our values and the critique of structuration, which is itself dual: it relates to what we think of the social world and the way we find the social world critique us – are the values we have chosen to live by sufficient for the challenges that the social world poses us? We have the capacity to choose to change our values and so bring a new dynamic of reflexivity to our encounters with the social world, and hence to ourselves. This does not necessarily mean that we are more or less free. This is merely the essence of freedom.

#### WHAT HAVE I LEARNED FROM THIS PHD RESEARCH?

*Vladimir: Oh it's not the worst, I know.*

*Estragon: What?*

*Vladimir: To have thought.*

*Estragon: Obviously.*

*Vladimir: But we could have done without it.*

*- from **Waiting for Godot** by Samuel Beckett*

In retrospect I would view my research as having fallen into three phases: First, identifying a research question; Second, working out the answer to that question to my personal satisfaction; Finally, writing it all down to the satisfaction of others, a process that helped elucidate some of the implications and nuances not initially appreciated when I obtained the initial insights that represented the beginnings of an answer to the research question.

From the travails associated with this project I have learned a couple of significant things. First, the value of dialogue between opposing positions. Archer and Giddens represent different ontological assumptions which at the level of ontology are not compatible and a source of considerable contention. My initial impulse in conducting this research was to favour one over the other. However in terms of answering my research question I did not find this a very satisfactory strategy for very long. At key points, indicated in both the methodology and findings chapters, the engagement with empirical material demonstrated limitations in the theoretical stance that I was bringing to bear on the data. The saw “its all very well in practice but does it work in theory?” may be a useful and witty reminder to engage in systematic and systemic thinking about a phenomenon. But it should not distract from the point that consideration of how well theory works for the practice under consideration remains a crucial test of the explanatory limits and potentials of a particular set of ideas.

Having reached the limits of explanatory power with one theoretical approach I began exploring others and mapping how the concepts in each theory related to the concepts in others. This is a process that I would liken to conducting a dialogue between these competing theoretical positions, attempting to understand each in both their own terms and in terms of the other. While this did lead me to a revision of my own ontological position – from a structurationist position to a critical realist position, particularly in relation to the thinking experiences of human beings, this also led to a basic understanding that across the debate on agency a variety of terms are commonly used but with significantly different meanings. This basic realisation allowed me to conceptualise a synthesis of key ideas, an argument

that these competing theoretical perspectives in fact presented complementary insights to the spectrum of reflexivity→agency→action→constitution of society, and a clarification of a set of propositions for exploration.

In situations of conflict it is almost a cliché to argue for reflection on what unites rather than what divides, but the importance of this idea remains. Furthermore it is important to remember that just because Giddens, Archer and Mead are more academically distinguished than me does not mean they can't be wrong in crucial areas.

The academic duty to question distinguished scholarship is reflected in the citizen's duty to question expert power, particularly where that *expertness* is presented as a secular right to go unquestioned because no one else has comparable expertise. The financial crash of 2008/9 has not been kind to the assertion of some business executives, unquestioned by many political leaders, that they function best if unregulated. However the more general lesson that experts may sometimes in crucial areas be wrong still does not seem to be generally accepted. Other elites seem to still have the aura of infallibility and a privileged place in society that their theories do not need to be subject to the critique of other theories or the test of empirics. Tony Blair's keenness on 90-day detention for terror subjects seems a case in point: "*I supported 90 days before on the basis that, particularly, the police handling terrorism for us thought that was what was needed*" (BBC, 2006). This is a dangerous standard for the evolution of any democratic society governed by rule of law. Dissent and dialogue must be central to a democracy and if any section of a society asserts that they are beyond challenge then it could be argued that

they are, de facto, creating a space apart for themselves where key structures of democracy do not apply.

### **The centrality of methodology**

Much writing (for example Ariely, 2008) posits a question and then describes a methodology for obtaining an answer, or at least insight, to that question. As Chapter 4 outlines, my experience of methodology was not nearly so straightforward. The hermeneutic process involved moving between theory and empirics, with each providing a critique of the limits of my understanding of the other. It was this that showed the need for new thinking or new approaches to data gathering and analysis.

My current professional responsibilities include commissioning and supervising research on forced labour across the globe. In doing this, simpler hermeneutic cycles pertain. However a recurrent theme, given the constraints imposed by security and risk to staff, ethics and availability of informants, is what questions can we answer given the methods that can be used.

### **Ask questions worth answering**

This research has taken up more of my life than I initially thought it would and has become more complex and testing than I imagined at the outset. I have heard the legend that some PhD experiences are more straightforward. However, if one is going to spend a significant portion of one's life at this sort of research, then it is probably worth doing something that you believe is worth doing. It is that glimmer of belief that helps maintain even glacial forward momentum when the difficult times are encountered.

