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Using Anthropological Approaches in a Human Service Setting

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USING ANTHROPOLOGICAL APPROACHES 
IN A HUMAN SERVICE SETTING

by

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USING ANTHROPOLOGICAL APPROACHES
IN A HUMAN SERVICE SETTING

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Public criticism of human service organizations has underlined the fact that there are essential differences between organizations which provide services and organizations which produce goods. As service providers, human service organizations represent an organized response to human needs and problems, but this response is affected by different assumptions about people's ability or inability to meet their own needs. The process of providing services entails a number of interactions at various levels between the organization and the community. These relationships are as complex as the people and social systems of which our pluralistic society is comprised, but there are special manifestations that become visible within the context of service delivery. The role of the applied anthropologist, participant observation, and the use of emic and holistic perspectives are examined for their potential contributions in a human service setting.
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CHAPTER I

AN INTRODUCTION TO
HUMAN SERVICE ORGANIZATIONS

In a review of the human service literature over the past decade Stein (1980: 3-9) noted that the term "human service organization" was frequently used without definition, and when definitions had been attempted by various authors, considerable ambiguities and contradictions were evident. Despite this diversity, Stein found that the majority of the various interpretations or definitions could be grouped into one of five categories:

1. Social function--definitions emphasizing and concerned with explicating the role human service organizations play in "people changing" or "people processing" capacities.

2. Movement--definitions concerned with the development of these organizations as a response to the need for comprehensive and coordinated client services, and the emergence of a new group of service providers and program modalities in response to public dissatisfaction with increasing overspecialization and duplication of services.

3. Special attributes--interpretations concerned with organizational resources (including clients) and the question of social control.

4. Workplace--attempts to define human service organizations by the inclusion of agencies or institutions characterized by the
stated goals of providing services to maintain or enhance physical, social, and psychological "well being".

5. Governmental designation—administrative definitions of human service organizations as agencies or institutions reporting to federal, state, county, and municipal umbrella organizations or departments broadly concerned with health, welfare, education, and human resources.

According to Stein (1980), these various interpretations may be used in a general sense as long as particular meanings are clarified in specific usage; however:

The use of the term to connote a defined type of organization with specific behavioral, functional, and management characteristics, is confusing...it usually lumps together service agencies which differ markedly in function, auspice, relationship to the marketplace, size and structure...and therefore does little, when used as an analytic concept, to help in understanding organizational behavior, management or implications for service delivery. (p. 12)

While recognizing many structural similarities with other classes of complex formal organizations, studies by organizational analysts indicate that human service organizations have distinctive attributes and problems (Harshbarger 1974; Hasenfeld and English 1974; Lefton and Rosengren 1966; Vinter 1965). Recent public criticisms of human service organizations reflect the need to clarify essential differences between these organizations and other bureaucracies. Human service organizations have been criticized by clients, services providers, administrators, and client advocate groups in the following areas (Hasenfeld and English 1978):

(a) failures to respond to the needs of the populations they
claim to serve, as indicated by the discrepancy between professed objectives and actual performance; (b) the service techniques employed in such organizations are inconsistent and ill-organized, failing to demonstrate their effectiveness in achieving the desired service outcomes; (c) the mechanisms these organizations develop to transact and work with their clients are dehumanizing, degrading, and insensitive to their individual attributes and needs; (d) human service organizations are ill-managed, wasteful, and inefficient, thus consuming an ever-increasing share of public and private resources. (p. 3)

There have been many attempts to classify human needs and attributes by psychologists, educators, administrators, and service workers, but the needs and attributes may be defined in many ways, depending on the social perspective and cultural background of the individual client or service worker. Human service may be seen as an organized response to human needs and problems. The nature of this organized response is largely influenced by the definitions service workers and administrators accept about the problems caused by the inability of persons and groups to provide for their own needs. These problems may be located at the level of individuals, interpersonal levels, collective levels, and at societal levels (Wright and Burmeister 1973: 24-26). Assumptions about these human problems determine the strategies attempted by human service workers for their solution.

Service delivery systems are comprised of the combined efforts of organizational personnel in the role of responding to need. Each service worker's role is a set of duties and obligations undertaken to carry out the functions of that organization, and these functions may be seen as those activities required to maintain the organization in
its effort to provide some type of human service or services. Few human service organizations have identical service goals, but many functions are widely shared. These include (Wright and Burmeister 1973):

1. Maintenance—in order to provide services the organization must secure sources of funding and manpower. The work environment, personnel training, internal and external communications and information systems and many other maintenance functions must be met in order for the organization to meet the necessary competencies for service and financial support.

2. Service—those activities expressing the goals and objectives of the organization. Variables of the service function usually involves a number of related sub-functions; intake and referral, outreach, treatment and follow through, record-keeping, and evaluation functions. (p. 29)

The mandate to provide services to clients is more problematic than it would appear. To provide services an organization is first required to survive as an entity; yet policies and procedures aimed towards facilitating this end may contradict a service orientation (Glisson and Martin 1980). Furthermore, human service organizations both contain and operate within an environment of multiple interest groups which may hold conflicting and often incompatible expectations regarding the organization's goals and outputs (Demone and Harshbarger 1974; Kouzes and Mico 1979). With these different interest groups expecting and often demanding different types of service outputs, questions can be raised as to how an organization's success at fulfilling its mandate or goals is to be evaluated or assessed (Blackwell and Bolman 1977).

