



Performative Silences: Potentiality of Organizational Change

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Abstract

The article highlights the importance of silence in the change process of organizations, making the claim that silence distributes authority and decision-making processes. It thus adds to existing organization literature that applies a performative approach to silence as neither static nor neutral. It creates new realities. Silence as an act, rather than a noun, is conceptualized as central to organizational change. Through an ethnographic study in a mental healthcare organization, it is shown how different performances of silence make new decision-making processes available and influence new work practices that are central to understanding the particular characteristics of psychiatric organizations. Although the performance of silence can have somewhat immaterial and mundane connotations, when one uses an actor-network theory approach to organization studies, the performance of silence becomes helpful in conceptualizing how new and old practices are often imbedded into each other.

Keywords

actor-network theory (ANT), ethnography, health care, organizational development and change, performativity, psychiatry, science and technology studies (STS), silence

Introduction

Silence is an everyday phenomenon. It is everywhere, but usually goes unnoticed, simply filling the gaps between more acknowledged sounds. However, a growing body of research is now focusing on silence and the real role it plays both in our private lives and within organizations (e.g. Böhm & Bruni, 2003; Calàs & Smircich, 1991; Cooren & Fairhurst, 2004; Fletcher & Watson, 2007; Gambarotto & Cammazzo, 2010; Morrison & Milliken, 2000). Most approaches to silence embrace the idea that silence is simply a mundane form of non-communication, but silence and its products actually vary considerably. With the aim of fleshing out such variations, this article draws on a six-month ethnographic study of a district psychiatric team as they endeavour to implement a change initiative with a new treatment approach.

The article is divided into two parts. In the first I present and discuss current approaches to silence, primarily in organization studies. Inspired by actor-network theory (ANT) (e.g. Callon, 2007; Latour, 1999; Mol, 2002) and the concept of performativity (e.g. Orlikowski, 2007), I

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suggest that studies on silence should not be based on linguistic, ideological or individual roots alone, but should also explore the performance of silence as a change agent that creates new realities in our work practices and professional relations (Mol, 2002).

This focus on performativity brings theory into being and acknowledges the influence of socio-material entities in changing different actors' practices.¹ Current research furthers Austin's (1968) idea that statements are 'actively engaged in the constitution of the reality that they describe' (Callon, 2007, p. 318). In organization studies this definition of performativity is used, for example, to analyse performative praxis, with theory thus being instantiated within an organizational context as a means of reconsidering how decision-making is analysed (Cabantous, Gond, & Johnson-Cramer, 2010). Using this definition also helps to sharpen the focus on how performative everyday practices reconfigure communication norms and the organization of the workday (Orlikowski, 2007). The section on theoretical resources draws on this theoretical heritage and invokes two other related concepts – socio-materiality and ontological multiplicity – to discuss the implications of studying silences in organizations as being manifold.

The second part of the article starts with a brief presentation of the roles various silences play in psychiatry and goes on to describe the ethnographic case. In the case study, I followed an organizational change initiative conducted by an outreach team working in the adult psychiatry field. The case study excerpts used in this article were selected on the grounds that obtaining a detailed description of both the human and the non-human entities in the situations where silences occur is a useful avenue for exploring how different professional relations and decision-making processes are performed.

Next, I present two analyses of data obtained from video recordings done for the study. On this basis, I discuss how the theoretical concept of performative *silences* can affect our understanding of organizational changes. From an analytical standpoint, performative silences create situations in which *decision-making processes* are put on hold. They further facilitate *active participation* but can also play a role in actors' *support* of and *resistance* to organizational changes. In short, how silence is defined depends on the detailed human and non-human entities to which it is connected at a given time. Therefore, silent situations need to be described in a way that shows not only the linguistic, ideological or individual meaning of silence itself but also its ontological multiplicity.

Overall, the article contributes to the field of organization studies by conceptualizing silence in novel ways, and utilizes the particularity of the psychiatric organization to discuss the prevalence of silence in organizations at large. Furthermore, the use of ANT tools serves to shore up the argument that the noun 'silence' can only exist as a continuous result of performances. This could help shift the focus of organization studies away from formal organizations to everyday, mundane technologies that perform 'organizing'. To this end, the article highlights how that which is generally considered mundane can make an important contribution to our understanding of change processes in organizations. Silence is shown to be a platform for ordering, where new knowledge claims, decision-making practices and organizational initiatives, i.e. new distributions of authority, can take place. Silence also plays an important constituting role, creating a space where the meeting of old and new practices gives rise to performativity struggles. In short, it is argued that the effects of silence can be fruitfully discussed in the field of organization studies as an important organizing agent of change.

Silence in Organization Studies

Organization studies have approached silence from various angles, the most common being ideological (e.g. Bohnet & Frey, 1999; Calás & Smircich, 1991; Clair, 1998; Gambarotto & Cammozzo, 2010; Pinder & Harlos, 2001; Star & Strauss, 1999). Some have studied silence as a symptom of

oppression (Calás & Smircich, 1991), while others have examined it as a taboo (Morrison & Milliken, 2000; Zerubavel, 2006). In the study of silence on an ideological level, both positive and negative power relations have been posited as regards the performance of silence. For example, Star and Strauss (1999) argue that silence is a sign of unacknowledged, albeit important, work in organizations. They suggest that an analysis of 'articulation work' should be done to un-silence what is defined as work in organizations and to make the unexpected visible. On the other hand, Fletcher and Watson (2007) argue that 'there are people in society and in organizations from whom we hear very little but who wield power over those who are visible and audible on stage or who, alternatively, assert themselves against power through their silence' (p. 156). Morrison and Milliken (2003) suggest that to understand organizational voice and silence, one must understand in detail the kinds of organizational contexts in which people do and do not speak up (Morrison & Milliken, 2003). Silence is a symptom of 'potential problems' that are withheld by employees, and 'many organizations are caught in an apparent paradox in which most employees know the truth about certain issues and problems within the organization yet dare not speak that truth to their supervisors' (Morrison & Milliken, 2000, p. 707). Morrison and Milliken argue that organizational silence can be a potentially significant obstacle to the development of pluralistic organizations, which value and respect employee differences (p. 707). Their study presents a model of how this negative silence unfolds in organizations, and they map out how silence might affect critical organizational processes and outcomes (p. 717ff). Silence has ramifications for the individual employee, manifested as 'perceived lack of control', 'cognitive dissonance' or 'feelings of not being valued' (Morrison & Milliken, 2000, p. 707). Their study thus maintains a focus on the ideological aspects of defining silence (as a sign of something unsaid or withheld) and on the notion that silence has purely negative consequences for the individual.

Other studies have dealt with silence as an individual phenomenon having both positive and negative effects, i.e. as something that can decrease innovation potentials but also incite employee involvement (Donaghey, Cullinane, Dundon, & Wilkinson, 2011; Gambarotto & Cammozzo, 2010). Researchers have judged fear-driven silence performed by individuals as qualitatively different depending on whether the fear is spurred by top management or by anxiety about sharing knowledge and information with colleagues (Gambarotto & Cammozzo, 2010). In line with this approach to silence as individual, the performance of silence has been shown to have both positive and negative impacts on employees' mental health as well as workplace relationships and productivity (Moll, 2010).

In popular and spiritual literature urging that we integrate an individual, existential approach to silence in our everyday lives, silence is defined as a prerequisite for feeling relaxed and achieving well-being and peace (Trolle, 2003) – a state of mind and body elsewhere conceptualized as the 'silence as Being' (van Manen, 1990, p. 114). This existential perspective on silence has also been increasingly applied to organizations. In this positive reading, silence has a central role in meditation and mindfulness, which in the context of organization studies is coupled with enhanced performativity and efficiency (e.g. Weick & Sutcliffe, 2006).

