Title

Why do we keep on meeting like this? Using theories of ritual to explain the role of formal meetings in organisations.

Abstract

Despite their prevalence and longevity in many forms of social organisation, most research on formal meetings suggests that they do not fulfil the instrumental purposes (e.g. setting strategy) that their constitutions propose. The Joint Commissioning Board in Somerset in England - the subject of a three year evaluation by two of the authors - was no exception. However, many of the participants on the Board suggested that it fulfilled important purposes that drew attention to its role as ritual.

This led the authors, with the addition of a colleague with an academic interest in anthropology, to re-examine their data in the light of the literature on ritual - in particular the work of the neo-Durkheimian tradition flowing from the work of Douglas - and enabled them to locate the importance of the meeting in the formation of social solidarity. This theoretical perspective also illuminated issues around classification and language which explained the disempowerment felt by some members. Finally, the authors identified the challenges in engaging a broader range of stakeholders (including patients) in these rituals.

Authors

Professor Edward Peck, Director, Health Services Management Centre, University of Birmingham, UK;
Dr Perri 6, Director of the Policy Programme, Institute for Applied Health and Social Policy, King's College London UK; and
Dr Pauline Gulliver, Research Fellow, University of Otago, NZ.

Introduction

The formal meeting is one of the fundamental bases of organisational life, as much in public services as in the private sector. In England, organisations in the National Health Service (NHS) are overseen by boards of executive and non-executive directors whilst the functions of local government are overseen by committees of elected members. These formal meetings are typically ascribed roles which involve the setting and monitoring of policy and strategy and are where the day-to-day work of sustaining organisational cohesion and decisional coherence is achieved. Most people think that meetings in general matter enormously, and meetings of the most senior people matter most.

However, researchers seem to have two opposed views of meetings. One view is that the work of meetings is instrumental, palpable and explicit: they are there to make decisions, to engage in deliberation, to conciliate about content in conflicts. They are to be measured, on this view, by how far they decide efficiently and effectively what they are officially supposed to decide (Simon, 1997 [1945]).

The other view is that meetings are for doing something organisationally important but which is unspoken, does not appear on the agenda, but which gets done successfully or otherwise, in the course of being in the same place and speaking or remaining silent according to certain conventions. Meetings are places where participants tell narratives about who they collectively are, sustain culture, organise shared emotions, sustain loyalty, and conciliate over social relations in conflicts. This second view is that the work of meetings is social, symbolic and implicit: they are held to sustain organisational cohesion above all (Schwartzman, 1989; Huff, 1988; Weick, 1995; Meyer and Rowan, 1977).
In this paper, we explore the relationship between these two views, using, as a case study, a high level joint commissioning board meeting of a local authority and health authority. Firstly, we summarise a selection of the research on formal meetings. As this research suggests that these meetings have never undertaken the roles ascribed to them by policy-makers, the paper goes on to explore formal meetings as organisational rituals and the ways in which they confer importance and influence on some perspectives on organisational priorities at the expense of others. In so doing, it draws upon the example of the Somerset Joint Commissioning Board (JCB). Finally, the conclusion reflects on the place of the formal meeting in organisational life and the implications of extending the membership of these boards to include groups that have previously been excluded.

The research on formal meetings
The research on boards – the formal meetings at which corporate decisions are presumed to be made – is, at best, lukewarm about their instrumental impact. In the NHS, the performance of the boards created following the implementation of the ‘Working for Patients’ (Secretaries of State for Health, Scotland and Wales, 1989) reforms in the 1990s became the subject of two observation-based research studies (Peck, 1995, Ferlie et al, 1996). Peck (1995) observes from his detailed study of one board that, ‘in this case, it would appear that the board is merely approving strategic directions established by the managers.’ Ferlie et al (1996) note from their research of eleven boards that it is ‘problematic to assess the overall effectiveness of the role of the non-executives in the formulation of strategy or in monitoring and ensuring probity’ (p159). At the same time as these studies were being conducted, Rao (1992) was interviewing 250 councillors across the UK with the aim of understanding the influences upon them. He concludes that, ‘the majority of councillors showed a greater preference for dealing with individual problems…only a minority gave first priority to participating in policy making…there is a clear tension between the pressures of representation and decision-making’ (p32).

It might be tempting to reflect that formal meetings in the private sector are more effective at fulfilling their prescribed functions than those in the public sector. The research does not support this view. The investigation of the roles of private sector boards is typically based on questionnaires and interviews which elicit the board members’ personal views of the role of the board on which they serve. For example, Mace (1971) interviewed 175 American directors involved with manufacturing, mining and retail companies. He concludes that, ‘three important functions are performed by boards of directors: the board provides advice and counsel; the board serves as some sort of discipline; and the board acts in crisis situations’ (p13). He found that boards do not undertake the ‘classical functions’ often ascribed to them in policy documents, that is: establishing basic objectives, core strategies, and broad policies; asking discerning questions’ (p13).