There has been considerable debate over the appropriate definition of effectiveness as it applies to human service organizations.
At least two major models of effectiveness are apparent in the organizational literature: 1) a resources model, favored by Yuchman and Seashore (1967), which contends that the effective organization is the one that is able to exploit scarce resources from the environment. The more resources an organization is able to secure, the more effective it is judged to be. In general, the resource model assesses organizational effectiveness on the basis of inputs rather than outputs (Evans 1976) and tends to focus on aspects of organizational survival rather than on effects or outcomes, or in the case of human service organizations, the quality of services rendered, and; 2) the goal model of effectiveness, which is concerned with extent to which an organization fulfills its intended goals. The emphasis here is on the organizational performance or outputs (Campbell 1977). While this model is compatible with the recent emphasis on accountability in public institutions and services, the question remains as to whose goals are being intended. Since a service organization consists of and responds to internal and external interest groups, utilization of the goal model of effectiveness must take into account the probability of conflicting priorities between the various groups. Evaluations by one interest group may differ from those of other groups (Friedlander and Pickle 1968).

The goals and objectives of a human service organization are formally met when the service workers carry out the organizational maintenance and service functions. However, the organization must
meet several sets of expectations. These expectations come from four primary areas (Demone and Harshbarger 1974): clients, service providers, administrators, and the community at large. While the functions of a human service organization may be understood in terms of either maintenance or service, a much more difficult and complex concept to define is that of roles in the human services. "Role" refers to the social dynamics involving all individuals and their relationships with the human service organization. It includes not only duties and responsibilities, but more importantly the rights of individuals as well. Roles are an interdependent social exchange that may not always be satisfactory to all concerned, and client and citizen participation in policy making are still important issues being decided (Demone and Schulberg 1974; Harshbarger 1974).

The Concept of Service

Hansenfeld and English (1974) differentiate human service organizations from other bureaucracies by two fundamental features, "(a) their input of raw material are human beings with specific attributes; and their production output are persons processed or changed in a predetermined manner, and (b) their general mandate is that of "service", that is, to maintain and improve the general well-being and functioning of people" (p. 8). This definition is more inclusive than either the resource or the goal model, in that it is concerned with both input and output. While recognizing the uniqueness of the individual and the fact that clients represent poten-
tial "resources" for the organization, and demonstrating a concern for service and well-being, this definition nevertheless has connotations of an assembly line orientation to service provision with its perspective of human beings as "raw material" undergoing "production output". While it is conceivable to view the provision of services in terms of the production of goods, this perspective obscures essential characteristics involved with the concept of human service (Keefe 1980: 388-389).

A basic difference between goods and services lies in the fact that a good represents a static product, while a service is constituted by a dynamic process (Bonello 1973: 221-222). A good is completed when a worker has performed certain technical operations on raw materials. The good may then be entered into the marketplace for potential consumers to evaluate in terms of desirability or usefulness (Haulman 1973: 101-102). At that point the relationship between the good and the worker has ended. In contrast, a service consists of a process of interaction between two or more persons. In human service delivery, the problem-solving nature of the service continues at least as long as the service relationship goes on, and may continue even after direct personal contact has terminated. Both the client and the service worker may internalize values, perspectives or concepts that were not present prior to the relationship. In many cases this is the expressed rationale for the relationship and may be expected to happen with some frequency in the course of counseling, educating or healing (Strean 1974). The solution to a problem may extend
beyond the termination of the service relationship as well, and it is therefore, not possible to view the end result of a service in the same way it is possible to view a finished good.

The difference between goods and services is reflected in the respective modes of production or provision as well. The production of a good involves operations on raw materials with the worker as a dominant force. Hence, this type of process does not require any interaction between the producer and the consumer of the good. In contrast, the provision of a service requires that the service provider enter into a personal and social relationship with one or more persons who are also participating in the process of rendering a service (Keefe 1980: 391-392). In the ideal process of producing goods of a particular kind, every good is expected to be more or less identical to all other goods in significant attributes. In the ideal process of providing services, it is required that each service relationship be unique in some way because both the service provider and the client are unique individuals, and their relationship brings together a unique combination of needs and competencies (Weiss 1974: 168-169).

Only if the service worker and client are able to establish a working relationship in regards to their mutual roles will they be able to clarify the tasks or problems they can work on. Either may have entered the relationship with related but contradictory notions of their purpose and may have conflicting expectations of what the nature of the service provided is to be. This often results in a
client's efforts to test the competence and actual concern of the service provider before revealing the real nature of the need or perceived problem. Testing may also be done by the service worker in an effort to determine whether a client is prepared to accept service provision in good faith or whether the client is eligible for or in actual need of the service (Murdach 1980: 460).

