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THE SOCIAL CONSTRUCTION OF PROFESSIONAL KNOWLEDGE:
SOCIAL WORK IDEOLOGY, 1956-1973¹

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ABSTRACT

This paper reports on patterns and trends of ideological advocacy in social work. Findings from a content analysis of Social Work indicate that conceptions of this service profession have changed over a recent eighteen year period. Changes in professional meanings are analyzed in terms of authors' educational status, employment setting, and the problematic topics they discussed. This analysis supports a process model of reality construction in professional arenas and provides implications for the self-conscious management of professional imagery.

Introduction

In this paper I report on an exploratory study of ideological advocacy and debate in the field of social work. Ideological advocacy is examined through a media of professional communication, specifically in terms of social work authors receiving a professional press in the journal, Social Work. Analytic attention is directed to the exploration of (1) certain correlates of ideological stance-taking by social work authors--their educational status and employment settings--and (2) the interrelationship among selected ideological stances on focal dimensions of professional meaning and certain problematic issues: professional development, family services, social welfare services, mental health services, and minority group relations.

The analysis of social work ideology is important on at least two accounts. First, sociological interest in certain specialized bodies of "expert" or "professional" knowledge dealing with social conditions and persons supposed to be problems has shifted in recent years. The pioneer studies of Strauss, Bucher, and their associates on professional segmentation has directed attention to the processual, social construction, and negotiation of professional meanings through internal

differentiation, segmentation, competition, and conflict (see Bucher and Strauss, 1961; Bucher, 1962; Bucher and Stelling, 1969; Strauss et al., 1964; Schatzman, 1966; Folta and Schatzman, 1968; Hughes, 1958; Smith, 1958). This emphasis clearly diverges from the preceding sociological preoccupation with certain normative attributes of profession-like work, such as autonomy, a service ideal, and the mechanical cohesiveness of professional communities (see Parsons, 1939; Goode, 1957; 1969; Wilensky, 1964). Most importantly, it suspends evaluation of the degree to which members of occupational collectivities have internalized the associated "professional" values and beliefs, and thereby whether or not they have achieved some idealized measure of "professional" status and prestige (see, for example, Goode, 1960; 1961; and the research reviewed in Hall, 1969:Chapter 4; Pavalko, 1971:Chapter IV).

In directing attention to the changing nature of professional knowledge this perspective explicitly directs concern to ideological dimensions of professional communication (see Armor and Klerman, 1968; Akers, 1970). Consequently, J. Marx (1969) has argued that conflicting ideological positions emerge in response to certain identifiable and problematic elements of professional service cultures. Ideologies emerge, in other words, in the process of defining and negotiating the relative ambiguity of professional reality in the general absence of definitive scientific answers to questions concerning what and who is (is not) a problem, the most effective means of dealing with the problem, and who is (is not) qualified to administer service or treatment, among other possible issues. Most importantly, professional ideologies specify a range of professional conduct toward certain target groups, such as clientele, other--sometimes rival--occupations, funding agencies, or the general public (see Holzner, 1968:144; Krause, 1971:84-105). Hence, Becker (1962), Hughes (1971), and others (see Roth, 1973; Daniels, 1974:212) have argued that "professional" is conceptually less appropriate when viewed as a sociological category than when it is seen as a symbolic construct which serves to forward and legitimate a group's claim to power and prestige.

Second, social workers commonly have employed the normative model of "professionalism" in evaluating their status and development. Adherence to this classic model of professionalism has tended to obscure the possibility of defining social work differently, in terms of the unique and specific occupational realities of social work and service. Whereas the classic model of professionalism represents only one vision of social work, through professional socialization, it has been presented as the image of social work service.

Dimensions of Ideological Debate

In this study a modified version of the ideological conflict model elaborated by Marx (1969) is adapted to problems of ideological communication, competition, and debate in the field of social work (see Jorgensen, 1974; Grimm and Jorgensen, 1975). Three predominant foci of professional meaning in social work have been identified on the basis of a review of theoretical and substantive literature.² These are: 1) the nature and meaning of the field (its mission); 2) the nature and meaning of treatment or service; and, 3) the nature and meaning of the practitioner-client relationship. The concrete exploration of different ideological stances on each of these fundamental issues is intended to clarify the nature of ideological debate and communication in social work, and thereby provide a greater understanding of the possible images of social work.

1. Ideological positions on the meaning of the field. Conflict and debate over what social work is tends to concern the "mission" (Bucher and Strauss, 1961:326-328), goals and direction of the profession, the management and presentation of professional self-imagery (Fisher, 1969), and the central objectives of the professional act (Marx, 1969:83-84). Social workers have been oriented, historically, in an altruistic fashion toward helping and serving the interests of clientele, especially certain "have-nots" (Meyer, 1967; Call, 1969:Chapter V; Ruzek, 1973). This altruistic interest may be contrasted with professional self-interests. Krause (1971:98-102), for instance, notices a differential interest in altruism as occupational action aimed at changing the way others are benefited as opposed to the traditional concern of professions with maintenance of power and autonomy in delivery of services. The ideological position which emphasizes humanitarian values (Wilensky and Lebeaux, 1958:321-322) and a preeminent commitment to the interest of clientele (Bucklew and Parenton, 1962:42-43; Billingsley, 1964:402-403) is defined as "clientism." Other social workers, however, have presented a more "professional" self-image (see Greenwood, 1957; Lubove, 1969) modeled after the traditional attributes--autonomous expertise, neutrality, a code of ethics, and individualized service--of the classic professions, especially medicine (Wilensky and Lebeaux, 1958:152-153; 284; Billingsley, 1964:402-403; Ruzek, 1973; Kunitz, 1974). Following Epstein's (1968; 1970a; 1970b) usage, this position on the meaning of social work is defined as "professionalism." This position stresses autonomy, status, and professional neutrality in the delivery of social services.

