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FOUR

PROFESSIONALIZATION

We have touched upon the growth of the professions in Chapter 2. In this chapter we go beyond the bare statistics of growth to an analysis of the dynamics by which occupations become professions, retain their professional standing, and even seek to expand on their professional base. The study of professionalization has been the preeminent concern of sociologists interested in the workworld.¹ Although this may reflect an elitist bias, the fact remains that some of the best work in the field has been done on this topic.

Much of the early work in occupational sociology dealt with the role of

¹For the period 1946–1952, Smigel reports that 58 percent of all studies in the field of occupational sociology dealt with the professions; later (1953–1959) Smigel et al. report a decline in interest, with 48 percent of occupational studies concerned with the professions. Despite this decrease in interest, studies of the professions continued to dominate, with their nearest rival being studies of proprietors, managers, and officials (22 percent of all studies from 1953–1959). More recently, Hall did a similar study in which he reported “the decline and almost disappearance of papers on the professions and professionalization.” However, we believe that Hall greatly overstates the decline of the studies of the professions. As we will see in this chapter, studies on the professions are still very much alive, especially in books and the British journals, neither of which were included in Hall’s study. See Erwin Smigel, “Trends in Occupational Sociology in the United States: A Survey of Postwar Research,” *American Sociological Review*, 19 (1954), 398–404; Erwin Smigel et al., “Occupational Sociology: A Re-examination,” *Sociology and Social Research*, 47 (1963), 472–77; Richard Hall, “Theoretical Trends in the Sociology of Occupations,” *The Sociological Quarterly*, 24 (1983), 5–23.

the professions in the larger society. Then, for a time, sociologists tended to focus their attention on the characteristics that seemed to make the professions distinctive as well as their internal structures and processes. However, in the last two decades a new orientation has come to question many assumptions about the structures and processes of the professions; this has sparked a rebirth of interest in the reciprocal relations between the professions and the larger society. Before discussing these more contemporary developments, let us look briefly at the work of one of the early masters of sociology, Max Weber, who was acutely aware of the relationship between the professions and society.² Max Weber is best known for his ideas on the relationship between the Protestant Ethic, in particular Calvinism, and the rise of bureaucratization, capitalism, and rationalization (for example, the emphasis on efficiency) in the Western world. Less well-known, but of central interest to us, is the fact that Weber linked professionalization to these social forces. Weber believed that Calvinism was an important factor in the development of what he called a "spirit of capitalism" in the West. Capitalism, in turn, was a part of the broader process of rationalization that also included the development of highly efficient bureaucracies to do much of the work of this new society. In Weber's view, Calvinism helped promote the development of a disciplined and methodical organization of conduct, and it was the professional who represented this type of behavior. But at the same time, professionalization, in its turn, played a role in the development and expansion of rationalization, bureaucratization, and capitalism. All of these forces, then, were involved in a mutually reinforcing process that gave the Western world its distinctive orientation.

Weber, then, postulated a general process of professionalization that was related to a variety of other social changes, most generally the rationalization of the West and the corresponding failure to develop rational systems in the rest of the world. He was attuned to, and acutely interested in, the relationship between the professions and the social structure of various societies. While this orientation was not totally lost,³ the thrust of the modern sociological study of the professions has, at least until recently, been away from such macroscopic questions. The focus shifted internally to the nature of the professions themselves and what differentiates them from all other occupations. Let us turn now to an analysis of the more contemporary status of the study of the professions.

²This section is based on George Ritzer, "Professionalization, Bureaucratization, and Rationalization: The Views of Max Weber," *Social Forces*, 53 (1975), 627-34.

³Major exceptions to this trend away from broad societal issues include the following: Alexander Carr-Saunders and P.A. Wilson, *The Professions* (Oxford: Clarendon Press, 1941); Talcott Parsons, "The Professions and Social Structure," *Social Forces*, 17 (1939), 457-67; N.S. Timasheff, "Business and Professions in Liberal, Fascist, and Communist Society," *American Journal of Sociology*, 45 (1940), 863-69; W.J. Reader, *Professional Men* (New York: Basic Books, 1966); and a variety of recent works to be discussed in this chapter and associated with the now dominant power approach to the study of the professions.

CONTEMPORARY STUDY OF THE PROFESSIONS⁴

In this section we will examine the three basic approaches to studying the professions.⁵ The first approach focuses on *process*, on the historical steps an occupation must go through en route to professional status and on the internal processes that characterize professions. The second, the *structural-functional* orientation, focuses on the distinctive characteristics of a profession and on the structure of established professions.⁶ These approaches dominated the field until the 1970's, when the *power* perspective burst upon the scene. Here, the focus is on the power needed by an occupation to acquire professional recognition as well as on the power such an occupation wields once it has achieved that position. Because the power perspective has now gained preeminence in sociology and it seems capable of subsuming the other two approaches, the emphasis here will be on criticisms of the first two by the supporters of the power approach, as well as on a discussion of the ways in which the three can be integrated into a stronger and more inclusive method of studying the professions.

The proponents of the three approaches disagree in two chief areas: (1) over what exactly differentiates an occupation from a profession, and (2) on the basic nature of the professions. Before getting to these differences, we can begin with a point of basic agreement. The vast majority of occupational sociologists subscribe to the notion that there are *degrees of professionalization* rather than a simple dichotomy between professions and nonprofessions. That is, all occupations can be placed on a continuum ranging from the nonprofessions on one end to the established professions on the other. The idea of a continuum grows out of the focus on social change that is characteristic of both the process and power perspectives. Those who favor the process approach tend to be concerned with how an occupation rises and falls in status, especially what historical stages it needs to navigate en route to the professional end of the continuum. The power theorists are more concerned with why an occupation moves up or down: they focus on the power needed to move up, and the loss of it that causes an occupation to slip down. We will use

⁴The following discussion is based, in some part, on George Ritzer, "The Emerging Power Perspective in the Sociological Study of the Professions," paper presented at the meetings of the American Sociological Association, San Francisco, California, August 1975; as well as a similar discussion of the professions in the second edition (1977) of this book.

⁵It is possible to identify a fourth, more microsociological approach focusing on the status claims made by professionals in the everyday workworld. Although such microsociological approaches hold promise, and are in line with the rise of micro-sociological theory in general, they are not yet widely accepted in the sociology of the professions. On this micro-approach to the professions see, Robert Dingwall, "Accomplishing Professions," *Sociological Review*, 24 (1976), 331-349. On the growth of micro-theories in general see George Ritzer, "The Rise of Micro-Sociological Theory," *Sociological Theory*, 3 (1985), 88-98.

⁶We are combining the closely related trait and structural-functional approaches under the heading of structural-functionalism. For an approach that differentiates between them see, Mike Saks, "Removing the Blinks? A Critique of Recent Contributions to the Sociology of the Professions," *The Sociological Review* (February, 1983), 1-21.

the term *professionalization* for movement toward the professional end of the continuum and *deprofessionalization* for movement toward the nonprofessional end.

The place of an occupation on the professional continuum is determined by how many professional characteristics it has or is believed to have, and to what degree it possesses or is believed to possess each of them. This leads us to our definition of a *profession*: *an occupation that has had the power to have undergone a developmental process enabling it to acquire, or convince significant others (for example, clients, the law) that it has acquired a constellation of characteristics we have come to accept as denoting a profession. We can see from this definition how professions may gain their stature by actually acquiring certain characteristics (which we discuss shortly) or by merely convincing significant others that they have acquired them whether or not they, in fact, actually have. This definition combines elements of all three theoretical approaches: it (1) deals with a process; (2) focuses on power; and (3) gives importance to the possession, or belief in the possession, of a constellation of characteristics (a product of the structural-functional school).*

We can use the concept of a profession to theoretically evaluate the status of all occupations; however, it really makes little sense to use this analytical tool on occupations that have never aspired to, or been thought to seek, professional status. Thus few janitors have sought to have their occupation accorded the status of a professional, and hence it would not be very useful to analyze the occupation of janitor from this point of view.⁷ One occupation that is often *inappropriately* analyzed from the viewpoint of professionalization is the police officer.⁸ In our view, police officers are better thought of as free semiskilled workers and will be discussed under that heading in this book (see Chapter 11). Thus Menke, White, and Carey are correct when they conclude that "police claims to professional status are hollow."⁹

In contrast, we can use the concept of a profession to analyze many occupations that, with a reasonable chance of success, either have sought that status or been thought of as professions or professional aspirants. Thus we can see that medicine is a good example of an occupation that stands at the professional end of the continuum, since it has had the power to undergo the process of professionalization and thereby acquire, or convince others that it has acquired, the major professional characteristics. Social work is one of many occupations that has made a great effort to move to the professional end of the continuum, but it has made it only part way because of its inability to acquire, or convince others that it has acquired, the needed characteristics. Managers, especially personnel managers, have been even less successful in

⁷We will soon see, however, that the concept of professionalism can be usefully applied to such occupations.

⁸Michael K. Brown, *Working the Street: Police Discretion and the Dilemmas of Reform* (New York: Russell Sage Foundation, 1981).

⁹Ben A. Menke, Mervin F. White, and William L. Carey, "Police Professionalization: Pursuit of Excellence or Political Power?" in Jack R. Green, ed., *Managing Police Works: Issues and Analysis* (Beverly Hills, CA: Sage Publications, 1982), pp. 75-106.

their efforts than social workers.¹⁰ The clergy is a good example of an occupation that once was at or near the professional end but has undergone a process of deprofessionalization in recent years.¹¹ There are even occupations (such as public lecturing) that tried to win professional recognition in the past, failed, and have now disappeared as independent occupations.¹² It is to these types of occupations that the professional model is best and most usefully applied.

Although there have been efforts to develop a total occupational continuum,¹³ the most useful effort from our point of view is Albert Reiss' classification system, which focuses on the professional end of the continuum:¹⁴

1. *Old established professions*—Occupations in this category include physicians, lawyers, and college professors.
2. *New professions*—Occupations here include the natural and social scientists.¹⁵
3. *Semiprofessions*—Although they are professionalized to some degree and have made a great effort to make it to the professional end of the continuum, this group of occupations has lacked the power to win widespread recognition as professions.¹⁶ Included in the semiprofessions are public school teachers, nurses, social workers, and librarians.
4. *Would-be professions*—These are occupations that have sought or are actively aspiring to professional status, but which, for a variety of reasons, have had even less power than the semiprofessions and have had less success in convincing the relevant audiences that they have acquired the needed characteristics. Examples include personnel managers and funeral directors.
5. *Marginal professions*—Included here are a variety of occupations that work "hand in hand" with the professions, perform many of the same functions, but lack the capacity to acquire professional status in their own right, partly because they

¹⁰George Ritzer and Harrison Trice, *An Occupation in Conflict: A Study of the Personnel Manager* (Ithaca, NY: New York School of Industrial and Labor Relations, Cornell University, 1969); Tony Watson, *The Personnel Managers: A Study in the Sociology of Work and Employment* (London: Routledge and Kegan Paul, 1977).