The role of the client calls for him to invest trust, acceptance of the diagnosis and prognosis of his problem or needs, and a willingness to follow the directions of the service provider. In exchange, he expects to receive expert help, concern not limited by personal biases or self-interest, and a commitment to a positive outcome (Wright and Burmeister 1973: 102-105). Since some human services are delivered without acceptance of the client and provider roles, a client may or may not accept the value attributed to the service.

Service Versus Integration

Human service personnel have four key dimensions in their interactions with clients (Hasenfeld and English 1974: 5-7). The first dimension is concerned with the continuum of maintaining and developing adequately functioning individuals or restoring individuals perceived to be malfunctioning in society. This leads to the second dimension of concern, in which the organizational goals or tasks are viewed as being either "people changing" or "people processing". These perspectives in turn determine to a large extent the type of interest the organization will have in the client's biography and
the amount and nature of compliancy that will be required from the client, which are the third and fourth dimensional aspects. Assumptions about the appropriate dimensions of interaction between the service workers and the clients are to a large extent influenced by the worker's perceptions of the clients' role performance. Viewing clients as role carriers, role performance may be classified at various levels (Boehm 1959):

1. Role performance violates minimal societal standards and may cause stress to individuals and groups in the client's role network.
2. Role performance meets minimal societal standards but causes stress to individuals and groups in the client's role network.
3. Role performance meets minimal societal standards for members of the role network but is not commensurate with role performance potential.
4. Role performance meets minimal societal standards and is commensurate with role performance potential. (p. 435).

In considering the various perceived levels of a client's role performance, it is apparent that service provision is in many cases concerned with societal integration functions. In this sense, the substantive goals of a human service organization are to process or change people as a means to social rather than nonsocial ends.

In his analysis of the functions of human service organizations, Vinter (1965) defines two main categories of organizations concerned with people changing. Treatment organizations are concerned with clients whose role performance is considered to be below minimal societal standards or is a cause of stress to individuals or groups in the client's role network. Their function is seen as having the goal of resolving the problems associated with individuals or groups that have been designated as deviant. Since these individuals or
groups are often considered to have defective attributes or to be improperly motivated, their interactional dimensions with the human service organization include an emphasis on the client's biography, and the compliancy required may vary in degree from manipulative persuasion to coercive repression. In contrast, socialization organizations are seen to be concerned with clients whose role performance meets minimal societal standards but is not commensurate with role performance potential. Such organizations act to integrate individuals into society by preparing them for higher levels of functioning or more specialized roles necessary for the continued existence of society.

Hasenfeld (1972) further differentiates these organizations from organizations concerned with clients whose role performance meets minimal societal standards and whose role performance is commensurate with role performance potential, but utilize organizational resources to attain even higher levels of functioning and more specialized roles. Institutions of advanced learning or professional training are examples of these types of organizations, which are further distinguished from treatment or socializing organizations by the voluntary nature of the client's participation in the service process. This perspective emphasizes the interaction between these organizations and the marketplace and the views these organizations as having a "people processing" orientation rather than a "people changing" orientation.

These distinctions underline the fact that there is more than one approach to be considered in understanding the nature of the
interactional dimensions between the human service organization and the client. Human service organizations can be distinguished by the degree to which an organization becomes involved with the range of a client's personal characteristics and unique attributes. This organizational orientation is termed "laterality", and distinctions are made whereby (Lefton 1970):

The construct plus-laterality expresses the extent to which a client-serving organization takes the "whole" person into account in its efforts to effect given social, psychological or physical changes. Its converse, minus-laterality describes a purposively restricted focus on specific or segmented features of clients. (p. 12)

In terms of a client's biography, human service organizations ideally should have a plus-lateral orientation because both service and integrative goals require the cooperation of the whole person in order for the service relationship to be fully successful.

Thus, with their concern for a client's role performance and biography, human service organizations can be viewed as occupying various positions on a continuum according to their plus or minus laterality orientation to the individuals for which the organization is providing services. Some human service organizations, those involved with people processing, are concerned with a client's whole personality as a configuration of unique attributes. People changing organizations on the other hand, involved with treating or socializing individuals, are more likely to restrict their concern for the client's attributes to one or more "deviant" aspects which may be causing problems or stress in the client's role network. While
the organization may choose to become involved with only a segment of the client's biography, the client brings to the service relationship the total array of his characteristics. These characteristics may then be segregated by the service worker into those considered to be fitting the service or integration goals of the organization and those that are considered extraneous.

