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"Can you tell me what good work needs to be done in America?"

THE PROFESSIONAL PROBLEM

BY JOHN MCKNIGHT

Revolutions begin when people who are defined as problems achieve the power to redefine the problem.

A critical point in the development of the civil rights struggle was the Black movement’s capacity to declare the central issue to be the “White problem.” A people, declared deficient and in need, unshackled their labels and attempted to lock them on their oppressors.

There was a revolutionary insight in that strategy. It recognized that the power to label people as deficient and declare them in need is the basic tool for control and oppression in modern industrialized societies of democratic and totalitarian persuasions. The agents with comprehensive labelling power in these societies are the helping professionals. Their badge bestows on the caring the authority to declare their fellow citizens “clients”—a class of deficient people in need.

As was the case in the Black revolution, we can now see signs of “client populations” beginning to wonder whether they are really the problem. One manifestation of this client uneasiness is the “self-help move-

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A CRITICAL POINT IN THE DEVELOPMENT OF THE CIVIL RIGHTS STRUGGLE WAS THE BLACK MOVEMENT'S CAPACITY TO DECLARE THE CENTRAL ISSUE TO BE THE "WHITE PROBLEM."
ment. "This movement is peopled with many ex-clients who have understood the limits of their professional helpers or the disabling effects of their services. The angriest and most political are repeating the Black redefinition of the 1960s. They reject their clienthood and seek liberation by defining the problem as those who have defined them as the problem. To these ex-clients, the central issue is the “professional problem.”

Their once lonely struggle to proclaim the “professional problem” has been aided by a growing chorus of voices. Radical social critics such as Ivan Illich have defined the iatrogenic capacities of professionals,¹ that is, their ability to induce a problem in their clients. Peter Berger and Richard Neuhaus have described the decay of primary social structures facilitated by modern professionalism.² Eli Ginzberg worries that the new class of professionals may usurp the decision-making power within our industrial structure.³ Jacques Barzun concludes that if our professions are to survive with their traditional freedom, a major recovery of mental and moral force will be necessary.⁴

Even Nathan Glazer is attracted by the attack on the professionals and hesitantly commends its best spokesmen for their insight.⁵ And former President Jimmy Carter specifically attacked the lawyers and the doctors of America, sensing that the “professional problem” was becoming a popular political issue.

The growing critique suggests that critical issues of power and control must be at stake. Paradoxically, the two most obvious interests involved in the attack on professionals are those who oppose the growth of government and those who would increase the role of government.

The anti-government interests depend upon an automatic popular translation of “professional” into “government bureaucrat.” While significant numbers of professionals are state employees or funded by the state, there are obvious distinctions between a professional and a bureaucratic class. Nonetheless, the conservative uses of the “professional problem” are clearly focused on attacking big, bureaucratic government. The fact that this translation is so dependable suggests that both classes may have a common characteristic in the popular mind—the production of paid non-work.

The pro-government interests use the “professional problem” to defend the state and its bureaucracy by making the distinction between the professional and bureaucratic classes. They typically suggest that in-

flated public budgets are really caused by “greedy doctors” at the Medicare-Medicaid trough or “self-serving teachers” consuming ever more of the public wealth while school populations and standard achievement scores decrease. Carter’s attack on doctors and lawyers may be the clearest example of this particular use of the “professional problem.”

Major corporations have also joined in professionalism-baiting. The benefits director of General Motors complains that the company’s cost of medical insurance is greater than the price of all the steel it uses to build automobiles. Corporate managers universally complain of their increasing dependence on growing cadres of lawyers. Indeed, their public rhetoric suggests that corporate leaders no longer view unions as their principal burden. Instead, they are beginning to define the “professional problem/bureaucracy” as the monkey on their backs.

Some representatives of the poor and minorities have also joined the attack on professionals. Welfare recipient organizations complain that their professional service providers now receive more money for their help than the recipients receive in cash grants. In many states, for example, the Medicaid budget for medical service to welfare recipients is now larger than the budget for direct cash grants to the recipients. Like the corporations, many advocates of the underclass describe themselves as victims of the “professional problem”—poor people defined as deficient by those whose incomes depend upon the deficiency they define.

When presidents, intellectuals, conservatives, liberals, corporations, and the poor join in common cause against a class of workers numbering 14 million Americans, it is time that we examine the causes of the “professional problem.”

The current analysis suggests three basic causes for the revolt against the professional “problem definers.”

The first cause is the inefficiency argument. This position suggests that the professionals are being attacked because they are doing less with more. Teachers receive much more of the Gross National Product (GNP) while student achievement scores decline. The medical professions consume one-ninth of the GNP while life expectancy does not increase. The number of lawyers doubles as the popular sense of injustice multiplies. Criminal justice systems expand as the perception of personal security declines.

There is hardly a professionalized service that has not received an increasing portion of the GNP during the last decade. Nonetheless, the problems they have defined as their jurisdiction have consistently grown worse in public perceptions. In managerial terms, inputs are up and outputs are down. In investor idiom, there is no leverage. In taxpayer language, it’s a bad “proposition.”

