

Professionalized Service and Disabling Help

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The business of modernized societies is service.

We recognize this fact in our language. We now speak of educational products, health consumers and a legal industry. There are psychological inputs and family outputs. Sophisticated economists define clients as markets.

We also recognize the service business by what we count. There are units served and units of service. And of ultimate importance, there is the percentage of the Gross National (or World) Product that can be counted as services "delivered."

Every modernized society, socialist or capitalist, is marked by a growing percentage of its Gross National Product that is counted as a service. This tertiary stage of economic development is distinguished by its unlimited potential. Service production is presumed to have none of the limits imposed by goods production - limits such as natural resources, capital and land. Therefore, the service business has endless horizons for expansion because there seems to be no end to the needs for which we can manufacture a service.

Modernized nations might therefore be best defined as service economies. Socially, they are serviced societies. Individually, they are peopled with service producers and service consumers - professionals and clients.

The politics of serviced societies are gradually being clarified. On the one hand, public budgets are becoming strained under the service load. Many national and local governments find themselves involved in the unprecedented politics of deciding between competing services -- should we give more to education and less to medicine? Within the service sectors

there are equally difficult dilemmas. Should we cut back on tax-paid abortions or should it be flu vaccine?

On the other hand, these dilemmas are often overcome by the apolitical ideology of service. Old fashioned politics, rooted in a goods economy, allowed a civic debate on whether a nation needed more wheat or more steel, more automobiles or more houses.

The new service politics is a debate as to whether we should have more doctors or more teachers, more lawyers or more social workers. This translates into whether we should trade health for learning, or justice for family well-being. These choices create an impossible politics in traditional terms.

While it is traditionally possible to decide between wheat and steel, it seems politically impossible to decide between health and education because health and education are not choices; they are services. Indeed, services are so immune to political debate that many governments resolve the dilemma by deciding that we will have less wheat and more education, less steel and more medicine.

This is not to suggest that these choices are correct or incorrect, or even define the appropriate choices. Rather, it is to say that the apolitical nature of service is so pervasive that it is difficult for the public and policy makers to recognize that services are the central political issue in many modernized economies.

The political immunity of the services is best understood in terms of the symbolic referent of service.

Services are something one pays for. The "good" that is paid for is care.

Care is an act that is an expression of love. We say "I care for her more than anyone" or "I am taking care of my mother and father."

To love is to care. Care for pay is a service.

Reversing the order, service is to care which is to love.

Love is the universal, apolitical value. Therefore, the apolitical nature of service relates to its association with the unlimited, universality of love. Ask any servicer what is ultimately satisfying about his work and the answer will most commonly be framed in terms of wanting to care for and help people. Press on and the answer is usually that the individual "loves people."

Since love is not a political issue, care is not a policy question and service becomes the one business that is an unlimited, unquestionable and non-political "good."

While this analysis may seem overly symbolic, consider the political use of its language in the United States. When the first major program to provide governmentally insured medicine was proposed, it was not described as a policy to expand access to and income for the medical system. It was called Medicare.

In a recent address to his membership, the President of the American Federation of Teachers noted that there are more than one million unemployed teachers and a large new supply graduating from teacher training institutions. He dealt with this economic dilemma by noting that large sectors of the society need education - the pre-school, adult and elderly population. In order to meet this "need", he called for a new government program to guarantee the life-long educational rights of all Americans. He called it Educare.

There are, in the law schools of the United States, students whose

number is 40% of all the practicing lawyers in the country. A recent study asked the leaders of the American Bar what they thought could be done to insure that this glut of new lawyers could provide their service and have an adequate income. The most common response was to suggest the need for a publicly supported program that would insure the rights of all people to legal services. The name that was universally applied to such a program was Judicare.

It is clear, therefore, that "care" is a potent political symbol. What is not so clear is that its use masks the political interests of servicers. This fact is further obscured by the symbolic link between care and love. The result is that the political-economic issues of service are hidden behind the mask of love.

Behind that mask is simply the servicer, his systems, techniques and technologies - a business in need of markets, an economy seeking new growth potential, professionals in need of an income.

The mask of service is not a false face. It is a mark of the incredible power of service that most servicers cannot distinguish the mask from their own face.

The service ideology is not hypocritical. Hypocrisy is the false pretense of a desirable goal. The modernized servicer believes in his care and love, perhaps more than even the serviced. The mask is the face.

The service ideology is not conspirational. A conspiracy is a group decision to create an exploitative result. The modernized servicer honestly joins his fellows to create a supposedly beneficial result. The masks are the faces.