Organizational goals, the institutional representation of manifest functions, tend to be difficult to define precisely, especially in human service agencies (Howe 1980):

The public goals of the profession or the service are...embodied by the organization, and they may or may not be fully shared by the professionals in it. In mixed professions... conflicts between the individual service goals of the professionals and their direct clients and the public goals of the agency are not uncommon. (p. 182)

While the expressed goal of the service relationship may be to improve a client's functioning, which is of mutual concern to both client and worker, in many cases the ultimate organizational goal is to integrate deviant or problematic individuals into society's dominant values. Obviously, this may not be the ultimate goal or expectations the client has of the service relationship as well. If integration, or social control, is the actual mandate for a human service organization, then judging programs and outcomes on the basis of services performed is misleading and may result in displacement of the primary goal. Organizational efforts may become oriented towards promoting services and perpetuating programs, whatever their outcomes.
Anthropology and Human Services

There is a need for continuous evaluation of the organization and purpose of our service institutions and their functions in our changing social, cultural, political, and economic environments. This evaluation must be based on a human scale emphasizing the identity and integrity of the individual in a society increasingly characterized by highly urbanized and centralized institutions of government, business, education, and media. It must take into account the changing life styles and values of younger generations, disenfranchized minorities, and other subcultural groups that have a human as well as a constitutional right to retain their individual and cultural attributes. It must also serve to articulate a holistic concern for the social and humanistic implications of accelerating technological change, depleting physical and cultural resources, and the demand placed on service organizations to participate more actively in social, cultural, and political programs to improve the quality of life for the multiple constituencies these organizations serve (Germain 1980: 483-485).

There is a need for further realization that these constituencies have a cultural life style that is unique, and if the behavior of these individuals and groups in their interaction with service organizations is to be understood within the proper context, it
is necessary first to have the ability both to appreciate and describe their culture (Goldstein 1980):

A tremendous gap exists between traditional social work theories based on observations of white, middle-class, heterosexual individuals and intact families and the diverse group of clients who are in need of help in ways that can promote their self-esteem, competence, and social functioning. (p. 174)

Moreover, within this society it is becoming apparent that the origins of many of these subcultures are not necessarily conceptually limited to matters of geography, ethnicity, or social class, but are grounded in organizational experiences. Our society in general, and its human service organizations in particular, is characterized by a stated commitment to pluralism and an aversion to unifaceted solutions of critical social problems and human needs. Accordingly, this generates various constraints on service provision and program development.

Human service professionals have not generally looked to the field of anthropology for their theoretical or operational concerns with service provision. However, like social work and other human service professions, modern anthropology evolved late in the last century and became institutionally established early in the 1900s. Like the human service professions, it grew in response to serious public problems, although they were often the problems of colonialism in non-Western settings rather than the problems of domestic turmoil. Similar to the human service professions, anthropology grew out of a liberal, humanistic concern for the integrity of individuals and the character and quality of their lives (Mead
While the human service professions attempted to work on the solutions to these problems based on a casework approach at the problem locus, anthropology developed into a descriptive and analytic social science operating for the most part out of academic strongholds. This is not to say that there has not been a long history of practical applications within the discipline of anthropology, but the reluctance of many anthropologists to be associated with the solutions to practical problems has an equally long history (Peattie 1958: 4-6). For both human services and anthropology, the separation has prevented recognition of common areas for research and action and has hindered the contributions an anthropological perspective can make towards the solution of human problems and needs in a domestic setting. This contribution to the human service professions extends not only to minority subcultures where anthropologists have been professionally active, but among dominant groups in our society as well. Indeed, there has been a recent growing awareness among anthropologists of the need and potential of studying the "franchised" as well as the disenfranchised groups in our pluralistic society (Ablon 1977; Nader 1972).

While anthropology has often been viewed by human service professionals as a discipline primarily concerned with the study of exotic and remote groups of people, the fact is that anthropologists have used fieldwork methodologies for years in industrial and urban settings to study the communities, groups and organizations of modern
societies. One of the things that has made their work distinctive has been the attempt to place data on complex societies and complex organizational structure into a cross-cultural and holistic perspective. This concern with broad theoretical generalizations on human behavior, coupled with the discipline's parallel concern for the unique and distinctive, complements the interest of human service professionals in the ongoing problems associated with providing services to diverse client populations (Ablon 1977).

The comparative method is an attempt to describe and account for both uniformity and diversity in human societies, including our own (Sarana 1975). To utilize effectively the expansive range of data gathered over nearly a century of work in a variety of cultures, anthropologists have developed a number of concepts and research methodologies which are distinctive to the discipline. Two major concepts, which have a special significance for human service provision, involve particular ways of viewing human behavior within a contextual framework. The first perspective involves the realization that in order to gain an appreciation of life styles in particular societies or segments of a particular society, the investigator must learn to see the world within the framework of the individuals and society being studied. The second, and related, perspective requires that the data suggestive of how individuals organize this framework must be viewed "holistically" or within a larger cultural context (Kaplan and Manners 1972: 22-24, 184-187, 129-130).
Viewing human behavior from an emic and holistic perspective suggests that in pursuing rehabilitative goals within our complex and pluralistic society, the human service professions confront serious policy issues when dealing with specific groups of people and the probable outcomes to which service and integrative functions are directed. These issues are not easy to resolve in culturally heterogeneous societies and become more difficult where minorities and subcultural groups are involved (Pinderhughes 1979: 312-316). The situation is compounded by the fact that human service workers also have unique social, cultural, and economic backgrounds and undergo various related but different educational and "acculturation" processes which act to instill professional mores and orientations to service delivery (Wade 1967: 40-46). Despite the diversity among human service workers, the human service profession is a distinctive and roughly homogeneous category of individuals who share similar value systems and a life style comparable to other professional groups. In this sense, the profession could be viewed as a subculture in its own right (Alexander 1980: 447; Goldstein 1980: 180).

