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Social Work and Downsizing: Theoretical Implications and Strategic Responses

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The economic, political and social changes of the past 25 years have undermined most working American's assumptions about job security. Large segments of the population now find their jobs threatened by "downsizing" —which results from the reduction of staff by employers, usually for economic reasons. Downsized individuals typically experience personal and familial crises of major magnitude, and have increasingly been turning to social workers for assistance. Social workers, however—who have had relatively little experience delivering services to this clientele—are themselves being threatened by downsizing. Given this situation, the present study assesses—through interviews and participant observation—(a) how social workers are conceptualizing downsizing, (b) the kind of training they have received for serving downsized clients, (c) the level of readiness they possess, both theoretical and technical, to deliver services to downsized individuals, (d) the changes they are experiencing in their practices associated with downsizing, and (e) how they perceive the organizational apparatus their profession provides for resisting downsizing.

During the 1990s, many Americans have lost their jobs because of "downsizing," or the reduction in staff by employers through a process of "reorganization," usually for cost-containment reasons. As a result of this adverse occupational phenomenon, an unprecedented number of social workers have found themselves asked to deliver services to victims of downsizing, who have turned to the Social Work profession for help. Simultaneously, social workers are increasingly threatened by downsizing in their own profession, and many must now consider the prospect of job loss as they expand their workload and cope

with other negative work-related consequences of the "managed healthcare" revolution.

Because of the new challenges posed by downsizing for social workers, it is important to know the answers to the following questions: (a) How are social workers conceptualizing downsizing? (b) What kind of training have social workers received for serving clients who are victims of downsizing? (c) What level of theoretical and technical readiness do social workers possess for delivering services to individuals who have been downsized? (d) Do social workers perceive changes in their practice as a result of downsizing? and (e) What organizational apparatus do social workers perceive they have for resisting, if not transcending, the forces that lead to downsizing in the managed healthcare environment of the 1990s?

The purpose of this paper is to provide preliminary answers to the above and related questions based on interviews I conducted with social workers in the New York metropolitan area and my experience as a participant observer in social worker-led groups for individuals who have been downsized. Organizationally, the first part of the paper presents a brief summary of the downsizing phenomenon in America, and the relationship of social workers to downsizing, so as to provide background and context for the study that follows. The second section describes the methodology employed for the study. The third section focuses on answers to questions about social workers and their readiness to deliver services to clients who have been downsized. The fourth section discusses the dual conceptualization social workers have of themselves and clients relative to downsizing. The fifth section addresses issues about how social workers perceive and understand their profession's ability to combat the negative forces associated with downsizing. The final section presents conclusions drawn from the study and recommendations for the Social Work profession as to how to improve its ability to meet the various challenges posed by downsizing.

THE DOWNSIZING PHENOMENON
AND THE SOCIAL WORK PROFESSION

The social and economic events of the past several decades seem to have challenged, if not belied, the promise of traditional America—that hard work and responsible behavior will

be rewarded by economic stability and the chance for upward mobility. That bygone era, in which social workers traditionally have practiced, has been rapidly replaced by a precarious labor market that has resulted in massive job insecurity and, worse, unemployment for masses of modern Americans, from downsizing due to corporate reorganization, plant relocations, and mergers.

The severity and scope of job loss in America is attested to by recent statistics: "More than 43 million jobs have been erased in the United States since 1979. In one third of all households, a family member has lost a job. . . . One in 10 adults—or about 19 million people, a number matching New York and New Jersey combined—acknowledged that a lost job in their household had precipitated a major crisis in their lives, according to the Times poll" (*New York Times*, 1996, pp. 4–5).

What makes modern unemployment particularly perplexing, is that, contrary to traditional job loss due to recessions, the incidence of downsizing since the early 1990s has increased during a period of sustained economic recovery. In addition, unlike in the past, when most American workers became unemployed by the Great Depression or lesser recessions, and could find new work that was at least equally remunerative, in the 1990s, "Labor Department numbers show that now only about 35 percent of laid off, full time workers end up in equally remunerative or better paid jobs" (*New York Times*,1996, pp. 6–7).