In order to distinguish the mask and the face it is necessary to consider another symbol - need. We say love is a need. Care is a need. Service is

a need. Servicers meet needs. People are collections of needs. Society has needs. The economy should be organized to meet needs.

If a need is a lack of something, to distinguish the mask from the face of service we should ask what is lacking?

Some respond that we lack enough doctors, teachers, lawyers, social workers and psychiatrists.

Others say that we lack enough health, knowledge, justice, social and mental well being.

In a modernized society where the major business is service, the realistic political answer is that we mainly lack an adequate income for professional servicers and the economic growth they portend.

The masks of love and care obscure the critical political issues of modernized societies - the necessity to manufacture needs in order to rationalize a service economy. Thus, Medicare, Educare, Judicare, Socialcare and Psychocare can be understood as systems to meet the needs of servicers and the economies they support.

Removing the mask of love shows us the face of servicers who need income, and an economic system that needs growth. Within this framework, the client is less a person in need than a person who is needed. In business terms, the client is less the consumer than the raw material for the servicing system. In management terms, the client becomes both the output and the input. His essential function is to meet the needs of servicers, the servicing system and the national economy. The central political issue becomes the servicers capacity to manufacture needs in order to expand the economy of the servicing system.

If this analysis is correct, pejoratives are inappropriate. After all,

a serviced society does provide an economy, a structure for social organization, and workers motivated by the ethical values of care and love. If these are legitimate needs, clients can be viewed as needed, rather than in need, and we can get on with the business of growing, developing, creating, researching and manufacturing services without the necessity to project professional need upon citizens. We can deal in political and economic terms with the needs of servicers, freed of the apolitical mask of love.

The problem with this political resolution is political reality. Throughout modernized societies a troublesome question is being raised by the citizenry. In popular terms it is: Why are we putting so much resource into medicine while our health is not improving? Why are we putting so much resource into education and our children seem to be learning less? Why are we putting so much more resource into criminal justice systems and the society seems less just and less secure? Why are we putting so much more resource into mental health systems and we seem to have more mental illness?

As if these popular questions were not troubling enough, a new group of service system critics are asking whether we are putting more resources in and getting out the very opposite of what the system is designed to do. This question is most clearly defined as iatrogenesis - doctor created disease. The new critics' question is not whether we get less service for more resource. Rather, it is whether we get the reverse of what the service system is supposed to "produce."

The new question is whether we get more sickness from more medicine? Do we get more injustice and crime with more lawyers and police? Do we get more ignorance with more teachers and schools? Do we get more family collapse with more social workers? This is the question that is most threatening to the

previously apolitical service systems because, while services defined as embodiments of care and love are a political platform; while services that are understood as being less effective than they have been in the past are a political possibility; while it is even politically feasible to remove the mask of love and recognize services as systems in need of resources in order that economies may grow; it is politically impossible to maintain a service economy if the populace perceives that the service system hurts more than it helps - that professional service can become disabling help.

In the last few years, the progressive leaders of the service business have recognized the iatrogenic threat. They are beginning to develop new strategies to deal with the counterproductivity of service systems. Their basic response has been to call upon another profession - the managers. The assumption is that while professional servicers are unable to control their iatrogenesis, the managerial profession can become the modern reformer, controlling and directing the systems so that counterproductivity is neutralized and the political support for the growth of the service system is protected.

The new service manager, translating his management skills from the goods production sector, sees four elements to be manipulated in rationalizing the service system: budgets, personnel, organizational structure and technology. Therefore, the service manager is now busily at work instituting cost control systems, developing personnel training systems, restructuring delivery systems and introducing new technologies. The most progressive have used their advanced marketing skills to develop a fifth manipulation - pre-paring the client. They recognize that if there is no need for service, it is possible to manufacture a need. If the popular perceptions of need don't fit the service, modern managers have techniques that can persuade

people to fit the service through advanced marketing techniques.

Will these professional management techniques stabilize the service business by limiting iatrogenic effects?

The capacities of modern management systems are impressive. Combined with the apolitical ideology of the services, one might well predict a collaboration that is an irresistible force directing the policies of modernized economies.

An alternative view suggests that there may be a counterbalance - indeed an immovable object - that faces the irresistible force. If such an object exists, it is the "product" of the inherent limits of well managed services.

The remainder of this paper is an attempt to identify the intrinsically disabling effects of modernized service relationships and to assess the political consequence of their growth.

The disabling characteristics of professionalized service grow from a set of assumptions regarding the nature of need. From these assumptions flow a set of premises regarding the appropriate remedies.

Professionalized Assumptions Regarding Need

Looking first at the professionalized assumptions of need, three elements are central to the disabling effects.