It is important to note that clientism and professionalism are not discrete categories, but polar orientations on the meaning and nature of social work. In the journal articles studied, professionalism varied

from articles in which a perceived need to exemplify the various dimensions of professional imagery--autonomy, expertise, neutrality--was viewed as absolutely crucial to the development of social work to articles in which the perceived need to present a professional image (to particular target populations or the general public) was taken for granted or viewed as a consideration to be reckoned with in particular settings. Advocacy of clientism varied in a similar fashion, although a demand for defining the social work mission in terms of clients' interests was advocated most powerfully with respect to the perceived dominance of social worker preoccupation with classic attributes of professionalism. The key issue here is whether or not self-interest, the projection of professional imagery modeled after medicine, is held to take precedence over a commitment to the interests of clientele.³

2. Ideological positions on treatment, practice and service. Disputes on this issue involve commitments to various treatment strategies, what Marx (1969:83-84) calls "theoretical orientations," or what Bucher and Strauss (1961:328) identify as disagreement over professional methodology and technique. Whereas social workers, like most helping professionals, have at various times embraced a prodigious array of treatment "theories" and techniques, two predominant orientations are identifiable (see Call, 1969:87; Toren, 1969:160). Meyer (1967:496), for instance, observes that:

In its history, social work has long had a double focus: on social reform on the one hand and on facilitating adjustment of individuals to existing situations on the other. These two themes reappear in various forms: as environmental manipulation or promoting psychological functioning, as concern with people through mass programs or casework with persons one by one.

Ideological commitment to treating the individual and his/her immediate psychosocial environment ("fixing the individual") generally modeled after psychoanalytic practice (see Wilensky and Lebeaux, 1958:289-291) is defined as "clinicalism," while the opposing, polar-typical ideological position aimed at and stressing manipulation of some broader social environment ("fixing the society") is called "social treatmentism" (see Epstein, 1968; 1970a; 1970b; Taber and Vattano, 1970).

Clinicalism and social treatmentism, like the other ideological positions identified here, vary considerably in terms of the advocacy of these positions within journal articles. Obviously, debate on this issue crosscuts different social worker commitments to theoretical orientations and particular bodies of knowledge (psychology, psychiatry, sociology, and the specific theories found therein). Moreover, debate on

this issue is complicated by other contingencies: the practical demands of a specific work setting, specific problems of clientele, professional training, and so on. Yet, this issue has been controversial, historically, in social work. The tension between the individual versus the social system or society is illustrated nicely in the following passage from Varley (1963:104).

American social work assumes that these responses to stress can best be explained, and the related problems dealt with, primarily in terms of personality differences, of deviations from the normal patterns of growth and development. This implies that most clients have disabling anomalies of personality, that the clients are dysfunctioning, and that the worker uses treatment methods based on psychodynamic concepts. Since the problems presented by clients frequently are of psychodynamic origin, the social worker uses a psychodynamic model adapted for use in social agencies and accepts the psychosocial assumptions of human growth and development. Treatment of clients (individual, group, community) is assumed to be of major importance in social work, while social action and institutional change are basically of secondary importance.

Compare Varley's explicit contrast of clinicalism and social treatmentism with the following comment selected from Wheeler (1971:24).

What can be done? . . . (4) supporting political candidates who seek changes in national priorities, and (5) helping to initiate agency policy so that professionals employed in private and public agencies have the option of being attached full time with pay to counterinstitutions like free clinics. It is the last recommendation that the writer thinks holds the most hope for changing America's repressive institutions.

In spite of the tendency for professional opinion to polarize on this issue during particular historical periods, depending upon the problem under consideration (drugs, public welfare, family), social work authors not uncommonly advocated both of these strategies, or mentioned both while stressing one over the other.⁴

3. Ideological positions on the practitioner-client relationship. Conflict over clientele involves different images of clients (Bucher and Strauss, 1961:329-330), including their socioeconomic status (Walsh and Elling, 1968), and more recently the autonomy of professional decision-making (Haug and Sussman, 1969; Reeder, 1972). Again, two rather

distinctive polar orientations are discernible. One view of the professional role contends that professionals are responsible for the general well-being of clientele, and therefore tends to deemphasize client initiative in favor of professional expertise and judgement in problem solving and treatment (see Wilensky and Lebeaux, 1958:298-330; Billingsley, 1964:407). This ideological position is defined as "paternalism." The rival conception of the appropriate relationship between practitioner and client promotes the issue of self-determination (see Kohns, 1966: 55-60; Ruzek, 1973:226-230). Essentially this ideological position demands an increased role-function for clientele in determining what is a problem and how it will be solved. This position is called "self-determinism."

Here again, advocacy of paternalism and/or self-determinism varies. The following quotation from Miller (1969:76) illustrates the perceived conflict between professionally defined problems and solutions based on a normative model of professionalism, and a more recent recognition of clients' rights to participate in the defining and solving process.

For social workers it means, at long last, that we work in behalf of clients . . . we visit them only when we are invited, we let them use us to get things that they want, whether money, housing, jobs, or treatment. Above all, it means that we interact as equals, different, perhaps, but still equal.

Methodological Issues and Procedures

In order to empirically assess ideological change in social work over time, content analytic techniques were employed to quantify and measure trends in ideological advocacy occurring in the major professional journal, Social Work. Several researchers have argued that professional journal media reflect a wide range of opinion within social work (see Taber and Shapiro, 1965; Little, 1952). Furthermore, the obviously selective nature of journal content may be viewed interpretatively as a reflection of professional processes involving changes in professional belief, values, practice, and the generation of new knowledge in the field (see Champion and Morris, 1973). It seems likely that the more important and problematic ideological issues being debated in the professional community will find their way into the content of professional journals and therefore serve as a legitimate basis for studying ideological trends and conflict.

