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## Coping with Crises: A Neo-Classical View on Professions

**Abstract:** The classical view in the sociology of professions is rooted in Parsons' work. By using the term "profession," this view tries to distinguish a class of occupations that serves a specific function in society. As is well known, such a functional view in the sociology of professions came under attack in the 1970s, when professionalization processes were increasingly analysed in terms of interests and power. In this article, we have pointed out the theoretical and empirical relevance of a line of thought that emerged in the 1980s in the German-speaking academic world. It has revitalized a functional approach based on research into the interaction between professionals and their clients. The general idea that has emerged is that research into the microstructures of professional action could reveal a societal function that would explain the particular institutional features ascribed to professions.

**Keywords:** Professionalization, functionalism, professional-client interaction, revised theory of professionalization, objective hermeneutics

The sociology of professions witnessed major shifts that were deeply interwoven into the history of modern society itself. Previously, professions were of central importance in sociological thought, with Parsons (1968) considering them the most important single complex of modern society. Functionalism, which dominated sociology for most of the mid-20th century and was closely related to Parsons' work, referred to professions' functions in society in order to explain the traits that differentiated them from other occupations, for example, their autonomy in controlling their occupational performance. This view was largely replaced in the following decades by research into professional action, which focused on the question of how an outstanding and in some sense "professional" status would be achieved in a given field of action. To explain the creation of a professional status, not only careful and detailed studies of the realities of professional action were conducted. The described processes of professionalization were analysed chiefly in terms of interest and power (Macdonald, 1995). Thus, whereas the first approach was apt to justify the privileged status of professions in society, the latter questioned its legitimacy.

Today, discussions about professions take place in a quite different constellation. Now, the sociology of professions has to deal with the epochal changes that accompany deep transformations in the system of occupations and the organization of work (Broadbent, Dietrich, & Roberts, 1997; Olgiati, Orzack, & Saks, 1998). These developments are indexed by catchwords such as "blurring boundaries," "flexibilization," "marketization," and "managerialism." Consequently, the focus of empirical research has become increasingly unclear. On the one hand, it is highly questionable

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whether a thing such as a “profession” still exists in the Parsonsian sense (for example, Parsons, 1951, 1968). On the other hand, a growing number of occupations seem to strive towards a vague concept of “professionalism.” In this situation, some authors tend to broaden the research scope to include all kinds of expert labour (for example, Evetts, 2003, 2011), whereas others want to restore a more narrow and analytical concept of professionalism (Brante, 2010; Olgiati, 2010; Sciulli, 2010). Here, we focus on an approach that can be located within this field of attempts to reorganize the sociology of professions and is so far little known beyond the German-speaking academic world, namely, the revised theory of professionalization (RTP), which was developed by Oevermann (cf. 1996) and refined by the research of his students. This approach allows the restoration of an analytical core of the professionalism concept besides power strategies, social closure, and staging. Specific to this approach is a synthesis of theoretical reasoning that is closely connected to the older idea of functional explanation, as well as a more recent style of empirical research into professional action that is related to the “ethnographic turn” in the social sciences: that is, the detailed and often sequentially proceeding analysis of “what people really do.” In the following sections, we first outline the RTP, which we think is the most advanced version of an approach that links sociological functionalism to the detailed study of human interaction. After briefly introducing objective hermeneutics, which is the kind of methodology connected to the RTP, we provide an example of a professional interaction. With respect to an ethnographic approach, we ask what can be observed in interactional data. Will there really emerge just a struggle for professional status, or is there a professional ethic at work that goes beyond questions of power and interest? Can this ethic be connected to a special kind of service that in terms of the RTP would have to be characterized as coping with crises? Finally, we point out the RTP’s achievements and impacts and relate them to actual topics in the sociology of professions.