First is the translation of a need into a deficiency. A need could be understood as a condition, a want, a right, an obligation of another, an illusion or an unresolvable problem.

Professional practice consistently defines a need as an unfortunate absence or emptiness in another. One is reminded of the child's riddle asking someone to describe a glass that has water in its lower half. Is

it half full - or half empty?

The basic function of modernized professionalism is to legitimate human beings whose capacity is to see their neighbor as half empty. Professionalized training is now a magnificently complex system for labelling that perceived emptiness. Professionalized research increasingly devotes its efforts to extending the upper rim of the glass to insure that it will never be filled - even by the results of "effective service."

In a servicing economy where the majority of the people derive their income from professionalized "helping," nations need an increased supply of personal deficiency. Thus, a society that purports to meet need defined as personal deficiency is more accurately understood as an economy in need of need. The comic distortion could be societies of neighbors whose income depends upon finding the deficiency in each other. The consequence is neighbors unable to act as communities of competence with the capacity to perceive or act upon solvable problems.

The second disabling characteristic of professionalized definitions of need is the practice of placing the perceived deficiency in the client. While most modernized professionals will agree that individual problems develop in a socio-political context, their common remedial practice isolates the individual from the context. The effect of this individualization leads the professional to distort his own contextual understanding. Because his remedial tools and techniques are usually limited to individualized interaction, the interpretation of the need necessarily becomes individualized. The tool defines the problem rather than the problem defining the tool.

A recent study of children who became state wards exemplifies the process. The children were legally separated from their families because the parents were judged to be unable to provide adequate care for the

children. Therefore, the children were placed in professional service institutions. Nonetheless, the professional case records universally portrayed the child as the problem.

On the other hand, the officials who were involved in removing the children from their homes agreed that the most common reason for removal was the economic poverty of the family. Nonetheless, they had no resources to deal with poverty. There were, however, many resources for professionalized institutional service. The service system met its economic need by institutionalizing an individualized definition of the problem. The negative side effect could be defined as families whose poverty was intensified by the resources consumed by the "caring" professional services. In iatrogenic terms, the servicing system "produced" broken families.

The individualizing, therapeutic definition of need has met a counteracting force in some of the "liberation" movements. The civil rights and women's liberation movements are cases in point. Their essential ideological function is to persuade minorities and women that they are human beings who are neither deficient nor dependent upon systems purporting to meet their "needs" through individualized professional help. Instead, these movements struggle to overcome the individualized, deficiency oriented "consciousness" communicated by the professional service ideology by affirming collective action.

The third disabling imperative of professionalized definitions of need results from specialization - the major "product" of advanced systems of technique and technology. We all know that this process creates highly specialized, intricately organized service systems that provide magnificent organizational problems for the managers. Incredible human and financial resources are now devoted to the rationalization of these systems, providing politically acceptable problems justifying economic growth through the service sector.

What is less clearly understood is that these systems impose their mirror image on the citizenry. As the systems are a set of managed parts, so the client is necessarily understood and processed as a set of manageable parts, each with its own service mechanic.

These complex service systems remind one of those table mats in some restaurants that show a cow divided into parts locating the steak, the roast, the ribs and the tongue.

In like manner, professionalized service definitions increasingly communicate need in terms of people in peices. It is not just that we need podiatrists for our hooves and Eye, Ear, Nose and Throat men for our snouts. Modernized professions also piece us out in time. Service professionals now assure us that we live through a set of needs defined by age. Professionals have "found" seven life crises from infancy to old age, each requiring its helping professional. Elizabeth Kubler-Ross has advanced the process by giving us five pieces of dying. Her work insures a new set of helpers for stage one of dying, stage two of dying, etc. Following these dying therapists will be research professionals attempting to decide why some people skip stage two of dying.

Professionalized systems necessarily define need in terms of an increasingly elementalized personhood. While individualizing need may disable by removing people from the social context and the possibility of collective action to solve problems, the elementalization of the person removes even the potential for individual action. People are, instead, a set of pieces in need, both in time and space. Hopefully, the pieces can be embodied in a human unit of sufficient residual effectiveness to pay for its servicing.

In summary, professionalized services define need as deficiency while individualizing and elementalizing the deficient components. Stated in personal terms, the service systems communicate three propositions:

You are deficient

You are the problem

You have a collection of problems

In terms of the interest of service systems and their needs, the propositions become:

We need deficiency

The economic unit we need is individuals

The maximal economic unit we need is an individual with multiple deficiencies

The Professionalized Assumptions Regarding the Remedy of Need

These professionalized definitions of need produce a logical and necessary set of remedial assumptions, each with its own intrinsically disabling effects.