Like all professions, human service has its own developmental history and overall guiding principles. However, human service workers are often in the unique position of being able to utilize organizational resources to promote changes in the life styles of individuals who are socially and culturally different from themselves or others (Vinter 1967: 203-204). It is important
to assess how the principles and procedures of this professional subculture are used, both to define the problems and needs of others and to promote individual and social change where problems have been perceived to be manifest. A number of important policy issues are involved here, not the least of which is the privileged position of one group to demand or actively promote lifestyle changes in other groups within a pluralistic society.

Anthropology has developed the emic and holistic perspectives as a means of controlling ethnocentrism in research activity. Ethnocentrism most assuredly ought to be controlled in service delivery activities as well. This suggests training or at least disseminating knowledge to human service workers to encourage appreciation of the impact of cultural and class variables in human service work and the importance of clients' perceptions of their own problems and needs (Chandler 1980: 347-353). It also suggests that service providers be able to articulate the prevailing values and assumptions of their profession and be aware when these ideological components of service delivery may or may not conform to the values of the client community.

The commitment of a service organization to the goal of providing high quality services to a pluralistic client population is represented here as being both problematic and complex. The contributions of an anthropological perspective and the use of fieldwork methodology will be examined for their potential for enhancing service provision, as well as the need for client and
community involvement in organizational goal-setting. It is here suggested that pursuit of the goal of quality service provision will require an explicit and conscious commitment by the human service professions to this end.
CHAPTER II

ANTHROPOLOGICAL APPROACHES
TO HUMAN SERVICE ORGANIZATIONS

The unique concerns of service and integrative functions set human service organizations apart from other types of bureaucratic organizations and carry special implications for the study of service provision, administrative decision-making, and policy-making. Organizational analyses of such institutions must be sensitive to the criticisms concerned with the special nature of the dimensions of client and organization interaction and the question of efficient, yet effective service provision. These concerns underline both the need for special research approaches and the potential for the unique contributions which can be made by applying anthropological concepts and methodology to the study of human service organizations (Arensberg 1978):

Suggestions for a different look at decisioning are to be found where naturalistic and participant-observational studies have been made. These can be found in the tradition of the field worker in anthropology or the applied anthropologist who comes into a factory, project, or tribe with no prior knowledge of what...he or she shall find. Anthropologists in these situations treat organizational and institutional behavior whole, making comparison not only from people to people but from organization to organization. (p. 72)

It should be noted that this type of anthropological approach to the study of organizational behavior is well within the tradition of anthropological research, dating at least as far back as the Western Electric research project of 1927, which was more or less
responsible for initiating a number of academic courses and re-
search projects concerned with the human problems related to organ-
izational structure and process (Whyte 1978: 130).

Despite anthropology's early contributions in this area, organ-
izational research rapidly became the domain of sociologists and
social psychologists, who used research methodologies that tended to-
wards an increasingly quantitative approach to organizational behavior.
In terms of applied research orientations, these trends take on an
added importance when viewed from the perspective of the special
nature of human service organizations and service delivery processes.

There has been a growing concern about the appropriateness of
relying extensively on quantitative methodologies when attempting to
understand human behavior within the context of human service organ-
izations (Bogdan and Ksander 1980: 302-309). Since quantitative
methods have been a dominant influence on the production of knowledge
in the field of organizational research over the last twenty years or
so, any serious reflections regarding current organizational theory
and its appropriateness for the human service professions should
at some point consider the value of alternate methods (Daft 1980:

Several unresolved problems of organizational research cur-
rently exist which take on an added significance when applied to
the question of human needs and the organizations and institutions
which are designed to address these concerns. There is a rather
curious and troubling distance between the generalized principles
which have been postulated for the behavior and interaction between individuals, groups, and organizations and the specific and contextual understanding and explanation given by the social actors themselves (Thompson 1979):

Accurate prediction of group behavior...cannot be explained on the basis of extrapolation, a method rooted in the untenable hypothesis that past group behavior will be reproduced with mathematical precision in the future...forecasts have one characteristic in common...based on knowledge in depth, not only of the human condition but also of the specific culture involved. Such insight is not gleaned solely from observation of human behavior and its products. Rather it reveals deep, emic-type understanding of a culture's covert structure in relation to human needs and values. (p. 116)

This insight is not to be taken lightly when attempting to understand the complex interactions between individuals, functions, and structures involved with organizations mandated to provide services to multiple constituencies comprised of various subcultural groups.