## **Architecture of the revised theory of professionalization**

The last decades of the 20th century have experienced fundamental shifts in modern society. Closely connected to them, the mode of reflexion on modern society has changed, which also applies to the styles of explanation that can be found in sociology. Modern society is no longer considered a product of a long history of rationalization, which is deeply rooted in European culture but having emerged from mutable constellations of power. This transformation is reflected in the decline of structural-functional thought and the rise of a broad intellectual movement, which have led to a completely new understanding of sociological research. According to this understanding, sociologists should no longer describe abstract patterns of social order in terms of shared norms and values and make them intelligible by explaining their functions in a well-ordered society. The proper subject of research is now understood as what people really do, described in quite specific terms as a contextualized activity in which social reality is achieved in ongoing communication that takes place within changing fields of power (Keller, Knoblauch, & Reichertz, 2012). Nevertheless, in the German-speaking academic world, a research tradition exists, which does not fit into this picture. The increasing interest in a detailed analysis of the appearances of human interaction is not opposed to a functional view of society but related to it. Social reality is not explained as being constructed in and by everyday activities. It is the emerging structure of interaction that is to be explained, which should imply identifying the needs of human life that are addressed in this kind of interaction. Although acknowledging the idea of functional explanation, such an approach implies important differences from a “classic” functional view. The assumed functions are not considered fulfilled in the first place by institutions as basic parts of society (cf. Münch, 2003, pp. 18-19; Schwinn, 2013, p. 36) but in spontaneously emerging interactions, which then become institutionalized.

With respect to the sociology of professions, such a view would require identifying the basic needs of human life that are the focus of those occupations that can be called professions from a sociological perspective. It would also necessitate explaining why responding to these needs leads to a process of structure formation, which can be described as “professionalization” and results in “professionalism” as the institutional framework of professional work. The idea that professions deal with existential problems of human life is of course not specific to the RTP (for other examples, see Olgiati, 2010; Stichweh, 1996, 1997). In this connection, it is often assumed that professionals have to tackle the complexity of the problems of people who need help or should be “transformed” by the interaction between professionals and clients. It is also supposed that in such a context of interaction, it is not enough to apply formal knowledge. An example of a more detailed empirical research into professional action that focuses on the complexities of the interaction itself between professionals and their clients is the approach taken by Schütze (1996) and his followers. An important argument, in this case, is that professional action has to deal with contradictory orientations. The basic assumption is that members of such occupations for which such contradictory orientations are typical have to develop special qualities. What is necessary for such contexts of action seems to be a special habitus that allows coping with contradictory orientations. This way, we arrive at a general idea of how professionalization processes might work; dealing with a special kind of problem is assumed to be linked to special requirements of action that can set into motion a professionalization process.

The RTP is the most elaborate and influential theory of professionalization that has been developed along these lines of argument. With its “revised” attribute, its connection to the now classical sociology of professions, represented by authors such as Marshall, Parsons, and Goode should be indicated. The theory’s basic claim is to remedy a shortcoming of the old functional view of professions, which gave the opportunity for the power approach to gain ground that is, ascribing a function to professional autonomy without explaining how autonomy is linked to the special kinds of problems that professionals cope with in their everyday work. In contrast to related approaches (such as those of Olgiati, 2010; Schütze, 1996; Stichweh, 1996), it is specific to the “revised theory” that the problems tackled in the occupations related to concepts such as profession, professionalization and professionalism are derived from a general theory of human cooperation and experience. Furthermore, the theory is combined with a specific methodology of sequential analysis of human interaction that should allow for the reconstruction of the structure formation processes that are induced by dealing with these problems. Finally, the theory is explicitly linked to a more traditional sociology of professions by the claim that it answers the old problem that the structural functionalist theory failed to answer satisfactorily (that is, why are there occupations in the modern society whose performance is not controlled by the logic of administration or the market (cf. Marshall, 1963)?

A basic distinction of the theory is that between crisis and routine (cf. Oevermann, 2016). As it might suggest, the term “crisis” does not refer to the state of being in despair. It indicates the fundamental fact that human action does not just mean pursuing a target by using appropriate means, as expressed in the usual theories of action. It always implies being confronted with alternative options to act, which demand a selection among them. For Oevermann, this aspect of human action (being forced to select) should be perceived as the basic fact of human existence that constitutes experience, which he refers to with the old philosophical term “praxis.” This has implications for the proper empirical analysis of human activities themselves. Studying them as praxis would mean reconstructing a history of ongoing selections in a specific method of sequential analysis of human interaction (cf. Maiwald, 2005; Wernet, 2014).