Even though the main body of social work periodical literature includes Social Work, Social Service Review, and Social Casework, Taber and Shapiro (1965:104) observe that the former ". . . is the central organ of

professional opinion (and since 1956 the only organ of professional opinion) and publishes a continuing dialogue on professional values and goals." For this reason and in order to avoid sampling biases or the significant omission of material, such as entire issues devoted to specific topics (see, for instance, "Ethnicity and Social Work," May 1972), this analysis of journal content was restricted to Social Work rather than sampling a larger universe of content.

Content analytic methods offer several advantages over conventional procedures, such as measures of subjects' attitudes and/or self-conceptions. Attitudinal inconsistencies, for instance, make it difficult on the basis of such measures to determine possible continuities in ideological stance-taking on central issues before the profession (Strauss et al, 1964:85-88; Armor and Klerman, 1968:247). Moreover, content analysis is particularly appropriate for evaluating temporal patterns of ideological advocacy over considerable periods, something which is difficult, if not impossible, using attitudinal indicators (see Bucher, 1962:41). Finally, content analysis avoids the undetermined biases introduced between researcher and subject by most obtrusive techniques, such as survey questionnaires or interviews.

The year 1956 was used in defining the universe of content since it marks the date when Social Work began publication and benchmarks the birth and unification of social work into the National Association of Social Workers the previous year. The study population included only articles written by "social workers." A "social worker" was defined as any person with a degree in social work or any person who was certified as a social worker. Seven-hundred and seventy-eight articles met the criteria for inclusion and therefore serve as the population studied.⁵

All data were collected by the author using a structured coding schedule (see Jorgensen, 1974). Data on the academic degree and organizational affiliation of the senior author only were collected from the title page of each article.⁶ Senior authors with a masters degree comprised 59 percent (N=459) of the population, 35.4 percent (N=276) held doctorates, and 5.5 percent (N=43) of the authors had undeterminable degree statuses. A social work, social service agency accounted for 49.5 percent (N=385) of senior authors' organizational affiliations, the same number of senior authors were employed in academic insitutions, and 1 percent (N=8) of the senior authors had some other type of organizational affiliation.

Each journal article studied was classified in terms of the major topic and/or problem discussed. These included: 1) professional development and affairs, issues of certification, regulation, education,

recruitment, ethics, various practice, service, treatment strategies, techniques, methods, theories, and relations to various constituent groups, such as the government, other occupations, clients, students, and the like (N=306; 39.3 percent); 2) family services, including general or particular services to family groups, marital problems, childrens' problems, and problems pertinent to the elderly (N=180; 23.1 percent); 3) medical services, including social work in hospitals, other medical and public health settings (N=36; 4.6 percent); 4) drugs and alcohol (N=19; 2.4 percent); 5) social and public welfare services, including housing, governmental aid programs (AFDC, ADC), public welfare policy, and other types of federal and state assistance and welfare service (N=64; 8.2 percent); 6) minority group relations (N=48; 6.2 percent); and, 7) other, miscellaneous topics and problems (N=20; 2.6 percent).

The six ideological positions--clientism, professionalism, clinicalism, social treatmentism, paternalism, self-determinism--were measured dichotomously in terms of "advocacy" or "non-advocacy." "Advocacy" refers to affirmative or positive support rather than criticism or disparagement of a particular ideological position. Advocacy was determined on the basis of the general rhetorical tone of the article and/or in terms of specific words within the article. In short, advocacy of an ideological position was defined as an ideological stance which, at the very least, was suggested, asserted, or argued (prompted, advanced) was favorable (advantageous, fair, helpful) or necessary. If these conditions were not met the ideological position was considered as having not been "advocated."⁷

The determination of whether or not a particular ideological position was being advocated commonly was a complex procedure since authors advocated more than one position, typically, including both polar positions on occasion. Moreover, the search for advocacy of ideological positions involved a wide variety of topical and substantive discussions. To decide whether or not a position was being advocated it was necessary at the very least to carefully read introductory and concluding sections (especially abstracts when and if they were included) of the article. Since central points of the discussion commonly were set forth in these sections ideological positions could be identified on this basis and confirmed by skimming the intervening materials, those sections merely fleshing out the particulars of the argument. Certain articles, however, did require careful and detailed reading, especially if the authors' message failed to directly confront the ideological stances previously identified and defined.

In the early stages of data collection it was necessary to frequently

refer back to the specific definitions of each ideological position, comparing the article content with the definition and, thereby, making a decision about the advocacy of particular positions. The reliability of coding ideological advocacy was tested by four other persons who used a reading-coding schedule explaining the collection procedures (see Jorgensen, 1974). Results of this test of reliability indicate that average agreement on coding advocacy for the six ideological positions was 72 percent. This percentage of reliability suggests considerable agreement on what constituted ideological advocacy as it was briefly defined, in spite of the fact that these test readers possessed minimal experience with the specific issues and their identification. This percentage of reliability was judged to be adequate--in light of these factors--for present analytic purposes and to sustain the conclusions discussed (see Seider, 1974:806-807).

Research Findings

The foregoing discussion has focused on six polar typical ideological stances on key issues of professional meaning. One set of ideological positions--professionalism, clinicalism, and paternalism--essentially derive from a normative conception of professionalism modeled after medicine. A second set of positions--clientism, social treatmentism, and self-determinism--represent alternative meanings of social work, conceptions of social work current with particular sociohistorical factors related to the emergence of professional social work. Whereas these alternative meanings of social work are continuous with a considerable tradition, they, in part at least, stand in conflict with the idealized model of professionalism. The present research findings deal with each of these ideological positions in relationship with social work authors' degree status, organizational affiliation, and the specific topic discussed.

