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SPECIFYING SOCIOLOGICAL OPTIONS AND SOCIAL WELFARE STRATEGIES

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ABSTRACT

As a profession, social work applies knowledge constructs from various social sciences. In this article attention is given to the relation between sociology and social work. The specific areas reviewed include conceptions of the social arrangement, the role of complex organizations, and social change theories. Each of these three broad areas have internal variations which have implications for sociology, social work, and attempts to integrate the two.

Social work, like other professions, is oriented to applying knowledge which, in part, is derived from academic disciplines. In recent years, social work has been conspicuous in its attempts to move beyond its traditional relationship with the discipline of psychology. One of the specific disciplines which social work is looking to with renewed interest is sociology. In examining possible relations between sociology and social work, Alfred McLung Lee has recently stressed the shared base of humanism within both fields.[1] What this paper attempts to do is look at the possible relations between sociology and social work in light of three interrelated substantive points. They are: (1) the nature of social arrangements, and how sociologists and social workers might choose to conceptualize social arrangements; (2) the preferred versus the actual state of the welfare institution in light of organizational theory and behavior; (3) a discussion of status and role relations of professionals and consumers in applied social change efforts. These three points are affected by developments in sociological theory and research concerning society, complex organizations, and social change.

CONCEPTIONS OF THE SOCIAL ARRANGEMENT

In broad social theory, we are all aware of the two general contending points of view, namely Order Theory and Conflict Theory. Order theory basically proceeds from the conceptual question of how cohesion stability and identity of the social system is achieved. In answering this question there is derived a conceptual emphasis upon the major concepts of values and norms. More specifically any social arrangement is said to be

produced when actors reflect, through their behavior, consensual acceptance of the norms and values.[2] Stemming from this type of theory is a conceptual tendency to perceive and expect cohesion among desperate actors. In fact via the use of systems theory, there is a conceptual expectation that various structures in the social system can and should mesh, be integrated to produce the stable social arrangement.

Several consequences, quite relevant to social work, are logically produced. One has to do with the conception of the social arrangement as a system which is analogous to the physical system or body. In the physical system when there is a health problem in one or more members there is a recognition that the well-being of the entire body may be affected. Further the fields which relate to the diagnosis and treatment of the physical basically attempt to move from symptoms to meaning to logical solutions. Often in order theory there is an attempt to proceed in a similar fashion when given behavioral forms and/or groups appear to disrupt the dominant flow of social relations within the social system. In short, behavior, social functioning which is at variance with the dominant norm, value structures is defined as deviant or, and when such deviance is extensive, a social problem--a problem precisely because it produces a threat to the identity and integrity of the social body.[3]

Related to this then is a second consequence for social work, namely that dominant norm-value structures are the standards for health and pathology on individual and group levels. This in turn tends to produce a conceptual appreciation in the helping fields for such order concepts as sickness, social and personal disorganization, anomie, stress, and weakened social control.[4]

If concepts such as norms and values in turn tend to influence the use of such explanatory concepts as sickness, disorganization, anomie, then these latter concepts heavily influence the logic and selection of intervention strategies available to social work. More specifically, when there are strains operating within a social system, order theory tends to suggest what boundary maintenance processes should operate. Such processes, given the prior conceptual focus upon cohesion, basically operate either to remove or reduce the problemmatical behavior, or, if necessary, to absorb within the social system the variation in the least disruptive manner.[5]

Shattuck has suggested that boundary maintenance tends to involve three distinct stages: the stage of separation, the stage of containment, and the stage of (re)socialization.[6] Separation basically means removing, in diverse ways, the problemmatical actors and behavioral forms from the normal range of interaction in a social system. Such separations have historically produced jails, concentration camps, death, ghettos, or "deviant" areas within communities. Containment is the corollary process whereby, once concentrated problemmatical populations are produced via

separation, there is the attempt to minimize the potential strength and power these actors have by virtue of their density. This can involve armed guards, pacifying rewards and services for compliance, and conditioning groups not to expect anything more than what they experience. Socialization is the attempt to inculcate contained populations with behavioral expectations which are functional to the broader social system. Devices such as education, training, therapy are perceived as functional to producing more appropriate behavioral adjustments.

Lest it not be obvious, the actors delegated by the social system to facilitate effective boundary maintenance processes often involve members of the social work profession.[7] In using order theory concepts the latent function of social work efforts, often not perceived by the helpers, is to control people and behavior while the manifest purpose is often a professional and personal motivation to improve social functioning and help deprived populations. In short there can be a discrepancy between individual and system purposes. The net result of the relation between order theory and social work is that the profession of social work often does not address itself to significant structural change, but rather chooses to perceive intervention via the nonstructural prism of mental health.

