

Ideological Hegemony or Shifting Perspectives?
The Mental Health Ideologies of Psychiatrists
and Clinical Psychologists in the
Province of Manitoba

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ABSTRACT

An attempt was made to isolate the dominant ideological positions among clinical psychologists and psychiatrists in the province of Manitoba. Ideology was operationalized for use in this study, to convey the properties associated with the belief systems of particular occupational groups. A structural analysis of the mental health professions was provided to show how ideological content and professional practice are linked.

After providing a socio-historic account of the evolution of psychological and psychiatric ideologies, some of the conflicting ideological positions were examined. The study focused on within group differences as well as inter-group differences between the professions. Each profession was observed in terms of practitioner attitudes to other members of his profession, attitudes to the "ideology" of that profession and attitudes to the ideology of the other profession of which he is not a member.

The evidence suggests that "ideology" in the psychiatric profession has tended to coalesce around a dynamic, social, or somatic model. Among psychologists the most divisive ideological issues have centered around "behaviorist" and "humanist" differences.

The study examined the question of territoriality in the ideologies of both groups. The effects of hegemony over the mental health sector by the test groups was presented in terms of the goals of their professional associations and the general literature on mental health ideology. Analysis of the locus of ideological content

in each profession, its causes and effects, was attempted. The emergence of new ideological areas in mental health (particularly the community ideology) was discussed.

Lastly, a limited empirical study was conducted to ascertain the level of homogeneity between the ideological principles which emerged from the literature review, and the practice of psychiatry and clinical psychology in the province of Manitoba. Evidence seemed to support the notion that ideological content was a major factor in shaping the professional styles of practitioners in Manitoba in accordance with the larger psychological and psychiatric ideologies.

FOREWORD

The professionals themselves are sometimes dogmatic, sometimes eclectic, sometimes merely tolerant of one another, but all are inclined to plead for a moratorium on too strict judgment, since the psychiatric disciplines are young and public demand for their knowledge is urgent.

In this battle of convictions, the social scientist may also take sides and frequently does. But he need not. Through his special training and perspectives, the social scientist may hope to contribute to the eventual easement of the national health problem by taking as his very subject matter this battle of positions. He does not thereby achieve a godlike immunity from bias---but only asks license to attempt clarification of the issues through an examination of what the actors in the mental health drama are saying and doing.

(A. L. Strauss, 1964)

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Chapter I

"IDEOLOGY" OPERATIONALIZED, AND ITS EFFECTS ON PROFESSIONAL PRACTICE

INTRODUCTORY STATEMENT:

The purpose of this research is to analyze the "ideological" properties which are associated with the mental health professions. The study will attempt to: isolate the structural dynamics of mental-health "professionalism"; trace the evolution of mental health ideologies; and provide an empirical methodology to test the propositions which come out of the study. The test-groups used in this study are psychiatrists and clinical psychologists. The study will draw on the available literature as well as other diverse sources which deal with "mental-health ideology" in an attempt to integrate that material with a limited exploration of the provision of mental health services by psychiatrists and clinical psychologists in the province of Manitoba.

The following specific objectives will be included in order to test explicitly propositions generated in this research.

a) To obtain respondents' perceptions of the nature of their training, education, interests, values, abilities and achievements, as these relate to their ideological perspectives about mental health care.

b) To discover respondents' perceptions of the demands, expectancies, values and "ideological soundness" of the other profession being examined in this study.

c) To identify professional attitudes to a variety of social issues as they relate to ideological concerns within the mental health

field, eg., poverty, racism, "community" self-help-groups, professional hierarchies, levels of remuneration and other areas.

d) To construct an instrument for measuring professional attitudes to these ideological issues.

USE OF THE TERM IDEOLOGY IN THIS STUDY:

The invention of the term ideology is attributed to the French philosopher de Tracy. (1754-1836) Others who have used the term to denote the analysis of "mind" in the formation of ideas have been Marx and Engels in their German Ideology, (1872), Mannheim in Ideology and Utopia (1936), and a number of current writers (Berger and Luckmann 1967) who have addressed themselves to ideological issues in present society.