## **HOW I WOULD ADVISE A PHD STUDENT I WAS SUPERVISING.**

### **Understanding language of social sciences**

One of the most useful books that I read about a year into my research was Mary Jo Hatch's *Organizational Theory*. While not quite an idiots' guide to the language and debates in organisational theory it does go back to first principles on explaining the meaning of a lot of commonly used terms and various theoretic perspectives. It was illuminating and helped decipher a large part of the literature I was trying to engage with. I wish I had read it earlier and would insist that it were the first book any student I was supervising read.

### **Understand the anguish**

Given the contested nature of ontology and epistemology in the social sciences, I would advise any student to be prepared that they may have to abandon many of the beliefs they feel they hold in the process of working out what are the actual assumptions on which they are prepared to build their work.

### **Consider the methodological implications of the research question**

As discussed above regarding what I have learned I would insist that any student I was supervising considered how they could research the question they wished to ask, and what question they could answer given the constraints that methodology might impose. Engagement with other human subjects in the course of the research will be of paramount importance, because, no matter how smart a student may be or how immersed in the literature, it is engagement with other humans that is likely to provide most

insight. It is possible to fall into the trap, identified by Archer (see chapter 1), of thinking that everyone thinks like oneself. Engagement with other humans will disabuse that and consequently likely add to knowledge of the social.

### **LIMITATIONS OF THE RESEARCH AND POTENTIAL AREAS FOR FUTURE RESEARCH**

This thesis represents an exploration of the explanatory power of a new conception of agency arising from the cruciform of reflexivity. As such the subsequent model of agency describing the links between reflexive deliberation, reflexive conclusion, choice and action, is a tentative one, established from consideration of one category of choice, ethical choice. Further exploration of these ideas in the context of other types of choices may prove useful in testing the potentials and limitations of this model. I would argue that any situation of choice could provide a basis for further exploration of this theoretical model, trivial or non-trivial. However from the perspective of development of the profession of management it may be particularly fruitful to consider other key organisational processes such as those associated with strategic choice, decisions regarding the management of staff performance, or consideration of changes in operational strategy for social, environmental, economic or other reasons.

This research has also focused, particularly in its latter stages, on one profession – that of doctors. As noted in the preceding chapters, there appears to be a particularly strong culture of ethical responsibility within that profession. The exploration of questions of ethical choice among professions where such a culture is not so developed may provide further insight into the questions of ethical choice. Ariely (2008), for example, notes



that a sense of decline in professional standards is widely recorded in the American legal profession. Speaking from my own background as a civil engineer there was never any discussion of ethical responsibilities in my university and such discussions were highly limited in the elements of professional training that I completed. Exploration of the thinking processes relating to ethical choices among these types of professionals may provide further insight into the model and into wider questions of corporate social responsibility. For example: are we seeing an erosion of ethical responsibility in some professions? Is there a sense in which some professions surrender their ethical choice making to their seniors, clients or perceived experts and do not allow themselves to be troubled by any such concerns? Is there any dialogue among the professionals and expert groups to facilitate deeper understanding of responsibilities to each other and to society, and to open themselves to a critique from others that could facilitate a deepening understanding of their own responsibilities as well as that of others.

In workplaces where managers have obtained their positions as a result of promotion from other jobs there may be a lower level of understanding of the roles and responsibilities, ethical and otherwise, associated with management. Hence a sense of managerial professionalism may be comparably lower than the sense of medical professionalism described by most of my medical informants. Study of ethical choice making and indeed more general choice making among such managers may again test the robustness of the model of agency presented in this thesis and may outline professional development needs specific to those studied and perhaps more generally for new managers or managers who have become managers incidentally to their vocation rather than deliberately.

It may also be possible to develop survey instruments based on the idea of agency presented in this thesis to allow categorisation of managers' ethical outlooks, capacity for moral leadership and sense of professional responsibility on a range of typical management ethical choices. It would be important the survey dealt with typical management situations to prevent the reported behaviour from being distorted by the sort of unfamiliarity that facilitated Milgram and Lantane and Darley's work. Given such an instrument an interesting experiment would be to apply this instrument to managers undertaking MBA study at the beginning and the ends of their programmes. Such studies could provide a useful exploration of how fit for purpose for the modern age an MBA programme actually is. Given the corporate scandals of recent years it would be a terrible indictment if programmes did not typically develop ethical reflexivity as well as strategic financial literacy or basics of management research. As noted above while a manager's failure at strategy or finance could bring an end to a business a manager's failure at ethics can and does contribute to the collapse of entire economies and the undermining of political and social systems. A failure by business schools to recognise this would be a drastic sin of omission in the globalising political economy, where state regulation of international business is currently limited, and where international regulation of international business, where it exists, is in a nascent form.

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