The combined effects of negative macroeconomic changes, at both local and national levels, have ushered in many stressors affecting individuals and families, including stagnant and decreasing wages; an increase in dual-earner families; loss of jobs in the unionized manufacturing sector, with the attendant growth of lower level jobs in the service sector that provide no benefits or job security; and growth among the working poor, who have become completely vulnerable to the vicissitudes normally associated with marginality and destitution. According to recent estimates, for example, about 40 million Americans do not have medical insurance (Leanna & Feldman, 1992; Navarro 1994; Stoess, 1996; Vosler 1996). In addition, virtually every study about job loss reports a negative impact on the physical and mental health of those immediately affected, as well as on their spouses, children, friends, and co-workers (Leanna & Feldman, 1992).

Because of such problems, social workers are increasingly being called upon to provide services to individuals and families affected by job loss (*NASW News*, January, 1997). This situation of downsizing, which also affects the Social Work profession, motivated the need for this study on social workers' understanding, perceptions, and abilities related to the downsizing phenomenon.

METHODOLOGY

Data on both individuals who have been downsized and social workers were collected in the New York metropolitan area during 1997. One of the settings for data collection was a series of weekly workshops available to individuals who were recently victims of downsizing, which I attended. The workshops were run by social workers, and sponsored by a coalition of organizations that included labor unions, local government, and private organizations. The meetings were organized in a group format. Individuals started the day by introducing each other and giving a concise history of the process by which they found themselves downsized and in their current predicament. The rest of the day was taken up by dealing with the mechanics of victims of downsizing re-entering the work force. During the workshops, I was able to hear the stories presented by 75 participants, and recorded details of their testimony as well as the social workers' responses and statements. Also during these workshops, my research assistant collected data on 42 respondents from a survey questionnaire.

In addition, I collected data directly on social workers, as a participant observer in two workshops for them, designed to address the issues and problems posed by downsizing for the Social Work profession. One workshop was sponsored by one of the largest national health care unions, and the second workshop was organized by this research project. As a participant observer, I was not only able to unobtrusively hear and see the attendees, but I conducted informal interviews with 48 social workers who represented, respectively, the public sector, the voluntary not-for-profit-sector, and the for-profit sector. They identified themselves as involved in the fields of Psychiatry, Geriatrics, Medicine Management, and Administration.

I also formally interviewed 24 social workers about downsizing, using an open-ended interview format. These social workers, who ranged in experience from one to 20 years of practice, were asked to comment on the images conjured up by "Maria's story," presented below, in response to a uniform set of questions I asked to each respondent. Procedurally, I allowed the respondents enough flexibility to explore and express their own particular interests, and I captured their answers after the interviews in hand-written notes These social workers also represented various fields of specialization, and included those who were private practitioners. Overall, the interviews were intended to explore how social workers have experienced the changes introduced by the reorganization of the occupational structure, as it has affected both their clients and own professional practices.

SOCIAL WORKERS AND INDIVIDUALS WHO HAVE BEEN VICTIMS OF DOWNSIZING

Maria's Story

The type of client social workers are often called upon to deliver services to in the late 1990s is seen in the case of Maria, who attended a workshop session for victims of downsizing. As she spoke about her recent job loss, I could see her pain and disappointment, which was shared by the other participants. She said,

> My name is Maria, I am from South America, and I am 62 years old. I have worked for the past 23 years as an office manager for a computer company; I organized all the work in the office, made sure the work flowed properly, and handled personnel matters at the floor level. About three weeks ago, on a Friday, my supervisor called me into his office, and told me that due to reorganization in the company, I will be no longer needed and should consider myself a free agent as of that date.

Maria appeared overwhelmed by the experience of sharing this event with the other participants. She seemed even more overwhelmed by her future prospects, as she reported that she had heard "It would be highly unlikely that I would get a comparable job to the one I lost at my age."

The social worker running the workshop was an enthusiastic and experienced supporter of those presenting their stories. She supportively told Maria, "After 23 years at the company, you must have made lots of professional acquaintances; let's get your Rolodex and start making phone calls."

Maria looked despondent and, in a very low voice, responded, "As I was being told that my services were no longer needed at the company, I was escorted to my office, and was told to get my purse, everything else in the office belongs to the company, including the Rolodex."