¹¹Hernan Vera, *Professionalization and Professionalism of Catholic Priests* (Gainesville, Florida: University Presses of Florida, 1982); Sherryl Kleinman, *Equals Before God: Seminarians as Humanistic Professionals* (Chicago: University of Chicago Press, 1984).

¹²Donald M. Scott, "The Profession that Vanished: Public Lecturing in Mid-Nineteenth-Century America," in Gerald L. Geison, ed., *Professions and Professional Ideologies in America* (Chapel Hill, NC: The University of North Carolina Press, 1983), pp. 12–28.

¹³See, for example, Everett Hughes, "Personality Types and the Division of Labor," in Hughes, *Men and Their Work* (Glencoe, IL: Free Press, 1958), pp. 23–41; Robert Hodge, Paul Siegel, and Peter Rossi, "Occupational Prestige in the United States: 1925–1963," in Reinhard Bendix and Seymour M. Lipset, eds., *Class, Status and Power: Social Stratification in Comparative Perspective*, 2nd ed. (New York: Free Press, 1966), pp. 322–33.

¹⁴Albert Reiss, Jr., "Occupational Mobility of Professional Workers," *American Sociological Review*, 20 (1955), 693–700.

¹⁵It might be useful to add another category at this point, "declining professions," to include occupations like the clergy that are undergoing deprofessionalization.

¹⁶Amiti Etzioni, ed., *The Semi-Professions and Their Organization* (New York: Free Press, 1969), pp. xiii–xiv.

very often labor in the shadow of the established professions. Occupations in this category include laboratory and scientific technicians as well as various paraprofessionals.

The bulk of this chapter deals in varying degrees with the broad types of occupations delineated by Reiss, although our primary focus will be on the established professions. Although not all of them are recognized as professions, analysis of them in light of the theory of professionalization reveals much about their basic character. Later in this book we will take a more detailed look at the distinct categories of professions; in Chapter 8 we will deal with individuals in old established and new professions, while Chapter 9 will analyze individuals in semiprofessions, would-be professions, and marginal professions.

Professionalism

Just as occupations vary in terms of their degree of professionalization, individuals in any occupation vary in their degree of professionalism. Occupational sociologists have addressed in a variety of ways the question of what factors determine the position of an occupation on the professional continuum. Comparatively ignored has been the important question of professionalism at the individual level.¹⁷ In this book we will use *professionalism* when we are discussing individuals and *professionalization* when we are examining occupations.¹⁸

In every occupation there are individuals who are (or who are at least regarded as such) more professional than others. Thus while medicine is a profession, individual doctors vary in their degree of professionalism. The majority of physicians exhibit a high degree of professionalism since they are, for the most part, competent, efficient, and effective. At least some, however, are inept or are quacks or violate the profession's code of ethics, and they have a relatively low degree of professionalism. The same point holds for occupations in the middle or toward the low end of the professionalization continuum. That is, there is a range of professionalism in every occupation. However, the more nonprofessional the occupation, the less likely we are to find large numbers of individuals with a high degree of professionalism. In other words, the lower the level of professionalization, the lower the average level of professionalism.

A similar differentiation has been made by Richard Hall, who contends that the professional model consists of both structural (that is, "professionalization") and attitudinal ("professionalism") variables.¹⁹ We believe that combining both these levels into one professional model confuses the issue. The

¹⁷This discussion is based on George Ritzer, "Professionalism and the Individual," in Eliot Freidson, ed., *The Professions and Their Prospects* (Beverly Hills, CA: Sage Publications, 1973), pp. 59-73.

¹⁸This differentiation has also been made by Eliot Freidson, *The Profession of Medicine* (New York: Dodd, Mead, 1970).

¹⁹Richard Hall, "Professionalization and Bureaucratization," *American Sociological Review*, 33 (1968), 92-104.

two levels are conceptually and analytically distinct, as Hall himself discovered.²⁰

There is not one professional model; rather, there are two. And although they are highly correlated, we must keep them distinct.²¹

Professionalization

Where an *occupation* lies on the professional continuum depends on how much power it possesses and whether it is sufficient to allow it to undergo a process of professionalization whereby it has been able to acquire, or convince significant others that it has acquired, the constellation of professional characteristics.

It is at this point that it will be helpful to return to a discussion of the three basic approaches to the sociological study of the professions.

THE PROCESS APPROACH

Those who favor this approach, you will remember, tend to focus on the steps an occupation must go through to achieve professional status. Caplow, for example, sees four steps in the process of professionalization:

1. A professional association must be established.
2. There must be a change of name that dissociates the occupation from its previous nonprofessional status and provides it with a title that is its exclusive domain.
3. There is the development and adoption of a code of ethics.
4. There is political agitation to gain popular and legal support and the setting up of a mechanism controlled by the profession to train new members.²²

Wilensky outlines a five-step process approach to professionalization that is very close to that of Caplow:

1. Creation of a full-time occupation.
2. Establishment of a training school.
3. Establishment of a national association.
4. Efforts to win legal support.
5. Establishment of a code of ethics.²³

²⁰Ibid., 103.

²¹Among the more recent studies to deal with the issue of professionalism are Vera, *Professionalization and Professionalism of Catholic Priests*; and Thomas Keil and Charles Ekstrom, "Police Chief Professionalism: Community, Departmental, and Career Correlates," *Sociology of Work and Occupations*, 5 (1978), 470-486.

²²Theodore Caplow, *The Sociology of Work* (Minneapolis: University of Minnesota Press, 1954), pp. 139-40.

²³Harold Wilensky, "The Professionalization of Everyone?" *American Journal of Sociology*, 70 (1964), 137-58.

If we combine the two lists, we can define the process approach as having the following characteristics:

1. Full-time occupation.
2. Change of name, which becomes the occupation's exclusive domain.
3. National association.
4. Training school.
5. Code of ethics.
6. Political agitation to win popular and legal support.

The above steps can be in any order, and some steps may take place concurrently.

The process approach attunes us, of course, to the historical development of occupations. But one basic problem is that it leads to a rather routinized procedure. We are advised to simply examine the history of an occupation for the existence of these stages, and if they have occurred, we can label an occupation a profession. A most damning criticism of this approach is its tendency to generalize from the past to the present and future. Yet it is clear that occupations that underwent professionalization some years ago were involved in a very different occupational world than those that seek it today. Portwood and Fielding make the point that, in the case of some British professions (for example, barristers), their present status is the result of a combination of historical and contemporaneous conditions.²⁴ (Macdonald²⁵ makes a similar point about accountants in Scotland.) Given the partial reliance of such professions on historical conditions that no longer exist, Portwood and Fielding conclude that "it is logically impossible for any current or future profession to attain a similar pre-eminence."²⁶ Perhaps the most important fault of the process orientation is that it underestimates the significance of the political process, that is, the power wielded by professions in their drive toward professionalization and the power of opposing forces that must often be overcome. *Political variables* are relegated to secondary status in this approach, while in more recent thinking they have assumed center stage.

Akin to the process approach, although not directly aligned with it, are studies of the history of specific occupations and their efforts to achieve professional recognition. These studies do not adopt a set series of stages and then determine whether an occupation has passed through them. Rather, they look at the actual history of an occupation to see what really went on in the process of professionalization.

One important example of such an historical approach, of which we will have more to say later, is Paul Starr's *The Social Transformation of American Med-*

²⁴Derek Portwood and Alan Fielding, "Privilege and the Professions," *The Sociological Review* 29 (1981), 749-773.

²⁵Keith M. Macdonald, "Professional Formation: The Case of Scottish Accountants," *British Journal of Sociology*, xxxv (1984), 174-189.

²⁶Portwood and Fielding, "Privilege and the Professions," 768. Those occupations that play a vital role in *contemporary* society can, in their view, achieve professional status.

icine.²⁷ Starr sees the history of professions in general, and medicine in particular, as examples of collective mobility. In the mid-nineteenth century, medicine was not a secure profession;²⁸ indeed, it was in a very weak position on a variety of counts. The prestige of a physician was much lower than it is today and the occupation was rarely a path to economic wealth. There was no set educational criteria and no fixed career path. Medicine was not able to command deference and merely maintained a "front of propriety and respectability."²⁹ The American Medical Association had been founded in 1846, but in Starr's opinion it had little impact through the remainder of the nineteenth century. The occupation itself was wracked by a series of bitter internal feuds caused by the existence of a variety of medical sects.

Having detailed the weak position of medicine in the mid-nineteenth century, Starr turns to the issue of the rise of the medical profession through the nineteenth and into the twentieth century. The 1870s and 1880s witnessed the growth of medical licensing. General reforms in the educational system led to improvements in medical schools. The improved medical schools, in turn, "greatly increased the homogeneity and cohesiveness of the profession. The extended period of training helped to instill common values and beliefs among doctors, and the uniformity of the medical curriculum discouraged sectarian divisions."³⁰ Whereas nostrum makers had been a major source of competition to physicians, the medical profession now began to gain control over the pharmaceutical business. The AMA came to stand between physicians and drug manufacturers and, in fact, the substantial income from drug advertisements helped the AMA expand its power. Then there were successes (for example, in public hygiene and immunology) and technological advances (the stethoscope) that contributed to medicine's growing power. External changes also aided medicine. For example, the growing prestige of science in general was a boon to medicine. Hospitals were transformed from places of dread to centers of science, and they became centers of medical education and practice as well. The efforts of corporations to control physicians and turn them into employees were warded off. In these and other ways by the 1920s "the medical profession had successfully resolved the most difficult problems confronting it."³¹ In other words, medicine had taken the many steps needed to turn itself into the most powerful profession in the United States. We will return shortly to Starr's work because, to its credit, it is relevant not only to the process approach to the professions, but to the other two approaches as well.

²⁷Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982). Others are Keith M. Macdonald, "Professional Formation: The Case of Scottish Accountants;" Daniel Duman, "The Creation and Diffusion of a Professional Ideology in Nineteenth Century England," *The Sociological Review*, 27 (1979), 113-138.

²⁸Gelfand contends that the professionalization of medicine in France predated that development in the United States by about a half century; see Toby Gelfand, *Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the 18th Century* (Westport, CT: Greenwood Press, 1980).

²⁹Starr, *The Social Transformation of American Medicine*, p. 85.

³⁰Ibid., p. 123

³¹Ibid., p. 232.

Professional Segments

Stemming from the process approach in general, and the work of Rue Bucher in particular, is the idea of professional *segments*, a concept which offers a great deal of insight into the internal and external forces leading to change within the professions. In one of her early studies, Bucher focused on the profession of pathology.³² Like many other professions, pathology has been subjected to much social change and this has resulted in the growth of segments within the profession. Pathology has become less of a science and more of a clinical specialty that serves physicians, and because of these changes it has split into two segments. The *practitioner segment* views pathology as a medical specialty that must focus on clinical diagnostic activities and efforts to build closer ties with the medical profession. In contrast, the *scientific segment* is primarily concerned with scientific investigation and the communication of results to fellow professionals. Further, it is devoted to the idea of "maintaining the scientific position of the specialty." These two segments were found to be so distinct that members of one segment were generally not interested in, or informed about, the activities of the other.