Selections, so the argument continues, do not occur incidentally. They are motivated by convictions deeply rooted in experience or by a belief in the advantages of one of the available options (Oevermann, 2006). In the first case, basic experiences

in life do establish a preference for certain choices; in the second one, the selected option has to prove itself by leading to success in life. Having previously resulted in success, a similar selection would occur in a similar situation. This way, a routine or a habit of life emerges. In the ongoing development of a human being, these routines or habits comprise a habitus, to use Bourdieu's term (see Bourdieu 1985), which is a product of a complex history of interrelated selections that have appeared fruitful. Since this history of selections is different from individual to individual and from group to group whose members act together, the resulting habitus are different from one another. This has implications for the proper understanding of the notion of crisis itself. As a habitus forms as a result of the ongoing selection among options, a crisis emerges when a fixed way of life is challenged by the failure of an established routine or by new opportunities that open up and demand selection. Thus, a crisis should always be perceived as a moment in an ongoing process of individuation—another important technical term in the theory.

Nevertheless, human beings cooperate with one another. Thus, in real life, no isolated agent struggling for his or her own life has to select among the different options open to him or her, but humans as social beings several agents that are coping with the problems of life in a given context of cooperation. In social life, a crisis emerges when a fixed way of living together is challenged, and in this respect, it seems possible to distinguish among different types of such crises. According to Oevermann (cf. 1996, pp. 88-95), in the context of human cooperation, only three basic crises of existential importance occur, and they do so in the attempt to maintain (a) a shared understanding of reality as the basis to be able to intervene successfully in the world, (b) a consensus on the norms of living together, and (c) the integrity of a person, a couple, a family or the representatives of an organization that is placed in such a context and has to meet social expectations.

Given this typology of basic crises, the question arises about what kinds of occupations emerge in the ongoing process of functional differentiation that contributes to the resolution of the issues. Clearly, the following three vocations that are of great importance in the sociology of professions fit well with that theory: science, law and medicine. Science can be linked to the need to achieve a shared understanding of reality as the basis of being able to act in the world. Law can be related to solving conflicts about the norms of living together. Medicine can be associated with the integrity of an ill person who has to meet social expectations. The theory of crisis not only allows for the ascription of social functions to the activities of coping with crises, but it also establishes assumptions about their particular character. It is assumed that those who perform these activities react in a specific way to these crises; they cope with them vicariously, or to be more precise, they at least make aspects of these crises the business of their own occupational group. This has important implications. First, someone who makes a crisis his or her own business does not just perform affective neutral routines but gets involved in affectively charged communication—in the intellectual struggles of his or her time, as in science; in the resolution of a dispute between two parties and within a community whose peace is endangered, as in law; and in the life of a person, a couple or a family (among others) who needs help, as in medicine and the other fields of therapy.

Second, when a crisis always emerges in a process of ongoing individuation, then vicariously coping with it implies doing so in a case-specific manner. Thus, when someone makes that crisis his or her own business, he or she has to realize the case-specific constellation where that crisis has emerged. The intellectual struggles of an era should be tackled to continue the given history of ideas in a compelling way that restores a shared world view. The resolution of disputes should take into account the individual viewpoints of the parties, as well as the changing interests of the community whose peace is endangered. Helping a person, a couple, a family and others who have to meet social expectations implies understanding their problems in the context of the course of their own lives.

In this connection, a further conclusion should be drawn. When someone is constantly coping with crises on behalf of others and thus gets involved in affectively charged communication and is forced to cope with such crises in a case-specific manner, then this would also lead to an individuation process and the formation of a habitus of that person. The emerging habitus would be specific in two respects. It would be due to the specific type of crisis to be dealt with in a particular profession, as well as to the individual history of a professional's vicarious coping with the crisis. Thus, for the RTP, the formation of the varying habitus of professionals is an important field of research.

Finally, vicariously coping with crises does not mean tackling them as a gifted individual but as a member of an occupational group that claims knowledge about how to identify the right explanation for a phenomenon, the right judgement in a legal case or the appropriate treatment of an ill person. Thus, vicariously coping with crises implies handling them methodically on the basis of the occupations superior knowledge and ongoing discourse on how to answer the questions that arise in dealing with a not yet fully comprehended reality.