In more negative readings of individually based silence in organization studies, silence often seems to be conceived of as consciously controlled, which renders it a (managerial) problem that can and must be overcome to facilitate change and innovation, as if silence in employees or organizations in general embodies a failure to contribute fully to the organization's potential (Böhm & Bruni, 2003, p. 262).

The linguistic approach treats silence as entailing semiotic meaning-making. Interestingly, silence combined with articulated words constitutes the framework through which we understand human interaction. Within the field of linguistics, conversational analysis takes up a more instrumental definition of silence, approaching it as a linguistic synchronization and a one-way

model of communication resembling the one developed by Shannon and Weaver in 1948. In the linguistic tradition, conversational analysis focuses on human verbal interaction. As Auer, Couper-Kuhlen and Müller (1999, p. 13) argue, however, human verbal interaction not only occurs in the linguistic features of syntax and phonology but also includes aspects of the broader field of psycholinguistics, discourse analysis and micro-ethnography. However, silence encompassed by this definition still seems to be a linear and purely language-related matter, even in fields not dealing with the linguistic features of language. Consequently, when silences are analysed linguistically, their actual socio-material configuration is ascribed less importance than the humans performing the silence.

Cooren and Fairhurst (2004) have used, but also challenged, conversation analysis in their organization studies, thus analysing and discussing organizational nature as a range of processes that individuals achieve to coordinate their activities through conversations but also through non-human actors such as documents. They argue that non-human entities such as contracts, and not just the words staff members exchange in interactive situations, have the fundamental capacity to last or endure and thereby facilitate the stabilization of organizational routines (Cooren & Fairhurst, 2004, p. 800). Although Cooren and Fairhurst focus not on silences but more broadly on interactions as socio-material performances, their study inspires this article's discussion of silences as performative.

Having presented different ways of conceptualizing silence in organization studies as ideological, individual and linguistic, I would now like to take the inspiration gained from Cooren and Fairhurst (2004) and Callon (2007) further. The socio-material performative approach helps to conceptualize the effects of silence that are unforeseen (and thus not defined by ideology or individual intentionality) and entangled with aspects of performativity that are not merely discursive. The minute details of what constitutes silence and its effects can help us explore the complexity of change efforts in organizations.

Performative silences

Silence is not extraordinary, but rather very mundane. To understand how the world has developed, we have to explore the mundane things made invisible by virtue of their 'taken-for-grantedness' (Pols, 2006; Star & Strauss, 1999). Silence is not simply a sign that employees are taking a time-out from the real business of work; silences also produce intriguing effects, and, as such, are qualitatively important.

Performativity

Organization studies have shifted to a performative approach as they move away from a functional emphasis on organization as a discrete structural entity and focus more sharply on the processes and practices of organizing – most importantly socio-technical organizing (Alcadipani & Hassard, 2010; Bloomfield & Vurdubakis, 1999; Calás & Smircich, 1991; Gond, Cabantous, Harding, & Learmonth, 2016; Orlikowski, 2007). Along this line of thinking, silence then needs to be seen as an activity creating new realities out of the socio-material situations in the organization's daily activities.

In relation to a socio-material performative approach, numerous organization scholars draw on Barad's seminal article (2003) regarding how 'matter comes to matter', and, according to Mol (2002), a performative approach applied to disease diagnosis results in situations where the practice of, say, silences creates new realities. Mol (2002) labels this ontological *multiplicity*. Silences in organizations are multiple for at least two reasons, as illustrated in the following: 'When the

mayor says: “I hereby pronounce you man and wife,” he is not expressing something that is already there; he is making it happen. And for that act to be successful, the appropriate agencements have to exist’ (Callon, 2007). By ‘agencements’ Callon means socio-material arrangements, and he is arguing that realities and representations of those realities can be performed simultaneously. The term conveys the idea of a combination of heterogeneous elements that have been carefully adjusted to one another. These arrangements have agency and their agency changes depending on their configuration. This means that there is nothing left outside the socio-material arrangements. Even the construction of its meaning is part of the arrangement (Callon, 2007). ‘To put it in formal language, what is at stake is not simply epistemological. We are also in the realm of ontology’ (Law, 2008, p. 624; in Gond et al., 2016).

Thus, two additional considerations are needed to make the argument for ontological multiplicity. The first, that of heterogeneity, concerns the argument that a silence only becomes defined through its association with other things (Latour, 2005). Using the example of who or what is responsible for a gun murder, Latour argues that it is neither the shooter nor the gun – but both: ‘If we study the gun and the citizen as propositions, however, we realize that neither subject nor object (nor their goals) is fixed. When propositions are articulated, they join into a new proposition. They become “someone, something” else.’ (Latour, 1999, p. 180). Each actor – human and non-human – has a programme of action that is changed in the encounter with the other. Proposition in Latourian terminology is used in an ontological sense to describe what one actor offers to another (1999, p. 309). In attempting to comprehend complex situations, ANT rejects any a priori separation of human and non-human, social and technical elements (Alcadipani & Hassard, 2010). In other words, heterogeneity refers to the fact that the semiotic principle of meaning-making extends to materials (Greimas, 1987). Phrased in Greimasian terminology, in order to have meaning, a statement implies the context in which it is enunciated (at least an enunciator and an enunciatee) (Greimas & Courtés, 1982). However, the Austin concept of speech acts tends to be reduced to what human actors, and only human actors, do (Cooren & Fairhurst, 2004, p. 809). This critique of Austin should not preclude the notion of performativity but rather insist more strongly on the fact that the formulation of a statement (the semiotic turn) includes its context, as well as takes the materialities composing that context into account (the ANT turn) (Callon, 2007; Orlikowski, 2007). In this understanding, silence is defined through its interactions with other entities. Each situation of silence opens a specific space and time whose effect can be anticipated and projected (Latour, 1999).

The second consideration, that of emergence, concerns the fact that staff (or management) cannot fully control the ordering of work practices and change initiatives. Silences, in the performative understanding of them, can only be defined in the local practices within which they unfold. These practices differ. Therefore, no single reality of silence exists; silences are continuously performed. The claim here is that the definition of silence in organizations cannot be reduced to a single phenomenon separated from other organizational practices.

Silences in the psychiatric organization, and how they are at play

The importance of silence as both a treatment and an organizing principle in mental healthcare is not new; however, something struck me as qualitatively important when I was doing research with the staff members on the outreach team whose change initiative this article concerns. The team works in the adult psychiatry field at a psychiatric institution in Denmark. When the staff members discussed and performed the new treatment practice recently implemented, long silences frequently occurred in their talk – in both formal and informal situations. Moreover, these silences differed from those I had experienced elsewhere in the organization.

The habitual silences in psychiatric care are probably most closely related to the Platonian idea that the imbalances of the soul provoke strong emotions (and reactions like psychosis, schizophrenia, etc.). Treatment approaches that encourage 'catharsis' as the cleansing of the soul through peace, order and cleanliness largely invoke silence as a means of regaining inner psychic balance. These characteristic psychiatric silences are related to the existential approach to silence described in the introduction, and its reminiscences are still reflected in psychiatric organizations today. This approach to cure and treatment is also manifested in the architecture of psychiatric hospitals, which, until the 1930s, were built in isolated, tranquil natural settings with little connection to the broader community.

Silence was also ideologically and professionally viewed as desirable. The hospital system was hierarchical, with the head doctor as the supreme and unquestioned authority. Patients were silenced through highly intrusive treatment methods such as lobotomy (developed by Egaz Moniz) and insulin coma therapy (developed by Manfred Sakel), and their rights were verbalized and practised to only a limited extent. Doctors conducted all conversations with patients, while nurses and psychiatric caregivers simply observed and reported on divergent behaviour (Cullberg, 2001, p. 228ff).