The first of these assumptions is the mirror image of the individualized definition of need. As you are the problem, the assumption is that I, the professionalized servicer, am the answer.

You are not the answer. Your peers are not the answer. The political, social and economic environment is not the answer. Nor is it possible that there is no answer.

I am the answer.

The central assumption is that service is a unilateral process.

There are, of course, an impressive set of professionalized coping mechanisms that have been developed by sensitive servicers to deny the unilateral nature of professionalized service. They are described as group-oriented services, peer-oriented services, client-oriented services, and community-oriented services. Each definition is a symbolic attempt to meet the needs of servicers who need to deny the unilateral nature of their relationships.

While it is clear that many humanistic servicers seek a democratic definition for their role, it is difficult to define the bilateral component beyond pay and a feeling of having provided a caring "input." Indeed, a basic definition of "unprofessional conduct" is "becoming involved with the client." To be professional is to distance - to insure that the relationship is defined in terms that allow the client to understand who is really being serviced.

In spite of the democratic pretense, it is clear that the disabling function of unilateral professional help is the hidden assumption that "You will be better because I know better."

The political implications of this assumption are central to anti-democratic systems. Indeed, it is possible that societies, dependent on economies of unilateral servicing, are systematically preparing their people for anti-democratic leaders who can capitalize upon the dependencies created by unilateral, expert, professionalized helpers who teach people that "they will be better because I know better."

A second disabling characteristic of professionalized remedial assumptions is the power of the remedy to define the need. As professionalized service systems create more elegant techniques and magnificent tools, they create an imperative demanding their use.

The problem with these beautiful, shiny, complex, professional tools is that their "benefits" are not easily comprehended by the public. Therefore, we see the professions developing internal logics and public marketing systems that assure use of the tools by assuming that the client doesn't understand what he needs. If he is to have the benefit of the professional remedy, he must also understand that the professional knows what he needs.

Thus, the complex professional remedial tools have come to justify the professional power to define the need - to decide not only the appropriate remedy but the definition of the problem itself. Increasingly, professions assume that in order to deal with deficiency, they must have the prerogative to decide what is deficient.

It is clear that there is no greater power than the right to define the question. From that right flows a limited set of possible answers. If the servicer can effectively assert the right to define the appropriate question, he has the power to determine the need of his neighbor rather than meeting his neighbor's need.

While this power allows the professional to use his shiny new remedy, it also defines citizens as people who can't understand whether they have a problem -- much less what should be done about it.

Modernized societies are now replete with need defining research and marketing systems. Professionals have recently "discovered" tool-using needs called child abuse, learning disabilities and, "removal trauma" (the need for therapy for children who are traumatized because they are removed from their

allegedly traumatic families). Birgette Berger suggests, in a recent article, that baldness will soon be defined as a disease because of an oversupply of dermatologists. The final institutionalization of the process is a new program developed by a famous clinic in the United States. The program provides a costly opportunity for people who don't feel anything is wrong to find out what problems they have that meet the needs of new tools.

When the capacity to define the problem becomes a professional prerogative, citizens no longer exist. The prerogative removes the citizen as problem-definer, much less problem solver. It translates political functions into technical and technological problems.

Once the service professional can define remedy and need, a third disabling remedial practice develops. It is the coding of the problem and the solution into languages that are incomprehensible to citizens.

While it is clearly disabling to be told you can't decide whether you have a problem or what it is, the professional imperative compounds the dilemma by demonstrating that you couldn't understand the problem or the solution anyway. The languages of professional service mystify both problem and solution so that citizen evaluation becomes impossible. The only people "competent" to decide whether the servicing process has any merit are professional peers, each operating on the same basic assumptions as the other.

While there are fascinating inter-jurisdictional disputes among servicing peers, these conflicts rarely break the rule that it is only the professional who understands the problem and the solution. The internal conflicts are power struggles over which professionals will be dominant. A professional who breaks the rule of professional dominance will be stigmatized by all the disputants.

The politics of modernized professional power is bounded by peer review. Heretics are professional practitioners who support citizen competence and convert their profession into an understandable trade under the comprehensible command of citizens.

The disabling effect of professional coding is its impact upon citizen capacities to deal with cause and effect. If I cannot understand the question or the answer - the need or the remedy - I exist at the sufferance of expert systems. My world is not a place where I do or act with others. Rather, it is a mysterious place, a strange land beyond my comprehension or control. It is understood only by professionals who know how it works, what I need and how my need is met. I am the object rather than the actor. My very being is as client rather than citizen. My life and our society is a technical problem rather than a political system.