The practitioners constitute the newer segment and are seeking to carve out a niche for themselves despite the resistance of the entrenched old-liners. Pathology to the practitioner is not just the study of disease, and they have declared new missions for the science including acting as servant, consultant, and educator to the physician. In addition, they have developed a new self-image that dissociates them from the old image of pathologist as a laboratory worker. They have sought to solidify their position by developing their own professional associations, which press for the establishment of practitioner-pathologist positions in hospitals. They have also sought to recruit new pathologists who accept their ideology and who will ultimately fill the positions they are developing.

In contrast, the primary interest of the long-established scientific pathologists is research, an interest which is threatened by the service ideal of the practitioners. This conflict is not only over mission, but has extended to a battle between the two segments to attract recruits. In the face of the threat from practitioners the scientific pathologists have taken a number of steps "to rejuvenate pathology as a science." They are trying to move away from the old techniques and emphasize the exciting new methods being utilized by the modern scientific pathologists. However, they also continue to defend the old techniques because those methods constitute their exclusive domain. The scientists are redefining their research mission to include traditional techniques as well as new scientific developments.

More recently, Pawluch has examined the changing nature of pediatrics

³²Rue Bucher, "Pathology: A Study of Social Movements Within a Profession," *Social Problems*, 10 (1962), 40-51. See also Rue Bucher and Anselm Strauss, "Professions in Process," *American Journal of Sociology*, 66 (1961), 325-34, in which professions are seen as "loose amalgamations of segments pursuing different objectives in different manners and delicately held together." This idea was formulated in reaction to the overwhelming static view of the professions developed by the structural-functionalists and enunciated in William Goode, "Community Within a Community: The Professions," *American Sociological Review*, 22 (1957), 194-200.

from the point of view of professional segments.³³ Primary-care pediatricians who were mainly concerned with treating children's diseases once dominated the profession. By about 1950, however, the need for such pediatricians declined as there were fewer and milder childhood diseases, the result of an array of medical advances. In the face of declining need, some pediatricians sought to move away from biological problems and toward treating the "behavioral, emotional, and social problems of children."³⁴ Conflict has arisen between these "new pediatricians" and academic and research pediatricians, many of whom are unwilling to move into these new and less "scientific" areas. How this ongoing conflict between segments in pediatrics will be resolved is not yet clear.

Conflict between segments often results in large-scale social changes within professions. The examples from pathology and pediatrics may be extended to every professional occupation. Conflict within a profession may revolve around its mission, work activities, methodology and techniques, clients, colleagues, interests and associations, recruits, and public recognition. Segments form around these issues, and new ones do battle with the established ones, which are seeking to maintain tradition. However, just as it is erroneous to view professions as monoliths, it is equally erroneous to view segments as monolithic. Segments are internally differentiated and constantly in flux. A profession may witness the rise of a segment, its later decline and replacement by a new segment, or the resurgence of an older segment.

Viewing professions in this way has enormous implications for the overall study of these occupations. The places in which they work are the arenas for the battle between members of the rival segments. This conflict is affected by, and affects, the organization in which the profession operates. Careers within professions are not a well-defined series of steps but vary between segments. Further, career ladders may disappear or come to the fore when one segment declines or a new segment arises. Socialization is not a simple process of indoctrination into the profession: instead, it involves a conflict between segments for recruits, and it involves among recruits a choice of the segment by which each chooses to be socialized or a compromise among the demands of the various segments.³⁵ In training schools, recruits are treated to the spectacle of competing segments vying for their commitment. Segments disagree on the image they wish to convey to the public and may seek to project distinct ones. Finally, segments may relate differently to other professions and may each possess their own leaders. In sum, looking at professions as segmental affects virtually all areas in the study of professions. The examples of pathology and pediatrics demonstrate some of the internal and external forces leading to change in the professions.

Let us now move on to the structural-functional interpretation, keeping

³³Dorothy Pawluch, "Transitions in Pediatrics: A Segmental Analysis," *Social Problems*, 30 (1983), 449-465.

³⁴*Ibid.*, 450.

³⁵Kath M. Melia, "Student Nurses' Construction of Occupational Socialization," *Sociology of Health and Illness*, 6 (1984), 132-151.

in mind that the process approach provides us a useful tool in its emphasis on process, historical development, and dynamism.

THE STRUCTURAL-FUNCTIONAL (OR TRAIT) APPROACH

The structural-functionalists are best known for their development of a constellation of characteristics used to differentiate the professions from other occupations. We have selected the six most frequently cited characteristics for discussion here. The degree to which an occupation has these six characteristics is held to determine whether it is a profession or not. Established and new professions have—or are believed to have—all of these characteristics and to a high degree. Would-be professions may be lacking one or two, and those that it possesses are thought to be less pronounced than in the established or new professions. Nonprofessions have—or are believed to have—few, if any of these characteristics, and those that they do possess are likely to be of a low degree. In enumerating these characteristics, the structural-functionalists have generally argued that these are “real” qualities that professions possess and nonprofessions do not. But the recent work of the power advocates has made it clear that a profession may not really possess these traits; it may simply have the power to *convince* the public, the law, and other sectors that it possesses them. We have been influenced by the power advocates, and thus the six professional characteristics should be seen as either characteristics a profession has or traits it has simply been able to convince others that it possesses.

Let us turn to a discussion of these characteristics. We will also present the critical analyses of each offered by the power advocates; these will focus on the role power plays in the creation of these traits, or of the illusion that they exist. In fact, it is in the power advocates’ critique of the structural-functionalists’ six characteristics that we begin to get a better sense of the power approach to the professions.

1. **General, systematic knowledge.** Intellectually, the professions possess, or are thought to possess, general systematic knowledge. In contrast, the knowledge of other occupations is said to be less general and systematic. The knowledge base of the professions supposedly can only be transmitted formally from one professional to another in a lengthy training program existing within a professional school, or informally between a senior member of the professional establishment and the neophyte. Those in professions argue that nonprofessional occupations do not require such an elaborate system of training because their knowledge base is less general, less systematic and, as correlates, less complex and less important to the functioning of society. The structural-functionalists tend to accord this variable a central role in the constellation of characteristics:

The crucial distinction between professions and non-professions is this: the skills that characterize a profession flow from and are supported by a fund of knowledge that has been organized into an internally consistent system called a body of

theory. A profession's underlying body of theory is a system of abstract propositions that describe in general terms the classes of phenomena comprising the profession's focus of interest.³⁶

The power advocates argue that while it is true that the professions do have a knowledge base, so do many nonprofessional occupations. There seems to be no basis for arguing that there is a qualitative difference between the knowledge base of the professions and many nonprofessions, although few would argue with the idea that there is a quantitative difference. Professionals often argue that their knowledge is their own, while other occupations such as social work and business management are said to have knowledge derived from a number of different fields and over which they have little control. To the degree that this is true, it is a result of the power of the professions to create information, or integrate information, into a body of knowledge that they control and that they keep from various other segments of society. But of course, this is not totally true. The professions must rely on information provided by a variety of other occupations. Modern medical knowledge is composed of insights from various nonmedical sources—biology, chemistry, psychology, even sociology.

Those in the professions also argue that their knowledge is theoretical while that of other occupations is much more practical. Again, the evidence fails to support this contention. For example Freidson, in his study of the medical profession, found that physicians tend to rely on their own tested remedies for various maladies rather than using the latest medical discoveries; physicians are found to be profoundly practical people. Finally, it is often argued that the knowledge base of the professional is systematic, while there are grave inconsistencies in the knowledge base of nonprofessionals. Roth, however, has argued that just as with the knowledge in other occupations, the knowledge of the professional possesses great gaps, numerous inconsistencies, and even grave paradigmatic differences that lead to controversies over the most fundamental issues.³⁷ Although there are no real qualitative differences between professional and nonprofessional knowledge, the professions often engage in a systematic effort to create the illusion that there is something distinctive about their knowledge. Sometimes a profession might even go further and artificially produce a distinctive body of knowledge and then deny others access to it in order to improve its power position.

Based on the criticisms of the power advocates, we can conclude that although there are no inherent qualitative differences between professions and nonprofessions in terms of knowledge, there are quantitative differences. Where qualitative differences exist, they have been artificially created by professionals denying access to their knowledge by others. Yet we must also recognize that even where there are no artificially produced qualitative differences, the professions have been able to convince the public, the law, and so forth that such differences do exist. Believing in this myth, many people act

³⁶Ernest Greenwood, "Attributes of Profession," *Social Work*, 2 (1957), 46.

³⁷Julius Roth, "Professionalism: The Sociologist's Decoy," *Sociology of Work and Occupations*, 1 (1974), 6-23.

toward the professions as if there was something inherently distinctive about their knowledge base.

2. *Norm of autonomy.* The professions have developed the idea that they should be free of external control—that is, the norm of autonomy, that outside interference would supposedly reduce the quality of professional service. Believing this, the community often surrenders to the profession the right to control its own activities. In Hughes' terms the community yields a "license" to the profession to perform its activities as it sees fit. Of course, a profession is rarely satisfied with the limited rights it receives and seeks to expand them by enlarging its "mandate."³⁸ Even without expanding its mandate, the profession is usually able to carve out areas in which professionals can only be evaluated by their peers. Thus the profession is allowed to select its own recruits, train them as it sees fit in its own schools, determine what constitutes unprofessional behavior, and punish it accordingly. To accomplish these last functions the profession develops codes of ethics, sets of principles by which the actions of professionals are supposed to be guided. The codes are developed and policed by the professions themselves.

The professional emphasis on the norm of autonomy, or self-control, is criticized by supporters of the power approach on a variety of grounds. While the professions have often been able to gain a measure of autonomy, this has certainly not always been the case. Johnson, for example, has demonstrated how both clients and the state (e.g., through licensing requirements) have often exercised considerable control over the professions.³⁹ Thus, the history of every profession is studded with incidents of external control. Furthermore, ongoing changes in at least some professions threaten to erode their autonomy even further. For example, Starr describes the "coming of the corporation," or for-profit institutions, to medical practice. The medical profession's involvement in such

corporate work will necessarily entail a profound loss of autonomy. Doctors will no longer have control over such basic issues as when they retire. There will be more regulation of the pace and routines of work. And the corporation is likely to require some standard of performance, whether measured in revenues generated or patients treated per hour.⁴⁰

Thus professional autonomy has always been limited, and there are ongoing changes in at least some professions that threaten to erode it even further.

A second criticism stems from the evidence that the professions have not used their autonomy as they promised, to improve their service to clients: "The history of professions and professionalism does not really seem to support the contention that professional autonomy contributes to high standards of professional service."⁴¹ Related to this are the criticisms leveled at the pro-

³⁸Hughes, "License and Mandate," in Hughes, *Men and Their Work*, p. 79.

³⁹Terence Johnson, *The Professions and Power* (London: Macmillan, 1972).

⁴⁰Starr, *The Social Transformation of American Medicine*, p. 446.