Inefficiency is an attractive argument because it is based upon American pragmatism. It explains the revolt against the professional as the simple rejection of something that isn’t working. Its proponents are not much concerned with the reasons for the non-productivity, but they are clear that they will not pay more for less. Therefore, the budget analyst, the manager, and the cost cutters are being engaged to trim the professional fat.

The arbitrary nature of this remedy for the professional problem is exemplified by Jimmy Carter and his “national health policy” that had nothing to do with health. It was really a plan to stop the inflation in medical costs by establishing an annual hospital cost inflation limit of 9½ percent.

The second cause of the revolt is explained by the arrogance argument. This position suggests that the nature of professions is inherently elitist and dominant. Given the professional powers to define problems, treat them, and evaluate the efficacy of the treatment, the client as a person has been a residual category in the process. As professions have become integrated into large scale specialized systems financed by public funds and insurance plans, the professional has increasingly been able to secure a guaranteed annual income. The consequence is that the client’s
residual role as a volitional purchaser of service, or even as a human being in need, has disappeared, and the professional is free to use the client without pretense of humanistic service. The resulting arrogance, magnified by the modernized systems of assembly line, multi-service "care" that institutionalize the individual professional, has evoked the consumer movements.

These reform efforts are, at the least, client efforts to develop enough counterpower to require professionals to treat clients like human beings—if not equals. Patient advocates, parent groups, and client councils are political efforts to remedy professional arrogance.

The arrogance argument is attractive because it suggests that the "professional problem" can be resolved if we reinstate the humanistic traditions of professional work. The consumer vehicle for this re-humanization is, paradoxically, advocacy and adversary, and is confrontational in its nature. It suggests that we can somehow force professionals to care again. Consumer-oriented reformers are therefore instituting new professional training curricula that attempt to teach professionals to care. The result is exemplified by a consumer group that manages to coerce a medical school to require all students to take courses in humanistic/holistic health care.

The third explanation for the "professional problem" is the iatrogenic argument. While the inefficiency argument suggests that the problem is that professionals don't work, the iatrogenicists argue that they do work—but to our detriment. This position holds that the negative side effects of technological, specialized professionalism are so harmful to so many that the revolt is the reaction to professionally administered injury.

The injury comes in several forms that are brilliantly defined by Ivan Illich in his book, Medical Nemesis. Afflicted with sick-producing medicine, stupifying education, and criminalizing justice, the citizen reacts with an inchoate anger. Incredulous that schools could "produce" ignorance and hospitals "manufacture" malady, the citizen/client strikes out in blind rage. The professionals and their technological and intellectual allies counterattack by calling the popular outrage "know-nothingism," "anti-intellectualism," and "a turn to the right."

Nonetheless, such diverse intellects as Peter Berger and Richard Neuhaus have supported the iatrogenic argument with their description of negative effects of professional dominance upon the problem solving capacities of the primary social structures of society—family, neighborhood, church, temple, ethnic group, voluntary associations, and popular political parties. And Marxist historian Christopher Lasch adds his voice by describing the family as a victim of the professional serving as a capitalist vanguard making a commodity of the non-working time of Americans to insure new markets.

The iatrogenic argument is the least attractive of the three causal propositions because it suggests that helpers hurt. The very idea offends the mind. Nonetheless, the disabling experience with professionals creates frustrations that must be expressed. For those who cannot speak the unspeakable, who cannot define the problem as those who have defined them as the problem, the alternatives include collapse into personal guilt, escape into narcissistic cults, or the numbing possibilities of licit and illicit drugs. The ultimate tragedy of each of these responses to professional iatrogenesis is that professionals feed on them. They stand ready to help again with the guilt, narcissism, or drug use. Like a hall of mirrors, the problem definer creates the treatment that creates the problem and creates the remedy...

ANY WAY OUT?

What do we do about this increasingly inefficient, arrogant, and iatrogenic class? Jacques Barzun notes the urgency of the issue by concluding that "Without ... heroic effort, we professionals shall all go down, appropriately, as non-heroes together." 9

All three explanations for the "professional problem" imply the possibility of reform by recreating an economic, democratic, and efficacious practice. Here and there, one sees serious, if fragile, efforts to reform professional practice. Its labels are eclectic: humanistic medicine, free schools, community dispute settlement, holistic health care, community-based care. Whatever the label, the common perception of the re-

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8See Illich, op. cit., footnote 1.
9See Barzun, op. cit., footnote 4.
10See Berger, op. cit., footnote 2.
formers is that a heroic effort can rectify professionalism and create a new class of professionals in the useful service of humanity.

It is my view that this vision is neither possible nor desirable. The hopeful future for helping work is more likely to result from the fall of the professions and the development of new definitions of good work.

Professional reform is unlikely because our current approaches to economic growth and national stability depend upon the development of more professionalized service of the same kind we are currently experiencing. In 1900, approximately 10 percent of the paid work force “produced” services. In 1978, 63 percent of the work force is in the service industry with 14 million people in professional service work. Daniel Bell’s projections suggest that by the year 2000, the service work force will represent 90 percent of the employed. If his projections are correct, during the next 21 years, nearly 25 percent of America’s work will be translated from goods to service “production” jobs. This translation will provide jobs for two of the major groups that will be entering the work force during these decades—women leaving the home force and the graduates of higher education with expensive postgraduate education that promises them professional roles.