Maria's experience raises a number of significant issues for social workers called upon to deliver services to the victims of downsizing today. Hearing her poignant story, and those by other workshop participants, brought the adverse phenomenon of downsizing to life for me and the social workers leading the workshop; and the participants showed that the popular conception of who gets downsized, conveyed by the mass media, is misleading: the participants at the workshop were not, by and large, highly paid middle managers of large corporate entities. Rather, they were employees of small and middle-size, as well as large, firms, who inhabited that nebulous "middle class" social space constructed after World War II (Ehrenreich, 1985; Walkowitz, 1997). Historically, such individuals have performed either manual work with a certain modicum of intellectual job-related tasks or intellectual work proper, with some degree of social status. Most important, perhaps, they have exhibited a high level of consumption—the self defining behavior for "membership" in the middle class.

In the workshops on downsizing, the participants also related other aspects of their situations important for social workers to understand and be able to effectively help with: their efforts to accept the reality of unemployment, the strategies they have developed to try to cope with a much lower level of consumption, and their struggle to maintain a semblance of "middle classness" in their respective communities. As I listened to their narratives and observed the social workers leading the workshop, I was especially interested to learn how the social workers were conceptualizing downsizing and what kind of training they had received for delivering services to victims of downsizing—a relatively new type of client for social workers. Using the methodology

described above, I obtained answers to these and related questions, reported in the following section.

Findings

Regarding empathy, I found that all the social workers interviewed, both formally and informally, empathized with Maria's predicament. I did not consider this finding surprising, however, considering the profession's emphasis during training on developing the ability for empathic responses.

Regarding intervention, I also found a uniformity in the social workers' responses: they all expressed a sense of uncertainty as to how to conceptualize an intervention once the initial supportive empathic link was established. Most respondents intimated that a "supportive approach" would the most advisable.

For the overwhelming majority of the 24 social workers I formally interviewed, downsizing emerged as a metaphor for "traumatic loss." As such, most practitioners (22, or 91.7%) outlined the various stages of grieving as the appropriate modality to help Maria (Kubler-Ross, 1969). Within this near-consensus, however, there were differences regarding the desirability of other types of intervention. On the one hand, five (20.8%) respondents had a tendency to pathologize Maria's predicament. One suggested, for example, "I would have to make an assessment of the person's pre-morbid condition and formulate a treatment plan." Along the same lines, another respondent suggested, "In the event that Maria, upon evaluation, shows symptoms of pathological mourning, she would be referred to the psychiatrists, for the possibility of a psychopharmacological approach."

On the other hand, a few respondents struggled within the loss metaphor about how to go beyond a purely sequentially predetermined intervention protocol. One individual suggested, "I will engage the client at whatever level she allows me to come in. I will be supportive, but I will also help her develop new strategies for getting another job. However, I will encourage her to do the leg work herself. Actually, I do not know much about the resources available for this type of situation."

One administrator stated,

I have not had to deal with a situation like Maria's in my practice, but in the past year my agency has been reorganized and a number of people have been eliminated. I have been working here for 23 years,

my first job after my MSW, and I am beginning to feel vulnerable.
We are so job identified, if I lost my job, I would lose my identity. I
can identify with Maria, and if I was working with her, I would do
whatever needs to be done to help her: emotional support, concrete
services, networking, etc.

Another respondent said, "I would engage the client in a dia-
logue to help her come to terms with the fact her productive years
have been cut short through education and support. Education
helps people put things in a social perspective."

Discussion of Findings

Although the responses showed that the traumatic loss
metaphor—with all the pathological implications it suggests—
emerged as the social workers' chosen modality for conceptual-
izing downsizing, this metaphor makes sense only when inserted
into the larger conceptual framework provided by the Life Cycle
approach, generally traceable back to Erickson (1982). Once one
problematizes the neatly organized teleological categories of the
Life Cycle framework, however, by introducing the unpredictable
social or personal effects of variables such as class, race, gender,
and age into the highly volatile world created by occupational
restructuring and globalization, the usefulness of the life cycle
categories diminishes significantly.

The categories of events for which traumatic loss applies are
those circumstances, either expected or unexpected, related to
death, physical injury and emotional loss. For instance, there are
age-specific circumstances under which the possibility of death
becomes part of the relevant data of everyday life for the individ-
ual and those around her or him. Clearly, the knowledge of the
proximity of death does not minimize the emotional uncertainty
for the individual contemplating death; nor does it alleviate the
sadness and possible pain of those around that individual. There
is a certain finality about this process, however; one could almost
say that Nature is taking its course. Similar examples could be
drawn concerning physical injury and emotional loss.