Little research exists on differential commitments to social work by social workers with a masters as opposed to a doctorate degree.⁸ Although the effect of agency (or bureaucratic) organizational affiliation on the ideological beliefs of social work practitioners has been examined (see Billingsley, 1964; Epstein, 1968; 1970a; 1970b), relatively little is known about the influence of academic settings on social work ideology. Results of these previous studies sustain the conclusion that practitioners in an agency setting tend to develop commitments to the employing agency at the expense of commitment to the goals and values of the profession. As a consequence, agency workers are less inclined to engage in "radical" or social reform oriented action strategies.

A review of literature failed to reveal studies of ideological

stance-taking relative to specific substantive problems and/or subfields of social work service. Of course ideological advocacy in certain interdisciplinary fields, such as mental health, has been examined (Wagenfeld, 1974). This study is concerned, however, with variations in ideological advocacy by social work authors who are identified--at least by article publication--with certain substantive problems and subfields of social work.

Presentation of the present findings, then, center on the following questions. First, are there differences in ideological stance-taking by social workers' educational status? Second, how does ideological stance-taking vary by social worker's employment setting? Third, are there differences in ideological stance-taking by substantive social work problems? Of course, data on each of these questions will reveal certain trends in the advocacy of each of the six ideological positions, in addition to how these positions related to each of these questions.

The results of the analysis of ideological stance-taking by author's degree status, organizational affiliation, and substantive problem on each of the social work issues identified for the period 1956 through 1973 are presented in Tables one, two, and three respectively. As a matter of convenience and simplification the eighteen year period is divided into three six year intervals. Ideological advocacy is presented by single-position, both positions, and authors advocating neither position. Dual-position advocacy is viewed interpretatively as essentially eclectic stance-taking and failure to take a stance as avoidance of advocacy. Rather than describe each of these related proportions in detail I briefly describe and interpret dominant patterns and differences found in each of the three major sections of the tables descending by issue. The last row of each table provides an indication of the number of authors or articles in each category for each of the six-year intervals from 1956 through 1973. Although these numbers vary greatly, they are interesting data in and of themselves and their considerable variance in no way disturbs the findings since proportions serve as the basis for comparison.

Results of the analysis of ideological stance-taking by authors with a masters as opposed to those with a doctorate on each of the social work issues are presented in Table 1. The number of authors with a masters degree has remained relatively constant (at between 156 and 148) while authors with a doctorate have doubled (from 62 to 124) in Social Work from 1956-1973. The rates at which various positions were advocated by both masters and doctorates also indicates several distinctive trends. In general, ideological advocacy of professionalism,

Table 1: Ideological Stance-Taking In Social Work Articles, 1956-1973, On Selected Issues By Author's Degree Status

Type of Advocacy:	Author's Degree Status* By Three Six-Year Periods										
	Masters				Doctorate						
	1956-1961	1962-1967	1968-1973	1956-1961	1962-1967	1968-1973	1956-1961	1962-1967	1968-1973		
I. <u>On Nature of Field</u>											
Professionalism	25.0	15.5	6.8	30.6	21.1	14.5					
Clientism	27.	47.1	61.5	19.4	50.0	48.4					
Dual-Positions	28.8	14.8	7.4	33.9	15.6	17.7					
Advocacy Avoidance	18.6	22.6	24.3	16.1	13.3	19.4					
II. <u>On Treatment</u>											
Clinicalism	67.9	61.3	42.6	59.7	41.1	27.4					
Social Treatmentism	6.4	16.1	29.7	3.2	24.4	37.9					
Dual-Positions	1.9	2.6	10.8	3.2	2.2	9.7					
Advocacy Avoidance	23.7	20.0	16.9	33.9	32.2	25.0					
III. <u>On Client Relation</u>											
Paternalism	23.1	11.6	6.1	22.6	4.4	3.2					
Self-Determinism	2.6	9.0	21.6	4.8	15.5	21.0					
Dual-Positions	0.0	0.0	0.7	0.0	0.0	0.0					
Advocacy Avoidance	74.4	79.4	71.6	72.6	80.0	75.8					
	N=	156	155	148	62	90	124				

*Note: 43 authors with an unidentifiable degree status were excluded from this analysis.

clinicalism and paternalism declines at a linear rate over the eighteen years studied. Advocacy of clientism, social treatmentism, and self-determinism tends to increase at a linear rate (the exception being advocacy of clientism by authors with a doctorate) during this time. It is also clear that as a greater proportion of authors in either category take a stance on one or the other side of an issue, advocacy of both positions tends to decrease while the proportion of authors not taking a stance tends to increase. Insofar as nearly equal proportions of authors taking a stance reflects ideological conflict (and conversely greatly unequal proportions of authors siding at one pole of an issue reflects some resolution of conflict), these data suggest that eclecticism tends to be greater during periods of conflict and advocacy avoidance greatest during periods of conflict resolution. In this regard a somewhat different interpretation of dual-position advocacy might be that it is reconciliatory stance-taking. In either case there are few if any noteworthy differences by authors in terms of either dual-position advocacy or advocacy avoidance, and therefore in describing these tables interpretation of these data will be left to the discretion of the reader.

The findings of differential rates of ideological advocacy on the nature and meaning of social work (found in the first section of Table one) indicate that advocacy of professionalism has been slightly greater and declined at a lower rate among doctorates in comparison to masters in all time periods. Advocacy of clientism, on the other hand, has been considerably greater and increased at a faster rate among masters than among doctorates in nearly all time periods; that is, excepting the middle period when 47.1 percent masters in comparison with 50.0 percent doctorates advocated clientism. Indeed, advocacy of clientism by masters authors increased to 61.5 percent in 1968-1973, while it declined slightly (from 50.0 percent) to 48.4 percent among doctorates in the final six-year interval studied.