Further, the gap between the theoretical constructions used to formulate research design and the availability of data to render such theories testable appears to be increasing. While data manipulation techniques have become increasingly complex, the interpretive frameworks which give meaning to such data have grown looser, more open-ended, and contingent (Record 1981: 30). There is an increasing distrust among many organizational researchers of the claims made for such analytical conveniences as the formal interview, written surveys, laboratory studies, and the use of official documents and statistics, especially when these devices are used among informants that are drawn from ethnic minority populations.
(Myers 1979: 244-245). In particular, the overwhelming role played by the survey instrument in organizational research has led some applied anthropologists to suggest that the field is becoming the study of verbally expressed sentiments and beliefs rather than the study of actual human behavior within the context of an organizational environment (Arensberg 1978: 71-72; Whyte 1978: 130-131).

Although the knowledge base of the human service professions includes a number of concepts borrowed from the social, behavioral, and medical sciences, human service workers also base their service and integrative efforts on a body of original and informal knowledge concerning the ways in which individuals, groups, and communities respond to situations within the context of service delivery. Much of the information which exists in this category has been developed on a trial and error basis within the practical confines of service provision or administration, rather than through the efforts of research. As a result, much of this information has often been poorly or incompletely conceptualized, having been acquired through the "oral tradition" of work experience and day to day supervision (Goldstein 1980):

Without operational concepts to describe the active and natural processes of coping and adaptation, without principles for action derived from these concepts, and in the absence of systematic research on the effectiveness of practice with specific types of maladaptive transactions, it is easy to fall back on old, familiar formulations about what is wrong with people and how to correct their problems. (p. 175)

In addition, the demands of practice often tend to lessen the concern for providing data feedback for program evaluation and organizational
analysis and restrict the flow of information which could be useful in validating theoretical propositions or suggesting the limitations of widely accepted concepts involving human behavior (Carrilio 1981: 87-88).

A concern for conceptualization as well as action is applicable to the development of the human service professions despite the fact that as far as application is concerned, human service workers are often in a position of trying to control rather than analyze behavior. The objectives of understanding, explaining, and predicting behavior have the potential to enable human service workers to attain their practical objectives better and serve to encourage them to examine the full range of behavioral and social determinants of their own actions as well as the behavior of those to whom they provide services.

Individual, group, organizational, community, and societal and cultural factors consequently become proper objects of analysis. The emphasis upon verifiable knowledge promotes a separation of value and fact and generally cautions practitioners against adhering to knowledge that has little substantiation. At the same time, a concern for the interaction of ideas and action encourages an active search for verified information. Anthropology more than any other social or behavioral science has developed the appropriate methodologies for extracting the most information from the direct observation of human behavior (Whyte 1978).

With the discipline's further concern for understanding this behavior within an emic and holistic perspective, anthropologists would
indeed have important contributions to make towards the practical and yet special concerns of human service organizations.

The Role of the Anthropologist in Human Services

Naylor (1973; 364) examines four kinds of applied activities traditionally done by anthropologists: 1) consultant anthropology; 2) research and development anthropology; 3) action anthropology; and 4) efforts on behalf of minority or subcultural groups such as Native Americans in claims litigations. According to Naylor, rather than applying anthropological knowledge to practical problems, the consultant anthropologist constantly develops new insights and methods which originate from the dynamics of modifying research and theory as it is translated into practice. The consulting role then, is seen to be concerned with maintaining a professional image and containing relationships within the context of research demands. As such, the consultant anthropologist has a prime directive to understand scientifically the population or group under investigation and only a limited responsibility to the governing agency in terms of their programmatic goals. The basic role of the research and development anthropologist is concerned with the application of theory to practice, primarily as a means to validate conceptualizations. Intervention is seen as not only a movement towards realizing community goals, but also as a method for varying the contextual situation for the purpose of isolating
other variables for further research. This feedback results in a contextual "mapping" of successive developmental stages.

In contrast to these approaches, action anthropology combines action with research for the purpose of using intervention as a means to the goal of scientific discovery. The goal is twofold in that the objectives are "helping and learning something in the process" (Naylor 1973: 366). The role here is as a catalyst, and the anthropologist is concerned with developing information about various potential alternatives, which are presented to the recipient group for decision. The anthropologist thus clarifies and disseminates knowledge without attempting to influence its practical utilization. The role of the anthropologist in conducting research and testifying in claims litigation for groups such as Native Americans is seen as being similar to that of the consultant anthropologist in that testimony replaces advice giving, while the function of technical specialist remains the same. In this case, however, the anthropologist is often acting as an advocate for the group he is working for, and the results of his testifying have both a direct and indirect influence on decision-making and policies that are implemented as a result of these decisions.