⁴¹Arlene Daniels, "How Free Should Professions Be?" in Eliot Freidson, ed., *The Professions and Their Prospects* (Beverly Hills, CA: Sage Publications, 1973), p. 55.

fessions' codes of ethics. Many argue that the ethical codes are not set up to protect the welfare of the clients, but rather the interests of professionals.⁴² These codes conceal the professions and their activities from public scrutiny by allowing for in-group punishment of those who violate professional norms. This serves to insulate the professions from external control by keeping their abuses from public visibility. Worse yet, many believe that the professions do not do a good job of policing themselves.⁴³ In Abbott's view, there are far more violations of professional codes than there are prosecutions of such offenses. Those relative few that are prosecuted are likely to be highly visible offenses, those that would be hard to conceal. Roth is one of the most outspoken critics of the professions' codes of ethics:

The evidence we do have about realtors, lawyers, psychologists, insurance agents, physicians, and other occupational groups with codes of ethics shows overwhelmingly that, although these codes sometimes curb competition among colleagues, they have almost no protective value for the clientele or the public. Indeed, the existence of such codes is used as a device to turn aside public criticism and interference.⁴⁴

In recent years, the medical profession has come under increasing attack for failing to adequately "police itself and protect the public's health."⁴⁵ This attack primarily took the form in the 1970s of a dramatic increase in patient malpractice suits against physicians for incompetence and negligence. This, in turn, led to a dramatic increase in malpractice insurance premiums. The federal, state, and local governments, as well as the AMA, were impelled to take steps to better police the medical profession.

Finally, it should be noted that critics argue that codes of ethics do not really differentiate professions, since a wide variety of occupations have such ethical codes.⁴⁶

Despite these criticisms, we can say that the professions have been able to convince many to respect their right to autonomy. Thus, the professions have often been able to function quite autonomously and to police themselves (however badly) through their codes of ethics. These realities do not contradict the arguments that the professions have never been as autonomous as they would like us to believe, do not really require this autonomy, and often use it to the detriment of clients and the public.

⁴²Andrew Abbott, "Professional Ethics," *American Journal of Sociology*, 88 (1983), 862.

⁴³See, for example, Eliot Freidson and Buford Rhea, "Processes of Control in a Company of Equals," *Social Problems*, 11 (1963), 119-31; Eliot Freidson, *Doctoring Together: A Study of Professional Social Control* (New York: Elsevier, 1975); Vern Bullough and Sheila Groeger, "Irving W. Potter and Internal Podalic Version: The Problems of Disciplining a Skilled but Heretical Doctor," *Social Problems*, 30 (1982), 109-116.

⁴⁴Roth, "Professionalism: The Sociologist's Decoy," 10.

⁴⁵Carol Klapperman Morrow, "'Sick Doctors': The Social Construction of Professional Deviance," *Social Problems*, 30 (1982), 95.

⁴⁶Abbott, "Professional Ethics."

3. *Norm of altruism.* Those in the professions contend that they have imbued in their members a norm of altruism, or community interest rather than self-interest. This is supposedly related to the professional's greater interest in symbolic rather than economic rewards.

It is interesting to note that it was the major figure in the structural-functional approach, Talcott Parsons, who first called this differentiation into question many years ago. Parsons contended that professionals and businesspeople were both interested in the same goal—success. Thus the difference between them (if there is any) lies not in goals but simply in means to the same goal: the professional can be *successful* by being, or seeming to be, altruistic, while egoism leads the businessperson to success. Parsons concluded:

The typical motivation of professional men is not in the usual sense "altruistic," nor is that of businessmen typically "egoistic." Indeed there is little basis for maintaining that there is any broad difference of motivation in the two cases, or at least any of sufficient importance to account for the broad differences of socially expected behavior.⁴⁷

Parsons seemed to conclude from this that the businessperson was as "good" as the professional, while modern power advocates have used the same evidence to argue that professionals are as "bad" as businesspeople.

Interesting new light is cast on this issue by the rise of professionals (especially physicians) in business, or entrepreneurial professionals. Says Goldstein:

At a time when traditional entrepreneurial approaches are being fostered in medicine, it seems reasonable to assert that physicians who are entrepreneurs or favorably disposed to becoming entrepreneurs will take on increasing importance. It is our impression that, at least in some areas of the country, physician entrepreneurs have emerged as important elements in the provision of certain medical services. Pathology labs, radiology groups, health promotion centers, obesity and substance abuse clinics, chains of local emergency rooms, proprietary hospitals, long-term care facilities, and nursing homes are some examples.⁴⁸

Hence, the line between professionals and businesspeople, never clear-cut, is growing even fuzzier.

The power advocates argue that the service ethic is a myth created and perpetuated by professionals to enhance their status⁴⁹ and to "silence the critics of monopoly, privilege, and power to which professionals are attempting to cling."⁵⁰ It is a myth created by the professions to give them autonomy and authority by convincing the public and various significant others that they can

⁴⁷Parsons, "Professions and Social Structure," 465.

⁴⁸Michael S. Goldstein, "Abortion as a Medical Career Choice: Entrepreneurs, Community Physicians, and Others," *Journal of Health and Social Behavior*, 25 (1984), 211–229.

⁴⁹Freidson, *The Profession of Medicine*, p. 82.

⁵⁰Paul Halmos, Introduction to Paul Halmos, ed., *Professionalization and Social Change: The Sociological Review Monograph* (Staffordshire, England: The University of Keele, 1973), p. 6.

be trusted to handle crucial matters because they are not self-interested. Many have found this hard to accept, given the high salaries and enormous power accruing to many professionals. For example, in 1982 the average *net* income for physicians in the United States was about \$90,000. This is take-home pay since it is income *after* taxes, expenses, malpractice insurance, and so on. The median net annual income for dentists in 1983 was approximately \$66,000, while for lawyers the average was \$52,000 per year.⁵¹

Doubt about the altruism of the professions has increased in recent years as a result of "exposés of the backstage activities of the professions regarding fees and fee-splitting, unnecessary referral and intervention, ritualistic procedures, or billing for work that was never undertaken."⁵² Attacking the idea of a service ethic, Roth argues that although the professional is supposed to give service to all, "there is a mass of evidence already publicly available on the bias of professional workers and their service organizations against deviant youth, the aged, women, the poor, ethnic minorities, and people they just didn't like the looks of."⁵³ Based on these criticisms, we can conclude that the professions do not operate according to altruistic principles, although they have often been able to convince many clients that they do. Altruism is a myth in the professions, but, like many others, it is a highly effective myth.

Intimately related to the claim of altruism is the professionals' argument that they are "called" to their vocation. As McKinlay sees it, this implies "either that professionals are specially selected by some higher authority, or that they respond to some higher idealism."⁵⁴ To McKinlay, this notion is, at least in part, a vestige of the time that professionals were either clergymen or intimately connected with the church. He dismisses the professional claim of a "calling" as either deceptive or false:

We are still told that people are "called" to the ministry or priesthood, but suspect that no God called them. Similarly, in the field of law, we hear that people are "called to the bar," although again we know that nobody called them and that the initiative was entirely theirs. . . . Since a disproportionate number of those in dominant professions are from families already in or associated with them it would appear whoever's doing the calling is doing it on a highly biased and self-protective fashion.⁵⁵

The idea of a professional calling is a myth to increase the profession's power over significant others.

Norm of authority over clients. The professionals argue that they should have virtually uncontested authority over clients. They argue that they have

⁵¹John Wright, *The American Almanac of Jobs and Salaries* (New York: Avon, 1984).

⁵²John B. McKinlay, "On the Professional Regulation of Change," in Halmos, *Professionalization and Social Change*, pp. 67-68. See also, John J. Lally and Bernard Barber, "The Compassionate Physician: Frequency and Social Determinants of Physician-Investigator Concern for Human Subjects," *Social Forces*, 53 (1974), 289-96.

⁵³Roth, "Professionalism: The Sociologist's Decoy," 10-11.

⁵⁴McKinlay, "On the Professional Regulation of Change," p. 67.

⁵⁵*Ibid.*

always had it and must continue to have it to provide high-quality service to clients. Somehow a questioning clientele would reduce the quality of their service, presumably by distracting them from the highly important and complex tasks at hand. Professionals, and some sociologists, usually differentiate between clients and customers. The professions have clients while all other occupations have customers. Clients are supposed to be incapable of judging their own needs or the ability of a given professional to satisfy those needs. In contrast, customers, such as people shopping for a car, are supposed to be able to evaluate their own needs and judge the ability of a given dealer to satisfy those needs. In the latter situation, the power is supposed to rest with the customer ("the customer is always right"), while in the former case it is the professional who is supposed to have uncontested authority over the client. One problem with this, of course, is that it simply does not mesh with reality, either past or present. Rothstein, among others, has shown how professions historically have never had complete authority and, in fact, how clients wielded considerable control over them.⁵⁶ In contemporary terms, Freidson has shown that the physician has far from unlimited control over the patient. Freidson points out that doctors do not have the ability to define a patient, at least initially, as ill;⁵⁷ doctors must wait for patients to first define themselves as ill and then seek out a physician. Physicians, especially general practitioners, also have their authority limited because they must be responsive to the lay culture. It is by pleasing this culture that general practitioners get and keep patients. In contrast to general practitioners, doctors who deal only with patients referred by other doctors have much more authority and have therefore much greater freedom from lay control. But instead they must be more responsive to fellow doctors, and this places a limitation on their authority, too. In sum, the more professional the occupation, the greater the authority, but this authority is rarely absolute.

Furthermore, it can be argued that the changing nature of medical work is further reducing the authority of physicians over patients. Physicians are less and less likely to be confronted with acute illnesses that can be cured with a single treatment. Instead they are more likely to deal with chronic illnesses, such as cancer, heart disease, or mental illness, in which they are almost always unable to demonstrate their competence in a single stroke. To deal with such illnesses, physicians need the active support of the patient, since treatment is likely to take place over long periods of time. Furthermore, they must also rely on a variety of other occupations (such as therapists, technicians, counselors) to help with such patients. Such a sharing of patients serves to further dilute the authority of the physician.⁵⁸

Roth has generalized this point by arguing that clients always have con-

⁵⁶William Rothstein, "Professionalization and the Employer Demands: The Case of Homeopathy and Psychoanalysis in the United States," in Halmos, ed., *Professionalization and Social Change*, p. 172.

⁵⁷Eliot Freidson, "Client Control and Medical Practice," *American Journal of Sociology*, 65 (1960), 374-82.

⁵⁸Irving Kenneth Zola and Stephen J. Miller, "The Erosion of Medicine from Within," in Eliot Freidson, ed., *The Professions and their Prospects*, pp. 105-16.

siderable power over professionals.⁵⁹ At the extreme, the client may fire the professional or simply sever the relationship. Clients can, and often do, ignore the professional's advice and recommendations. Beyond this, some have argued that we have experienced a "revolt of the client," which means that for a variety of reasons (some of which will be discussed later in this chapter) clients are becoming even more questioning of the authority of professionals.⁶⁰

Thus a number of people have come to the conclusion that the uncontested authority of the professional never existed and does not now exist; moreover, whatever authority does exist is likely to decline in the future. Absolute authority over clients is a myth developed by professionals to enhance their ability to control clients by imbuing in them the idea that they are supposed to be passive consumers of professional services. Nevertheless, the myth has had some success; many clients do subscribe to the idea that they cannot, or should not, question the decisions of professionals, at least to the extent that they are likely to question the decisions of the butcher or hairdresser. The professions do seem to have at least some greater degree of authority over their clients.