To return to a more conventional sociology of professions, the vocations that should be called professions would have to be distinguished from other vocations by a sociologically defined criterion, and it would have to be explained in sociological terms why they are special with regard to the methods of control of occupational performance. There are vocations that imply more than the application of knowledge (that is, coping with the crises that can emerge in every context of human cooperation); other vocations do so in a special way (that is, vicariously). Why then can these vocations be considered special in terms of the methods of control of occupational performance? Here, the theory offers a simple answer. The different methods of control of occupational performance are assumed to be intrinsically linked to the structure of interaction of different kinds of vocations. According to this view, the sociology of professions should not deal with different methods of occupational control in the first place but with different structures of interaction, which bring forth peculiar methods of control due to very different criteria of quality. For example, acting in an administrative context calls for methods of checking whether the action is in accordance with the formally defined directives that constitute an administrative regime. Acting in a market requires methods that ensure the provision of those particular products and services that consumers demand. Political decision-making brings forth methods that link them closely to the reactions of the audience that is to be convinced. Vicariously coping with crises would require methods of control that guarantee that an ongoing process of individuation is continued on the basis of sound, case-specific judgements and interventions by the members of a profession. Thus, in the context of the action through which crises are handled vicariously, it seems mandatory that the quality of the required service can only be controlled by the ongoing discourse of the professionals themselves. Therefore, professional autonomy is not just an ideology for securing unjustified privileges.

In the following sketch of an analysis of professional action, we want to show how the special structure of interaction that can be described as vicariously coping with a crisis can be reconstructed in a detailed sequential analysis of interaction.

## **Methodological implications of the RTP's theoretical basis**

Before we present our empirical example, we highlight the methodological implications of the theoretical framework underlying the RTP. Giving this framework the ethnographic turn leads to a specific way of dealing with "ethnographic data." The turn to what people really do does not just imply describing the observable practices of everyday life but analysing the sequential order of acting together. The analysis of this sequential order should not be understood as reconstructing the formal pat-

terns of types of action following each other but reconstructing the patterns of selection (that is, explaining what could have been done in a given situation and why that option was chosen and not another). This seemingly simple procedure turns out to be quite complex in real research because there are always many processes of individuation at work.

Take the following case of a doctor-patient interaction. The habitus of that particular doctor is expressed, on the one hand, and that of the particular patient, on the other hand, but both sides do interact with each other. Thus, a peculiar case-structure of doctor-patient interaction is an emergent pattern that results from the meeting of two particular strands of history. Even more important with respect to the RTP, the emergent pattern of interaction is not just the result of an encounter between two established habitus. The starting point of that particular type of interaction is a crisis that challenges such an established habitus—being ill or at least worried about one's health does imply that a fixed way of living in accordance with social expectations is questioned. This is true in the first place for the ill person himself or herself but then, also for the person who becomes involved by vicariously coping with that state of illness. Thus, in the kind of interaction in question, we might find an emergent pattern, not just due to the meeting of two different habitus but also to a challenge that might lead to their more or less serious transformation. As a result, we can sum up that the theoretical framework underlying the RTP leads to a specific understanding of the method of sequential analysis that is characterized by the following operations: explaining alternative options, hypothesizing about the motives for selecting a particular option, reconstructing the development of these motives in the social history of individuals, reconstructing the emergent pattern of interactions as a meeting of different strains of such a history and detecting the forces of human life that recreate the openness of history by challenging the fixed ways of life at a certain time. At least, a remark on methodology is apt to be added here. Most studies conducted according to these methodological principles have worked with ethnographic data in which people talk. This is not just an artefact of the availability of audio-recording machines that have supplied social scientists first of all with transcripts of spoken language. It is due to the assumption that language is a special medium of action through which the optionality of human action is generated (see Leber & Oevermann, 1994, pp. 384-385).

## Empirical reconstruction of the normative order of professional action

As shown in the previous section, the RTP's starting point of a professionalism process is considered the praxis of coping with crises on behalf of others. The most suggestive case of such praxis is, of course, that of an ill person who consults a doctor. The basic need is a search for help in a situation of suffering, which creates the pressure of suffering (*Leidensdruck*). The interaction between a professional and his or her client has the character of a working alliance (*Arbeitsbündnis*) in which both sides cooperate to treat the ill person. In this section, we illustrate these theoretical assumptions with an example taken from an investigation by a sociologist who wanted to analyse the structure of medical practice beyond the market rules (Rychner, 2006).<sup>1</sup> Now, what can be observed in such an interaction between a client and a professional? What really happens in such an interaction? What kind of theory is suggested by the data? Is a description of professional action in terms of domination

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<sup>1</sup> For a detailed analysis, see Rychner (2006, pp. 68-117). The use of the data and the summary of the analysis took place with the friendly support of the author, Marianne Rychner. We translated Rychner's transcript into English.