Many developments within psychiatry can be ascribed to societal trends, such as the post-war necessity of having workers on the labour market (Odegard, 1964), and to the development of new pharmaceutical products able to pacify patients without the use of physical restraint and isolation (Cullberg, 2001, p. 240). Critics of psychiatry have also played a major role in developing psychiatry. For example, Goffman (1961) criticized the psychiatric organization as a total institution that depletes its patients. Foucault (1961) provided a historical account of how citizens marginalize the psychiatrically ill, and Laing (1960) described psychiatric organizations as an extension and symptom of a sick society's demonstration of power and control.

These trends and critiques have engendered new forms of treatment and organization focused on patients' rights, democracy and anti-institutionalization (e.g. Basaglia, 1971), and the organizing principles and treatments within the mental healthcare sector have therefore undergone substantial transformation. Jones (1970) developed his ideas on the premise that patients should receive social support and be normalized in close contact with society. From this perspective, patients should be included in decisions about their own treatment, and their psychological health depends on strong relations and well-established social networks. This trend also inspired new modes of organization that moved away from extended periods of hospitalization to the establishment of outreach teams providing homecare and treatment for psychiatric patients. These historical, intellectual and, not least, professional developments paved the way for patients and staff to acquire new, existentially and ideologically based voices. Silences have always been characteristic of the mental healthcare organization, and they are interesting to investigate as tangible manifestations of normative ideals of treatment and cure, and also as concrete organizing principles.

Methodology

In actor-network theory, actually describing silences (ethnographically) and their connections to other entities in situations where they appear to impact work practice is an important step in investigating the effects of silence. From the ANT perspective, people perform silences in the course of their verbal interaction, but silences are also configured heterogeneously through and because of all the entities at play. In the case of the outreach team at the psychiatric organization these entities might be hierarchal positions, expectations, non-verbal body language and invitations to discussion rounds. Thus, the ANT-inspired approach is not abstract but concrete, expanding its scope to

include factors besides actual verbal interaction. For this reason, I have used Fletcher and Watson's (2007) ethnographic approach to describing silences in organizations here.

The research project on which this article is based comprises other types of empirical material gathered during a three-year study regarding an organizational change initiative introduced and conducted by the above-mentioned outreach team. The new initiative involved supervision and study groups in which I participated on a regular basis over a six-month period. The broader empirical material for this study, including observation notes taken while shadowing staff members' work in informal settings (Bruni, 2005), interview transcriptions, documents, etc. (Dupret, 2010), is beyond the scope of this article. Rather, the material provides background knowledge regarding the organizational framework in which the study subjects work over an extended period of time (Davies, 2000). This data has provided rich material for the case description and the subsequent analyses. In terms of the situated performativity of silence in the case used here, these analyses heterogeneously encompass not only individual staff members and concrete entities but also abstract subject matter like the role silence may play in organizational change. In addition, the team's decision to videotape their meetings makes a strong focus on the socio-material interaction in the team all the more helpful. A faithful description of the local colloquialisms requires that the situational set-up as well as people's voices and silences be described.

On the use of video

Ethnographic field notes and interviews are useful, but the real-time production of social life happens faster than any note-taker could document, often quicker and with greater complexity than a human observer can consciously perceive, let alone memorize. (Büscher, 2005)

The team independently decided to videotape all their sessions for their own learning purposes. Each two-hour session was videotaped from beginning to end, and I obtained access to the entire unedited version. To address the issue of confidentiality, all team members granted me permission to use the tapes for research purposes. As a rule, patients were not named in the conversations, as staff members plainly knew the individuals being discussed. However, conversation was focused on the dialogue among team members and their ambition to change working practices. In this respect, the sessions were organizational rather than diagnostic in purpose.

To code the data, I used the video analysis software Transana, which is a suitable tool for analysing discursive and language-based cues. I also used it to code for body language, spatial set-up and the presence and absence of artefacts in the room where the sessions occurred. On my arrival in the group, they explained that the videotaping actually gave them an opportunity to systematize their meta-reflections on their learning and change processes.²

Excerpts from the video recordings provided material for situational descriptions of human and non-human interactions. These descriptions are used to argue that silences can be specifically defined and that they are performed in multiple ways (Mol, 2002). The video excerpts are analysed with a focus on how the specific interrelations between human and non-human actors translate their individual goals and ultimately create a new composite goal that differs from the original results (Latour, 1999, pp. 174ff). The analysis offers descriptions of such propositions to show how the socio-material performativity of silence is practised.

Selection and analysis of silence configurations

The examples highlighted in the following two analyses are extrapolated from formalized settings where the clashes between new and old practices were most prevalent as passive or active

performativity struggles (Callon, 2007) between new and old building blocks and theories permeating the psychiatric organization's socio-material practices. The outreach team's new treatment approach was most explicitly practised in these formalized settings, which therefore offer clearer insight into how the new treatment approach in its ideal and pure form provides an alternative to existing practices. Therefore, the video excerpts elucidate how these struggles can also be seen as an ongoing effect of competing organizational tensions and paradoxes (d'Adderio & Pollock, 2014). The outreach team met for supervision sessions in one such setting every other month or so. The sessions were held for the express purpose of discussing and practising the treatment approach the team wanted to use in their daily practices, and were also attended by an external psychologist, who was present in a supervisory capacity to facilitate and discuss the changes in work practices. The analyses in this article draw on empirical excerpts from one of these videotaped supervision sessions.

Case: the psychiatric outreach team

The psychiatric outreach team provided services for the entire southern Zealand region of Denmark, comprising approximately 75,000 people living in rural areas and small towns.³ The team was multidisciplinary and included a consultant psychiatrist in charge of treatment, a psychiatrist, a psychologist with a background in systemic therapy, a team leader (a nurse with administrative responsibilities), a social worker, a social and healthcare worker, a psychiatric worker and a secretary. The team wanted to create a work practice where dialogue and respect, rather than diagnostic symptoms and hierarchal positioning, guided their decision-making processes. The Open Dialogue approach presented later in this article was formulated as a means of meeting this aim.

New and old organizational practices. The team delivered coordinative and consulting services, mainly through home visits in social psychiatric cohabitation houses or in patients' private homes. The conversations during home visits concerned patients' treatment and well-being, in both medical and social terms, and could include social training (how to take the bus, how to do shopping, etc.). Patients temporarily hospitalized during periods of psychosis were visited by the case manager. Patient meetings were the team's core activity.

Before the change process was initiated, the team usually approached their tasks in the way customary at hospitals. Thus, morning conferences were held at which the psychiatrist would help delegate the day's tasks, such as who would be incoming patients' new case manager, or what kind of changes in treatment were required. Conversations about patients and the decisions made were based primarily on diagnostic measures and organized as one-to-one dialogues between the psychiatrist and the responsible case manager. These kinds of decision-making processes existed alongside the new practices. The process of changing work practices was tedious. The staff began by establishing study group sessions in which they could talk informally about how they wanted to change their communication with and approach to patients, as they considered existing practice to be quite reductionist and alienating. The staff decided that one way of changing work practice was to introduce the Open Dialogue approach (Seikkula, Alakare, & Aaltonen, 2001a, 2001b). This approach offered a smart way of introducing substantial organizational change because it dealt less with patient symptoms and more with the team's professional approach to organizing new ways of communicating what constitutes mental healthcare.

The change initiative: The Open Dialogue approach. The Open Dialogue approach is designed as a tool to renegotiate the ways professionalism and approaches to the patient are practised (Seikkula et al., 2001a, 2001b).⁴ The approach is based on social-constructionist language theory (e.g. Gergen, 1985) and has a network-based approach inspired by systemic therapy (Selvini Palazzoli,



Figure 1. Supervision session.

Boscolo, Cecchin, & Prata, 1980). However, it also contains the basic ideology of democracy and focuses on social relations and network as a prerequisite for mental health (Basaglia, 1971). These primary sources of inspiration give psychiatric staff the opportunity to work with an approach through which they can innovate and reorganize psychiatric care.