Another critical issue here is whether the professions need this unquestioned authority. Professionals would argue that they can provide better and more rapid service if they are not bothered by a questioning clientele. Further, they would undoubtedly contend that their work entails such skill and knowledge that a layperson could not possibly ask a useful question. These are largely rationalizations. The fact is that a more responsive client could provide the professional with far better information with which to make a decision. Further, a questioning clientele is likely to prod the professional into a higher, not lower, level of performance.⁶¹

5. *A distinctive occupational culture.* Those in the professions claim that they develop an occupational culture different from that developed in a nonprofessional occupation. Formal organizations that help to create a distinctive culture are professional associations, training schools and organizations in which professionals work; supplementing these formal structures is a series of informal groupings within the profession. The culture that develops is composed of a number of distinctive values, norms, and symbols.⁶² Some typical professional values include the importance of their professional service to the community, authority over clients, self-control, and theoretical objectivity. In addition, there are numerous norms within a profession that serve as specific guides for behavior. Some examples from the legal profession include norms governing how to get into law school, how to attract a sponsor, and how to find clients. Such norms are so pervasive that Greenwood contends that "there is a behavior norm covering every standard interpersonal situation

⁵⁹Roth, "Professionalism: The Sociologist's Decoy," 6-23.

⁶⁰Marie Haug and Marvin Sussman, "Professional Autonomy and the Revolt of the Client," *Social Problems*, 17 (1969), 153-61.

⁶¹Douglas Rosenthal, *Lawyer and Client: Who's in Charge?* (New York: Russell Sage, 1974).

⁶²Greenwood, "Attributes of a Profession," 51.

likely to recur in professional life."⁶³ Finally, there are the symbols of the profession, which reflect the culture and are in addition part of it: included are "its insignias, emblems, and distinctive dress; its history, folklore, and argot; its heroes and its villains; and its stereotypes of the professional, the client, and the layman."⁶⁴ Training in a profession is focally concerned with transmitting this culture to the neophyte through formal training schools or informal devices such as sponsorship.

The idea of a professional culture has been expanded by Goode. He views a profession as a community⁶⁵ because the members are bound by a common identity; it is terminal—in the sense that once in a profession few leave; it has common values, role definitions, and language; it has power over members; it has clear boundaries; and it has powers of reproduction via transmission of culture to succeeding generations.

Although we can readily acknowledge that the professions do develop highly elaborate cultures,⁶⁶ that does not mean that they are qualitatively different from the cultures developed in nonprofessional occupations. After all, most occupational cultures are composed of values, norms, symbols, language, power over members, and the like. Professional cultures are simply more elaborate—that is, they are quantitatively rather than qualitatively different from nonprofessional cultures. One thing that does stand out about the professional culture is its greater power to maintain itself and keep itself free of external control. Thus the professional culture simply has more of everything, most notably more power.

b. *Recognition by the community and law that the occupation is a profession.* Although the structural-functionalists tend to see the communal and legal recognition of a profession's status as only one of the factors that serves to differentiate occupations, this legitimization assumes a far more central role in the analysis presented here. All of the myths promulgated by the professions are aimed at acquiring this recognition, since once the recognition is obtained all other facets of the professional model fall into place. The public and law come to recognize formally and/or informally that the professions possess the following traits, irrespective of whether they actually possess them:

1. A body of general systematic knowledge that is their exclusive possession.
2. A norm of autonomy that the public and law are bound to respect.
3. A norm of altruism that entitles the profession to special treatment and respect.

⁶³Ibid, 52.

⁶⁴Ibid.

⁶⁵William J. Goode, "Community Within a Community: The Professions."

⁶⁶Not all professions have a community. For a discussion of one that does not, see Robert Perrucci and Joel Gerstl, *Profession Without Community: Engineers in American Society* (New York: Random House, 1969).

4. A norm of authority over clients that the public feels is its duty to obey.
5. A distinctive occupational culture.

Throughout this section we have discussed how all of these traits are myths developed and promoted by the professions. Yet they become realities when treated by the public and law as if they are real. To understand how this transformation of myth into reality takes place, we need to turn to a discussion of the dynamics of professionalization. In the preceding pages we have presented a *summary of the basic characteristics of a profession offered by the structural-functionalists*. And while enumerating them, we have also included criticisms of each offered by supporters of the power approach. Although much of the structural-functional approach has been rejected, the characteristics it developed are useful.⁶⁷ We shall see how they fit into a broadened theory of professionalization in the next section.

THE POWER APPROACH

We have caught only glimpses of the power perspectives in the criticisms leveled by its supporters at the structural-functionalists' constellation of characteristics. It is now time to articulate explicitly the power approach. We will then consider to what degree it can be reconciled with the other two orientations—the process and structural-functionalist theories—in a new, broader approach to the professions.

We define *power*, in this context, to mean the ability of an occupation (really its leaders) to obtain and retain a set of rights and privileges (and obligations) from societal groups that otherwise might not grant them. This implies the resistance, or the potential for resistance, among various societal groups (the public, the state) that must be overcome by the profession.⁶⁸

As was mentioned earlier, the power approach has now become the dominant orientation in the study of the professions. The emphasis on power has been articulated by a number of authors. For example, Klegon concludes: "the ability to obtain and maintain professional status is closely related to both concrete occupational strategies, as well as wider social forces and arrangements of *power*."⁶⁹ In his recent review of the field, Hall concludes: "The key to

⁶⁷For a defense of the structural-functional approach see Ernest Greenwood, "Attributes of a Profession Revisited," in Neil Gilbert and Harry Specht, eds., *The Emergence of Social Welfare and Social Work*, 2nd ed. (Itasca, IL: F.E. Peacock, Inc., 1980), pp. 255–276.

⁶⁸In his study of the military, Abrahamsson offers a similar view: "I define *military political power* as the overcoming of resistance in the making of decisions concerning objectives . . . that have (perceived or actual) consequences for the military establishment." See Bengt Abrahamsson, *Military Professionalization and Professional Power* (Beverly Hills, CA: Sage, 1972), p. 140.

⁶⁹Douglas Klegon, "The Sociology of Professions: An Emerging Perspective," *Sociology of Work and Occupations*, 5 (1978), 281–282 (italics added).

the nature of the professions is thus the possession of power."⁷⁰ While others have underscored the importance of professional power,⁷¹ some have begun to question whether we have gone too far in emphasizing power.

In fact, one of the pioneers of the power approach to the professions, Eliot Freidson, has recently come to question the adequacy of a singleminded focus on power: "no single truly explanatory trait or characteristic—including such a recent candidate as 'power' . . . can join together all occupations called professions beyond the actual fact of coming to be called professions."⁷² In fact, Freidson now urges that we give up the task of isolating the essence of professions and satisfy ourselves with "an intrinsically ambiguous, multifaceted folk concept" of the professions.⁷³

While more of the limitations of the power approach are likely to be exposed in coming years, it remains the strongest approach to the study of the professions. In its most extreme form, the power approach operates from the assumption that there are no qualitative differences between the professions and nonprofessions other than the greater power of the professions. McKinlay adopts this position when he notes that except for their power position the professions are "indistinguishable from most other occupations."⁷⁴ He is even more explicit when he contends that "there is no logical basis for distinguishing between so-called professions and other occupations."⁷⁵

A less extreme variant of this position is that while power is the defining characteristic of the professions, one or more distinctive characteristics are derived from that power. In a sense, it could be argued that all of the characteristics discussed in the preceding section stem from the power of the professions. That power allows them to either create these traits or to convince significant others that they possess them when they really do not. In fact, it is often difficult to draw a hard line between the professions convincing others that they have these characteristics and actually possessing them. A successful effort to convince the public that they have authority over them ends with the professions actually having that power.

Few would argue with the fact that the professions possess power and use it to develop a set of characteristics that win for themselves an exalted place in society, but how did they accomplish this historically? Larson deals with this in terms of an historical analysis of the "collective mobility" of the

⁷⁰Richard Hall, "Theoretical Trends in the Sociology of Occupations," 12.

⁷¹Portwood and Fielding, "Privilege and the Professions;" Robert A. Rothman, "Occupational Roles: Power and Negotiation in the Division of Labor," *The Sociological Quarterly*, 20 (1979), 495-515.

⁷²Eliot Freidson, "The Theory of the Professions: State of the Art," in Robert Dingwall and Philip Lewis, eds., *The Sociology of the Professions*, p. 32.

⁷³See also, Topsy Murray, Robert Dingwall, and John Eekelaar, "Professionals in Bureaucracies: Solicitors in Private Practice and Local Government," in Dingwall and Lewis, eds., *The Sociology of the Professions*, p. 97. Saks makes the point that many supporters of the power approach (and others as well) have been content to make bald and unsubstantiated criticisms rather than basing their critiques on serious research; Mike Saks, "Removing the Blinkers?"

⁷⁴McKinlay, "On the Professional Regulation of Change," p. 63.

⁷⁵*Ibid.*, pp. 65-66.

professions and their effort "to constitute *and control* a market for their expertise."⁷⁶

The modern professions really came into existence with the rise of capitalism. Since capitalism was a market system, and the professions were tied to that system, the professions were defined by their effort to create and control the market for their services. However, unlike others in capitalism, professionals did not have a commodity to sell. Instead of controlling the market for their goods, they had to control the production of new professionals, that is, control their training. Since their markets were new and therefore unstable, professionals first had to make the case for their service and show its superiority to competing services. They did this through the standardization of their services. This standardization made the professional's "commodity" both distinct from those of others and recognizable to potential publics. The professions also needed to gain control over their markets to guarantee recruits that their training would pay off. As they were gaining control of the markets for their services, the professions were also able to engage in collective mobility in order to gain higher status and greater social standing. It was the history of medicine, of course, that best expressed this model of market monopoly and collective mobility.

One important issue is the source of professional power. Where does it come from in the first place? The power advocates have made a beginning toward answering this difficult question.

Indeterminacy and Uncertainty

In their study of French medical practice, Jamous and Peloille concluded that the professions (in this case the medical profession)

perpetuated their definition only by emphasizing the *margin of indetermination* [italics ours] inherent in the production process and, by the same token, the rules, the norms and the institutions which are their supports. . . . These criteria, which specialized sociology considers to be characteristics of a profession, are in fact an expression of the professional ideology of the dominant members.⁷⁷

Jamous and Peloille make it clear that sociologists have emphasized the derived characteristics of the professions—the elements of their ideology—while they have ignored a source of the power of the professions—the margin of *indetermination*.