The findings concerning differential rates of advocacy on the issue of social work treatment (found in the second section of Table 1) indicate that authors with a masters degree favored clinicalism over social treatmentism during the eighteen years studied, although advocacy of the former has declined (from 67.9 percent to 42.6 percent) while popularity of the latter has increased substantially (from 6.4 percent to 29.7 percent). In comparison, authors with a doctorate have switched from a clear majority (59.7 percent) favoring clinicalism in 1956-1961 to only 27.4 percent taking a clinicalism stance in 1968-1973, as opposed to 37.9 percent advocating social treatmentism during this last interval.

On the issue of the practitioner-client relationship the data

indicate that masters persons have been slightly and consistently less inclined than doctorates to give up advocacy of paternalism, and they also have been slightly less inclined to take a self-determinism stance than doctorates--with the exception of the final period when there appears to be no difference in the advocacy of self-determinism by either social workers with a masters or those with a doctorate.

In sum, then, a larger proportion of masters have tended to advocate clientism, clinicalism and in recent years self-determinism. Doctorate social workers, on the other hand, have favored advocacy of clientism, but in smaller proportions, social treatmentism, and self-determinism. Table one also reveals that eclectic stance-taking and advocacy avoidance tend to vary more by the type of conflict or lack of it on an issue than by the author's degree status. These patterns of advocacy seem to indicate that clientism and self-determinism have become a preferred image of social work irrespective of authors' degree status. Conflict among authors on the nature and meaning of service seems to reflect the historical duality of social work. The preference of masters degree authors for clinicalism may be a reflection of training and perhaps work setting wherein the practical problems of providing service may mitigate against social reform orientations. Authors with doctorates, on the other hand, are probably less likely due to training and work setting to feel limited to a clinical approach.

Table two reports on the findings concerning differential rates of ideological advocacy on problematic social work issues by senior authors employed in agency settings versus those employed in academic settings. Examination of the last row of this table indicates that articles authored by agency persons has declined from 152 in 1956-1961 to 99 in 1968-1973, while academic authorships have increased from 96 in the first six-year interval to 173 in the last six-year interval among Social Work articles. The procedures for describing and interpreting these data are the same as used in Table one.

An examination of ideological advocacy on the meaning of social work reveals that a consistently smaller proportion of agency authors (a difference of approximately 4 percent to 6 percent) advocated professionalism when compared to academic authors. Clientism, on the other hand, was advocated by a greater percentage of agency persons in comparison to academic social workers in 1956-1961 (34.9 percent versus 13.5 percent) and 1968-1973 (62.6 percent versus 52.0 percent). This patterned difference was reversed for the intervening six years, however, when only 43.3 percent of agency workers as opposed to 54.3 percent of academic workers advocated clientism. In spite of this exception the temporal trends suggest that clientism juxtaposed with professionalism

Table 2: Ideological Stance-Taking In Social Work Articles, 1956-1973 On Selected Issues By Author's Organizational Affiliation

Type of Advocacy:	Author's Organization* By Three Six-Year Periods						
	Agency			Academic			
	1956- 1961	1962- 1967	1968- 1973	1956- 1961	1962- 1967	1968- 1973	
I. <u>On Nature of Field</u>							
<u>Professionalism</u>	22.4	15.7	7.1	30.2	19.8	12.1	
Clientism	34.9	43.3	62.6	13.5	54.3	52.0	
Dual-Positions	25.7	15.7	7.1	40.6	14.7	15.0	
Advocacy Avoidance	17.1	25.4	23.2	15.6	11.2	20.8	
II. <u>On Treatment</u>							
Clinicalism	67.1	59.0	50.5	58.3	47.4	26.0	
Social Treatmentism	5.3	14.9	25.3	9.4	24.1	38.7	
Dual-Positions	2.6	3.0	10.1	5.2	1.7	10.4	
Advocacy Avoidance	25.0	23.1	14.1	27.1	26.7	24.9	
III. <u>On Client Relation</u>							
Paternalism	27.6	12.7	10.1	16.7	6.0	1.7	
Self-Determinism	3.3	9.7	17.2	3.1	12.9	24.9	
Dual-Positions	0.0	0.0	0.0	0.0	0.0	0.6	
Advocacy Avoidance	69.1	77.6	72.7	80.2	81.0	72.8	
	N=	152	134	99	96	116	173

*Note: 8 authors with unidentifiable organizational affiliations were excluded from this analysis.

has consistently received greater support from agency personnel.

Advocacy of clinicalism was proportionally greater by agency authors in comparison with academic authors. Advocacy of social treatmentism, on the other hand, was proportionally greater by academic persons as opposed to those employed in social service agencies. In the period 1968-1973 twice the percentage of agency social workers advocated clinicalism rather than social treatmentism, while academic persons clearly favored a social treatment (38.7 percent) rather than a clinical position (26.0 percent) on the meaning of social work treatment.

On the issue of the practitioner-client relationship social workers employed in agencies have only in the most recent period advocated a self-deterministic stance over a paternalistic stance (by a difference of approximately 7 percent). In comparison academic personnel advocated self-determinism over paternalism in 1962-1967 (6.0 percent versus 12.9 percent) and 1968-1973 (1.7 percent versus 24.9 percent). These data, then, sustain the conclusions that agency authors have tended to advocate clientism, clinicalism, and to a lesser extent self-determinism, while academic authors have tended to advocate clientism, but by smaller proportions, social treatmentism, and self-determinism. Like author's degree status, organizational affiliation fails to differentiate among eclectic stances, or advocacy avoidance.

These data tend to support the previous interpretation that clientism and self-determinism have emerged as preferred definitions of social work, and that the issue of treatment techniques and strategies continues to be a source of controversy. Again it seems likely that the practical contingencies of doing social work tend to produce a preference for clinical treatment strategies against social reformist techniques. Academic authors, probably due to different contingencies related to the work setting, are more inclined to reform oriented strategies. It seems likely, for instance, that academic authors are less constrained by political pressures and realities of doing social work than agency personnel and thereby more inclined toward large scale reform.