"Ideology" was employed as an eighteenth-century term to refer to an opponent's belief system in political exchanges between competing schools of thought. The term was employed as a means by which one could reveal the mythological or unproven components within a structured belief system. It was also used to expose where selfish interests were masked behind ideological presentations. The term "ideology" has over time and through extensive usage lost its' initial connotation of falsehood, referring in its present context to any systematically related set of beliefs around which an individual (or group) has built an explanation for "the way things are."

The term ideology has frequently been invoked with regard to social or political action. Use has been made of this term where individuals or groups have sought to reform or overthrow particular

social systems. (Mannheim 1935) In these cases, where people sought to change an on-going system, they defined the unwanted system as inconsistent with or as a distortion of social reality. Validation of their assertions was posited on ethical or normative rather than "empirical" grounds.

In the natural sciences, conflicting views about the nature of the universe and the appropriate method for studying scientific phenomena have been regarded by some writers as "ideological" rather than "scientific" areas of conflict. Kuhn (1962) referred to this form of conflict in his observations about the emergence of "competing paradigms." He demonstrated that even academic research did not escape the limitations of philosophical or meta-physical biases which guided that research. In professional practice too, ideological conflict (grounded in specific codified areas of knowledge) has frequently been shown to involve support for the "correctness" of certain brands of knowledge and discreditation of competing orientations based on non empirical criteria.

Since the ideologies which are relevant to this study are those of "mental health professionals," an attempt will be made to address the question of ideology at three different levels.

- a) The ideological perspectives of individual practitioners.
- b) The organizational and occupational ideologies, of each job sector a) psychiatrists and b) clinical psychologists
- c) Their overall "professional" ideologies as mental health professionals.

Each of these three levels of ideological content will be identified and discussed with regard to its effect on the delivery of mental health services. Each will also be addressed as a potentially distinct level of ideological separation, and an attempt will be made to analyze the interactional effects of the three levels upon one another.¹

Theoretical rules governing the study of groups or individuals along ideological dimensions have been provided in a number of studies on "ideology" in various domains and among different groups. (Parson's 1951, Brown 1973) This study will operationalize the term ideology to denote ideas about mental illness as they are entertained by the two groups investigated in this study. The range of the term ideology includes not only particular ideas, but subsumes whole sets of ideas as these are represented within a given belief system.

The study attempts to isolate the "dominant" or most visible ideological strains while recognizing that these are at best a crude approximation of the universe of psychiatric-psychological ideologies. The "visible" areas of conflict between these ideological fronts within the ranks of mental health professionals both gave rise to the focal issues selected for the study, and attested to the political adversarial qualities still present in ideological confrontation among mental-health professionals.

¹A more extensive separation of personal, occupational, and professional ideological systems is provided on pages 12-20 in this chapter.

This research is concerned with the degree to which ideological positions shape professional styles, rather than with the degree of "scientific proof" which validates or negates a given ideological position. The universe of possible psychiatric-psychological belief-systems suggests a theoretically infinite range of ideological positions. An attempt is made to identify those positions which have emerged out of mental health professions in the past, and which represent the mainstream of ideological conflict at the present time. Those parts of professional ideology which are presently "unresolved," hence contributing to the evolution of future ideological positions, are deemed to be salient to the content of this research.

PROPERTIES OF IDEOLOGIES: "CONSTRUCTED AND CONSTANT"

Ideologies may characterize the explanation of any system of thought and its' underlying social or individual basis. They may serve as the stated or unstated propositions which guide social, political or economic action.

Some ideologies grow out of consensus at a particular period of time, others are inferred, deduced, "philosophized" or abstracted out of traditional behaviors. The presence of ideological content is observable in the common assertions made by any individual, or from other generalized responses within his behavioral repertoire.

Attempts to garner information about ideological content thus involve examination of the common assertions in the behavioral repertoire of a given individual, a measure of replicability of those assertions over time, and a subsequent test for the "truth content"

(i.e. validity) of those assertions. In its purist form, the vehicle of any ideological communication is a "linguistic integrated set of propositions about some important social area or domain." (Brown 1973)

In a formal context, ideological content may be evident in a political treatise, a corporate memorandum of association, or the published constitution of a professional group. The common factor in all ideological presentations is that they are part of a communicative force designed to influence attitudes and behavior in a particular direction. The purposive goal of persuasion underlies the manifest content of all ideological communication.