In a more recent study, Demb and Neubauer (1992) interviewed 71 board members of private organisations and reported twenty potential roles. They found that, ‘in the opinion of directors, the most important tasks seem to be: setting strategic direction/creating policy for the corporation; securing succession/hiring and firing of the CEO and top management; controlling/monitoring/supervising; caring for shareholders/ensuring dividends and; deciding on the use of resources/investments and disinvestments’ (p44).

These two papers typify much of the inconsistent evidence about the roles of boards in the private sector literature. However, most of these studies share a methodological weakness in being entirely reliant on the insight and objectivity of the actors. Winkler (1987) contends that, ‘élite renderings are vulnerable to self-justification, the impulse to rationalize and to tidy’ (p130). Demb and Neubauer (1992) recognise this point. In answer to their question “Are you involved in strategy”, they reflect that, “perhaps it is not surprising that the vast majority answered “yes”” (p75).

Some studies seek to overcome this problem by analysing the minutes of board meetings. An example of this approach is the examination by Le Rocker and Howard (1960) of the records of the board meetings of 18 American hospitals over a two year period from which they
conclude, ‘that none of the varying patterns of board performance is consistent with the ideal model’ (p188).

The first author has argued elsewhere (Peck, 1995) that research on formal meetings based on actor interviews and document analysis is fatally flawed. It is crucial that data from these sources are triangulated with data from observation of boards in action.

There is, however, limited literature based on the observations of private sector boards. In one study, Winkler (1974, 1975) observed board meetings in nineteen companies. He notes that, ‘most board meetings we observed were formalistic affairs, with meagre debate, few probing questions, little serious discussion even. They were certainly not the forum in which the critical decisions of capitalism were made....effectively, the board was a legitimising institution for decisions taken earlier and elsewhere’ (1975, p140). In another study, Brannen et al (1976) observed divisional board meetings, which included worker directors, at the British Steel Corporation. They reported that, ‘the agenda would be strictly adhered to, and given that the agenda almost always remained the same, the meetings followed a predictable pattern. The full-time directors would not question each other, and would rarely contribute unless asked to by the chairman....without doubt, the dominant characteristic of board meetings was the emphasis upon the controlled and rational presentation of arguments and the avoidance of conflict’ (p175).

Many commentators have discussed the reasons for the apparently marginal impact of boards on the decision-making of organisations. Pettigrew (1992) suggests that, in addition to ‘superior expertise, information, and advice available to management’, there are, ‘norms of board conduct which restrict the outsiders abilities to act as strident independent voices.’ Bavly (1986) argues that executive directors use a combination of time constraints, information control and power of patronage to ensure that non-executive directors and, therefore, boards, remain ineffective. This argument accords with the view of Waldo (1985) who suggests that boards are compliant because ‘most board members are nominated by the chairman or others on the board with whom they remain friends and/or business associates’ (p12). Starkweather (1988) states that the power of the board is ‘an agreeable and convenient fiction’ (p82).

Most the research on boards dates from the last fifty years. However, the corporate board is only one of the more recent manifestations of the longstanding importance of the formal meeting. Indeed, van Vree (1999) gives an account of the development of modern meeting behaviour which commences with the sessions convened by Frankish bishops in the sixth century. However, he also notes the late Roman influence on these meetings in ‘the use of a building as a meeting place; the use of a preplanned agenda…; the precise allocation of seating and standing places; and the making of decisions which, on paper, were determined by majority vote but which were, in practice, usually made by one person’ (p34). From the fifteenth century, he is able to cite Erasmus as the source of guidance for participants’ behaviour within meetings which is still observed today, suggesting, for instance, avoidance of personal insults, speaking in turn and respect for confidentiality. The processes of our modern formal meetings – including their apparently weak connection with the taking of corporate decisions – are grounded in a long and remarkably resilient history. Clearly, something other than their impact on decisions is sustaining them. In these circumstances, the authors turned to the anthropological literature on ritual to try and establish a better understanding of the longevity and influence of the formal meeting in organisational life.

**The formal meeting as organisational ritual**

There is an extensive literature on ritual. For the purposes of this paper, the characteristics of ritual-like activities can be limited to those set out by Bell (1997) in her synthesis of the anthropological research. She identifies six characteristics: formalism; traditionalism, invariance, rule-governance, symbolism, and performance. Each of these is briefly introduced in the following paragraphs, with connections made back to the review of the research literature above. Although none of the studies cited explicitly links their findings to ideas drawn from anthropology, they are clearly discussing issues familiar in writings on ritual.
Bell notes that, ‘formality is one of the most frequently cited characteristics of ritual’ (p139). The limitations on how something can be expressed, she argues, also restricts what can be expressed. She points to the nature of formal speech as an example, which ‘tends to be more conventional and less idiosyncratic or personally expressive’ (p139) than common speech. ‘Formalistic’ is itself one of the terms that Winkler (1975b) uses to describe the activity of the boards that he observed, and Brannen et al (1976) comment on the formal way in which presentations were made to the BSC divisional boards.