Conflict, or Coercion Theory, is a relatively systematic attempt to look at society via the conceptual question of how change (rather than cohesion) is produced.[8] Generally this perspective sees values and norms as far less important than the concept of interests. In fact norms and values are assumed to be extensions of selected interests. Thus social arrangements are fluidly produced by the process of some groups and interests having the ability to coerce others. Since some groups and interests have coercion possibilities, i.e., power resources, this perspective suggests that vertical relationships will characterize the social arrangements.[9] These relationships of inequity at times produce behavioral struggles by the power inferiors in the role relationships. In fact it is precisely because of these power inequities and prior differences in interests and behavior that change occurs and is predictable in social arrangements. Given this conceptual reasoning, dissensus in thought and behavioral forms can be not only predictable, but also normal.[10]

When fields such as social work are influenced by this type of social theory, relevant concepts for assessing people and behavior do not necessarily emphasize sickness, anomie, etc. Rather there is conceptual appreciation for assessing the conditions of organization, power inequities, incompatibility of interests, and degree of alienation.[11] Further there is a conceptual willingness to entertain the possibility that behavioral change struggles are constructive and that existing dominant norms and values may be, to use Goodman's phrase, "absurd."[12]

Within this perspective logically derived intervention by social workers should not reflect a commitment to boundary maintenance

processes. Rather intervention strongly suggests promoting separateness, so as to facilitate negotiating and bargaining, and to structurally insure accommodation of interests within the social arrangement.[13] Separateness basically refers to social workers encouraging, facilitating positive sense of group interests and group solidarity. If this is achieved, separateness can be a way of producing greater collective power which is seen as functional to the group's sense of self, and as a vehicle for engaging in trade-off processes with dominant society. In place of intervening into the person or group, conflict theory suggests change of the current social structure by the group. In that way functioning perceived as relevant to group interests and needs is stressed. Obviously this perspective is quite compatible with recent trends, to be discussed below, to replace narrow individual client dependency upon professionals with collective consumerism.

Ultimately social theory, which speaks to a view of society being based upon consensus, has to rely on the concepts discussed in Weber, i.e., tradition, charismatic leaders, and reason.[14] Normally, contemporary developed societies largely achieve the degree of consensus that they have by virtue of reason. But to produce consensual agreement such systems have to have significant participation by all, including the weak and problemmatical. Such participation could breed evaluation, criticism and dissent of the existing social arrangement. The choices for the members of society, and certainly for the professional helper is: How much stability, and how much dissent? How we place ourselves relative the types of social theory discussed, and their conceptual foci, seems to strongly suggest varying answers relevant to intervention strategies.

THE PREFERRED AND ACTUAL SOCIAL WELFARE INSTITUTION: BELIEF VS. BEHAVIOR

Again, the kind of welfare institution we wish to operate within and/or to achieve involves a choice, or at least a positioning of oneself. Some twenty-odd years ago, Wilensky and Lebeaux introduced the classic dichotomy relative to social welfare institutions, namely the residual and primary conceptions.[15] A residual welfare institution being the kind which was essentially weak, dependent upon other institutions, namely family and economy, and basically dealt with limited populations, after problems were clearly present and quite dysfunctional to the social system. The primary institution classification spoke to a social welfare institution which was to be strong, equal in importance to the other institutions, with distinctive ends, and which was universal and comprehensive in a rather developmental and preventive fashion.

Those of us who are directly associated with the helping fields will readily profess a value-belief commitment to the primary institution conception. To do otherwise would mean some cognitive acceptance of the dominant, anti-welfare values, and how they are peculiarly

operationalized in America. These would include work, economic individualism, localism, private over public, and a rather minimal role for government. Intellectually we recognize that a secondary conception of welfare logically denotes seeing welfare expenditures as a drain on the gross national product, to be orchestrated to reinforce the dominant economic model of organization, and to generally serve as a mediating role between selected economic and community interests and culture. Incorporating into oneself a preference for a residual conception of welfare suggests minimal, if any, appreciation for the role of the structural and economic factors associated with "American society as a social problem,"--a suggestion which our contemporary professional conditioning, i.e., formal training, largely precludes.[16]

Yet on a behavior level the helping professions seem to reflect the fact that the way welfare is distributed is at variance with beliefs inculcated in professional formal training, and quite in line with the residual conception of welfare. The obvious question, given this discrepancy between beliefs and behavior, is why do beliefs of professionals have such little impact on their behavior? In general terms the answer, in part, involves the interactive role of the professional to his/her organization.