Open Dialogue revolves around seven principles: immediate help, dialogue, a social network perspective, responsibility, flexibility and mobility, psychological continuity and tolerance of uncertainty (Seikkula et al., 2001a, 2001b).⁵ Each of these principles is the product of a larger argument, and they refer to a specific way of defining care and its organization, thus providing ‘alternatives’ to existing mental health organizational standards.

Organizing such changes in work has consequences that affect how the professionals involved monitor their activities, what arguments for treatment are viewed as valuable, how decisions are made, etc. Silences become central to the performance of these changes.

The outreach team’s change initiative was driven by a wish to implement a new, alternative therapeutic approach that departed from frontal organizational setups – the traditional high status of experts, the presence of hierarchy and dominant explanation models of psychiatric illness as originating from principally biological imbalances. The following selection of silences performed in the team explores the ways in which the new treatment approach reflects and performs these performative struggles.

Analysis I: Silences Potentially Multiply Knowledge Claims and Create Space for Active Participation

The first video excerpt is taken from the beginning of the session. The participants are members of the outreach team and an external supervisor that facilitates the session. She helps the team discuss their relations with patients along the lines formulated in the principles of Open Dialogue (Figure 1).

The session opens as follows.

The team members sit on chairs placed around a table with the supervisor at the end. The supervisor opens the session by asking the team members if they would like to follow up on anything from the previous session. No agenda is presented; no papers or patient journals are consulted; no team members converse before the supervisor is responded to. The team's psychologist starts reporting on a patient they spoke about at the previous supervision. The rest of the team listens quietly. The mobile phone of the team's consultant psychiatrist rings. He touches a button to make it stop and does not answer the call. The sound of the phone does not interrupt the psychologist speaking. The psychologist neither pauses nor turns his head towards the sound. When the psychologist is finished, the social and healthcare worker continues and reports on another patient discussed at the last session. The rest of the team still listens quietly. The supervisor asks a couple of questions aimed to get the social and healthcare worker to elaborate on her experience of the development under discussion. When the social and healthcare worker finishes talking, a long silence (nine seconds) ensues before the supervisor asks the group to decide what topics they wish to address in today's session. The reporting back of the two cases from the previous meeting is neither noted down in writing nor commented upon. (This description is compiled from observation notes on supervision videos.)

The participants use the first part of the supervision session to inform the supervisor of any developments since the last session. The information given from staff to supervisor has a one-way programme of action and has a sender and a receiver. There is no exchange between the participants, and when the reporting process is potentially challenged (by the phone), the mode of conversation continues undisturbed. The interaction between first the psychologist and the supervisor and then between the social and healthcare worker and the supervisor is connected to past organizational practices. The supervisor would like to know how things have been in her absence, and she questions the staff as a means of generating shared knowledge in the group. This way of ordering the beginning of the session resembles other, more traditional healthcare practices in which participants' expertise and a hierarchical communication pattern are performed. However, contrary to current healthcare practices where morning conferences and hierarchical dialogue mostly involve clinical judgements and decision-making, the team supervisor surprisingly makes no judgements or clinical decisions based on the information given to her. After receiving the initial information, she uses it neither to make decisions nor to draw conclusions. While the staff members were reporting, she encouraged both of them to elaborate, asking them in particular about their relations to the patients in question. Elaboration has a programme of action that encourages more information on a specific topic but not necessarily an exchange of information. The socio-material configuration of the first part of the meeting seems to prioritize listening and reflection over dialogical exchange and judgement. The supervision session is structured to open with reports back to the supervisor, and on this front resembles traditional hierarchical practices – although not quite, as no decisions or judgements are manifested either on paper or in the conversation. This silence seems to create a space where individual staff members can sit with their own thoughts. Silence is performed as a space for reflection, and decisions are not taken immediately.

The witnessing silence

In describing how the reporting conducted at the beginning of the supervision session is organized, I must first highlight a particularly salient and interesting performativity of silence: the silence of the other participants as they witness the two staff members speak. I will call this first silence *witnessing silence* – that is, a silence that makes a specific kind of knowledge and participation available.

Witnessing silence is a silence in which a stream of information is witnessed being transferred from team staff to supervisor. The reporting is done by one person (the team member) speaking

directly to another (the supervisor). The pitch of the voice and the rate of speech are slightly higher than in the remainder of the session, and words are spoken without hesitation or repetitive argumentation. The information remains singular rather than multiple, it is neither transformed nor challenged, and it is contained and remains with the supervisor. The silent witnessing of this act of reporting enables this undisturbed and unchallenged transferral of information to the supervisor. Nonetheless, this knowledge is shared with the rest of the group. Despite its being shared, however, the group refrains from entering into dialogue, from taking notes, from referring to common decision-making protocols, and the flow of the conversation is undisturbed. Thus, the silent witnessing of the reporting is an undetermined silence established to a large extent without connection to known psychiatric non-human actors. It supports neither a collective nor a singular type of knowledge. The knowledge is not collective, because the information transferred is not challenged or disturbed. It is not singular, because no decision or judgement is made on the basis of the information transferred. Latour (1999) suggest that shifts in actors' programmes of action are temporal, and that in real life we can only occupy 'one frame of reference at a time' (p. 188). However, this start to the session indeed shows that performative struggles are not clear-cut – that change practices may at times be blends of new and old. The one-way communication together with the absence of diagnostic measures, patient journals and professional judgements in some ways resembles traditional psychiatric practices. On the other hand, the witnessing silence makes something in between available, a sharing in presence, but not in explicit participation.

Organizing the shift from witnessing silence to active participation

Soon the witnessing silence is disturbed. When the reporting is done, the supervisor asks the group to decide on the topic of today's session together. This shift is almost imperceptible.

After the reporting, the supervisor inhales and adjusts her body to a more reclining position by slightly leaning back and stretching out in her seat. Slowly, she says:

'Good, interesting ... yes ... shall we continue ... and see if anybody would like to bring somebody [a patient] up today?'

The socio-material configuration changes, slows down. The supervisor's body leans back, and the talk is softer, with pauses between almost every word. A teacup in the supervisor's hands seems to capture some of her attention as it is twisted slightly and its weight transferred from one hand to the other. The programme of action of the teacup in the determination of the silences is a proposition (Latour, 1999). It adds to the material extension of the silence, just as anything does when we stop our conversations to see to something in need of attention. The supervisor looks around at the group and waits. All these minor, socio-material activities connected to silence prolong the time in which a prompt response can be given. Again, the practice invites reflection; however, in this case silence facilitates not only listening but also explicit participation. A classic study by Strauss (2006) defines staff participation as follows:

I have always believed participation as a theory, in part because when it works (a key point), it provides a win-win solution to a central organizational problem: how to satisfy workers' needs while simultaneously achieving organizational objectives. Today, my view is that workers' participation can 'work' (by a variety of measures) but making it work is very difficult. (Strauss, 2006, p. 778)

Indeed, active participation is difficult, and participation as an ideal in organizational change should therefore always be meticulously scrutinized. Why is this 'post-reporting' silence performing active

rather than passive participation? The answer lies in the socio-material performativity of the situation – the speed of the meeting, the laid-back body of the supervisor, two-way questions and, of course, a manifestly absent⁶ reference to the Open Dialogue principle of ‘tolerance of uncertainty’, which excludes expert-based decisions and diagnostic measures. This performative silence thus enables participation to become active and therefore move from the activity of reporting to the supervisor to collective decision-making and knowledge creation.

Silence as an ontological shift

This second ‘post-reporting’ performance of silence proposes at first glance that nothing or nobody directs the decision-making process. The performance of silence connected to team members positioned in an anti-hierarchical circle around the table, as well as Open Dialogue principles such as responsibility, dialogue and horizontal authority, expands the ways in which it is possible to participate. One can argue for different topics of conversation, silently reflect, glance out of the window, and so on. Silence performs a new programme of action, a platform of *potentiality*. It performs the possibility of creating a space of non-decisiveness and, thus, also of delaying decision-making even though staff members have met to discuss specific aspects of the new treatment approach. This socio-material performance of silence enables everybody to have a say.