‘Most rituals appeal to tradition or custom in some way’ (p145), Bell claims, although she also recognises that ‘it is hard to make any clear distinction between traditionalism and many other complex modes of ritualisation’ (149). The apparent points of continuity between the boards observed by Brannen and his colleagues (1976) and those described by van Vree (1999) suggests that tradition plays a strong part in the life of formal meetings.

Bell sees invariance as ‘one of the most common characteristics of ritual-like behaviour…a disciplined set of actions marked by precise repetition’ (p150). The consistency of behaviour described in the study by Peck (1995) suggests such discipline. However, some anthropologists challenge Bell’s emphasis on invariance, suggesting that rituals are constantly evolving and thus subject to change (Hobsbawm and Ranger, 1983; Wolf, 1997 [1982], 194). For example, in Britain, both royal ceremonial and Parliamentary ritual have changed hugely in the last century.

Observance of rules within ritual, according to Bell, ‘hold individuals to communally approved patterns of behaviour, they testify to the legitimacy and power of that form of communication and perhaps they also encourage human interaction by constraining the possible outcomes’ (p155). Pettigrew (1992) draws attention to the ‘norms’ of board conduct and Bell herself sees the ‘complex negotiations that attend formal bargaining between company management and labour unions’ (p155) as an example of a rule-governed ritual.

Bell suggests that two sorts of activities using symbols make them characteristic of rituals. The first is their use to differentiate some places from others by means of distinctive acts or responses. Whilst acknowledging the importance of the differentiation of place, some anthropologists (e.g. Turner 1995 [1969], 1982) put more emphasis on the importance of ritual and its symbols in the structuring of time. The second, for Bell, is ‘the way they evoke experiences of a greater, higher or more universalised reality – the group, the nation, humankind…’ (p159). The importance attached to minutes of formal meetings as symbols of continuity and difference in the life of organisations is central to the research of Le Rocker and Howard (1962).

In respect of performance, it is ‘the deliberate, self-conscious “doing” of highly symbolic actions in public’ (p160) that makes rituals what they are. The description of Starkweather of board behaviour as a ‘fiction’ stresses the performative aspects of the meetings that he has experienced.

This identification of formal meetings as organisational ritual starts to explain both their longevity and continued influence in the context of research evidence which typically reports that these meetings do not do what it is that they supposed to do (e.g. set and monitor policy and strategy). It also opens up the potential for examining formal meetings as settings where central processes in the organisational life take place; processes, that is, other than organisational decision-making.

Schwartzman (1989) identifies two such functions for formal meetings. Firstly, she argues that ‘meetings are an important sense-making for organisations and communities because they define, represent, and also re-produce social entities and relationships’ (p39). Secondly, she contends that ‘meetings may be a major form for the creation of community or organizational identity…the event becomes a vehicle for the reading as well as validation of social relations within a cultural system’ (p41). In focusing on sense-making and validation, Schwartzman is building upon a well-established anthropological literature which will
provide the theoretical structure for the analysis of the case study – of the Somerset Joint Commissioning Board – which is introduced in the next section. The paper will focus upon three theories of meeting ritual from this literature: as a method of sustaining social solidarity between members of any community (e.g. Durkheim, 1995); as a way of institutionalising codes of speech which both reflect and reify power relationships (e.g. Bernstein, 1971); and as a process of creating consistent patterns of response within which issues of importance are selected and addressed (Goffman, 1967).

**The case study of the JCB as meeting ritual**

The context, role and membership of the JCB are outlined in Box One. As part of a larger evaluation of health and social care partnership in Somerset (Peck, Gulliver and Towell, 2002), meetings of the JCB were observed between its first meeting in April 1999 and June 2001. The documents of the JCB were content analysed, and participants were interviewed at annual intervals on three occasions, the first time being in March 1999. A detailed account of the research on the JCB is contained in Peck, et al (2002), and only those aspects which are relevant to the JCB as ritual are discussed here.

**Box One – The Somerset Joint Commissioning Board**

Somerset is a predominantly rural county in the South-West of England with a population of around 470,000. It has a history of largely shared boundaries between the health authority and county council stretching back to 1974, and an established tradition of partnership working manifested, for instance, in the implementation of joint strategy for the closure of a long-stay psychiatric hospital (Carpenter, 2000). The constitution of the JCB mapped out its “objects”: ‘to commission, monitor and evaluate mental health and social care services for people in Somerset’ (Somerset Health Authority/Somerset County Council, 1998, p1). It included as the first function for the board, ‘the strategic direction and planning of services’ (p1). The JCB brought together as members four Somerset Health Authority non-executive and executive directors (two of each) and four Somerset County Councillors (local authority officers were in attendance). As the JCB was a formal sub-committee of both the Health Authority and the Social Services Committee, it was only these eight members who would be entitled to vote on issues, if the need arose. One representative from each of the four Primary Care Groups (PCGs) – and subsequently Primary Care Trusts (PCTs) - was a non-voting member, with the representative changing from a GP to the chief executive after the first year, as was a nominee from the Community Health Council. Two service users and two unpaid carers were also non-voting members, although these four only joined the JCB twelve months into its existence. The Chair and Chief Executive of Somerset Partnerships Mental Health and Social Care NHS Trust were observers. Additional Health Authority and Trust executive directors also attended, as did the joint commissioning manager. By March 2001, the number of named participants had grown to twenty four.