While noting the definitional distinctions among these four approaches, there are at the same time characteristics common to all of them. All of the approaches disavow the application of empirical knowledge as such and include ongoing, continuous research in the methodological operating procedures. According to Naylor
(1973), each approach concludes with feedback into the body of anthropological theory and is directed toward an ultimate result having to do with some type of change in human behavior:

This change in behavior provides the necessary feedback into anthropological theory which each approach claims as its responsibility to science. The anthropologists we have described feel that their work is providing new data, new methods, and new material to the whole field, and in addition, what they are providing is the arena for testing that material. On this basis, we can identify no differences in the relationship between theory and application. (p. 367)

Because of these similarities, Naylor argues for the elimination of the term "applied" anthropology as being something somehow separate and apart from anthropological theory, and views anthropologists from all four approaches using their talents on practical problems as applied anthropologists. The importance of both the differences and commonalities in the various approaches lies in the unique role of the anthropologist whether he is formally working for an agency or a community.

The major instruments for anthropological data collection are the anthropologists themselves, especially in applied situations. Fieldwork deals with primary rather than secondary data, emphasizing inductive rather than deductive reasoning, at least in the initial stages of research (Kaplan and Manners 1972: 21-22; Clifton 1976: 147-150). The focus is on immediate personal experience rather than armchair theorizing (Thompson 1979: 117).

Central to this perspective is the concern to avoid the fallacies of ethnocentrism. This is accomplished by a suspension of judgment; the anthropologist must adopt the attitude of an ob-
server rather than that of an evaluator. The anthropologist is in this sense learning both by the formal scientific process of data collection and by informal involvement in human interaction (Firth 1981):

More than in theoretical anthropology, in applied anthropology the personality, temperament, and operational skills of the individual are immediately relevant to the interpretation of issues and implementation of proposals for improvement. Putting it crudely, it is an anthropologist, not anthropology, that is applied. (p. 197)

Anthropologists enter the research situation with the need to develop personal relationships, "rapport" and "key informants." Relationships are built on a growing knowledge of appropriate expectations, the sharing of experiences, exchanges of favors, and other kinds of personal reciprocities. Such participant observation is as much a part of the ethnographic method as field notes, interview schedules and kinship genealogies and takes place in both exotic and domestic settings (Taylor 1978: 237). The fieldworker enters the community under study both as an individual and as a representative of a scientific discipline. As such, the investigator must be concerned not only with personal relationships but also with the institution of science and the community as a social institution.

The Emic Approach

Anthropologists have traditionally been concerned with the emic as well as the etic aspects of human behavior. Emic refers to a variety of theoretical field approaches concerned with describing
a culture in terms of the native's conceptual categories, as opposed to the interpretations of that culture by an outside researcher, which is known as the etic approach (Kaplan and Manners 1972: 22-24). Just as languages have different grammars and phonemes drawn from a variety of potential combinations each culture is composed of a distinctive "grammar" of behavioral acts which are meaningful and appropriate (Badcock 1975: 35). These emic conceptual categories represent a set of rules and propositions which guide individuals' behavior, form the basis of social relationships, and instill meaning and value to action. Similar to the rules of speech, these rules of behavior are intuitively known by members of the culture and need not be articulated (Bee 1974: 182-187; Robertson 1976: 1980). For the most part they are taken for granted, and confusion about meaning and intent often results when members of two cultures or distinctive groups come together, each interpreting the behavior of the other by their own conceptual categories (Olien 1976: 167-169).

The implications of this for human service delivery are both obvious and important. Unfamiliarity with a client's cultural background may lower the service providers' confidence in their ability to communicate effectively with the client. This is an essential part of their interaction which directly affects the assessment of the client's problems or needs, which in turn may lower the quality of services provided (Chandler 1980: 349). An example of this world be the unique concerns a middle class university trained social worker would have when confronted with a Native American
client who is an apparent alcoholic with no job and who is reported to have abandoned his family.

Within the emic context of service provision, there would be several areas to consider in the approach to assessment and intervention. It would mean that treatment for this client would have to take into account the competitive and ritualized nature of drinking in some Indian communities (French and Hornbuckle 1980: 278-279). The role of the client within his community would have to be understood, including his reputation, his role in any clan or ceremonial offices, and the normality of his family arrangements in terms of his community’s expectations. There would be a need for information on the migration flow between the client’s home community and the urban center, and what migration means to Indian men and their families (Red Horse 1980: 462-464). Service provision would also be enhanced by knowledge of any anti-Indian prejudice or discrimination in the local community, as well as an appreciation of the coping strategies of Indian men in urban centers and the organization and functioning of the social networks these individuals use to survive (Edwards and Edwards 1980: 499-501).

For the service worker, eliciting from the client his understanding of a proposed treatment plan and his understanding of how it may modify his habits and values in all these spheres of activity would be crucial in assessing the potential for his compliance with the intervention strategy. To do all this would be time consuming, but such an investment is often necessary in order to deliver the
kind of service that would make a real difference to the recipient and his community. Thus, it may be seen that in order to be effective, service provision must be accordingly adapted to the emic context (Hardy-Fanta and MacMahon-Herrera 1981).