Silence as a platform of potentiality also concerns its potential to multiply the knowledge claims possible. Such performances of silence do not align with standardized measures (diagnostics, patient lists, expert roles, etc.), because standardized measures narrow down the definitions of meaning and collective decision-making processes. However, the performance of silence does not create potentiality by definition or in all situations. Neither is it by definition stable.

In this situation, however, silence establishes a space where meanings and definitions can be negotiated. Ideally, this transforms disagreement into a coexistence of different kinds of knowledge, without engendering an ordering that is tensional or contains inherent power oppositions (Calàs & Smircich, 1991), as the silence never provides the ultimate definition or meaning. All knowledge is put on hold in this socio-material moment of silence, encouraging more reflection and less decision-making based on one authority or singular knowledge.

In this first analysis represented through two examples – the opening of the supervision session and the subsequent shift – silence is socio-materially configured in ways that create the possibility of open-ended decision-making processes, extend knowledge claims and facilitate active participation that challenges hierarchical authority. However, although silences become moments of reflection that potentially pave the way for new modes of thinking, the silences also contain potential uncertainty about what the right knowledge claims might be and how one as a team member appropriately positions oneself and participates in the new, alternative practices.

In relation to organization studies in general, this analysis gives rise to an interesting reflection about the relationship between authority and change. Du Gay and Vikkelsø (2012) argue that all change today undermines organizations as stable entities. Organizations are to be dynamic and open for discussion. In the mental healthcare sector, authority is traditionally portrayed as ensuring both organizational stability and, not least, patient well-being. As regards both the new Open Dialogue treatment approach and the performative theoretical resources, the challenging of authority may carry with it a reductionist understanding of the old practices the outreach team is attempting to change. The change is necessary because the practices are outdated and unworkable in a world dominated by the need for constant adaptation, flexibility, creativity and so forth (Macdonald, Burke, & Stewart, 2006, p. 34).



Figure 2. Supervision sessions – glancing at the expert.

As change is pervasive and constant, the role of management is not to restrict it or to stifle adaption [sic] to its demands through the application of rules, but to engage in an ongoing, distributed attempt to navigate in a moving landscape. (du Gay & Vikkelsø, 2012, pp. 122–3)

However, in spite of du Gay and Vikkelsø's warning to throw the authority-baby out with the bathwater, the outreach team's attempts at change are somewhat different. They negate neither authority nor stabilizing organizational structures. However, the kind of collective authority established instead can be argued and further explored.

Analysis II: Silences Cannot Resolve Organizational Performative Struggles

Team member uncertainty is made manifest in the silences of the next analysis. As the video of the supervision session continues to play, further silence ensues. After the witnessing and shifting silences have occurred, and after the supervisor has asked the group to raise a patient case for discussion, the staff members sit quietly and stare straight ahead at no one in particular. The social and healthcare worker is the only one to look at the supervisor. The video recording conveys a calm atmosphere.

In this calm atmosphere, nobody says anything for 12 seconds.

However, small *ripples* in the quality of the silence appear. The ripples are disturbances in the silence: an exchange of glances, the drinking of tea and the flicking of a calendar challenge the socio-material configuration in which the silence takes part. The social worker glances briefly at the camera recording the session and then moves her eyes to the psychologist. The consultant psychiatrist, who sits diagonally across from the psychologist, sips his tea and also directs his gaze at the psychologist. The team leader, who is seated beside the consultant psychiatrist, also glances at the psychologist (Figure 2).

The various team members that focus on the psychologist do not initially impel him to speak. He has registered their 'call', as suggested by his fleeting eye contact with them.

But he waits.

The psychologist, seated to the right of the supervisor, places his loosely clenched left hand calmly on the table. He lifts his fingers, while his palm rests on the table, and wriggles them slightly before making another fist. While doing this, he turns his head inwards, towards the group, apparently not looking at anybody in particular, and then turns his head back again, gazing past the person in front of him and out of the group. He raises his hands and places them on his lap, breathes in and says:

'I don't really have anything ... obvious ... to bring into the group today ... I think.'

He then turns his head and looks back at the person to his right, the social worker.

The social worker takes up the invitation. Her body is slightly twisted towards the psychologist (meaning that she is not fully facing the table and the other team members). Her hands are folded in her lap in front of her.

Smiling, the social worker says softly, 'I have just come back from holiday. I feel I just need to settle in [before saying anything].'

The supervisor laughs empathetically and says, 'Yes?'

The consultant psychiatrist leans over the table and takes a sip of his hot beverage. Apart from him, everyone has now folded their hands or crossed their arms. The psychiatrist at the opposite end of the table silently flicks through the pages of her calendar.

There is silence for nine seconds.

The social and healthcare worker looks from the consultant psychiatrist to the supervisor, she then smiles and looks down at the table:

'I have someone that I sometimes find it difficult to talk to.'

She mentions the patient's name and looks at the consultant psychiatrist, who has by now also folded his hands. He nods and says, 'Ah, yes,' as he recognizes the name of the patient. The team leader sitting next to the consultant psychiatrist nods.

In this sequence of the supervision session, silence as a platform for active collective participation is challenged. The presence of the video camera, the flicking of calendar pages, the glances of several staff members, the request to talk about something not quite defined, the body language of several staff members inviting a specific colleague, the team psychologist, to speak – all of this is done in this new configuration of silence. This configuration challenges the potentiality of multiple knowledge claims and active collective participation created in the previous moments.

Reinserting expert positions. Why do several staff members glance at the team psychologist? My suggestion is that this silent performance is based on the manifest absence of staff members' former experience with common psychiatric practices that now compete with the new treatment approach. The manifestly absent actors – expert decision-making and hierarchical positioning – are potentially connected and made present in the new performance of silence. Although the socio-material performance (no diagnostic patient files, no agenda, collective decision to apply new

treatment approach principles, and so on) is different, outside practices informed by singular knowledge claims and hierarchical participation challenge this new attempt at organizing. Collective knowledge claims have been shown to be an ideal described in the Open Dialogue principles, and they are also supported by the socio-material construct of the supervision meetings. However, the ideal is challenged, and the situation opts for the reinsertion of the psychologist as the speaker – the psychologist in his capacity as an expert, that is.

Now why the psychologist? One could argue that the lead psychiatrist should be the one glanced at. The answer to this requires an explicit reference to some of the background empirical material. The psychologist is recruited to the team (and by the team) precisely because of his ‘expert knowledge’ – his experience and training in systemic therapy, which is a treatment approach consistent with some of the Open Dialogue principles as regards including patients and relatives in treatment decisions. However, the staff members explain, both during study group sessions and in interviews, that the dissolution of expert positions is important in Open Dialogue. They explain that experts usually provide answers and solutions to problems, but that the team’s core ambition in their current effort to change their organizational practices is to allow answers and solutions to develop in the social network group and not to be provided in advance. What seems to happen during the silences in the above excerpt is a subtle struggle to maintain this new practice, and the performance of silence, indeed, also makes the reinsertion of expert positions possible.

It seems that this particular performativity struggle is generated by interesting paradoxes that can be related to Bateson’s (1972) double-bind theory and which are taken further in paradox theory in organization studies (Argyris, 1988; Luscher, Lewis, & Ingram, 2006). Broadly defined, a paradox denotes the simultaneous presence of seemingly mutually exclusive elements – demands, emotions, perspectives, ideas (Quinn & Cameron, 1988; in Luscher et al., 2006, p. 491), and the tensions that arise from such paradoxes can cause performativity struggles (d’Adderio & Pollock, 2014). The emotional connection between the actors involved, however, renders it too complicated for the recipient actor to recognize, or confront, the contradiction between the configuration of the new treatment practice and the established institutionalized practice that both leave traces in the performance of the silence. Hence, escape seems impossible, and the struggle continues. However, in this instance the paradoxical pattern appears to erupt, and an organizational change in terms of new types of participation is performed.