In the final analysis, the "stages of mourning" approach aims
at allowing the individual to accept the finality of loss. Down-
sizing, however, does not appear to correspond to the aforemen-
tioned categories. Therefore, two significant implications become

readily apparent. On the one hand, likening job loss through downsizing to traumatic loss "naturalizes," in effect, the process. Whether predictable or not, downsizing then becomes one of those processes, like death, that are final and irreversible, i.e., it is Nature taking its course. Paradoxically, this conceptualization, prevalent among the respondents, has the latent effect of disempowering the individual, because it takes as its final destination the acceptance of the finality of loss.

Concretely, however, the economy, occupational structure, and consequences for individuals from changes in these spheres are legitimate areas for social concern—but they do not represent immutable laws of Nature. In fact, the current onslaught of neo-liberal policies, which make it appear that the logic of the market should decide people's ability to earn a living, do not necessarily mean that social workers have to accept and/or insert that logic into their practices. Downsizing is, after all, a social and economic process open to social contestation.

On the other hand, the restructuring of the occupational order and its differential effects on individuals of dissimilar classes, genders, races, and ages make it extremely difficult to establish neat teleological formulations as to the place of any particular individual in the "life cycle" (Kail & Cavanaugh, 1996). Furthermore, as revealed by the interviews, some of the respondents exhibited a tendency to pathologize when individuals were measured against the expectations established by the Life Cycle conceptual framework. When a client falls outside the parameters established by a particular stage in the cycle, there is a presumption of pathology.

In concluding this critique, it should be emphasized that it is not directed at the social workers involved in the current research, who exhibited empathy and willingness to work with a client like Maria, mainly using interventions aimed at relieving the immediate pain and suffering they imagined she might be experiencing. Rather, these critical comments are directed at the institutionalized organs of the Social Work profession, which appear to be reproducing a body of accepted knowledge based on at least a partial misunderstanding of the complexities of the current social, political, and economic realities engendered by the

dismantling of the social fabric that emerged during the post-World War II period.

FINDINGS FOR SOCIAL WORKERS ABOUT
THEIR PROFESSION AND DOWNSIZING

The formal and informal interviews with the social workers showed that most expressed the general fear that downsizing could become an important issue in their own profession, threatening their job security and even prospects for future employment. Their understanding and perceptions of this threat were linked to the current restructuring of the welfare and health care delivery systems. Most respondents indicated, for example, that agencies which had functioned under the aegis of the state now are subject to the norms and values of the new privatized system of social welfare and managed healthcare delivery system (Ehrenreich 1997; Navarro 1994; Stoesz, 1996). Commodification, for example, which is at the heart of the "new economic rationality," subjects the profession to the needs of the market and constraints imposed by the managed care imperative for cost minimization (Doyal & Gough, 1991), which inevitably includes a reduction in personnel.

This fact was reflected in the respondents' unanimous testimony that events at their agencies "Have to do with trying to do the same or more with less staff." In addition, they often cited greed as the motivating factor for the changes taking place in the profession. Associated with this threat, the respondents were aware of a decline in the quality of their work situations. They stated, for example, that under the new economic rationality, their daily activities—like those of all members of the Social Work profession—are increasingly inserted in a web of long distance authorizations by anonymous gatekeepers, and that their professional judgements are subject to increasingly greater scrutiny.

Some respondents specified the type of social worker that was in jeopardy. One, for example, at a large community mental heath center said, "Medical social workers are really in trouble. I do not think that they can do a thing to Clinical social workers." A practitioner at the same site expressed the view that this situation was not unique to social workers, saying, "Other disciplines stand

to lose a great deal more than Social Work in this climate. Look at Psychologists, they have become obsolete within this agency."

Despite the above general perceptions, the study showed that only two of the social workers interviewed—who had actually experienced demotions and elimination of professional protocols—recognized the larger social and economic issues negatively affecting the profession at large. One respondent stated that downsizing "had diminished my private practice and reduced my income. Consequently, my wife is making more money than I am, and that makes me feel bad."

Although most respondents couched their answers within the narrow purview of individual agency needs, some expressed a larger view. One respondent, for example, who performed administrative duties at a large public facility, stated,

> I am not sure about the future of Social Work. The central administration has introduced new job titles, such as Personal Care Coordinator, which de-link the holistic approach traditionally practiced by social workers; a new division of tasks appears to be evolving in which social workers will have narrowly delineated tasks. Consequently the demand for social workers is bound to diminish.