What is this margin of indetermination? Unfortunately, Jamous and Peloille are not as clear as they might have been, but they seem to mean the degree to which an occupation's task(s) cannot be routinized—that is, made available to masses of people. Tasks that can be broken down into a series of

⁷⁶Magali Sarfatti Larson. *The Rise of Professionalism: A Sociological Analysis* (Berkeley, CA: University of California Press, 1977), p. xvi.

⁷⁷H. Jamous and B. Peloille, "Changes in the French University-Hospital System," in J.A. Jackson, ed., *Professions and Professionalization* (London: Cambridge University Press, 1970), pp. 111–52.

simple actions that virtually everyone can quickly learn do not lend themselves to professionalization. On the other hand, tasks that defy such routinization are the basis of professionalization. It can be argued that at least a portion of the power of physicians is derived from their margin of indeterminacy. It must be recognized, however, that physicians have never been content to rely on the level of indeterminacy inherent in the nature of their tasks but have actively used the power derived from it to protect it from routinization, as well as to expand it.⁷⁸

In their analysis of the concept of indeterminacy, Atkinson et al. argue that Jamous and Peloille use this concept in an absolute sense *and* a political/ideological sense.⁷⁹ On the one hand, Jamous and Peloille argue that indeterminacy is an objective (absolute) quality that professions have to a high degree. Atkinson et al. reject this usage on a variety of grounds, not the least of which is that it moves us away from the power approach and back to the trait orientation of the structural-functionalists. To be true to a power approach, Atkinson et al. opt for the political/ideological usage of indeterminacy. Indeterminacy is a *claim* made by professionals through which, if it is accepted, "areas of their day-to-day work governed by indeterminate means will be defined as beyond the scrutiny of fellow professionals and laymen alike. . . . The claims of indeterminacy serve to ensure the privacy of the individual practitioner, as well as enhancing the mystique of the profession at large."⁸⁰

Although there is merit in the position of Atkinson et al., it leaves us without a sense of the basis of successful or unsuccessful claims of indeterminacy. Why does one occupation succeed in having its claims accepted while another fails? If we do not accept the idea that among the successful professions there is indeterminacy in some objective sense, then we are forced to argue that they succeed because they are powerful. In other words, the power of the professions is traced to their power. Such a circular argument will not do and as a result we are forced to accept the idea of indeterminacy in some absolute sense. That is not to deny that it is also a political/ideological mechanism by which professions seek to enhance their power.

A related source of professional power may be labeled the *level of uncertainty*. Johnson points to the importance of this factor in the genesis of professional power: "Occupational activities vary in degree to which they give rise to a structure of uncertainty and in their potentialities for autonomy."⁸¹ Thus, returning to the example of physicians, we can see that they deal with an area of acute uncertainty to their clients, and this is an important source of their power. Again, of course, professionals ordinarily seek to protect as well as to expand this area of uncertainty and thereby increase their power.

We are suggesting that the professionals' margin of indeterminacy and

⁷⁸Paul Boreham, "Indetermination: Professional Knowledge, Organization and Control," *The Sociological Review*, 31 (1983), 697.

⁷⁹Paul Atkinson, Margaret Reid, and Peter Sheldrake, "Medical Mystique," *Sociology of Work and Occupations*, 4 (1977), 243-280.

⁸⁰*Ibid.*, 257-258.

⁸¹Johnson, *The Professions and Power*, p. 43. While Johnson equates uncertainty with indeterminacy, we see them as different sources of professional power.

control over areas of uncertainty are two major sources of their power.⁸² There are undoubtedly a number of other sources, but these seem to be the most important.

It is important to note, following Johnson, that uncertainty and indeterminacy may not apply to all groups and for all time. What is indeterminate and uncertain in one era may not be indeterminate and uncertain in another. Thus, for example, the secularization of society has made religion less uncertain to people and the result has been a diminution in the power, and professionalization, of the clergy. Similarly, uncertainty and indeterminacy may vary from group to group. Thus, some groups may continue to accord professional status to the clergy while others have withdrawn such recognition.

In general, we can see from this explanation how physicians, the clergy, and even military officers gained professional status. They all clearly controlled, at least historically, problems of acute uncertainty and/or indeterminacy to most, if not all, groups in society. But what of the lawyer or the accountant? Did they achieve professional status because of the power they derived from control over areas of uncertainty or indeterminacy? The answer is clearly no. Rather, they acquired professional status by artificially creating areas of uncertainty or indeterminacy over which they then exercised control. Thus, indeterminacy and uncertainty can be either intrinsic to a task or can be artificially produced. Lawyers, for example, have certainly mystified the process of a divorce, and in the process they have artificially created an area of uncertainty and indeterminacy over which they exercise control. Accountants have done the same thing with income tax.

If an occupation can artificially produce areas of uncertainty or indeterminacy, we are once again confronted with the problem of the source of the power to perform such a feat. It seems clear that occupations that already possess some independent source of power are more likely to produce such areas. One example might be occupations that develop from some already powerful institution or occupation. Already possessing a power base, such occupations can use it to create areas of uncertainty and indeterminacy. Another example is the occupation that recruits people (or the children of people) who rank high in the social hierarchy. Still another would be those occupations that, already controlling one area of uncertainty or indeterminacy, expand into other areas. Thus, independent power sources are of crucial importance to aspiring professions.

However an occupation acquires areas of indeterminacy and/or uncertainty, naturally or artificially, it can and often does seek to deliberately ex-

⁸²These factors have been found to be important in other intergroup situations. In his study of French bureaucracy, Michael Crozier [*The Bureaucratic Phenomenon*, (Chicago: University of Chicago Press, 1964)] found that skilled craftsmen derived power in the organization from their control over uncertainty. In their essay on intergroup power within organizations, D.J. Hickson et al. ["A Strategic Contingencies Theory of Intraorganizational Power," *Administrative Science Quarterly*, 16 (1971), 216-29] contend that uncertainty (and the ability to cope with it) as well as substitutability and routinization (which resemble the idea of margin of indeterminacy) are crucial sources of power. They also give a key role to the centrality of the group within the organization, but this factor seems less relevant to an analysis of the professions in society.

pand those areas. Johnson makes this argument: "Uncertainty is not, therefore, entirely cognitive in origin, but may be deliberately increased to serve manipulative or managerial ends."⁸³ Physicians, the clergy, military officers, lawyers, and accountants have all engaged in such expansion. This brings us to a central variable to those who follow the power approach—ideology.

Ideology

Almost all of the criticisms leveled by the power advocates at the basic characteristics of the professions can be subsumed under the heading of ideology. Daniels makes this point: "What professions say about themselves in justification of their privileged status above ordinary occupations might better be studied as political ideology than as an indication of intrinsic difference between professions and other types of occupations."⁸⁴

Although there is a tendency to think of professional ideologies as consciously constructed efforts at self-aggrandizement, this need not be the case. Says Geison:

... Professionals have usually constructed their ideologies unself-consciously and sincerely . . . whatever deception may be embodied in professional ideology and rhetoric is partly a matter of self-deception as well. Even in the case of the medical profession . . . there is evidence to suggest that many American physicians have genuinely believed in the extreme *laissez-faire* ideology that organized medicine has so long exploited in its efforts to avoid government interference.⁸⁵

The professions have used (and traditional sociologists have accepted) these idealized characteristics as ideological tools in their efforts to enhance their power. For those occupations with historic control over areas of indeterminacy or uncertainty, ideology has been used to expand areas of their control and hence their power. For occupations without such control, ideologies have been employed to win control over these areas and then to expand control once it has been acquired.

Ideology also plays a defensive role for those occupations that have won professional status. Ideology is used to protect the established position of the professions from external and internal threats to its powerful position. As Jamous and Peloille note, the medical profession had to defend itself against a double threat:

(1) The threat born of socio-economic struggles and changes which sought to redefine the social aim of medical activity by calling in question the conditions of production of medical care and the quality of such care. (2) The other threat produced by scientific and technical changes—issuing partly, therefore, from the "professional group" itself—which set itself the task of redefining the nature

⁸³Johnson, *The Professions and Power*, p. 43.

⁸⁴Arlene Daniels, "How Free Should Professions Be?" p. 56.

⁸⁵Gerald L. Geison, "Introduction," in Geison, ed., *Professions and Professional Ideology in America* (Chapel Hill: The University of North Carolina Press, 1983), p. 7.

of medical knowledge and disputing the quality of what was produced and transmitted."⁸⁶

More generally, we can say that the professions inevitably face threats from both within and without and that one of the major ways they seek to cope with these threats is through the development, and use, of sophisticated ideological systems. This leads to a dialectical view of the professions. As they become increasingly powerful and entrenched, external social changes and internal technical changes inevitably lead to threats to that position. Similarly, new technical developments take place internally that the "old guard" finds difficult to assimilate. Younger professionals, adept in the new areas, come to oppose, and be opposed by, the established professionals. Although ideologies and other defenses will work for a time, the established professions must be transformed by these forces. This presumably leads to a new entrenched group that will again be transformed when external and internal changes overwhelm it.

The Process of Professionalization

What we have now arrived at in our discussion is a multicausal, multidirectional approach to analyzing professionalization that focuses on the variables of power, of uncertainty and indeterminacy, and of ideology. It is impossible to construct a simple linear model because, as we have seen, all of these factors are interrelated in a highly complex manner. It is possible, however, to offer in summary a few partial statements about this process as long as we recognize that they are being extracted from a dialectical process and can only be understood in the context of that process.

1. An occupation that controls areas of indeterminacy and/or uncertainty is likely to have great power.
2. An occupation with such power is likely to use it to win the prestigious title of profession.
3. An occupation is likely to use ideology as a weapon in its effort to gain professional status.
4. The power of an occupation is likely to be enhanced once it acquires professional status.
5. A profession is likely to employ ideology in order to help it maintain or even improve its position.
6. Despite its power and the strength of its ideological system, a profession can lose its position as a result of external and internal social changes.

Where does all of this leave the constellation of characteristics most often focused on by the traditionalists, in particular the structural-functionalists? They are derived from the basic process outlined above and are used as ideological weapons by professionals. A profession may or may not actually possess them, but this is secondary to their utility as tools in an effort to gain and maintain professional status. Unfortunately, traditional analysts of the professions have tended to focus on these derived characteristics rather than the far more important process outlined above.

⁸⁶Jamous and Peloille, "Changes in the French University-Hospital System," pp. 120-21.

RECONCILING THE THREE APPROACHES TO THE PROFESSIONS

It is relatively easy to reconcile the power and process interpretations. As we have seen, many of the advocates of the latter dealt with the power variable, and in fact much of their work stands as the intellectual precursor of the power approach.⁸⁷ Many of those once aligned with the process approach have even made the relatively easy transition to a power orientation (for example, Freidson). It is not necessary to choose between these two approaches; both should focus on the process by which occupations strive for professional status. But the focus should be on the roles played by such factors as power and ideology in this development and on the ongoing events (for example, segmentalization) within the professions (a traditional concern of the process advocates). Thus, despite criticisms by the power advocates (many of which are valid), there is no necessary contradictions between the process and power approaches. Indeed, they are eminently compatible.