There were two executive arms to the JCB: the Joint Executive Team (JET); and the Joint Commissioning Team (JCT). Initially, the JET was made up of the Chief Executives of the Trust and Health Authority, the Director and Deputy Director of Social Services, and was chaired by the Joint Commissioning Manager. The Chief Executives of the four PCTs (or their representatives) joined later. The role of this team was to discuss the items and papers that were to go to the JCB. The purpose of the JCT was to prepare these items and papers.

The research revealed that the JCB exhibited a number of the characteristics of a ritual discussed above. For instance, the symbolism of the meeting – e.g. the format for the agenda, minutes and papers – was in the tradition of Somerset County Council Committees. This was, in the words of one interviewee, to ‘ensure that the local authority members felt comfortable with the model of working’, i.e. that the established meeting customs of local government were respected.
The approach adopted was also aimed at maintaining consensus. As one participant put it the objective was ‘more to limit the potential of tension rather than to explore ways of resolving tension’. The formality of the JCB thus served to limit the range of contributions that could be made. Further the meetings showed distinct invariance in the ways they quickly fell into a pattern with one item being discussed in detail then each following item taking no more than 5-10 minutes; 72% of items were discussed for 10 minutes or less. Some local authority members were open about the limited impact of the JCB: ‘I don’t think that we were anything like tough enough on them [the managers]’, suggesting that the established rules of engagement set perceived parameters around the contributions. Most members recognised that the JCB was, in the words of one member, ‘stage managed’, a metaphor that introduces the idea of JCB as performance.

Importantly, it was those members of the JCB unfamiliar with the customs and rules of the meetings of the County Council who served the highlight their nature. One local authority member reported, ‘I think health authority officers have found it very difficult to deal with people who …wanted to know more about things or how it got to that point’. Another observed that: ‘health authority members don’t like to debate things – they like it cut and dried before the meeting.’ In a similar vein, yet another said: ‘the issues are more rigorously challenged by the local authority members than by other members of the board.’ Whilst acknowledging the self-justification that may colour the accounts of these actors, it is interesting to note that all of the (very few) proposals at first rejected by the JCB were contained in papers written and presented by health authority officers, mostly in the early months of its existence. This seems to demonstrate that although formal meetings may have similar characteristics across organisations, they are by no means identical in the way in which these characteristics are enacted.

The health authority officers soon adapted. Initial representatives from the primary care organisations, general practitioners (GPs), did not. During interviews, they indicated that they felt that they should be more involved in the decision making process at an earlier stage. They argued that there must be ‘opportune moments to involve primary care’ in the formulation of papers for the JCB, ‘we rail against decisions stitched up before they come to the Board’. The frustration of GPs was still unabated when they were replaced by their chief executives who were also invited to attend the Joint Executive Team (JET). In the final meeting observed, the primary care representatives made only one contribution between them, in marked contrast to the early sessions.

The user and carer representatives were also reluctant to adapt. Their impact on the decisions of the JCB appeared to be minimal. One participant captured the general view of user and carer involvement on the JCB: ‘not as far down the line as I had hoped it would be.’ Another indicated the limitations arising from users and carers not attending the JET, ‘it is obvious to me that the subject matter...already have been thoroughly worked over...user and carer contribution...is somewhat limited’. One carer was bemused by the minutes of the JCB: ‘when you look at the minutes, they’re very, very brief, there is nothing at all in there, even indicating that ... there were various people expressing views which others didn’t agree with’

Other comments made by JCB members suggested that the problems with user and carer representation stemmed from different expectations of what was appropriate for the board to discuss: ‘The user and carer involvement...tends to take the debate down to very specific localised operational problem areas that are not appropriate in that forum’. One JCB member reported that having a user on a board had ‘made me aware that there really is quite a lot of preconception if not actual prejudice, so it’s really attacked that amongst board members.’ This participant went on to say: ‘she [the service user] is learning to...reveal less of her emotions to argue in a more conventional, rational sort of way.’

In other words, the formalism, tradition and rules of the JCB all decreed that topics for discussions should be strategic rather than operational, and certainly not personal. This suggested that many JCB members saw ‘a need...to perhaps create a different forum...where we can engage in more detail with the users and carers than around the Board table’. One
user representative concurred with this view, suggesting that that involvement may be enhanced with a ‘quarterly meeting between...the three statutory sectors and users and carers...we would have direct access to setting the agenda of future JCBs’. The preferred approach seemed to be to create a new forum – with different forms, rules, symbols and performances – rather than reform the JCB.