and staging of competence or of a process in which a social world is “constructed” really fruitful, or does it prove a reconstruction as an ongoing *process of individuation*, due to *coping with the challenges of life*, to be more realistic? If we follow the second course of analysis, do we find hints that the interaction really starts with a *crisis*? Is that crisis really tackled *vicariously*, that is, is there really more than a mere application of routines? Does vicariously coping with such a crisis have the implications described in the theory? For example, does a call for help imply an *affective loaded communication* that *creates a bond between a professional and a client*, beyond the kind of interaction that can be found in administrative or business contexts? To what extent does coping with crises create a habitus that triggers an interaction *beyond mere self-interest or a struggle for status* and corresponds to what is described in the older sociology of professions as a *professional ethic*?

For ease of understanding, we want to start with some contextual information. Around the time of her research, the researcher generated an idea of being ill. When collecting her data, she had attended a fair for health services and had her pulmonary functions checked up, which was “diagnosed” as an obstructive pulmonary disorder. She found the same information on the University of Zurich website. Consequently, she became really worried about her health and made an appointment with her physician, who knew about her research. The researcher asked him whether an audio recording of the meeting would be possible. Due to this quite unusual context, at the beginning of the transcribed sequence, the frame of the situation was unclear. For the physician, the meeting was framed as a research interview. However, the researcher herself wanted a consultation.

The transcript begins in mid-sentence. “R” represents the researcher/patient; “H” denotes the physician.

R: I don’t know [with a slight drawl].

H: What do you mean? [2 secs pause]. What do you assume?

The beginning of this interaction was not recorded. Nevertheless, it can be assumed that the physician wants to know how long the meeting would take. This conversation would, of course, be very unusual for *a situation in which a patient was consulting a doctor*. How long such a consultation would take would be up to the physician, not the patient, but it would make sense in the context of a *research interview*. Thus, in this case, it can be conjectured that the physician supposes that such an interview should be conducted with him.

R: I would say 20 minutes.

H: 20 minutes? Then I quickly have to call my daughter [H dials a number on the phone].

R: Okay [1 sec pause]. Otherwise, we could also postpone it. It is not that urgent.

It is also extremely inappropriate for a doctor to call his daughter during a consultation with a patient. Again, it can be easily explained in the context of the assumed interview. Nevertheless, the doctor’s answer is puzzling; 20 minutes constitutes quite a short time for a research interview. The answer makes sense if we assume that H, in fact, has no time at all. R’s reaction to H’s announced phone call does not fit into the interview frame. By introducing her proposal to postpone with the term “otherwise” (*sonst* in German), R indicates that there are possibly more important reasons that might contradict the proposal. It is unclear what these reasons might be because postponing would be in H’s interest. Moreover, by saying “It is not that urgent,” she presupposes a frame of interaction in which urgency matters. However, this would not fit the interview situation. In such a context, a few days more or less would have no consequence. R realizes that the doctor is obviously involved in private affairs and under time pressure. Nevertheless, the way she formulates the offer indicates that for her, the situation is more complex.

R's answer allows for an explication of the norms of medical practice. On the one hand, she refers to the norm that the physician should pay full attention when there is a health problem, but she does not want to receive help without good reason. The patient has the right to medical treatment in an urgent case even if the physician is occupied with private matters. On the other hand, the complementary norm is not to presume an emergency when it is not the case (Rychner, 2006, p. 76). If there is no urgency, the patient has to wait within the consultation time, when another patient needs the doctor's help more, as well as outside the consultation time, when the doctor is involved in private affairs. R operates in this field of tensions.

H: I've still a pile of, yet a pile of work, and [1 sec pause] I am just attending a seminar tomorrow [uh-huh, yah, yah], and still, I have to by the ton [approximately 5 secs pause], and I should cook dinner for my two daughters [3 secs pause]. I cannot do more than one thing at a time [yah], and today has just been a muddle.

R: Yah.

H: But... until when do you need it, then?

R: That is, that makes, that is, does not really matter.

H makes it quite clear how absorbed he is by private matters, and it is also obvious that he still defines the situation as an appointment for a research interview, which he refers to by using "it." R, in turn, clarifies that there is no hurry with regard to the interview.

R: I have indeed [yah] a real health problem that I have because of all that [yah], but anyway, the scientific, the record, that I need [yah], that [yah] isn't urgent.