The psychologist does *not* provide an expert answer. He does *not* tell the group what the topic of the day should be. Instead, he *waits* and thinks and *waits* again to see what happens, and then, as his body language suggests, he invites the social worker to speak. Inviting his colleague to speak is simultaneously an invitation to start a ‘round’⁷ of conversation, because he directs the invitation to the person right next to him and not to someone elsewhere in the room. The linear timing of the session is another reason for reading this move as an invitation to open a ‘round’ (Figure 3).

Thus, the dissolution of the psychologist’s expert position is configured by the silence, the ‘non-answer’ of the psychologist and the commencement of a round that makes it possible to dislocate expectations regarding answers directed at him. As the analysis shows, the performativity of silences is not to be taken for granted.

Preventing programmes of action. Besides the performance of singular knowledge claims and hierarchical participation, the second reason why silence as a platform of potentiality is challenged concerns the way the social worker refrains from connecting to the socio-material set-up of the round. Both humans and non-humans have several programmes of action, which joined together compose new programmes (Latour, 1999, p. 181). The social and healthcare worker enrolls in the



Figure 3. The round.

round, but in a very particular way. The round manifests a programme of action that enables collective and active participation. How does the social worker respond? She says that she has just come back from holiday and needs to settle in first. What is happening? The round is provisionally disrupted by a silence lasting nine seconds. What does she say? She talks neither about relations with patients nor about what others have said, which is the programme of action of the round. In Latour's terminology, she is not translated into the common goal of the new programme of action that materializes in the nine seconds of silence. She does say that she needs to settle in, but that is rather a form of detachment from the nine-second performance of silence. It is as if she is saying, 'I am here, but not here. I am here with my body, but cannot yet contribute to the active participation of the round.' In this sense, the performance of silence as a collective decision-making process is challenged, because she does not provide any material for the group to think or make decisions about. As the example shows, performative silences as collective decision-making are subtle, and not everything is aligned for this to happen. Making active participation available takes a lot of effort.

When time is not etched into the body, we tend to forget it, because it leaves no traces (Latour, 1997, p. 173). But how does one trace the tracks of time? When an entity attempts to destabilize what occurs, in this case the potential silence, uncertainty about how to interpret the situation arises. This is seen above when the glances of the team members disturb the programme of action of the witnessing silence, and the social worker connects to references in her private life rather than bringing in a topic for mutual discussion. In short, the potentiality of collective decision-making and knowledge creation seems to be challenged in this sequence of the supervision session. This can again be read as a performativity struggle (Callon, 2007; d'Adderio & Pollock, 2014) – a silent struggle established through bodies shifting in the chairs, eye glances calling for expert knowledge and answers, and so on. This struggle obstructs the silence as a platform of collective active participation, orienting it towards the very organizational practices that the team members wished to change. Thus, these micro-observations suggest that creating organizational change is difficult. One could say that some staff members' expectations or wishes for former practices of contribution to be executed or for somebody to take the lead work against the aspiration to effect change, regardless of the potential of active participation made available through the silence.

Conclusion: The Performativity of Silence Supports and Resists Organizational Changes

The above analyses of silence demonstrate the importance of studying intangible work to our understanding of the local processes of change potential in organizations. Both microanalyses show detailed and subtle efforts to change mental healthcare practices. Each example shows in differing ways how the performativity of silence creates other potentials for new decision-making processes or new ways of participation, but also how this is sometimes not enough. Thus, in essence, the silences discussed in this article are concrete and situated modes of performing organizing work practices in new ways. Silences are of particular interest here because their performance often seems to embody what staff members quintessentially want Open Dialogue to be about – namely, listening and collective decision-making processes.

As such, silences are multiple in the ways discussed below. In this article, I have pointed to four empirical examples, each performing different ‘types’ of silence. In the first analysis, I showed how witnessing silence creates *passive participation* when two staff members report back to the non-judgemental supervisor. The next analysis concerned the silence of the *ontological shift*, a shift defined by the knowledge construction of the reporting, and which enabled collective knowledge construction and active participation. Finally, the article has given two examples of how entities challenge collective decision-making, first by *making absent expert positions present* through such configurations as bodily movements, a video camera, glances, an invitation to talk, and second, by *refraining from active participation*, an act in this case performed by the social and healthcare worker. These analytical conclusions give rise to three points for discussion as regards organization studies in general and psychiatric organizations specifically.

Silences in relation to collective decision-making in organizations

Performances of silence show new ways in which staff members can participate in decision-making processes. How staff participate in decision-making processes is a well-established field of research within organization studies. In organization studies the importance of collective decision-making and participation is often argued to be that they create engagement and productivity, and that staff members can contribute with knowledge about their own work, thus gaining a (sense of) influence and control. This has further been seen as a democratic ideal and a necessity in the workplace (Sørensen, 2013). Collective participation and decision-making processes in general have a positive influence on both staff members’ sense of well-being and the success of organizational change (e.g. Karasek’s demand-control model, 1979). In relation to the performativity of silence in decision-making processes, the analyses presented here show that collectivity and active participation can be an effect, although this is not guaranteed.

As previously argued, numerous organization studies on silence offer interesting insights, but they also approach silence somewhat ideologically (Morrison & Milliken, 2000; Gambarotto & Cammazzo, 2014). However, silence is not just an absence of voice, serving merely as a symptom of some blockage or inhibition within an organization (Brown, 2007). Instead, as Böhm and Bruni (2003) propose, ‘becoming silent’ should be considered an active process, worthy of exploration in its own right.

This article adds to the argument that silence is not necessarily a symptom of some dysfunction that creates an obstacle to collective decision-making and active participation. The microanalyses done here enable us to disclose how the performance of different silences seems to establish a new decision-making culture, thus opening up the possibility of active but also passive participation. This approach also shows how reflection and new decision-making processes are, in fact, made

possible through the socio-material performativity of the silences. Competing practices in the psychiatric organization, mediated through patient journals and through the professionalism embodied in experienced staff members, make institutionalized hierarchical standards the norm. Introducing new treatment practices does not dispense with these standards but, through the analysis of the performativity of silence, rather enables us to understand and analyse the specific and situated complexity of organizational life.

The specificity of silences in psychiatric organizations – paradoxical performative struggles

This article has shown how silences perform alternative care and working practices. They do so by excluding standardized measures with predetermined definitions and agendas. Referring back to the ‘performativity struggles’ (Callon, 2007) uncovered in the analyses, the new therapeutic approach is in itself the performance of a specific kind of silence that contrasts with other types of psychiatric silences focusing on catharsis of the soul or purity and orderliness. In this sense ‘silences’ are core components of the organizational change. They constitute a particular kind of work practice – and not only as a means to an end-goal of change.

Silences in psychiatric organizations refer to the organization’s specific goal – the healing of patients. This means that, to this day, performances of treatment essentially encourage silence. For example, rooms with waterbeds, gentle white light and deep pressure vests are all explicit treatment measures taken to induce calmness and a greater sense of balance within patients and thus reduce the need for coercive measures. These kinds of treatment approaches focus on the individual existential benefit of silence. The change initiative presented in this article reflects some of the same normative ideals of health and well-being as a requirement for regaining emotional balance, however, with the focus on staff. In addition, the team members work from an interactive and democratized tradition inspired by the anti-psychiatric movement of the 1960s and 1970s (Foucault, 1961; Jones, 1970; Laing, 1960). In this respect silences as performed in the outreach team’s change initiative are more concerned with how staff members practise new ways of doing their work. They need new tools, and the performativity of silence seems useful in creating the aim desired. The team as a whole engages in collective decision-making and active participation, and silences that enable both collective and individual reflection over decision-making based on diagnostic symptoms are prioritized. These new practices within the team contrast sharply with other, still existing practices that involve symptom-based treatment and evidence-based measures and remain entrenched in the psychiatric organization. One outcome of silence is that responses and solutions are not set in advance. However, alternatives and organizational changes are often performed as struggles (Callon, 2007). In order for these struggles to be productive, they may have to be discussed as paradoxes within organizations. In terms of organizational change processes, however, uncertainty and multiple voices can be seen as productive if organizational members are able to reflect on these very paradoxes. An understanding of paradox does not solve problems, but it opens up new possibilities and creates the potential to handle even greater complexity (Luscher et al., 2006).