The same is not true of the relationship between the power and structural-functional approaches. In our judgment, the power orientation at many points contradicts the structural-functional position. We believe—and it is now a consensus among sociological students of the professions—that the power approach has greater explanatory capacity than the structural-functional approach and that the functionalist orientation must therefore be subsumed under a power-process model. Although some elements of the structural-functional approach must simply be discarded, others can be integrated into the broader model being developed here. Of greatest utility is the constellation of characteristics developed by the functionalists. But these can no longer be viewed as necessarily “real” things that professions possess and occupations do not. Rather, they must be seen either (1) as traits that are derived from the power of the professions and are of secondary importance or (2) as a set of deceptive “traits” that the professions do not actually possess but have been able to convince significant others that they have. Thus the constellation of characteristics can be real, mythical, or some combination of the two. The structural-functional approach remains useful, but as an adjunct to a power-process model.

Let us turn to a more substantive concern of those who hold the power perspective—the role of the professions in society. On this issue, the power supporters are returning to a historical but long lost concern of the field.

THE PROFESSIONS AND SOCIETY

In the view of most power advocates, the power of the professions has been exaggerated and it is likely to decline even further in the future. This view debunks many myths and shows the professions to be far less menacing than many believe.

In his historical study of selected professions, Rothstein shows the enor-

⁸⁷Saks (“Removing the Blinkers?”) singles out Everett Hughes and Howard Becker as particularly important in this respect.

mous power clients have exercised over the professional. In contradiction to the myth that the professions exercised unquestioned authority over clients, Rothstein argues:

Clients who patronized medical practitioners . . . wanted the best possible treatment, and if they could not obtain it from a physician who used one form of treatment, they would seek out physicians who used other forms of treatment. Wealthy clients in particular were able to impose demands on their physicians because they provided their physicians with their greatest remuneration . . . when advances occurred in medical practice such that new forms of safe and effective . . . treatments became available, patients insisted that physicians administer those treatments.⁸⁹

Rothstein demonstrates how the professions are buffeted by a wide variety of forces that are beyond their control: "The history of homeopathy and psychoanalysis in the United States appears to support the conclusion that the individual physician in independent practice operates in a network of powerful economic and technical forces over which he has little individual control."⁸⁹ Professionals seem much less powerful when we recognize that they are subjected to pressure from clients and a variety of social forces beyond their influence.

Others have pointed to a variety of structural factors that greatly reduce the power of the professions. Jamous and Peloille's analysis of the development of the French medical system shows that, even though physicians had developed great power and influence in the early 1800s, that power was threatened and ultimately undermined in later years by government legislation.⁹⁰ Daniels shows how the structure of the military transformed the military psychiatrist from a helper of the sick to a social control agent operating in behalf of the military establishment.⁹¹ Larkin underscores the existence of other occupations with their own desire for power as constraints on the power of the professions, in particular the medical profession.⁹² Professions must often compromise with other occupations in order to maintain their position within the occupational hierarchy. At another level of generality, Johnson demonstrates how the nature of the British colonial system in the third world inhibited the development of a professional system as we know it.⁹³

In Freidson's view, the success of the professions is primarily in the hands of society's dominant elites.⁹⁴ A profession's privileged position is given

⁸⁹Rothstein, "Professionalization and Employer Demands," in Halmos, ed., *Professionalization and Social Change*, p. 172.

⁹⁰Ibid.

⁹¹Jamous and Peloille, "Changes in the French University-Hospital System."

⁹²Arlene Daniels, "The Captive Professional: Bureaucratic Limitations on the Practice of Military Psychiatry," *Journal of Health and Social Behavior*, 10 (1969), 255-65.

⁹³Gerald Larkin, *Occupational Monopoly and Modern Medicine* (London: Tavistock Publications, 1983).

⁹⁴Terence Johnson, "Imperialism and the Professions: Notes on the Development of Professional Occupations in Britain's Colonies and the New States," in Halmos, *Professionalization and Social Change*, pp. 281-309.

⁹⁵Freidson, *The Profession of Medicine*.

by, not taken from, societal elites. He acknowledges that the would-be professions must endeavor to convince the elites of their worth, but the elites always have the power to deny their claims. The elites can allow a profession's status to lapse, or they can even actively remove it. The profession must continue to convince the elites of its worthiness (or at least its harmlessness) if it is to continue to be accorded professional status. Beyond this, Freidson sees the success of the professions determined by the sponsorship of the societal elites, which use their influence to "drive competing occupations out of the same area of work . . . [which] discourages others by virtue of the comparative advantages conferred on the chosen occupation, and [which] requires still others to be subordinated to the profession."⁹⁵ Thus the professions are viewed as almost helpless protectorates of this societal elite. They are allowed to exercise power within their domain, but only at the behest of the elites.⁹⁶

Another theme in this approach is the ebb and flow of professional power, a perspective that is well illustrated in William Ray Arney's study, *Power and the Profession of Obstetrics*.⁹⁷ Arney outlines a long history in which developments served to enhance the power of obstetrics. The primarily male obstetricians wrested control of the birth process from primarily female midwives. They succeeded in defining one birth position, "the lithotomy position," as *the* standard, permitting "the obstetrician to 'stand before' the woman and watch for the potential pathology of delivery, and . . . [permitting] timely intervention should anything go wrong."⁹⁸ They succeeded in making a minor surgical procedure (episiotomy) on the vaginal opening almost routine even though such an operation was "done more in response to obstetrician's concerns about repairing perineal tears than in the interests of women."⁹⁹ Another procedure that was developed by obstetricians, largely for their own interests, was induced labor. All of these efforts were unified prior to the middle of the twentieth century by an effort to search out and contain potential pathologies associated with birth.

However, around 1950 the profession began to shift its philosophy from dealing with potential pathologies to the monitoring of, and surveillance over, *all* births. The domain of the obstetrician shifted from pathologies to "every aspect of birth and every aspect of the environment surrounding birth."¹⁰⁰ On the one hand, this enhanced the power of obstetrics because "every birth became subject to its gaze."¹⁰¹ On the other, it set in motion a series of changes

⁹⁵Ibid., p. 72.

⁹⁶In an interesting study Jeffrey Berlant [*Profession and Monopoly: A Study of Medicine in the United States and Great Britain* (Berkeley, CA: University of California Press, 1975)] comes to a conclusion similar to Freidson's on the importance of societal elites in the success of the professions: "To the degree that there is a favorable constellation of interests between the profession and elite groups, the collective interests of the profession can be furthered through progressive monopolization" (p. 306). Berlant, by the way, is squarely in the power approach, using Weber's ideas on monopolization to analyze the medical profession.

⁹⁷William Ray Arney, *Power and the Profession of Obstetrics* (Chicago: University of Chicago Press, 1982).

⁹⁸Ibid., p. 64.

⁹⁹Ibid., p. 70.

¹⁰⁰Ibid., p. 94.

¹⁰¹Ibid., p. 100.

that served to reduce the power of the obstetrician. In effect, it served to reduce the margin of indetermination in obstetrics by making it clear to those outside the field what had, and could be, done.

With monitoring so thoroughly deployed, with the proper course of pregnancy recorded in journals and texts accessible to anyone who learns the language, and with each small part of every pregnancy documented and accessible in the medical record, obstetricians became . . . visible to the inquiring eye. . . . The sovereignty of the obstetrician is gone.¹⁰²

Laypeople, in the form of consumers and government groups, now can learn what obstetricians are doing, monitor their activities, and impose controls on them. In other words, some of the power has now shifted away from obstetricians as a result of changes they themselves set in motion.

The last few paragraphs lead us, first, to the conclusion that the professions have never been as powerful as has been assumed. And second, structural changes now taking place within the larger society are further reducing whatever power the professions possessed. In this context, we need to examine the processes of deprofessionalization and the proletarianization of the professions.

Deprofessionalization

A good measure of the success of the power approach in the sociology of the professions is the shift in attention from the process of professionalization to the process of deprofessionalization.^{103,104} Deprofessionalization is attractive to the power advocates because it constitutes a critique of, rather than an apology for, the professions. Proponents of the structural-functional and process interpretations were often apologists for the professions.

One of the first to enunciate the deprofessionalization thesis was Marie Haug.¹⁰⁵ "Deprofessionalization is defined as the professional occupations' loss of their unique qualities, particularly their monopoly over knowledge, public belief in their service ethos, and expectations of work autonomy and authority over client."¹⁰⁶ What are the causes of this likely loss of power?

The "revolt of the client." Clients, for a variety of reasons, have grown in-

¹⁰²Ibid., p. 153.

¹⁰³Nina Toren, "Deprofessionalization and its Sources: A Preliminary Analysis," *Sociology of Work and Occupations*, 2 (1975), 323-337.

¹⁰⁴That both professionalization and deprofessionalization exist is made clear by Portwood and Fielding in their study of five English professions: "Thus, for the earliest professions there is no inalienable right to privilege for all time, and conversely this does not mean that latecomers will be denied privilege simply by virtue of their relative youth." Portwood and Fielding, "Privilege and the Professions," 760.

¹⁰⁵Marie Haug, "Deprofessionalization: An Alternative Hypothesis for the Future," in Halmos, ed., *Professionalization and Social Change*, pp. 195-211. See also, Marie Haug and Marvin Sussman, "Professional Autonomy and the Revolt of the Client," *Social Problems*, 17 (1969), 153-61; Marie Haug, "The Deprofessionalization of Everyone?" *Sociological Focus*, 8 (1975), 197-213.

¹⁰⁶Haug, "Deprofessionalization," 197.

creasingly likely to question the authority of the professional. Although clients have always questioned professionals, this attitude has apparently grown in recent years, and there is evidence that it is likely to spread in the future.

*Diminution in level of indetermination.*¹⁰⁷ As a result of the specialization, routinization,¹⁰⁸ computerization, and rationalization of at least some of their functions,¹⁰⁹ some professions have suffered a diminished level of indetermination.

Artistic abilities. The converse of the last point, but still pointing in the same direction, is the growing realization that many professional tasks require artistic abilities (e.g., diagnostic ability, social skills) rather than scientific skill. This means that such skills can, in many cases, be acquired by anyone who gains the needed experience. This has led to burgeoning movements of paraprofessionals who claim the right to perform these functions. Examples of these functions include the physician's "bedside manner," the lawyer's debating ability, and the like.

Narrowing of the competence gap. The client has become increasingly knowledgeable about matters (for example, medical, legal) that were once virtually the exclusive domain of the professions. Rothman has recently called this the "narrowing of the competence gap" between professionals and the public.¹¹⁰ Among other things, this can be traced to the increasing educational level of the population as well as the expansion of information emanating from the mass media.

Professional abuses. Increasing revelations of professional abuse and malpractice have led to critical assaults on the professions (accusations of elitism, being money-hungry, disinterest in clients, and so on). Such revelations, along with the increasing sophistication of clients, has led to more questioning of the authority of the professional.¹¹¹ For example, medical patients want more information, more precise performance standards, and "redress of grievance whenever a transaction is deemed unfair."¹¹²

Increasing control by outsiders. Johnson argues: "The conditions which gave rise to the institution of professionalism are no longer dominant in industrialized societies."¹¹³ To Johnson, this means that professionalization as a

¹⁰⁷Horobin argues that modern advances, while making some things more determinate, have also created new areas of indeterminacy which serve to maintain the power of the medical profession. Gordon Horobin, "Professional Mystery: The Maintenance of Charisma in General Medical Practice," in Dingwall and Lewis, eds., *The Sociology of the Professions*, pp. 84-105.