All of the forces in our economy are now programmed to create a geometric increase in the number of professionals while the goods production sector is designed to replace the labor of Americans with machines and foreign labor. The government must increase the GNP and “control” unemployment. There seems to be no choice but to pump up the service economy. The choice is easy because the more privileged of our society—college graduates and homemakers entering the paid labor force—expect the prestige accorded professional work. Therefore, the development of a professionalized work force is the economic keystone of our highly educated, technologized society as long as we are committed to two propositions:

(1) A growing GNP is good.
(2) The “production” of professional service adds to the GNP.

In our drive to increase professionalized service “production,” there is a popular assumption that we are intensifying the good works of society. With more professionals we will kill cancer, make the criminal justice system work, learn how to teach reading, cure deafness, and give sight to the blind.

There is, on the other hand, a contradictory popular insight that doubts that we really need more professionals. There are not many Americans who believe that doubling the number of lawyers will decrease either injustice or crime. There are serious doubts that we need more teachers or social workers in a population with decreasing numbers of young people. The psychological professions are feeling such popular disrepute that even Time magazine has noticed. And the high priests of medicine are confronted by popular doubt in the malpractice rebellion.

Obviously, Americans are ambivalent and confused about the impact of professional proliferation. In spite of this confusion, it is clear that the direction of professional growth is at the margin of perceived problems. A careful analysis of the recent areas of professional development indicates that “unmet needs” are the growth sector of the service industry. The most recent discovery of these new “needs” include “tired housewife syndrome,” “six-hour retardation” (a child who is normal for the 18 hours a day not in school), “bereavement deficit” (previously known as grief), “incipient child abuse” (the possibility that a parent might hurt a child), “litigative incapacity” (the lack of funds to sue others to secure equity), and “reclusiveness” (the desire not to associate with others).
Each of these new discoveries of unmet "needs" creates a "demand" for a new profession. At least one major university is now training graduates to meet the needs of people with "bereavement deficits" by providing a masters degree in Bereavement Counselling (MBC). The practitioners of this developing profession have organized a professional association whose first goal is to lobby for clauses in public and private life insurance policies that would guarantee their services for the kin of the deceased.

Those who are infected by "reclusiveness" have called forth a new profession in at least one major city. These professionals are tentatively called "recluse managers." Their services include identifying recluses, maintaining inconspicuous surveillance and, at the proper moment prescribed by strict professional standards, intervening in the life of the recluse.

It is now clear that the economic pressure to professionalize requires an expanding universe of need and the magnification of deficiency. This form of marginal professional development can only intensify the ineffective, dominating, and iatrogenic nature of the professional class as they invade the remaining parameters of personhood.

To suggest that we can "reform" bereavement counsellors and recluse managers is a profound misunderstanding of the current "professional problem." The basic issue is profession itself, dependent upon the manufacture of need and the definition of new deficiencies.

One can imagine that the modern "professional problem" will be resolved when the lives of enough people are so completely invaded by the professional need for deficiency that a popular revolt develops.

NEW WORK FOR OLD

There is, however, another possibility for change that I can only verify by my personal experience. In the last few years I have spoken to numerous professional associations regarding the degrading professional "manufacture of need" and the
iatrogenic effects of professionalized service. While one might expect a negative reaction to this message, the response by professionals in subsequent question periods, workshops, and discussions is almost always positive. Instead of an argument, I find professionals consistently giving me examples of their own useless and iatrogenic activities.

To my great surprise, I am not asked “How can I do a better job?” Instead, the constant question, asked especially by younger people, is “What do you think I could do that would be worth doing?”

It is this subversive question in the minds of so many young professionals that suggests the possibility for radical change. They are not arguing that their professional work can or should be reformed. Their poignant inquiry recognizes that they know how useless, controlling, exploitative, or harmful is the central function of their work.

They are too honest to ask about reform. Their question is, “Can you tell me what good work needs to be done in America? I thought that professional training would lead me to good work, but it has led me to live off some people who don’t need me and others I can’t help.”

The politics for a new definition of legitimate work in America may grow from the confluence of citizens angered by the professional invasion of personhood and young professionals disillusioned by lives wasted in the manufacture of need.

The possibility for this politics requires an economy that can provide legitimate work for all those people who do not want to make a living by creating deficiencies in their neighbors.

What is legitimate work? What is worth doing? What is good work for America’s people?

The answer to these questions takes us beyond the idea of profession. Our possibilities are incredible if we can envision a society with good work to be done that does not waste our people in the proliferation of profession.

Can you tell me what good work needs to be done in America? The answer will dissolve the “professional problem.”

*There is one qualification. Lawyers, social workers, psychologists, planners, social service workers, teachers, and youth workers ask this question. Most doctors do not. They are the remaining “true believers,” the professional zealots of our time.