Overall, the JCB in Somerset appeared to conform to previous findings on boards in the public and private sector. It spent much of its time receiving and/or approving papers prepared by a group of managers who were viewed as controlling the agenda and content of discussion. At the same time, it set parameters on the content of these papers and could, on occasions, decline to approve papers which did not fit within them. Clearly, however, the JCB was not fulfilling the role of setting policy and priorities in the way prescribed in government policy, and, indeed, its own constitution.

Although most of the JCB members recognised its limitations, the majority did not therefore conclude that it was not worthwhile. In particular, the JCB seemed to most participants to make at least three important contributions to the local system. Firstly, it was a symbol of inter-agency partnership between health and social services which set the context for partnership elsewhere in the system, ‘cementing the partnership’ or opening up ‘a network which has been lacking between health and social care’. Secondly, it was a vehicle for sustaining the commitment to mental health of senior players, ‘given this care group a much higher visibility/profile than is traditionally the case’, ‘protected the funding...on mental health.’ Thirdly it was a way of bringing added public accountability to the commissioning and providing of health care, ‘democratic input into a health Trust’.

These contributions highlight the acknowledgement by JCB members of its important place as a central ritual in the maintenance of partnership arrangements between health and social care in Somerset. However, the benefits of the ritual recognised by participants do not exhaust the range of implications of that ritual. Nor is it enough merely to demonstrate that the JCB is an organisational ritual. It is also necessary to explore the implications of that ritual for the management of these public services in Somerset. This chapter turns next to these implications, using the frameworks developed by Durkheim (1995), Bernstein (1971) and Goffman (1967) respectively.

Meeting ritual as a method of sustaining social solidarity between members of an élite

One of the participants in Somerset put this succinctly: ‘cementing the partnership’. The research in Somerset attributed the origins of the JCB, amongst other factors (Peck et al, 2002), to a well networked governing élite with apparently consistent ideology. The JCB served to build further the connections – the social solidarity – between that élite through the adoption of rules and customs which stressed the importance of consensus. The Somerset way of working was described as encompassing a ‘lack of tension’ that would encourage ‘the ability to work together’. There was a reported hierarchy to commissioning – ‘it has been kept very much at the head, chief executive to chief executive, level’ – that the JCB was there to sustain.

Solidarity of this kind, maintained in part by the ritual form of the meeting, is however in reality a process that only takes place in conflict: the Durkheimian account is not Parsons’, for it stresses that all group identities are sustained in part against others (Collins, 1975, 1988). This was true in the case of the JCB. For the claim of universal harmony described in the remarks about the Somerset style showing a “lack of tension” cannot be taken at face value, once put into the context of the observational data of board behaviour.

Durkheim (1995 [1912] argued that rituals are enactments of the social structure: roles, statuses, differences and equalities are bodily enacted, and this demonstrating function of ritual is a key means by which they do their work. As Goffman (1967) realised, this puts a great weight on the bodily deportment and physical demeanour with which people conduct themselves in meetings. One striking example of the importance of deportment and demeanour demonstrated at the JCB was manifested in the behaviour of one of the managers present. For example, a service user member recalled a time when he was asking questions of another manager about the funding
provided for the user advocacy service in Somerset. He felt that the first manager was behaving in such a way as to imply that his concerns were not appropriate to the meeting (e.g. raising eyes towards the ceiling). Subsequently, the researchers observed that the manner of the individual concerned would frequently suggest frustration whilst other members spoke, often by whispering to a colleague.

Durkheim also showed that one of the ways in which rituals sustained social solidarity between members of a community – when they were successful in their own institutional terms – was that they elicited certain emotions among the participants. The emotional tenor of the JCB meetings was predominantly flat. During interviews, members regularly referred to the importance of ‘loyalty’ to the innovation. Such loyalty was expressed during interviews with JCB members through identifying the importance of the Board: ‘The JCB has created the vehicle for better joint planning empathy for the social as well as health dimension of mental health’. In addition, some members expressed disappointment when it appeared that others would be resigning from the JCB ‘she’s been a champion for both mental health and learning disabilities, so we’re losing that champion’. This overall mood made the challenging contributions from GPs and elected members all the more memorable.

**Meeting ritual as a method of institutionalising codes of speech**

One of the contributors to and consequences of the building of social solidarity within an élite is the institutionalisation of specific codes of speech which both reflect and reify power relationships (e.g. Bernstein, 1971). JCB members familiar with the customs of formal meetings in health and social care were clear about the content – which was to be “strategic” – and the nature – which was to be “rational” – of the forms of speech that were acceptable at the JCB. It is therefore unsurprising that users and carers on the JCB seemed to feel that they were initially speaking a different language, both literally and metaphorically, to other members. It was not until their second year of being involved with the JCB that the user and carer representatives started to feel that they could understand the language of the meetings. During the final round of interviews, one remarked that ‘the JCB and the joint commissioning team are now talking a language which we’re very familiar with’.