R now explicitly refers to the difference between research and medical practice. There is something else—a health problem concerning her. When she begins to talk about her health problem, H's attention immediately shifts to R. He communicates this by accompanying R's utterance by repeatedly saying "yah," indicating that he understands.

H: And right now you have a health problem?

H starts to clarify the situation. He takes up R's assertion of having a real health problem and asks whether it is acute. Thus, he offers an opportunity to open up a consultation for which the presence of a problem is essential. Under normal conditions, this is simply presupposed in a patient's visit to a doctor. Here, the doctor has to provoke R to take the position of a patient. With his question, a special space for communication opens in which a present *crisis* can be articulated ("Do you have a problem *right now*"?). Thus, an opportunity for an *affectively charged communication* is provided, creating a *bond between the doctor and the patient*. He makes himself available for coping with the crisis of his counterpart, against the interests he had made quite clear immediately before.

R: I have a health problem that has arisen from my scientific [laughs slightly sheepishly] research [yah] and that simply lends itself to me being able to record [yah, yah] a real consultation, which otherwise would be very difficult [yah, yah]; that's how it is.

R gives a confirmative answer to H but also explains how this health problem is entangled with her research. Thus, she re-establishes the basic ambiguity of the situation. As a consequence of her explanation, the situation becomes ambiguous again in a symptomatic manner.

H: Yah, and now the question is, well, I would still be happy in a way if we could postpone it, but I don't know [yes, we can indeed] whether it is for you, eh [interrogatively]?

H proceeds to try to clear up the situation; for him, the uncertainty of whether or not it is acute has to be removed.

R: I can just tell you the diagnosis quickly, and then you can say how severe it [yah] or...

Again, R refuses to make the decision and tries to delegate it to the doctor. She suggests that being a patient is not a question of her suffering but of the doctor's expertise and ability to judge how urgent it is. How does H react to R's persistent refusal to take a position?

H: The diagnosis [partly inquiring, partly stating; 1 sec pause] that you make? Or where?

At this point of the interaction, the situation has been transformed; H is no longer concerned with making a decision but with R's problem itself. He reacts in an irritated manner and makes the oddity of a patient confirming a diagnosis a subject. To express it pointedly, by her avoidance strategy, R has provided an occasion for intervention. She has produced a "symptom" that provokes a "clarification." Here, H is vicariously coping with R's crisis in two respects. He implicitly reminds her about the doctor's authority to make the diagnosis but also forces her to correct her attitude about herself and her state of health.

Next, R tells in great detail how her so-called diagnosis occurred. We skip this lengthy passage and enter into the analysis again at the point of the conversation when the doctor explicitly asserts that the situation has been changed.

R: That is that, what the physiotherapist gave me. Well, now, we can also some other time still...

After her narration of the history of the "diagnosis," she once again offers to postpone the consultation. For R, the question of whether to postpone or to proceed does not seem answered yet. However, for H, the decision has already been made.

H: No! No no no, now we have started; you have arranged that cleverly; now, we are already in the middle of it.

He fiercely rejects the repeated offer to postpone. For him, the situation has been irreversibly transformed when an acute problem that is related to health arises and becomes the focus of the interaction. The initial lack of clarity is once again a theme in his reply by presuming that R has been following a strategy to get him involved in the consultation. It would be illuminating to analyse his reply in more detail. In fact, *he* has clarified the situation and established the consultation, which implies a working alliance. Nevertheless, he attributes agency to R ("you have arranged that cleverly").

To summarize this brief analysis, the interaction of R and H transforms itself from an unclear situation to a consultation, against his personal interests and governed by his medical habitus. According to the frame of a research interview, the physician has a strong preference for postponement. However, at the moment when R's health concerns are put on the table, quite another normative structure begins to operate. According to this structure, it would be impossible to postpone due to R's supposed need for medical treatment. This transformation is even more impressive in this situation because the physician is tired from a busy day and wants to cook a meal for

his daughters. What the example should have shown is that here, similar to all sorts of professions, a specific ethic is at work that is more basic than simply “doing being a professional” and that is triggered by a real crisis, which in the RTP is considered the starting point of every professionalization process.