Ideologies serve as slogans for the mobilization of collective resources or the confusion of potential adversaries. They may polarize hostility, justify social oppression, rationalize confrontation or generate loyalty and cohesion. Ideologies may be seen as a lasting monument to the dictum that "differences of opinion" demand concerted action to produce a victory over a less-meritorious explanation.

Ideology appears to entail a specific set of dynamics in terms of the predictability of response that is generated by adherence to a given ideological position. While each ideology may differ in terms of its' applicability, explicitness and generality, a relatively constant response-set can usually be anticipated from such belief-systems which are sufficiently "robust" to allow predictions about matters which may be only loosely related to them. For example, the probability of a consistently "conservative" set of attitudes by a given respondent, even to a set of merely peripherally-related items

would be fairly high, where the ideological factor was held constant.
(Brown 1973)

Mannheim (1936) emphasized the constructedness of ideology in its effect upon the study of sociology. He distinguished between ideology which constituted only a segment of an opponent's thought; ideology which constituted the whole of an opponent's thought, and ideology which was characteristic not only of an opponent's but of one's own thought. He stressed that no human thought was immune to the ideologizing influences of its' social context. Mannheim sought to abstract this central problem to the context of political usage, and to treat it as a problem of epistemology and historical sociology.

He used the term "relationism" to denote the epistemological perspective of the sociology of knowledge as clear recognition that knowledge was always "knowledge from a certain perspective." Mannheim believed that while ideologizing influences could not be eradicated completely they could be mitigated by the systematic analysis of as many social variables (contributing to that ideological position) as possible. The object of thought, he claimed, became progressively clearer with an accumulation of different perspectives upon the phenomenon under study.

In keeping with these assumptions, the constructed nature of ideology has been accepted in modern sociological theory as a phenomenon which accounts for a major part of the process by which "social reality" is defined.

The sociology of knowledge inherited from Marx is not only

the sharpest formulation of its central problem but also some of its' key concepts, among which should be mentioned particularly, the concepts of "ideology" (ideas serving as weapons for social interests) and "false consciousness" (thought that is alienated from the real social being of the thinker). (Berger and Luckmann 1967 p6)

Theorists such as Whyte (1956) have proposed that the laws governing occupational and professional ideologies are not very different from the rules governing organizations. The high-status properties of the mental health professionals manifested in the "corporate" aspirations of their professional bodies are held by Whyte to account for the emergence of "mental-health organizational ideologies." Whyte suggests that the ideology of the mental health worker is related to the aspirations of the group of which he is a member. In order to account for their group aspirations, it is necessary to identify the salient research on the nature of organizational ideologies.

Whyte (1956) has described the growth of organizational ideologies as an emergent social ethic "which makes morally legitimate the pressures of society against the individual." (Whyte 1956 p 67) He suggests that criticism of this facet of group-ideology has served mainly to make organizations more adept in sugar-coating their purpose. One way in which organizational ideology operates can be found in the implicit criteria used for admission to the ideologically-bound organization.

Similar criticism of organizational ideology has been voiced

by Janis (1966). He has proposed that there would be an increased probability of organizational error as a consequence of the group-think phenomenon. This type of error would occur in the ideologically-bound organization in the form of incomplete data being fed into the information base of such an organization, because it was "dissonant" with the ideological premises held by that organization. Strong resistance to such information might be expected where the information was at variance with group cohesion or the aspirations of that group. Janis was suggesting that a whole organization could fall prey to the defense mechanism of denial through ideological barriers to data input.

Two theories about organizational ideology currently enjoy some popularity. McGregor (1960) evolved a theory of organizational behavior out of a social control paradigm. The theory X of management suggests that occupational conformity rests on subtle coercive controls, while theory Y suggests that individual and organizational goal-attainment are not mutually exclusive.