The final issue analyzed is differential stance-taking by Social Work articles dealing with particular substantive problems and fields of service. The findings in Table three employ a format similar to the previous tables. Since the article topics fail to discriminate any temporal patterns among eclectic ideological positions and advocacy avoidance, description of these findings are omitted once again. At the outset it is interesting to note the temporal changes in the number of articles dealing with each topic in Social Work. Articles on professional affairs have declined from 111 in 1956-1961 to 95 in 1968-1973. Other

Table 3: Stance-Taking In Social Work Articles, 1956-1973 On Selected Ideological Issues By Substantive Topic

Type of Advocacy:	Substantive Topic By Three Six-Year Periods					
	Professional Affairs		Medical Service			
	1956-1961	1962-1967	1968-1973	1956-1961	1962-1967	1968-1973
I. <u>On Nature of Field</u>						
<u>Professionalism</u>	40.5	39.0	25.3	23.1	7.7	10.0
Clientism	9.0	29.0	31.6	30.8	23.1	50.0
Dual-Position	38.7	24.0	23.2	15.4	15.4	10.0
Advocacy Avoidance	11.7	8.0	20.0	30.8	53.8	30.0
II. <u>On Treatment</u>						
<u>Clinicalism</u>	52.3	40.0	23.2	69.2	100.0	50.6
Social Treatmentism	8.1	15.0	38.9	0.0	0.0	10.0
Dual-Positions	4.5	2.0	11.6	7.7	0.0	30.0
Advocacy Avoidance	35.1	43.0	26.3	23.1	0.0	10.0
III. <u>On Client Relation</u>						
Paternalism	16.2	3.0	4.2	15.4	15.4	0.0
Self-Determinism	4.5	9.0	16.8	0.0	7.7	10.0
Dual-Positions	0.0	0.0	0.0	0.0	0.0	0.0
Advocacy Avoidance	79.3	88.0	78.9	84.6	76.9	90.0
	N=	111	100	95	13	13
						10

Table 3-continued-

Type of Advocacy:	Substantive Topic By Three Six-Year Periods					
	Family Service			Drugs/Alcohol		
	1956-1961	1962-1967	1968-1973	1956-1961	1962-1967	1968-1973
I. On Nature of Field						
Professionalism	9.6	3.2	2.3	33.3	0.0	63.6
Clientism	43.8	58.7	65.9	0.0	80.0	0.0
Dual-Positions	20.5	7.9	4.5	33.3	20.0	36.4
Advocacy Avoidance	26.0	30.2	27.3	33.3	0.0	0.0
II. On Treatment						
Clinicalism	89.0	85.7	59.1	100.0	100.0	90.9
Social Treatmentism	1.4	1.6	18.2	0.0	0.0	9.1
Dual-Positions	0.0	4.8	6.8	0.0	0.0	0.0
Advocacy Avoidance	9.6	7.9	15.9	0.0	0.0	0.0
III. On Client Relation						
Paternalism	38.4	17.5	6.8	66.7	20.0	18.2
Self-Determinism	2.7	0.0	6.8	0.0	0.0	0.0
Dual-Positions	0.0	0.0	0.0	0.0	0.0	0.0
Advocacy Avoidance	58.9	82.5	86.4	33.3	80.0	81.8
	N=	73	63	44	3	5
						11

Table 3-continued-

Type of Advocacy:	Substantive Topic By Three Six-Year Periods					
	Social Welfare			Mental Health		
	1956- 1961	1962- 1967	1968- 1973	1956- 1961	1962- 1967	1968- 1973
<u>I. On Nature of Field</u>						
Professionalism	19.0	2.6	2.2	18.8	0.0	0.0
Clientism	38.1	82.1	82.2	43.8	38.9	53.3
Dual-Positions	38.1	10.3	11.1	25.0	5.6	6.7
Advocacy Avoidance	4.8	5.1	4.4	12.5	55.6	40.0
<u>II. On Treatment</u>						
Clinicalism	28.6	12.8	6.7	81.3	88.9	76.7
Social Treatmentism	19.0	64.1	46.7	0.0	5.6	6.7
Dual-Positions	4.8	2.6	13.3	6.3	5.6	10.0
Advocacy Avoidance	42.6	20.5	33.3	12.5	2.0	6.7
<u>III. On Client Relation</u>						
Paternalism	14.3	2.6	2.2	18.8	27.8	10.0
Self-Determinism	4.8	35.9	48.9	0.0	5.6	13.3
Dual-Positions	0.0	0.0	2.2	0.0	0.0	0.0
Advocacy Avoidance	81.0	61.5	46.7	8.3	66.7	76.7
	N=	21	39	45	16	18
						30

Table 3-continued-

Type of Advocacy:	Substantive Topic By Three Six-Year Periods								
	Minority Relations				Other				
	1956- 1961	1962- 1967	1968- 1973	1956- 1961	1962- 1967	1968- 1973	1956- 1961	1962- 1967	1968- 1973
I. On Nature of Field									
Professionalism	0.0	0.0	3.2	25.0	25.0	37.5			
Clientism	28.6	90.0	83.9	50.0	50.0	0.0			
Dual-Positions	57.1	10.0	6.5	25.0	0.0	62.5			
Advocacy Avoidance	14.3	0.0	6.5	0.0	25.0	0.0			
II. On Treatment									
Clinicalism	14.3	10.0	12.9	75.0	25.0	50.0			
Social Treatmentism	42.9	50.0	64.5	0.0	25.0	25.0			
Dual-Positions	14.3	0.0	3.2	0.0	0.0	12.5			
Advocacy Avoidance	28.6	40.0	19.4	25.0	50.0	12.5			
III. On Client Relation									
Paternalism	28.6	10.0	0.0	12.5	0.0	0.0			
Self-Determinism	14.3	30.0	41.9	0.0	25.0	12.5			
Dual-Positions	0.0	0.0	0.0	0.0	0.0	0.0			
Advocacy Avoidance	51.1	60.0	58.1	87.5	75.0	87.5			
	N=	7	10	31	8	4	8	4	8