The style of speech in meetings of a relatively tightly knit cadre of people with defined roles is likely to exhibit what Bernstein (1971) called a “restricted code”. This involves using a narrow set of phrases, not needing to spell out all the assumptions, where making reference to someone’s role or status is sufficient to indicate reasons for action, capabilities and permissions, and where the bodily demeanour of speakers indicates and enacts their social status. There were differences between the health and social services representatives at the JCB’s inception. For example, when an officer of the board presented the draft service agreement with the Trust, he was accused of being too specific on one hand (by the health authority nominees) and not specific enough on the other (by the local authority nominees). Commenting upon one of the few papers to be rejected by the JCB, the officer involved nonetheless felt it had helped to establish the boundaries of discussion: ‘they had to understand the limits of that agreement...if members felt that they haven’t been advised properly about the decisions they were making, they would have felt let down by the officers’. This event helped to define the parameters of the “restricted code” to be adopted by the JCB.

However, when faced by user and carer representatives who were not trained and acculturated in those assumptions, to whom the role and status distinctions so central to the health and local authority members’ work were of little account, there were pressures to shift to what Bernstein (1971) called an “elaborated code”. Elaborated code speech draws on a wider repertoire of vocabulary and syntax, is oriented to making explicit the assumptions and principles that would remain implicit among speakers of a restricted code, where reasons for action must refer to the nature or consequences of actions rather than to what is appropriate to a person of a given status or role. Deportment in speaking and listening will be less stiff, for speech is oriented less to the enactment of differences than to the achievement of voluntary commitment. This became more apparent towards the end of the evaluation where service users and carers were more involved in the development of proposals that went to JCB meetings. In addition, some members of the
board became more adept at using this type of language than others, and for these members, the reward was a sense of loyalty from user participants: ‘He’s decisive, has credibility, whilst able to be sincere, and so I trust him’.

Meeting ritual as a method of creating consistent patterns of response

Both the social solidarity of an élite and the institutionalisation of their codes of speech serve to maintain consistent patterns within which issues of importance are selected and addressed (Goffman, 1967). These patterns have also been conceived as classifications (e.g. Hacking, 1986, 1992) within which issues are categorised, prioritised and addressed, or not addressed.

One of the functions of ritual in any organisation is to fix systems of classification. In his study of the meetings of a working group charged with the development of a nursing information system, Westrup (1996) showed that the ritual order of the meetings was essential in fixing systems of classification for types of information, and for budgeting, in several ways. First, the ritual order served to reduce uncertainty about the definition of the task by first reducing uncertainty about the manner in which it would be done and reduced uncertainty about the organisation of the rhythms of time during and between meetings. Secondly, the ritual was sustained by a myth that making decisions in the prescribed manner would assist in ensuring the efficacy of the content of those decisions. Third, by fixing the roles of the participants in the meetings, the ritual order provided a metaphor for the classifications of types of information, just as Durkheim (1995 [1912]) argued that ritual supported the transposition of ideas of social structure onto ideas of other things (cf Durkheim and Mauss, 1963 [1902-3]). In all of these ways, the ritual order sustains coherence and consistency of action.

But the ritual pressure can of course be resisted by counter-ritual, which may in turn be controlled or accommodated through ritual performance. For example, the GPs who attended the early meetings of the Somerset JCB became frustrated with the ritual process of fixing classifications. For instance, a paper on the strategic development of drug misuse services prepared by a health authority officer came in for sustained criticism from GPs as it did not address the concerns arising from their anecdotal experiences (and neither had they been consulted on its contents). The paper was withdrawn, only to reappear and be passed, substantially unchanged, at the next meeting. The GPs also resented the level of artifice in the presentation of papers. They would have preferred more informed debate on their content with the person who prepared them. As one put it: ‘when you see papers with people’s names on it and you know ... they’ve had bugger all to do with the writing, it kind of, dilutes the credibility ... and the reality around that particular issue’

Meeting ritual as organisational settlement

The combination of increasing social solidarity between an élite, the further institutionalisation of codes of speech and the reification of fixed classifications of what constituted appropriate business meant that users and carers, and to some extent GPs, felt excluded from contributing significantly to the JCB. This is not to say, however, that the presence of users and carers did not have an impact on the relationship of those individuals with the élite, and perhaps more broadly between users and carers and the health and social care system. Their presence may have altered the behaviour of other members. It may have contributed to local users and carers becoming better informed about important issues, and ways to influence them. Most of all, however, by their invitation to them to join, the élite that formed the JCB was indicating a new form of settlement between users and carers and itself, a settlement where the élite granted them the right of presence.

The use of the language of the gift is deliberate. Mauss (1990 [1923-24] argues that an important strand in gift giving is the ritual act of both fixing of asymmetric relationships of both power and reciprocity, and also binding disparate stakeholders into the organisation. In this case, what is gifted is the opportunity to participate. In this way, opportunity is granted, but the discretionary character of that opportunity is subtly reinforced. In return, service user
and carer representatives were expected to bring gifts of their own, albeit one’s appropriate to their status.

The gifts that the members brought to the JCB were varied, amongst which the gift of presence to service users – including them within the boundaries of the formal meeting – was only one. For example, the health authority and local authority brought (enhanced) resources and the chief executive of the Trust brought accounts of progress of the implementation of the JCB’s plans.