¹⁰⁸Robert A. Rothman, "Deprofessionalization: The Case of Law in America," *Work and Occupations*, 11 (1984), 183-206.

¹⁰⁹See also, Toren, "Deprofessionalization and Its Sources."

¹¹⁰Robert A. Rothman, "Deprofessionalization: The Case of Law in America," 189.

¹¹¹Michael Betz and Lenahan O'Connell, "Changing Doctor-Patient Relationships and the Rise in Concern for Accountability," *Social Problems*, 31 (1983), 84-95.

¹¹²*Ibid.*, 91.

¹¹³Terence Johnson, "Imperialism and the Professions."

form of control is being replaced by the other forms of control/patronage and other mediative systems. So the trend is in the direction of greater control by consumers and/or third parties.

In his study of the medical profession, Starr details two emerging external sources of control that contribute to deprofessionalization, or in his terms "the weakening of professional sovereignty."¹¹⁴ One is a combination of government and employers who are desperately searching for ways to deal with the spiralling costs of medical care. They may eventually hit upon techniques that impose severe constraints on the medical profession. The other is the rise of corporate enterprise (for example, for-profit hospitals) within the medical field. In these enterprises, physicians are likely to have the principles of efficient business practice imposed upon them.

Many observers believe that the increasing likelihood that professionals will be found in bureaucracies contributes to deprofessionalization.¹¹⁵ However, while bureaucracies do limit professionals in a variety of ways, it is by no means simply the case that bureaucracies and professions stand in total opposition to one another.¹¹⁶

Encroachment by allied professions. Rothman argues in the case of the legal profession that "allied professions have met with considerable success in breaching traditional monopolies."¹¹⁷ He gives examples of realtors and title insurers taking over functions previously controlled by the legal profession.

Thus, a wide number of factors have been identified that are contributing to the ongoing process of deprofessionalization. Those who foresee deprofessionalization are generally predicting a modest decline in the power, prestige, and income of the professions in coming years. There are those, however, who see a much more dramatic decline, in fact the "proletarianization" of the professions. But among the proponents of deprofessionalization, many reject the notion of proletarianization. Starr, for example, writes:

Doctors are not likely, as some sociologists have suggested, to become "proletarianized" by corporate medicine. "Proletarianization" suggests a total loss of control over the conditions of work as well as a severe reduction in compensation. Such a radical change is not in prospect.¹¹⁸

Despite this, there are a number of sociologists who support the view that the professions are being proletarianized.

¹¹⁴Paul Starr, *The Social Transformation of Medicine*, p. 421.

¹¹⁵See for example, Rothman, "Deprofessionalization: The Case of Law in America"; Betz and O'Connell, "Changing Doctor-Patient Relationships and the Rise in Concern for Accountability."

¹¹⁶See Ritzer, "Professionalization, Bureaucratization and Rationalization: The Views of Max Weber."

¹¹⁷Rothman, "Deprofessionalization: The Case of Law in America," 195.

¹¹⁸Starr, *The Social Transformation of Medicine*, p. 446.

Proletarianization

Oppenheimer was one of the first to articulate this perspective: "My thesis is that a white-collar proletarian type of worker is now replacing the autonomous professional type worker in the upper strata professional-technical employment."¹¹⁹ The proletarianization of the professions involves several dimensions, many of which have also been described by those who see the professions undergoing a process of deprofessionalization. First, the professions are undergoing an accelerating division of labor, resulting in a professional who performs an ever-narrower range of tasks. This, of course, is a process that has already occurred to a great extent in most other occupations. Second, the authorities overseeing the professional in public or private bureaucracies increasingly determine such things as work pace, nature of the workplace, nature of the product, uses to which the product may be put, and market conditions. In other words, the professions are increasingly subject to external, nonprofessional controls. Third, wages are no longer determined by face-to-face bargaining between professional and client, but rather by large-scale market conditions and economic processes—dynamics over which the professional has little control. Professionals, in the face of these trends, are seen as growing increasingly discontented¹²⁰ with their work and, in self-defense, are forced to move toward collective bargaining or a more militant professional association.

Proletarianization connotes a Marxist orientation,¹²¹ rather than the more mainstream sociological perspective of *deprofessionalization*. This leads to a number of additional concerns. For one thing, the traditional Marxian distinction is between those (the capitalists) who own the "means of production" (tools, raw materials, machines) and those who do not (the proletariat) and must sell their labor time in order to obtain access to them. In this context, Derber argues that "technological developments leading to the introduction of complicated and expensive machinery in many forms of professional work make it impossible for individual professionals to raise the necessary capital to own and control their own means of production."¹²² Thus, more and more professionals are forced into the "proletariat" because they can no longer afford to own the means of production and must sell their labor time to others to get access to them.

In a similar way, public and private capital has begun to pour into the medical field, as well as into other professional domains. Private corporations and the state have come to dominate these areas, and professionals are increasingly forced to accept positions as employees within these larger capitalistic structures. Professionals are therefore seen as employees indistinguish-

¹¹⁹Martin Oppenheimer, "The Proletarianization of the Professional," in Halmos, ed., *Professionalization and Social Change*, p. 213.

¹²⁰Charles Derber, "Professionals as New Workers," in Charles Derber, ed., *Professionals as Workers: Mental Labor in Advanced Capitalism* (Boston: G.K. Hall and Co., 1982), p. 4.

¹²¹Mike Saks, "Removing the Blinkers? A Critique of Recent Contributions to the Sociology of Professions."

¹²²Derber, "Professionals as New Workers," p. 6.

able in many ways from other members of the proletariat. Of course, even supporters of this viewpoint are forced to recognize that professionals "are relatively privileged workers, often well paid, usually exempt from 'punching in,' and typically equipped with at least modest levels of knowledge and skill."¹²³ Thus, not all members of the proletariat are equal, although what does tie them together is the fact that they are subject to external managerial control. "The proletarianization of the professional does not imply that professionals are becoming an *industrial* proletariat but that, like industrial workers, their labor is effectively subjected to the aims and controls of capitalist production."¹²⁴

Derber makes a useful distinction between *technical* and *ideological* proletarianization.¹²⁵ Technical proletarianization is defined as "the loss of control over the process of the work itself (the means), incurred whenever management subjects its workers to a technical plan of production and/or rhythm or pace of work which they have no voice in creating."¹²⁶ In contrast, ideological proletarianization refers "to a loss of control over the goals and social purposes to which one's work is put . . . powerlessness to choose or define the final product of one's work, its disposition in the market, its uses in the larger society, and the values or social policy of the organization which purchases one's labor."¹²⁷ While industrial workers have been exposed to both types of proletarianization, professionals have thus far been primarily subjected to ideological proletarianization.

This differentiation helps us understand why the notion of "deskilling" does not (at least to this point in history) apply to the professions. One of the key characteristics of capitalistic enterprises is an effort to progressively reduce the skill level of work by dividing the work up into specialized tasks, developing technologies into which the skills are built, and recruiting less well-trained people to fill these specialized positions and operate the new technologies. Although this has happened to blue-collar work, and to a lesser degree to lower-level white-collar work, it has yet to have a major impact on professional work. In other words, we cannot yet talk of the deskilling of professional work.¹²⁸

In sum, although there are differences between the theses of deprofessionalization and proletarianization, it seems clear that a careful analysis shows that the power of the professions, never the imposing societal force many have believed, now is undergoing changes that will further undermine

¹²³Ibid., 8.

¹²⁴Charles Derber, "The Proletarianization of the Professional: A Review Essay," in Derber, *Professionals as Workers*, p. 31.

¹²⁵Charles Derber, "Managing Professionals: Ideological Proletarianization and Mental Labor," in Derber, ed., *Professionals as Workers*, pp. 167-190.

¹²⁶Ibid., p. 169.

¹²⁷Ibid.

¹²⁸Peter Whalley, "Deskilling Engineers? The Labor Process, Labor Markets, and Labor Segmentation," *Social Problems*, forthcoming; Peter Meiksins, "Science in the Labor Process: Engineers as Workers," in Derber, ed., *Professionals as Workers*, pp. 121-140.

it.¹²⁹ The central issue appears to be how far and how fast the professions will fall. Those who subscribe to the deprofessionalization perspective foresee only a modest decline, whereas those who adopt the proletarianization orientation see much darker days ahead for the professions.

CONCLUSIONS

In this chapter we have examined the general process of professionalization. The sociological study of professionalization is divided into three schools—the structural-functional, the process, and the power approach. Although we have emphasized the power approach, we have also attempted to derive useful ideas from the other two orientations. In order to professionalize, an occupation must have control over areas of uncertainty and/or indeterminacy. Some occupations (for example, medicine and law) have historic control over these areas while others (for example, accounting) gain control because of their alternate sources of power—such as the ability to recruit members from elite groups, prior association with elite institutions, and control over other areas of uncertainty and indeterminacy. Once an occupation controls focal areas of uncertainty and/or indeterminacy, it uses the power derived from them to win the professional label. Ideology is a prime tool employed by occupations in the effort to professionalize. The power of an occupation is likely to be enhanced when professional status is acquired. Once that status is gained, an occupation is likely to use ideology to maintain its position and even improve on it. Despite the additional power an occupation derives from professional status, it can lose its position as a result of internal and external social changes. A good example of one area in which there has been loss of professional status (deprofessionalization) is the clergy.

In addition to examining the theoretical process of professionalization, we have also discussed the position of the professions in the larger society. Although most laypersons attribute much power to the professions, we have seen how sociologists have come to question the past, present, and future power of the professions. In this context, we examined the ideas that the professions are undergoing processes of deprofessionalization and/or proletarianization. Whichever of these perspectives one accepts, it seems clear that the future will bring with it a decline in the power of the professions.

¹²⁹It is only fair to note that a number of observers still view the professions as powerful and, in fact, fear that power as well as the possibility that it might increase in the future. See, for example, Irving K. Zola, "Medicine as an Institution of Social Control," *The Sociological Review*, 20 (1972), 487–504. See also Henry Steadman, "The Psychiatrist as a Conservative Agent of Social Control," *Social Problems*, 20 (1972), 262–71. Zola sees medicine as a growing instrument of social control. He argues that more and more facets of life are coming to be defined in terms of health and illness with the growth of a belief in such approaches as comprehensive medicine, psychosomatic diseases, etc. As a result, physicians are gaining the right to intervene in such areas as a person's sleeping habits, eating preferences, and sexual proclivities. Physicians are propelling themselves and being propelled by societal attitudes about health, into a position in which they can exercise increasing control over areas heretofore not defined as medical areas. Others take a more general position, arguing that the professions are conservative forces, a part of the societal power elite, that often act to retard meaningful social change.