She saw this situation as part of a nation-wide trend, and also described how, in her agency, the restructuring had taken place and continues to occur through attrition. Once positions filled by social workers become vacant, the lines become re-classified downward *vis-a-vis* grade and salary, and nonprofessionals are hired.

A Chief Social Worker at a public institution also reflected on the national trend of managed care, which was causing him personal apprehension about job loss. "After 20 years in the field of Social Work, since the introduction of managed care at the facility, I have started feeling anxious about losing my job. I have been thinking about other ways to make a living. I think this managed care is the biggest hoax sold to the American people in a long time." This individual also reported that the introduction of managed care has meant an increase in "case loads and paper work." The interviewees unanimously agreed they had experienced an increase in caseloads under the managed care environment.

Once social workers have been "downsized out" of a job, they are often not replaced, as explained by an interviewee who works with AIDS clients at a large voluntary hospital. "Since the advent of managed care, coworkers and a supervisor who have left have not been replaced. My current supervisor, a non-social worker, has been asking me why social workers are so touchy about regular supervision. In addition," he went on, "my case load has jumped up to 150 clients. I have clients on my case load that I have not met."

Although the great majority of social workers formally interviewed had not yet suffered job loss due to downsizing, almost all of them (23, or 95.8%) that they could be downsized because of the "deskilling" and industrialization of the profession (Braverman 1974; Fabricant & Burghardt, 1992; Fisher & Karger, 1997). These forces have altered the historic ability of social workers to conceptualize a client system from the initial assessment level to the development of a plan of action to the actual implementation of the plan; and, further, it has prevented them from doing this in an atmosphere of team work with interdisciplinary colleagues. Such a process traditionally constituted the very core of the level of professionalism achieved by social workers. The current insertion of extraneous mechanisms, however, which are based on unproven economic assumptions, disrupt the unity of conception and execution and threaten to introduce an industrial model into the processes of Social Work practice (Fabricant & Burghardt, 1992; Fisher & Karger, 1997).

Social Workers' Dual Conceptualizations of the Downsized

At this point, it is appropriate to note an interesting finding revealed by the study about how social workers conceive of the effects of downsizing on themselves versus individuals who are not social workers. They often conceive of the latter, as will be recalled from the discussion earlier in the paper, in terms of a "pathology" model or "trauma" (related to loss) model, with its implication of a pathological response. In contrast, the respondents think of themselves more as "victims" of institutional change.

This dual conceptualization by social workers may reflect their professional role *vis a vis* clients which they do not have,

by definition, towards themselves. That is, when they interact with clients, social workers are in a *helping role*, and this role orientation may tend to make them apply a trauma, loss, and pathology model towards those who seek their help. When thinking of themselves, however, either as individuals or as members of a professional group, the social workers cannot easily think of themselves as "others" in need of treatment from themselves; and so they are more apt to apply depoliticized individualistic explanations when conceptualizing their personal response to downsizing. While these explanations are, of course, speculative by the author, only an empirical study on the topic would yield a more precise interpretation of the basis for the dual conceptualizations of the social workers' regarding job loss due to downsizing.

Perceived Strategic Responses

What did the study reveal about the social workers' proposed responses to downsizing? Interestingly, none of the respondents proposed any strategic collective responses for clients; and their only implied response for clients as individuals was to seek help from professionals, such as themselves. Perhaps this response was consonant with the "pathological" and "traumatic" models the social workers apply to men and women who are downsized out of their jobs. How can they be expected to engage in collective action, one might logically conclude, if they are "sick" or "disabled" from their loss?

In contrast, many—though by no means all—of the respondents had specific thoughts about the formal mechanisms in their profession that could possibly empower them to overcome the trend towards downsizing. This result was unsurprising, since historically social workers have developed approaches for protecting their professional and economic interests, including the formation of labor unions, membership in professional associations and disciplinary groups, alliances with client organizations, and a variety of interest groups based on specific issues.

Specifically, when the respondents were asked if they felt labor unions could protect them from downsizing and the negative effects of managed care, the great majority (20, or 83.3%) identified a possible role for labor unions, as well as for professional

organizations. This finding was to be expected, since only eight (33%) respondents did not belong to labor unions. The remainder of the interviewees belonged to a variety of public employee and national health care organizations. In addition, four (16.7%) of those interviewed did not belong to a professional organization, and 20 (83.3%) reported membership in NASW.