Social work is obviously a profession tied to the formal organization and is influenced heavily by it. Besides the widely discussed negatives of dysfunctions of formal organizations--organizational needs taking precedence over service, excessive specialization, lack of innovation, rigidity of procedures, etc.--there are two other issues which affect professional attitudes and behavior. They are: (1) how professionals relate to their organizational contexts, and (2) the monopolistic nature of the bureaucratic service structure.[17]

1. Professionals in bureaucratic settings

Finch has indicated that a central concern of bureaucrats who are professionals is the problem of how to maximize and achieve personal autonomy from various bureaucratic controls.[18] In fact, according to Finch, trends in specialized service systems suggest that professional bureaucrats can anticipate less autonomy over time.[19] Correlated to the dilemma of personal autonomy versus bureaucratic control is a second concern associated with professional autonomy, namely, how do workers routinely act out professional beliefs, preferences and service objectives, and yet function in terms of organizational needs. Green has suggested that these two types of concern often lead to various personal and professional adjustments.[20] One type of adjustment involves, over time, the scaling down of service objectives by professionals. This type of adjustment is best explained by Blau's assertion that there often is an inverse relation between experience in a bureaucratic setting and professional motivation to provide service.[21] Put more concretely, young

and inexperienced professionals, fresh from formal training settings and armed with primary institution ideals of service, are often unable to negotiate bureaucratic settings to meet client needs. On the other hand more experienced professionals could theoretically be of more service to clients but the experience differential is vitiated by the very experience within the bureaucratic setting. Such experiences tend to produce diminished motivations to serve. In short many professionals can become job holders who are professionals rather than vice versa.

Still another type of adjustment for professionals is to seek out and collectively create areas of high personal control in their work. One way for this to occur is to accept certain kinds of internal control in particular areas in exchange for minimal controls in other areas. For example in most social service systems there is an increasing reliance upon staff accountability via fiscal audits, PERT, PPBS, MBO. Formal training facilities now widely inculcate this accounting orientation in their programs. But note that the type of control, and accountability, that is produced is often within the context of business criteria, such as efficiency, economy. Criteria, which Gouldner, Blau and others state, intrinsically may have little to do with service objectives, and more to do with dominant political and economic interests.[22] In return for this type of control, professionals are often able to create some degree of internal autonomy and control over daily service provision. As a result the actual specifics of programming are largely subject to professional peer control, within the context of economic, political interests of the broader community. The bottom line often is that professionals are willing to trade primary institution service ideals for some narrow degree of professional autonomy. The trade-off is often so imbalanced that the broader community and economic interests do not perceive that they have traded anything significant. Put another way, professionals often achieve autonomy to create and provide rather irrelevant programming. The group that pays for the trade-off, of course, is the client/consumer group who is effectively denied any possibility of witnessing a primary institution of social welfare. To test this latter conclusion only two questions have to be asked: (1) are the excessively business-oriented criteria, which are used, the criteria which recipient populations would routinely select, (2) are the produced services, to which the criteria are being applied, necessarily preferred by consumers?[23]

2. Monopolistic structure of social services

The tendency for organizational and professional self-interests at times to take precedence over client/consumer interests is a rather natural consequence of the monopolistic nature of the structure of social services. Monopoly in social service speaks to two interrelated characteristics: the dominance of nonmarket mechanisms with little actual emphasis upon supply-demand dynamics, and little or no accountability to primary consumers (clients), while being primarily accountable to peer

interests (professionals) and secondary consumers (economic interests, contributors, politicians). Central to these two characteristics is the passive and dependent role of the consumer.

Inherent in the current structure of services is the fact that many agencies, because they are specialized and few in number relative to potential demand, do not really need primary consumers. In fact agencies often are over-subscribed, and providers can be somewhat selective in whom they serve, with what kind of services, under what requirements or conditions. Consumers in many service areas are needed only in the sense of providing documentation to fiscal monitors that the service being provided is necessary.[24] The net result of this tends to follow Reid's analysis that, "... the primary consumers cannot reward organizations providing social services which they consider good. Seldom do they have an opportunity to choose openly ... among agencies .... An agency finds little advantage in pleasing a customer."[25] This becomes even more of a problem for the poor because many of the types of services they need are not directly supported by primary consumers, i.e., the poor really can not reward or influence the range of service provision.