## **Achievements and specific perspectives on actual discussed topics**

In the previous sections, we have sketched a research approach that implies a particular understanding of such terms as profession, professional action, professionalization and professionalism. We have also offered an impression of how theory construction and empirical work are connected to each other. The scope of research is, of course, much broader than this short example suggests. An important aim of the research over the last decades has been to overcome the bias regarding the professionals’ interactions with their clients in order to cover all kinds of professional activities. There have been studies on the professionalization of the members of the legal profession, whose client is considered a legal community as a whole (regarding lawyers, see Wernet, 1997; regarding judges, see Maiwald, 1997). Other studies have focused on the professionalization of scientists and artists, whose client is considered even more abstract—humankind who is committed to a universalistic culture (concerning scientists, see Franzmann, 2012; Münste, 2004; concerning artists, see Ritter, 2011). Even in the classical field of professional-client interaction, the structure of interaction has proven to be much more complex than the physician-patient example suggests (see Scheid, 2016 for teaching; Becker-Lenz, Busse, Ehlert, & Müller-Hermann, 2009 for social work; Schmidtke, 2006 for architecture; Münste, 2016 for mediation).

Due to the anthropological foundation of the approach and its interest in the problem of coping with crises, there is a research bias towards what is considered the core of professional action (that is, how professionals cope with crises). Nevertheless, this is only part of what professionals do; they are also involved in professional politics and regulative bargaining. These fields of activities are of course significant in the context of the sociology of professions, and the RTP establishes an unusual view of them. According to this approach, the research focus is not on the explanation of successful social closure (for example, the neo-Weberian approach described by Saks, 2010); the entire professionalization process would have to be explained in terms of both function and power. What would have to be studied is how professionals develop an implicit theory of their work, how this theory is codified in professional discourse and how a profession’s representatives act highly strategically in a given field of power to secure what they think is an appropriate organisational and regulatory frame for their work.

Although such institutionalization processes have not been the focus of interest, some studies deal with these questions. Maiwald (1997) tries to show how the process of the professionalization of judges occurs in the context of the Prussian reform of the legal system. Citing the example of the foundation of the Royal Society, Münste (2004) demonstrates how the institutionalization of modern science follows a professionalization pattern that cannot be explained in terms of interests and power alone. Jansen (2011) provides a similar reconstruction of the foundation of the National Academy of Science in the USA. Franzmann, Jansen, and Münste (2015) describe the relationship between nation building and the formation of the science profession from the RTP perspective.

The approach that has been outlined also opens up quite specific perspectives on central themes in recent debates on professionalism. Here, we focus on two topics of growing importance—the problem of occupational autonomy and the increasing interest in the governance of occupational performance. Whereas in the 1970s and the

1980s, the sociology of professions was engaged in the critique of the assumed “ideology of professional autonomy,” being confronted with deep changes in the world of labour, scholars since the 1990s have become increasingly active in studying how professionals react to new regimes of occupational control and processes such as marketization and managerialism in order to secure their “professional identity.” From the RTP perspective, quite particular questions would have to be asked in this respect. First, there would be a need to study how professionals under such regimes cope with those crises that are assumed to be the focus of their vocation. The central question would be whether the idea of vicariously coping with them can be defended against the challenges of marketization and managerialism or whether an adaptation process is set in motion that might affect or even transform the structure of occupational action itself.

A broader interest in the governance of occupational performance is closely related to the study of marketization and managerialism processes. Governance research (cf. Benz, Lütz, Schimank, & Simonis, 2007) investigates all the varieties of mechanisms that allow human activities to be steered towards their desired outcomes. In this research context, professional self-control can be viewed as one mechanism, among others, that is relevant to the control of occupational performance (Schimank, 2013). This implies an important shift in the debate on professional self-control. The question is no longer whether professionalism as a specific mode of control is essential to some occupations and not to others or is an ideology for securing a privileged position in society. This confrontation is to be replaced by empirical research into the real effects of different regimes of occupational control with regard to an occupation’s desired achievements. This shift is reflected in the sociology of professions by the distinction of professionalization processes that are driven by the interests of the professionals themselves or the interests of managers who try to govern their organizations by using a discourse on professionalism (cf. Fournier, 1999). From the RTP standpoint, these developments would have to be described differently. According to this theory, the mode of control that should be called “professionalism” is intrinsically linked to the particular pattern of action. Understood as vicariously coping with a crisis, professional action implies control, not as a mechanism initialized from the outside but as inherent in a community that claims responsibility for dealing with life’s existential problems in a methodical manner and on a scientific basis.

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