One influential way of thinking about the variety of basic ways of organising, and the relationships between them, involves four basic forms: individualism, hierarchy, enclave and isolates (Thompson et al, 1990; Douglas, 1970, 1982a,b; Mars, 1982; Gross and Rayner, 1985). On this account, meetings dominated by any one each of these styles will tend to adopt distinct ritual forms. These styles will reflect, but more importantly reinforce, their institutional form of solidarity. The nature of these ritual forms follows from the principle of organisation, and indeed, they arise because of the institutional imperative to enact that principle of organisation in order to bind people into it.

Consider first the hierarchical form. Here, the ritual order must display both the importance of the collective character of the organisation (in this case the joint board) to its members and to any observers, subtly remind people of the boundary between insiders and outsiders, but it must also mark differences of status and role within the group of insiders. Processions are archetypical hierarchical rituals, for only full members make the progress, they wear the insignia of membership, they march in rank order under banners that display their role, and being in the procession proclaims loyalty to the organisation. In the etiquette of meetings, a set order of who may speak, norms on who defers to whom with what kinds of words, who must sum up and define the “consensus”, and strictly limited roles for outside observers are some of the hallmarks of the meeting-as-procession.

As we have seen, when such rituals are effective in their own institutional terms, they generate very particular emotions, which serve to bind people into the structure of the hierarchy. A deferential respect for seniors is combined with a controlled sense of one’s own role. Over time, being part of the procession reinforces both the emotional commitment and loyalty that the member feels, and also the sense of security that one’s contributions and role are valued. However, when they fail in their own terms, such rituals can produce demoralisation and bemusement and a sense of banality and sham among the “lowerarchy”. People in that situation can come to feel themselves to be trailing at the back of the speaking queue, that the integration of hierarchy is a charade rather than a procession, and feel bemused by the baroque profusion of status distinctions which seem only to reinforce their own subaltern status.

As Aristotle (1991) showed, different kinds of institutional setting call for different kinds of rhetoric – a key marker of the nature of the ritual order. He distinguished between the deliberative rhetoric of the debating hall, the adversarial rhetoric of the law courts, and the display or “epideictic” rhetoric of praise or of “we-feeling” used, for example, by politicians on occasions of great public mourning. Oddly, he omitted – perhaps because he disapproved of it – the category of demagoguery which is characteristic of the enclave organisation. Sadly, Aristotle also showed little interest in the ironic, anecdotal, even satirical style of rhetoric. An exemplar of this is the rhetoric of stand-up comedy, where the comedian may “die” at any moment on the whim of the audience, where the audience has few or no ties to each other and which disperse as casually as they arrive and where the rhetoric represents the world as unending absurdity: this is the rhetoric appropriate to the world of the isolate (Handelman, 1982).

In hierarchical settings, the ritual order of meetings typically calls for a mix of deliberative and epideictic rhetoric. Normally, the meeting will open and close with epideictic speech, reminding participants and observers of the importance of the decisions (and thus of the organisation), and the rhythms of its time structure may be marked by brief pieces of such
display during the meeting – for example, between agenda items. However, a rather formal style of deliberative rhetoric is called for, explicitly balancing advantages and disadvantages, offering recommendations, gracefully responding to anticipated or actual objections, and so on.

Each of the four basic ways of organising can be shown to produce distinctive emotions when they are successful and when they fail in their own terms, and to elicit distinct types of rhetoric. Figure One summarises the main characteristics of each: it shows the four basic forms as being derived from a cross-tabulation, first introduced by Douglas (1970) of Durkheim’s (1951 [1897]) two basic dimensions of social organisation, and it draws on Handelman (1982).

**Figure One: How different styles of organisation produce different kinds of ritual, with different consequences**

<table>
<thead>
<tr>
<th>Social regulation</th>
<th>Isolate</th>
<th>Hierarchy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(restricted code)</td>
<td>Exemplars of ritual style: satirical stand-up comedy</td>
<td>Exemplars of ritual style: procession</td>
</tr>
<tr>
<td></td>
<td>Emotions elicited in ritual, when successful in its own institutional terms: irony, ridicule, stoic will to endure</td>
<td>Emotions elicited in ritual, when successful in its own institutional terms: respectful deference for status, amour-propre for own role, commitment, sense of security</td>
</tr>
<tr>
<td></td>
<td>Emotions elicited when less successful: bitterness, sense of arbitrariness, opacity and banality</td>
<td>Emotions elicited when less successful: Demoralisation, confusion and bemusement at opacity of the opacity complexity of institutions. Sense of banality</td>
</tr>
<tr>
<td></td>
<td>Type of rhetoric: ironic, anecdotal, picaresque</td>
<td>Type of rhetoric: display (epideictic) for symbols or for whole order, or deliberative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individualism</th>
<th>Enclave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exemplars of ritual style: trade fair, street market</td>
<td>Exemplars of ritual style: religious revivalist meeting, militant picketing strikers meeting</td>
</tr>
<tr>
<td>Emotions elicited in ritual, when successful in its own institutional terms: aspiration, excitement, controlled envy for competitive rivalry</td>
<td>Emotions elicited in ritual, when successful in its own institutional terms: passionate commitment, collective effervescence, passionate rejection of outsiders and those seen as insiders who have betrayed the institution</td>
</tr>
<tr>
<td>Emotions elicited when less successful: insecurity, dejection at own defeat, frustration at what seems futile and self-defeating rivalry</td>
<td>Emotions elicited when less successful: schism</td>
</tr>
<tr>
<td>Type of rhetoric: litigious, adversarial, or display (epideictic) for individual praise and blame on achieved characteristics</td>
<td>Type of rhetoric: demagogic – charismatic, confrontative of outsiders and traitors (ranting), passionately supportive of insiders</td>
</tr>
</tbody>
</table>
There can be of course, hybrid forms; indeed there can be two-, three and four-way hybrids. Organisations can change over time from one type or hybrid to another. This is, indeed, demonstrated by the example of the JCB.