The performativity of silence in organization studies

In some ways silence can be considered a technology that is mundane or, as Michael (2006) puts it, unspectacular. It is so naturalized in the daily practices of organizational life that its performative effects become invisible, and we thus forget to investigate both its potentials and its pitfalls.

Drawing on actor-network theoretical resources, I have attempted to denaturalize an example of just such a ‘mundane technology’ and discussed this technology in the light

of organizational change. Like other ANT-inspired organization research, this study sees organizations as outcomes and products of a continuing performative process (see Alcadipani & Hassard, 2010; Orlikowski, 2007). Relations and practices are materially complex, and their ordering can only be addressed, locally and empirically, as being ‘in the making’. To deal with this issue, numerous organization scholars draw on Barad (2003) to shift the focus away from ‘independent objects with inherent boundaries and properties’ to practices and ‘matters of doing’ (p. 815). As argued, the three key theoretical concepts of performativity, heterogeneity and multiplicity help to forge the understanding of organization as ‘a permanent process that generates more or less stable effects; a heterogeneous emergent phenomenon; a verb’ (Alcadipani & Hassard, 2010, p. 425).

The focus here on mundane technologies like silence represents such an attempt to denaturalize not only mundane technologies themselves but also to make room for alternative organizational practices and thus follows the feminist criticism of the ‘managerial’ stance advanced in ANT (Star, 1991; Law & Hassard, 1999).

My aim with this article has been to contribute to the field of organization studies by conceptualizing silence not as a single thing that merely helps pave the way for greater authenticity and purity in our personal lives (the individual existential approach), and not as a thing that simply accentuates the importance of the words that fill its gaps (the linguistic approach). Neither has it been my aim to approach silence as a symptom of oppression (the ideological approach). Rather, I have argued that the effects and the significance of silence can be fruitfully discussed in the field of organization studies as an important organizing agent of change. Bowker and Star (1999) stated that knowing has clear space and time dimensions, because it involves creating ‘a set of boxes (metaphorical or literal) into which things can be put’ (1999, p. 10). However, these boxes, or ways of ordering, are not necessarily, or likely to be, created in the same way, and each way of ordering is a new way of creating openings and potential chaos elsewhere (Bowker & Star, 1999; Law, 1994). Silence in this respect becomes a platform of ordering, where new organizational initiatives can take place. Silences do a lot of unnoticed work that is important to our understanding of change processes in organizations. The analyses have shown that silence makes new organizing practices available in that it distributes authority and decision-making. By drawing on theoretical socio-material and performative theoretical resources to help conceptualize the different forms of performative silences, this article makes a contribution beyond the psycho-analytical and ideological point of reference that often anchors studies of organizational change. The article raises questions about how knowledge claims in the realm of silence are produced as something that is neither singular nor fixed. Referring to the catchphrase coined by Mol (2002), silences are thus more than one, but less than many. Analysing silence(s) in this form – i.e. by stressing that the noun ‘silence’ can only exist as a continuous result of performances – may help shift the focus of organization studies from formal organizations to everyday mundane technologies that perform ‘organizing’.

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Notes

1. Since the late 1990s, organization and management scholars have increasingly used the terms ‘performativity’ and ‘performative’ with varying theoretical clarification. This article does not approach performativity in the sense of performativity as actors constituting the self, where organization and management studies draw to a great extent on Butler’s definition of performativity. Neither is performativity used as a search for efficiency in focus. Further, in the context of doing things with words, performativity is not used as a tool for investigating the role of speech-acts and various types of conversations in intentional organizational change. See Gond et al. (2016) for a very informative review and elaboration of performativity in organization and management studies.
2. The analyses included in this article are part of a greater research project on organizational change reported elsewhere. For further reflections on the systematic use of the empirical data, see the methodological section (Dupret, 2010).
3. At the time, the team had a caseload of approximately 100 patients. The average caseload per case manager in the team was around 20 patients.
4. Also called the ‘Lapland model’ due to its geographical origin. Furthermore, I deliberately use the term ‘approach’ and not ‘treatment’ or ‘model’, because the latter two connote alliances with a medical worldview, whereas treatment is a way of finding solutions to a problem.
5. The Open Dialogue approach took off in the mid-1980s with a wish to develop an alternative to existing psychiatric practices. At the beginning of the 1980s, the psychologist Jaakko Seikkula and consultant psychiatrist Jyrki Keränen became responsible for the emergency psychiatric service and later for all psychiatric services in western Lapland, an area with 72,000 inhabitants. Later, they moved network meetings into patients’ homes.
6. When something is manifestly absent (Law, 2004), it signifies that it is participating in its performativity, but that the actor is not actually present (Dupret, 2010, p. 134).
7. As mentioned in the description of the study group, a ‘round’ is a ‘circle of talk’ that is taken up in turn by the members of staff, with each person expressing her state of mind and wish for the content of conversation and making associations to what has previously been said in the session.

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References

- Alcadipani, R., & Hassard, J. (2010). Actor-network theory, organizations and critique: Towards a politics of organizing. *Organization*, 17, 419–435.
- Argyris, C. (1988). Crafting a theory of practice: The case of organizational paradoxes. In R. E. Quinn & K. S. Cameron (Eds.), *Paradox and transformation: Toward a theory of change in organization and management* (pp. 255–277). Cambridge, MA: Ballinger.
- Auer, P., Couper-Kuhlen, E., & Müller, F. (1999). *Language in time - The rhythm and tempo of spoken interaction*. New York, NY: Oxford University Press.
- Austin, J. L. (1962). *How to do things with words*. Cambridge, MA: Harvard University Press.
- Barad, K. (2003). Posthumanist performativity: toward an understanding of how matter comes to matter. *Signs*, 28(3), 801–831.
- Basaglia, F. (1971). *L’istituzione negata*. In *Swedish Ned med den instituionella psykiatrin*. Stockholm, Sweden: PAN/Nordstedt.
- Bateson, G. (1972). *Steps to an ecology of mind*. San Francisco, CA: Chandler Publishing.
- Bloomfield, B. P., & Vurdubakis, T. (1999). The outer limits: Monsters, actor networks and the writing of displacement. *Organization*, 6, 625–647.
- Bohnet, I., & Frey, B. (1999). The sound of silence in prisoner’s dilemma and dictator games. *Journal of Economic Behavior & Organization*, 38, 43–57.
- Bowker, G., & Star, S. L. (1999). *Sorting things out: Classification and its consequences*. Cambridge, MA: MIT Press.