Membership in these organizations did not significantly predict the social workers' predispositions, either favorable or unfavorable, about the organizations' effectiveness for combating downsizing or the other negative effects of managed care.

In general, the social workers' responses—including those who saw a role for labor unions—were couched in a great deal of skepticism about the effectiveness of any organization or approach to oppose the trend of downsizing, or other negative factors discussed above. There were those, however, who strongly felt that unions and other professional organizations had no role. One interviewee, for instance, who works with AIDS clients, strongly expressed a representative negative opinion about professional organizations, saying, "I do not want to have anything to do with NASW or the union. Nor do I want to have anything to do with my clients outside of my responsibilities at my job. I am on my own, and I have to develop the character to deal with this situation myself."

A common theme among the respondents centered around the time-honored dichotomy of unionism versus professionalism. Interestingly, however, many respondents expressed the view that their support for unions, and their belief in the potential effectiveness of unions, depended largely on the ability and willingness of labor unions to expand beyond an exclusive concern with economic matters into areas concerned with the maintenance of professional standards and the protection of the integrity of the work process of social workers (Fabricant & Burghardt, 1992; Fisher & Karger, 1997).

The responses concerning professional organizations, and NASW in particular, appeared to be less categorical. A majority of respondents expressed the feeling that "too many efforts by these organizations has gone towards securing state licenses and professional standards mainly concerned with those involved in private practice." There was consensus, however, as to the

desirability of organizations such as NASW "to maintain pro-
fessionalism, and ethical standards."

In summary, the social workers' responses concerning down-
sizing in the profession and the ability of unions and profes-
sional organizations to stop the trend were cautious. Many of
the respondents appeared to have embraced a fatalistic perspec-
tive as to the inevitable negative consequences associated with
the reorganization of the occupational structure in general, and
the health care structure in particular. It appears that the social
workers interviewed seem to be suggesting that a combined, joint
approach between unions, professional organizations, and client
groups might be a first step toward addressing the issues brought
about by the reorganization of the delivery of medical and social
services.

CONCLUSIONS AND RECOMMENDATIONS

The initial concern of the study addressed the level of readi-
ness of social workers to work with the downsized—at the same
time that they, themselves, are being threatened by downsizing.
The results revealed that social workers continue to embrace
an ethical and professional commitment to those experiencing
hardship, whom they perceive through the lens of a pathological
or traumatic loss model. However, their level of readiness does
not appear commensurate with the development of theoretical
and interventive strategies necessary to address the multifaceted
aspects of the predicament of those affected by downsizing.

Therefore, it is recommended that social workers in clinical
and agency-based practice need to develop a "perception of mul-
tilevel economic realities" that will contextualize a client system
as part of a network of global, national, and local processes.
As such, multilevel approaches should involve practitioners in
(a) clinical interventions, (b) local and community assessment,
(c) professional organizations, and (d) the exercise of their rights
as citizens (Fisher and Karger, 1997; Vosler 1996). Furthermore,
the incidence of downsizing and the foreseeable, increased in-
volvement of social workers with individuals, families and com-
munities affected by this socioeconomic process suggest that
professional training programs and organizations should de-
velop curricular programs and support research that develops

theoretical and technical approaches for understanding the complexity and variety of stressors involved in working with the downsized.

This study also importantly revealed that the respondents unanimously agreed that the downsizing of social workers had been pushed forward by the same forces operating in the society at large, including the dismantling of the social safety net that had been in place for the past 60 years. When it came to explaining how to protect the economic and professional interests of social workers, though, the respondents were cautious, and expressed skepticism about the level of readiness of traditional organizations, such as labor unions and professional interest groups, to represent the current concerns of social workers.

Nonetheless, the respondents indicated that an effective strategy will have to unite the interests of both clients and social workers. The study also showed that social workers favored the development of union strategies to expand the traditionally perceived economic concerns of unions into areas of control of the working process and professional rights. These findings imply that the politicization of social workers is a prerequisite for them to understand and provide services for clients in the current environment. Thus, it is recommended that unions and professional organizations should scrutinize their procedures, and begin to develop mechanisms for inclusiveness, diversity in all its manifestations, and democratic procedures.

In conclusion, the findings from this study indicate that the commitment of social workers to assist those who have been downsized and to protect their professional and job security is alive. The results also demonstrate, however, that a great deal of political and intellectual work remains to be done.

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