topics decreasing over time include: family services (by 29 articles); medical services (by 3 articles); and the number of articles in the miscellaneous category has remained more or less constant. Increases over time have occurred among the following: drugs and alcohol (8 articles); social welfare (24 articles); mental health (14 articles); and minority group relations (24 articles). These patterns clearly suggest that discussion of particular topics in social work like other social scientific disciplines are trendy in character. Whereas it seems likely that actual problems remain rather constant over time, awareness, identification, and discussion of these problems is highly variable. A brief survey of the most recent social work literature suggests, for instance, that whereas discussion of family problems was declining from 1961 to 1973, there has been a great deal of recent interest in the family, especially the perceived problems of family violence.

Among articles dealing with medical social work over the period 1956-1973, advocacy of clientism has consistently been greater than advocacy of professionalism. Within this same body of literature authors have consistently and predominantly taken a clinicalism position, although 10 percent of these articles did contain advocacy of social treatmentism in 1968-1973. No consistent tendency is observable among articles dealing with medical service on the practitioner-client relationship although the data seem to suggest that self-determinism recently has become an acceptable stance (7.7 percent in 1962-1967; 10.0 percent in 1968-1973).

In articles dealing with family services the patterns are reasonably clear: on the issue of what social work is the predominant stance consistently has been clientism; a clinical stance has tended to dominate over time on the meaning of social work treatment (although it has declined while social treatmentism has increased); and, on the nature of the practitioner-client relationship self-determinism has only recently rivaled paternalism as the preferred position.

The relatively small number of articles dealing with drugs and alcohol make any interpretation of trends difficult. Yet it appears that with some inconsistency professionalism, clinicalism, and paternalism have been the preferred stances during the last eighteen years.

Since the period 1962-1967 in articles dealing with social welfare, as shown in the second half of Table three, the dominant ideological stances on the three major social work issues have been clientism, social treatmentism, and self-determinism.

Articles dealing with mental health over the eighteen year period

have tended to advocate clientism, clinicalism, and most recently self-determinism. Advocacy of social treatmentism, however, has increased slightly in the last nine years and advocacy of paternalism is still a relatively popular position.

In articles on minority group relations clientism clearly has been the dominant stance on the meaning of social work, with professionalism receiving little or no support in all time periods. Advocacy on the issue of treatment among these articles has consistently favored social treatmentism by a majority of articles since 1962. Advocacy of a paternalistic relation to clientele has declined at a linear rate from 28.6 percent of the articles to 0.0 percent of the articles. In comparison, a self-deterministic stance has been preferred by a majority of articles not avoiding advocacy on this issue since 1962.

The findings on ideological advocacy in Social Work articles dealing with various problematic topics between 1956 and 1974, in summary, reveal several distinctive patterns of ideological stance-taking by topic. In the first place, clientism was the preferred meaning of social work among all articles with the minor exception of those dealing with drugs and alcohol. Second, articles dealing with the various topics were most clearly and concisely divided on the issue of social work treatment. Articles dealing with medical social work, family services, drugs and alcohol, and mental health tended to generally favor the clinicalism position. Articles dealing with professional development, social welfare services, and minority groups tended to contain advocacy of social treatmentism. Third, the last set of articles also tended to indicate stronger support of a self-deterministic stance on the meaning of practitioner-client relations. In comparison, whereas a self-deterministic stance on this issue tended to become dominant among articles dealing with medical social work and mental health during the most recent six years studied, this issue remains unresolved in articles on family social work, and a paternalistic stance was preferred among articles dealing with drugs and alcohol.

These data support the conclusion that ideological advocacy on the meaning of social work treatment and professional role relationships does vary differentially by problematic topics and areas in the field of social work. In spite of general trends toward particular ideological stances, particular issues provide for disagreement and debate over the use of particular strategies in concrete settings. Hence, the diversity of problems dealt with by social workers seems to mitigate against the emergence of consensus even on key issues of professional meaning.

Summary and Conclusions

This paper has explored ideological advocacy and debate among an increasingly important organization of service specialists--social workers. The review of pertinent sociological research and theory on professions suggested that certain conflicting ideological positions emerge within service associations in the process of negotiating and defining the relative ambiguity of the meaning and purpose of the profession, the goals and methods of service, and the relationship between specialist and client. Research focused specifically on patterns and changes in professional meaning deriving from potential sources of internal differentiation as reflected in the proportion of social workers taking stances on these issues over a recent eighteen year time period in their major professional publication, Social Work. Insofar as professionals do communicate and thereby debate major ideological issues through journal media, content analytic methods are especially suited to the exploration of temporal patterns and changes in ideological advocacy within professional arenas.

These findings provide considerable empirical support for the theoretical model of professional conflict previously reviewed insofar as Social Work authors did take different sides on major issues and changes in the rates at which these ideological positions were advocated did occur over time. It was noted, for instance, that patterns of eclecticism and advocacy avoidance seemed to be related to either patterns of conflict or resolution thereof, rather than the correlates of ideological advocacy (for a discussion of these issues see Grimm and Jorgensen, 1975).

More to the present point, the data support the suggestion that educational status, organizational affiliation, and problematic subfields and topics tend to serve as bases for divergent ideological stances. It was found that larger proportions of authors with a masters degree and authors in agency settings advocated clientism, clinicalism, and in recent years, only, self-determinism. Authors with a doctorate and authors employed in academic settings tended to advocate clientism (but by smaller proportions), social treatmentism, and self-determinism. Furthermore, it was observed that the meaning of social work treatment provided the fundamental basis for conflict between types of social work authors. These findings suggest, of course, considerable inter-relationship between degree status and organizational affiliation.