The significance that McGregor's organizational ideologies have for the study of mental health professionals lies in the impact that "organizational" goals have on professional practice. This study has addressed itself to an analysis of "ideology" in mental health at three levels, the individual, the occupational and the professional. The model used by McGregor makes possible the analysis of ideological differences which interact with one another in the course of professional practice. To illustrate this point, one may assume that a

given mental health professional may, at any particular time be working under competing ideological assumptions with regard to "occupational" and "professional" goals while at the superficial level not acknowledging the incongruity of these competing ideological goals. McGregor's basic premise is that with regard to occupational ideology, theory X would preclude autonomous therapeutic action by mental health professionals where individual and organizational ideological goals were in conflict. Theory Y suggests that the goals of professional service to the client population, and conformity to the organizational ideology of the occupation are not mutually exclusive.

Of central importance to this research is the question of the degree to which organizational ideology operates to the detriment of the provision of mental-health services. The locus of interaction in mental health work is by and large "face to face" encounter between professional and client. Dual loyalty considerations by the professional or deceptive subterfuge on his part detracts from the authenticity of the relationship and from its' therapeutic intent. The implication is thus, that organizational goals do in fact detract from the quality of care in the delivery of mental health services.

A case in point would be the type of client-therapist relationship which exists in the "bureaucratic model of psychotherapy." (Szasz 1961) Under such a model, the nature of the relationship purports to be one of equals. But here, the therapist is employed as a double-agent whose contractual loyalties and obligations belong to the institution to which he is affiliated as much as to his patient. Such

a form of "welfare therapy" clearly implies a relationship of expert and supplicant. The patients' rights to privacy and confidentiality may easily fall prey to the impersonal administrative functioning priorities of such an institution.

OCCUPATIONAL AND PROFESSIONAL IDEOLOGY

From the properties associated with ideology at the individual or group level, one may draw inferences about the ideological content which characterizes more particularized occupational groups. This research seeks to isolate the ideological properties of the mental health professions as a specific "occupational sector."

Occupational Ideology:

An occupational ideology may be said to consist of a system of beliefs, values and shared attributes that exist to some degree within a particular job category. It forms part of the context and the symbolic environment in which men work. Occupational ideologies have been identified as varying in several basic ways to the extent that they are "parochial" or "ecumenic" in nature. (Dibble 1962)

A parochial ideology is specific to a particular occupation, being meaningless or non-generalizable to a lay public. An ecumenic ideology by contrast, moves beyond the specific occupational group with which it is identified and is interpretable as part of the perspective and orientation of other groups or segments of the society.

In order to define the nature of occupational ideologies, some general rules governing the acquisition of ideas or behavior by

members of that job sector, is required.

a) Ideas which are relevant to problem-solving are more readily adopted than irrelevant ones.

b) Different occupational groups are involved in different problem-solving activities.

From these two propositions one may conclude that people from different occupations will acquire differing world-views which in some degree are reflected in "occupational ideologies." If this statement is true, then one may anticipate that ideological content will not be passed from one occupational group to another unless the ideological content is universal, or is presented as ideologically consistent with the group toward which that ideological content is directed.

Some "translating" function is necessary in order to make one group's ideological base generalizable to or consistent with a competing world-view. To the extent that a particular group is successful in making such a transformation of ideology beyond its immediate sphere of applicability, it may be said to be advocating an "ecumenic" ideological position.

The "translating" function of an ideological position to larger groups is the active process which facilitates wider acceptance. A given ideological position may contain certain ideas of a non-parochial nature, but without effective advocacy, the non-parochial content remains a necessary but insufficient condition for wider acceptance.

Another factor which determines the acceptance or rejection

of an ideological stance, is the recipients evaluation of the source of that message. Osgood and Tannenbaum (1955) suggest that credibility is directly related to the social standing of the source and that downward mobility of ideas proceeds more easily and with greater frequency than upward mobility of ideas.

The importance of these assumptions is demonstrated in the structure of the mental health delivery system. High status individuals such as psychiatrists employ a professional communication system which restricts input of information from lower status occupational groups and exploits the hierarchy of the mental health professions in order to maintain an outward and downward system of communication flow. (Schulberg and Baker 1975 p 108) An example of such a downward flow of ideas is presented in Figure I, which demonstrates the existing hierarchic structure in the department of mental health in the state of Massachusetts; with psychiatric directives moving down to psychology and social service staff.

This research will address itself to the ideological conflict among mental health professionals with regard to the "direction of the flow of ideas" in clinical practice.