As the service professions gain the power to unilaterally define need and code the service process, a fourth disabling characteristic develops. It is the capacity of servicers to define the output of their service as their own satisfaction with the result.

In personal terms, the professionalized progression now assumes that citizens need unilateral professional inputs, they do not know what they need, and they cannot understand the need or the remedy. There remains the supposition that citizens can at least assess the results of being serviced. They may be unable to understand the problems and the solutions. They may have no role in defining or acting upon problems and solutions. But they do have the capacity to decide whether the output, the result, is efficacious.

This understanding is at the center of the consumer movement. It is a valiant last stand of disabled citizens laying final claim on the right to

evaluate the effects or "outputs" of professionalized service.

The implicit assumption of the movement is that citizens are enabled as they become powerful consumers. In this assumption the movement is a handmaiden of the serviced society. It implicitly accepts the service ideology. Citizens are as they consume. Citizen welfare is defined by equitable, efficacious consumption. The service system is a given good. The citizen role is in evaluating the output. While citizens may not understand the service system, the consumer movement assumes they do know whether the system's outputs help or hurt.

Professionally managed service systems are now dealing with this remnant citizen role as consumer. The result has been an increasing professional focus on manipulating consumer perceptions of outcomes. Thomas Dewar, in a brilliant paper titled "The Professionalization of the Client," demonstrates how the medical system is training citizens to understand that their satisfaction should be derived from being effective clients rather than people whose problem is resolved.

The paradigm of this process is the school. Unlike most servicing systems, the school is transparent in its institutional definition of the client's role. The school client is evaluated in terms of his ability to satisfy the professional. The explicit outcome of the system is professional approval of behavior and performance.

The professional imperative is now universalizing the ideology of the school, communicating the success of effective clienthood. Negating even the client "output" evaluation, modernized professional services increasingly communicate the value of being an effective client as the proof of the system's efficacy. Once effective "clienthood" becomes a central

value in society, consumerism will wither away.

The consummation of the service ideology will occur as citizens exist in a political economy where they believe that they cannot know whether they have a need, cannot know what their need is, cannot understand the process that purports to meet the need, and cannot even know whether the need is met unless professionals express satisfaction. The ultimate sign of a serviced society is a professional saying, "I'm so pleased by what you've done." The demise of citizenship is to respond, "Thank you."

In individualized terms, the disabling assumptions of professionalized remedies say to citizens:

We are the solution to your problem.

You don't know what your problem is.

You can't understand the problem or the solution.

You can't decide whether the solution has dealt with the problem.

Inverted in terms of the interest of service systems and their needs, these propositions become:

We need problems.

We need to tell you what they are.

We need to deal with them in our terms.

We need you to feel satisfied by our respect.

In these terms, the most interesting and important research issues in modernized societies are understanding the needs of servicers and their systems. These systems are obviously important. They provide incomes for

a majority of the people. They support national economies. Nonetheless, they are consistently failing to meet their own goals in spite of magnanimous applications of money and personnel. Rather than "services," they are producing more and more sensitive but frustrated professionals, unable to understand why their love, care and service doesn't re-form society, much less help individuals to function.

We should reorient our research efforts toward the needs of servicers. After all, they are the majority of the people in modernized societies and they are an increasingly sad, alienated class of people in need of support, respect, care and love. Modernized societies need to determine how we can help these professionalized servicers while limiting their power to disable the capacities of citizens to perceive and deal with issues in political terms.

In lieu of this reform, we should understand the political impacts of the disabling nature of professionalized definitions of need and remedy.

Professionalized services communicate a world view that defines our lives and our societies as a series of technical problems. The technical definition is masked by symbols of care and love that obscure the economic interests of the servicers and the disabling characteristics of their practices.

The sum of these disabling characteristics is an ideology that converts citizens to clients, communities to deficient individuals and politics to a self-serving debate over which service system should have a larger share of the gross national product.

This analysis is not an argument for the reform of professionalized service in order to remove the disabling effects. Rather, the analysis suggests that the disabling effects are intrinsic to modernized professionalized service. Whatever benefits they might provide can only be assessed after we recognize them as essentially self-interested systems with inherently disabling

effects. Within this framework, the political definition of a citizen can be restored. The inherently disabling effects of professionalized services can be assessed and balanced against their possible benefits. Policies can be developed that select those service benefits that overbalance the intrinsically disabling effects.

In the meantime, the politics of modernized societies may well be the conflict between the irresistible force of the service business and the immovable object created by citizens who have experienced the disabling help of privileged professional servicers who wear the mask of love.