Social work ideology appears to vary in emphasis depending on the degree status and organizational affiliation of authors receiving a professional press. While clientism and self-determinism have apparently achieved some degree of professional consensus, the issue of treatment

is still under debate. Considering the long tradition of altruism in social work the emergent predominance of clientism is not surprising, although it is significant in light of the clearly perceived need to present a "professional" self-image based on medicine. The emergent commitment to self-determinism also suggests considerable deviation from the classic model of professionalism. Social worker commitment to these positions seems to be a reflection (in part at least) of alterations in the larger society. Responses to social work by federal and state governments and particular target populations (especially minorities), in particular, have changed rather dramatically during the last twenty years (see Johnson, forthcoming). Unlike medicine which has remained rather oblivious to changing conceptions and definitions of social service, social work seems to have adjusted to these changes.

The continuing debate over clinicalism versus social treatmentism seems to reflect a traditional commitment to both individual treatment and social reform in social work. The tendency for social workers with masters degrees and agency affiliations to support clinicalism would seem to reflect the intervening consequences of doing social work in concrete settings. Agency definitions of social work roles, for instance, may mitigate against social reform activity and direct the worker toward individualized treatment, irrespective of professional socialization or worker preference. Social Work authors with doctorates and academic affiliations are more likely to remain relatively free of these routine problems of day-to-day practice. It is thereby easier to sustain a commitment to social reformist action. Moreover, academic social workers are more likely to be able to work effectively toward social change. These findings clearly highlight the importance of sustaining an academic base for social work. Insofar as social change and reform is desirable, they also suggest that more work is needed on the consequences of social workers' location in concrete work settings and the development of strategies to overcome the seemingly conservative consequences of agency placements.

Insofar as social workers with doctorates and authors within academic settings have increasingly come before a professional audience advocating social treatmentism it may be projected that this practice and service strategy will become more popular in the future. This raises several interesting questions for future research. First, to what extent will the "establishment" (academic or otherwise) support and tolerate a professional association devoted to social change and reform? Second, will social work become increasingly segmented on the basis of those who work in academic settings versus those who work in agency settings? Third, to what extent is professional opinion influenced by

conditions in the larger society, and to what extent does it tend to affect changes in public opinion or changes in orientations of certain target populations toward the issues and problems in question? Finally, what will happen, for instance, if social workers (at least in academic settings) continue to advocate social reform but are increasingly frustrated by the inability to effectively implement and find support for these strategies in the larger society? Answers to these questions would seem to have important implications for professional service organizations and the social welfare of the larger society.

Finally, very different patterns of ideological advocacy in relation to problematic topics and subfields in social work were observed. In general, problems related to areas traditionally serviced by medicine --medical social work, family services, mental health, and drugs-alcohol --are more likely to be seen in clinical terms, while social treatmentism is more likely to be seen as pertinent to conventional social services and social welfare fields. I also observed that certain topics tend to become highly problematic during particular historical periods reflecting the processes whereby certain people and conditions are defined and labeled as problems. These findings suggest that it is important in studying ideological movements to consider different ideological commitments within a profession toward specific problems and subfields, in addition to the involvement of various professional service experts in such fields as mental health and social welfare policy. Put differently, it is not sufficient to simply examine differences among social workers, clinical psychologists, and psychiatrists, but rather it seems critical that we know what segments of these professions are involved in various specialty fields and what their commitments to these problem areas are.

In conclusion, sociological examination of professional service fields must be attentive to more than certain static, normative features of occupational altruism. Indeed, it is the alterations, modifications, and changing foci of professional meaning which promise to provide critical insight into the various means of dealing with those persons and conditions defined as problems in modern society. For social workers this means a clear recognition of the uses of ideology in influencing different target populations; an awareness of segmentation in the profession; and, the challenge of creating meaningful professional realities irrespective of previous models of professionalism.

NOTES

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- 2 In addition to the theoretical literature reviewed here, a diverse body of substantive social work literature was consulted in isolating and defining the three basic foci of social work meaning and the corresponding ideological positions.
- 3 In contrast, in medicine, professionalism has meant the de-emphasis of clients' interests for almost autonomous control of medical services irrespective of the needs or interests of those to be served. A similar commitment to self-interests is evident in most large universities, when publishing activities leading to professional advancement and recognition commonly take precedence over teaching.
- 4 While advocacy of both positions may seem like a contradiction it is not when understood in the sense that preference for certain strategies may vary in terms of the particular problem to be solved.
- 5 Two-hundred and ten articles written by authors from other fields, such as government, education, social science, and medicine, and by people who were not certified social workers were excluded in the absence of any means of evaluating their involvement in this field. Seven articles written by social workers were excluded also because they dealt exclusively with practice outside of the United States. The population was further delimited by excluding editorial comments, letters to the editor and book reviews because of the difficulty in comparing such content to article material.
- 6 This data was available for all articles except those in volume one. In these and others where information was underminalable or in doubt, the 1971 NASW Directory was consulted.
- 7 On any given ideological issue the extent to which a particular ideological position was advocated varied both in terms of centrality (the amount of content devoted to the issue and the extent to which it was presented as the central thesis or core of the argument) and intensity (the extent to which it was presented in an emotional fashion, low or high). Articles were originally coded in this fashion (in terms of both centrality and intensity), but the resulting variable values provided such a range of variability as to make temporal trends and patterns very difficult to survey. The present technique for presenting this data preserves the general patterns indicated when the data were analyzed on a nine point centrality-intensity scale, but it simplifies and clarifies patterns of advocacy greatly.
- 8 The absence of such research is largely attributable to the relatively recent emergence of any sizeable segment of doctoral status social workers

and the long standing recognition of the masters in social work (M.S.W. or its equivalent as the certificate to practice (see Baldi, 1971)).

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