Dibble (1962) proposes that higher ranking occupations are more likely to have highly developed ideologies and that these are likely to be less parochial than the ideologies of lower ranking occupations. He attributes greater affiliation-value to higher occupational status. (People in higher ranking occupations develop more ideas about the problems posed by their occupational life, enhancing

Figure 1

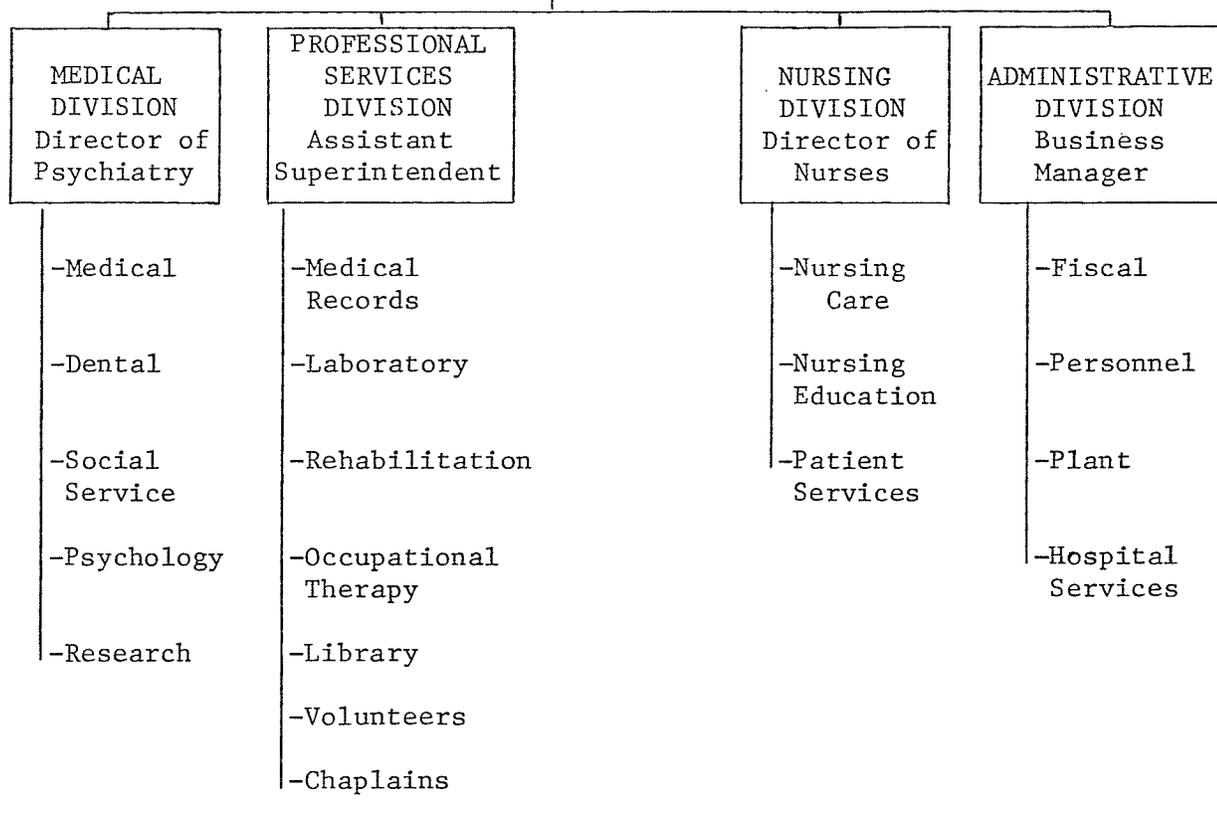
Direction of flow of ideas in a Mental Hospital

TABLE 5-1

DIVISION STRUCTURE 1965

Massachusetts Dept.
of Mental Health

Superintendent. Board of Trustees



Source: Schulberg, H. C. and Baker, F.