On this analysis, the Somerset JCB turns out to be a basically hierarchical ritual order, which allowed some contained space for individualism. Confronted by user and carer representatives, the ritual order was under pressure. Determined to avoid allowing the JCB to become a space for enclave organisation, and alarmed by the possibility that the “personal” matters raised would create a space for collective effervescence among the users and carers that might lead to divisive representation of participants as either heroes or villains, the proposal to create a separate meeting with a distinct ritual order was a predictable hierarchical response.

Earlier in its existence, the contributions of the GPs represented the challenges that arise from the isolate form. Their preferred rhetorical style within the meetings was a form of ridicule, questioning the motives and competence of managers. During interviews, they were angry at the apparently opaque and arbitrary nature of the decision-making process. Initially, the hierarchical order attempted to accommodate these contributions by referring papers rather than accepting them. Ultimately, they removed the threat by replacing the GPs with managers from the primary care organisations who were familiar with the meeting-as-procession. They also gave these managers membership of the JET.

The JCB, therefore, went through successive two-hybrid forms. The first was a hierarchical-isolate form and the second was a hierarchical-enclave form. Neither hybrid was, as we have seen, an entirely happy or stable affair, and its instability showed up in the difficulty the JCB found in stabilising its ritual order and therefore in entirely binding all participants into the structure. Neither the GPs nor the user and carer representatives settled wholly or easily into the norms or the rhetoric, and the ritual did not elicit in them the emotions required for a successful performance in hierarchical or individualist terms.

However, the arrival of the chief executives of the primary care organisations introduced a renewed element of individualism into the JCB. The competitive rivalry of these managers – both with each other and with the health authority which they were to largely replace – was handled within an overall settlement between the hierarchical and the individualist.

Conclusion
The argument in this paper suggests that researchers should be wary of putting too much stress on the instrumental purposes (e.g. setting and monitoring strategy) of the formal meetings. Such a stress – which runs contrary to all the evidence in the public and private sector – creates expectations amongst researchers undertaking observational research, especially those unfamiliar with the meeting-as-procession, that can only be disappointed and where papers will repeatedly report on the apparent failure of meetings. However, this requires that studies of formal meetings in organisations develop a different focus, and one that moves beyond descriptions of whether or not they fulfilled their constitutional role.

Rather, the emphasis should be on formal meetings as rituals, exploring the ways in which they create and recreate social solidarity. One theory-driven approach to such research has been presented and applied in this paper. It has argued that the task of researchers is to see local systems as settlements between all four of the potential forms identified in the matrix, where potential instabilities of each of the single forms and each of the two- and three-way hybrids may be contained or exhibited. Future research is needed to establish whether these settlements are cognisant of the preferred styles of participants, and of their implications. The principle of requisite variety in the ritual order of meetings may be the only viable way to allow articulation of all the institutional forms that make up the health and social care system, and further studies should be examining the extent to which these are used. Amongst the options available include:

- separation – distinct rituals for different occasions;
exchange – distinct forms for different strands of meetings, but where each performs specific services for the work done in each of the others;

compromise – same occasions, mixed forms acknowledged and given status; and
tolerated spaces – where all four forms can be articulated without disturbing any too much (e.g. special away-day sessions with specific ritual order where all stakeholders are given space to operate according to their own code).

Each of these is fragile. Separation can limit conflict, but it can also result in the distinct meetings suffering all the problems of single ritual forms. Exchange is sometimes hard to structure well. Compromise can be costly to sustain. Tolerated spaces often work best in provisional settings rather than over the long term. Often, it will be necessary for organisations to use each of these in turn. However, we have a lot still to learn about the social, symbolic and implicit roles of formal meetings, and the theoretical frameworks that can enable us to understand them.

References

Starkweather D, 1988, ‘Hospital board power’, *Health services management research*, 1, 2, 74-86.
Winkler J, 1975, ‘Company directors...or corporate knights’, *The director*, 27, 1, 85-87.