Several rather disturbing effects are possible within such a structural arrangement. First, as Safretti-Larson suggests, professionals can manipulate market mechanisms so as to promote their positions of advantage, e.g., wages, location of services, etc.[26] Second, resources for services are not necessarily allocated relevant to consumer perceived needs. The simple reason for this is that consumers do not have current positions of power, while professionals and others do. Third, some consumers, given the possibility of incongruence between actual consumer needs and service provision, may have difficulty in presenting needs, and adjusting attitudes and behavior to fit into provided services. From this, professionals are afforded even more license to judge some consumers as problem clients, hard-to-serve clients or possessing maladaptive behavior. In short, structurally there is set up a perception of "good" client client as one who reflects congruence and acceptance of organization-professional expectations. Fourth, in some cases the dynamic suggested in the third point can put worker and consumers into an adversary position which in turn can lead to withdrawal and even greater personal and programmatic insulation from certain cosumer types and social areas. If this occurs, there obviously is even greater discretion afforded professionals relative to need definition and program provision.

SOCIAL CHANGE EFFORTS

Mayer has suggested that social change theory basically involves rearrangement of pre-existing status, role and membership patterns.[27] Specht and Meenaghan have suggested that when proposals in social welfare involve significant change in current status-role patterns the

strategy of intervention which is most likely to be relevant is that which presupposes an adversary or conflict orientation by the change group.[28]

Running somewhat parallel to these change discussions is Reid's assertion that there are basically three types of policy perspectives which can influence change.[29] They are the planning or technical model, the community action model, and the competitive-market model. The first model basically involves professionals who have significant say in how and what should be changed. From the discussion above it would appear that the type of structural change that would be produced, if any, would be minimal. Organizational factors previously discussed, as well as the disproportionate amount of professionals and administrators who are clinically trained and oriented, suggest that this may not be a viable option to promote structural change. The second type of change speaks to organizing and mobilizing consumers and would-be consumers to exercise collective and political power upon organizations. While this is definitely relevant to promoting organizational responses, the resources of such a group would largely be tied to their numbers, and the consumer's ability to disrupt "normal" processes within organizations. Such consumer groups however would still be at the mercy of supply and demand mechanisms. The third model suggests that if funding mechanisms, via vouchers, would by-pass organizations and professionals, and distribute benefit purchasing power to consumers, current supply/demand mechanisms could be affected. The reason for this would be that benefits might be used for more relevant, more accessible, and cheaper services. If this were to occur, the nature and amount of services could be positively affected. One of the limitations of the latter model involves the probable insensitivity and lack of appropriate change of the current service arrangement to individual consumer using voucher benefits. Another speaks to the realistic fact of why should benefits be distributed directly to consumers in the first place without prior use of collective consumer power. It would appear that models two and three would have to be combined if there is to be some likelihood that significant structural change would occur.

Even without a corresponding policy change involving benefit distribution, consumers, if they are organized, could negotiate more significant kinds of involvement in service provision. Some of these include: (1) collective presentation of service expectations, type and amount, (2) introduction of contract relations between providers and consumers, (3) direct involvement in the planning of services or treatment for family members, (4) evaluation, official or unofficial, of current services, (5) collectively presenting information, including consumer evaluations, to funders and boards of agencies, (6) participation in the screening of prospective staff and administrators, and (7) in some service areas, former consumers negotiating to provide service to current or would-be consumers facing similar situations.[30]

Changes such as these, which basically involve new status and role positions for consumers, may be desirable for many reasons. First they are in keeping with many current conceptions of health which speak to the need for an active role on the part of clients. Second, they are compatible with role theory which says the role of recipient does not exhaust the set of role possibilities open to people. Third, consumers, because of needs and experiences, can often be more motivated than professionals to extend services, and in many cases, to relate to fellow consumers. Lastly, significant involvement of consumers could increase the degree of fit between service needs and service provision.

CONCLUSION

In this paper we have attempted to explore the possible relations in society between sociology and social work, giving special attention to the mediating role of theory, organizational context and type of appropriate social change efforts.

The discussion has suggested considerable room for choice on the part of the professional worker. One choice to some degree involves promoting change, de-emphasizing organizational needs, and encouraging role-status rearrangements for consumers. The other suggests promoting cohesion, promoting professional needs in organizational settings, and preserving current role-status inequities between professionals and consumers.

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