- Böhm, S., & Bruni, A. (2003). Silent sounds. *Ephemera*, 3(4), 260–361.
- Brown, S. (2007). Three minutes of silence: Thinking in duration in organization studies. *Tamara Journal*, 6, 159–175.
- Bruni, A. (2005). Shadowing software and clinical records: On the ethnography of non-humans and heterogeneous contexts. *Organization*, 12, 357–378.
- Büscher, M. (2005). Social life under a microscope? *Sociological Research Online*. <http://www.socresonline.org.uk/10/1/buscher.html>, 10(1).
- Cabantous, L., Gond, J. P., & Johnson-Cramer, M. (2010). Decision theory as practice: Crafting rationality in organization. *Organization Studies*, 31, 1531–1566.
- Calás, M., & Smircich, L. (1991). Voicing seduction to silence leadership. *Organization Studies*, 12, 567–601.
- Callon, M. (2007). What does it mean to say that economics is performative? In D. MacKenzie, F. Muniesa, & L. Siu (Eds.), *Do economists make markets? On the performativity of economics*. Princeton, NJ: Princeton University Press.
- Clair, R. P. (1998). *Organizing silence: A world of possibilities*. New York: SUNY Press.
- Cooren, F., & Fairhurst, G. T. (2004). Speech timing and spacing: The phenomenon of organizational closure. *Organization*, 11, 793–824.
- Cullberg, J. (2001). *Psykoser – Et humanistisk og biologisk perspektiv*. Copenhagen, Denmark: Hans Reitzel.
- Davies, B. (2000). *A body of writing, 1990–1999*. Walnut Creek, CA: AltaMira Press.
- D’Adderio, L., & Pollock, N. (2014). Performing modularity: Competing rules, performative struggles and the effect of organizational theories on the organization. *Organization Studies*, 35, 1813–1843.
- Du Gay, P., & Vikkelsø, S. (2012). Reflections: On the lost specification of ‘change’. *Journal of Change Management*, 12, 121–143.
- Donaghey, J., Cullinane, N., Dundon, T., & Wilkinson, A. (2011). Reconceptualising employee silence: Problems and prognosis. *Work Employment & Society*, 25(1), 51–67.
- Dupret, K. (2010). *Innovating mental health care: A configurative case study in intangible, incoherent and multiple efforts*. Copenhagen: Aarhus University.
- Fletcher, D., & Watson, T. (2007). Voice, silence and the business of construction: Loud and quiet voices in the construction of personal, organizational and social realities. *Organization*, 14, 155.
- Foucault, M. (1961). *Folie et déraison, histoire de la folie à l’âge classique* [Madness and civilization: A history of madness in the classical age]. Paris: Editions Gallimard.
- Gambarotto, F., & Cammozzo, A. (2010). Dreams of silence: Employee voice and innovation in a public sector community of practice. *Innovation: Management, Policy & Practice*, 12, 166–179.
- Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40, 266–275.
- Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. New York: Anchor Books.
- Gond, J. P., Cabantous, L., Harding, N., & Learmonth, M. (2016). What do we mean by performativity in organization studies? The uses and abuses of performativity. *International Journal of Management Reviews*, 18, 440–463.
- Greimas, A. (1987). *On meaning, selected writings in semiotic theory*. Minneapolis, MN: University of Minnesota Press.
- Greimas, A., & Courtés, J. (1982). *Semiotics and language, an analytical dictionary*. Bloomington, IN: Indiana University Press.
- Jones, M. (1970). *Det terapeutiska samhället* [The therapeutic community]. Stockholm: Pan/Norstedt.
- Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24, 285–308.
- Laing, R. D. (1960). *The divided self: An existential study in sanity and madness*. Harmondsworth, UK: Penguin.
- Latour, B. (1997). Trains of thought: Piaget, formalism and the fifth dimension. *Common Knowledge*, 6, 170–191.
- Latour, B. (1999). *Pandora’s hope: Essays on the reality of science studies*. Cambridge, MA: Harvard University Press.

- Latour, B. (2005). *Reassembling the social: An introduction to actor-network theory*. New York: Oxford University Press.
- Law, J. (1994). *Organizing modernity*. Oxford, UK: Blackwell.
- Law, J. (2004). *After method, mess in social science research*. London: Routledge.
- Law, J. (2008). Actor-network theory and material semiotics. In B. S. Turner (Ed.), *The new Blackwell companion to social theory* (pp. 141–158). Oxford: Blackwell.
- Law, J., & Hassard, J. (1999). *Actor network theory and after*. Oxford: Blackwell Publishers.
- Luscher, L. S., Lewis, M., & Ingram, A. (2006). The social construction of organizational change paradoxes. *Journal of Organizational Change Management*, 19, 491–502.
- MacDonald, I., Burke, C., & Stewart, K. (2006). *Systems leadership*. Aldershot, UK: Gower.
- Michael, M. (2006). How to understand mundane technology: New ways of thinking about human-technology relations. In J. R. Dakers (Ed.), *Defining technological literacy: Towards an epistemological framework* (pp. 50–63). New York: Palgrave Macmillan.
- Mol, A. (2002). *The body multiple*. Durham, NC: Duke University Press.
- Moll, S. (2010). *Mental health issues and work: Institutional practices of silence in a mental healthcare organization*. PhD thesis, Department of Public Health Science, University of Toronto, Canada.
- Morrison, E. W., & Milliken, F. J. (2000). Organizational silence: A barrier to change and development in a pluralistic world. *Academy of Management Review*, 25, 706–725.
- Morrison, E. W., & Milliken, F. J. (2003). Guest Editors' Introduction. Speaking up, remaining silent: The dynamics of voice and silence in organizations. *Journal of Management Studies*, 40, 1353–1358.
- Odegard, O. (1964). Pattern of discharge from Norwegian hospitals before and after the introduction of psychotropic drugs. *American Journal of Psychiatry*, 120, 772–778.
- Orlikowski, W. J. (2007). Sociomaterial practices: Exploring technology at work. *Organization Studies*, 28, 1435–1448.
- Pinder, C. C., & Harlos, K. P. (2001). Employee silence: Quiescence and acquiescence as responses to perceived injustice. In K. M. Rowland & G. R. Ferris (Eds.), *Research in personnel and human resources management* (vol. 20, pp. 331–369). New York: JAI Press.
- Pols, J. (2006). Accounting and washing: Good care in long-term psychiatry. *Science, Technology & Human Values*, 31, 409–430.
- Quinn, R. E., & Cameron, K. S. (Eds.) (1988). Paradox and transformation: A framework for viewing organization and management. In *Paradox and transformation: Toward a theory of change in organization and management* (pp. 289–308). New York: Ballinger.
- Seikkula, J., Alakare, B., & Aaltonen, J. (2001a). Open dialogue in psychosis II: A comparison of good and poor outcome cases. *Journal of Constructivist Psychology*, 14, 267–284.
- Seikkula, J., Alakare, B., & Aaltonen, J. (2001b). Open dialogue in psychosis I: An introduction and case illustration. *Journal of Constructivist Psychology*, 14, 247–265.
- Selvin Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing – circularity – neutrality: Three guidelines for the conductor of the session. *Family Process*, 19, 3–12.
- Star, S. L. (1991). Power, technologies and the phenomenology of standards: On being allergic to onions. In J. Law (Ed.), *A sociology of monsters? Power, technology and the modern world* (pp. 27–57). Sociological Review Monograph 38. London: Routledge.
- Star, S. L., & Strauss, A. (1999). Layers of silence, arenas of voice: The ecology of visible and invisible work. *Computer Supported Cooperative Work*, 8, 9–30.
- Sørensen, O. H. (2013). Direkte medarbejderindflydelse ved organisatorisk forandring: konsekvenser for arbejdsmiljøet. *Tidsskrift for arbejdsliv*, 15(1), 32–51. [Direct employee participation at organizational change: Consequences for the work environment. *Journal of Work Life Studies*]
- Strauss, G. (2006). Worker participation: Some under-considered issues. *Industrial Relations*, 45, 778–803.
- Trolle, E. (2003). *Stillness speaks*. New Delhi, India: Yogi Impression Books.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. New York: SUNY Press.
- Weick, K. E., & Sutcliffe, K. M. (2006). Mindfulness and the quality of organizational attention. *Organization Science*, 17, 514–524.

Zerubavel, E. (2006). *The elephant in the room: Silence and denial in everyday life*. New York: Oxford University Press.

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