The Mental Hospital and Human Services

Behavioral Publications, 1975, Table 5-1, p. 108

the degree of development of the occupational ideology.) He suggests that members of the high-ranking occupations feel more constrained than lower occupation groups to address their occupational ideologies to socially heterogeneous groups because:

a) The bestowed nature of power, rank, rewards and "specialized forms of knowledge" make those in positions of authority accountable to those in society who do not enjoy these prerogatives. (The assumption being that society conforms to a model of power through consensus and not through force.)

b) Those who wish to sway everyone in a heterogeneous audience (certainly a principle of the medical profession, in its' attack on "pathology" in all its' forms) to their ideological view, must espouse ecumenic principles.

Understanding the methodology employed in the fusion of "ecumenic" and "parochial" ideologies is of great importance to this study. If the politics and practice of psychiatry and/or clinical psychology do conform to the model that Dibble has suggested, this study may help to identify ideological factors which are generalizable to other occupational groups in varying degrees. Dibble's methodology suggests two possible "signals" that identify the presence of an occupational ideology.

a) The parochial goals of the particular occupational group are linked to values held in common throughout the society, and serve as a justification for the privileges which that occupation enjoys for its' membership.

b) Ideas which emerge out of the occupational subculture are so generalized as to appear applicable to the society at large.

Three further propositions of this study suggest that:

a) in the two test groups, both of the ideological "indicants" advanced by Dibble play a role among mental health professionals and

b) the manifest ideological content shown to be present in professional practice has direct consequences for the provision of mental health services in both professions and

c) to the degree that ideological content operates in the provision of mental health service, it will have a direct effect upon:

i) The nature of service offered.

ii) The perceptions of the professionals administering that service.

iii) The nature of the interaction between professional and client.

Professional Ideology:

Since the focus of this study is upon "mental health professionals," the properties which define "professional" as opposed to other "occupational" ideologies must be isolated.

As members of a profession, individuals perform specialized roles in relation to clientele. In so doing they encounter certain strains; these in part, are resolved both verbally and symbolically by the reiteration of the basic values, or themes which shape the professional ideology. (Blishen 1969 p 14)

Blishen proposes that the increasing need for specialized brands of knowledge and the social-prizing which accompanies those forms of knowledge are the social forces which account for the evolution

of "professional" practice. The "consciousness of purpose" which evolves among these practitioners (as presented by their professional body) may be regarded as the "professional ideology."

Membership in a "profession" implies that an individual has undertaken an extensive course of study at an accredited institution from which he has acquired the corpus of knowledge and the practical skills of his profession. In non-professional services a market-exchange system operates, where the presumption is that both parties to the transaction come to the exchange with an equal level of competence. In the administration of "professional" services however, the professional determines the nature of the clients' needs, based on his expertise in the field in question. The professional in fact enjoys a monopolistic position, since his level of accountability to the client is minimal. (If the client professed to have equal "knowledge" he would not be in need of the services of the professional.)

Enforcement of the norms of ethics and practice is achieved by the profession policing its own membership in order to maintain the level of competence and ethical behavior that is demanded of the membership. At the "organization" level, interaction with the community (the ecumenic function) and incorporation of the generally held views of the larger society, are effected by the profession. The prestige features associated with the high-status enjoyed by the professions is directly linked to:

- a) the high levels of remuneration and power allotted to the profession by the society it serves;
- b) public recognition that while exploitation of this privileged

position is possible, the expectancy is that the professional typically refuses to do so. (Freidson 1969)

IDEOLOGICAL REPRESENTATION BY PROFESSIONAL BODIES:

An occupational ideology may be extremely elaborate, complex and intellectualized, involving a number of assumptions and assertions about the occupational group it describes. In the high-ranking occupations, a centralized professional body acts as the spokesperson of that occupation, serving to represent the "coalesced" ideological position of that occupation. Where the ideology of the occupation is more complex, a more vigorous representation of the ideological position is demanded of that professional body in accordance with the model proposed by Dibble.

In order to offset the purely parochial content of each profession, extensive use is made of the professional association in order to further the common interests which are reflected in the ideology of that profession. Hence the issue of ideological complexity is dealt with at the highest levels of the professional associations, by introducing a "professional response" to issues affecting the general membership.

The ecumenic function of the profession is performed by office-holders of the associations who serve as spokespersons, lobbyists, and public relations experts for their membership, and who "translate" issues from the parochial sphere of applicability of the profession into larger public and lay concerns. This centralized function of the professional associations allows each profession to make its