It is important to note that while unfamiliarity with a client's cultural or subcultural behavioral configurations raises a number of problematic areas for service provision, there is also a parallel danger in making assumptions about the degree and nature of the emic context, especially at the policy and programmatic level. In a study of neighborhood health centers under the direction of the Department of Health and Hospitals, Jones (1976) uncovered a number of such assumptions which had a direct effect on service provision and the evaluation of program effectiveness. The health centers were part of a decentralization policy attempting to bring health services into the neighborhoods and provide a more "sensitive" atmosphere than was available at the general hospital. The health centers were located in poverty areas with predominantly black populations, and all but one of the centers were used by members of the neighborhoods to full capacity.

In attempting to discover the reasons for low utilization at one of the centers, Jones (1976: 224) found that at the policy and program planning level there were the assumptions that: 1) the black population had substantially different health values and practices which partially accounted for the low utilization of the center, and 2) there was a lack of information about the availability of
health services, and that the usual means for disseminating the information through media channels would not be as effective as isolating the informal social networks and indigenous channels, primarily through the hiring of indigenous "neighborhood representatives". Further studies by Jones and his research group comparing the attitudes towards health of black high school students and the small number of more affluent white students revealed that although the health values of both groups were not significantly different in that they were both concerned with "good" health, there were indications of inadequate application of these values in the poorer black student group. A second study comparing a number of middle class adults with a sample of under class adults living in the vicinity of one of the health centers suggested that both groups had similar expectations from health service providers in terms of competent care, personal interest in the individual, and explanation of the treatment process. While granting that these studies were not comprehensive enough to be conclusive, they do raise questions about the original assumption of different health values, and Jones (1976) contends that in this case "conclusions about cultural and behavioral differences between the Black poor and the White middle class are based on the study of Blacks, and not on comparative studies of Blacks and Whites [and thus]...a distinction should be made between health value and health practice" (p. 225).

While the social planners involved with this program assumed the natural superiority of using informal social networks and in-
digeneous channels to disseminate knowledge of the program's existence to the community, actual investigation revealed that although there were groups and informal cliques, neither of these networks had enough connecting links with the rest of the community to communicate effectively information on the availability of health services at the center. While the neighborhood representatives were supposed to provide the "linkage" between such groups and act as representatives of the community's lifestyle and health values, it was not the community itself which determined the characteristics or the individuals concerned but the health service professionals involved in program planning.

It was also found that while many members of the community were aware of the clinic, many of them did not believe that the services were actually free. Some members of the community had attempted to utilize the services, but had been unable to locate the clinic within the hospital facility due to a lack of information by receptionists or directional signs. There was also evidence of some negative attitudes on the part of some of the hospital staff who resented the existence of the free clinic and the presence of both the neighborhood representatives and the "free" clients. This resulted in the neighborhood representatives feeling like marginal members of the staff and decreased the amount of communication between them and the other health service providers. Many of the neighborhood representatives developed defeatist attitudes about the program and its ability to encourage the community to use the center. Correspond-
ingly, many of them decreased their efforts to contact people in the community. Part of their discouragement came from their realization that none of the centers had an adequate amount of resources, staff, or physical facilities to provide services for the sizable number of eligible clients within the community and would have, in fact, been overwhelmed if all of the qualified clients had actually attempted to utilize the services (Jones 1976: 224-225).

As a result of these research efforts and the associated training program, there were some changes made in the program, which did increase the community awareness of the clinic and also its utilization. Receptionists in the hospital lobby were provided with information about the clinic and directional signs were placed in highly visible areas. Leaflets providing information about the location and available health services were printed and distributed throughout the target area, and many of the neighborhood representatives were replaced with more experienced workers who displayed a more positive attitude about the program and the client population. By demonstrating a number of facts about the client community, rather than the assumptions which had been built into the program planning, Jones and his students were able to effect real changes in the neighborhood centers and enhance service delivery (Jones 1976: 226).

This concern for an emic type understanding is also apparent in Myers' (1977) nationwide survey of drug-related sentiments and behaviors among Job Corps enrollees, which was jointly funded by the
United States Department of Labor and the National Institute on Drug Abuse for the purpose of gaining data to be used in planning and developing drug education and health-related programs. Since Black, Chicano, and Caribbean minority groups were represented in the research population, as well as nonminority groups, Myers was concerned about using conventional survey methods to elicit information from individuals with an ethnic minority background. Since Job Corps staff were also to be interviewed, there was the additional concern that important information might be obscured by individuals providing misinformation out of a sense of self-interest and a concern for retaining their employment.

In an attempt to overcome the potential methodological problems these areas represented, several modifications were made directly on the research instrument itself. Instead of the usual procedure whereby the researcher formulates the survey model and response questions, attempts to remain in a neutral and mechanical frame of reference while obtaining the data, and finally makes his own interpretation of the data, young ex-enrollees were recruited and retained to do the interviewing, and were included in the survey conceptualization, instrument development, and interpretation of the findings. The interviewers included three Black men and three Black women, two Chicanos, and one Chicana, all of whom were directly involved in the entire research process (Myers 1977):

During the selection and training phases, we, our consultants,
and our new colleagues developed an interview schedule that respondents could understand. Deeper levels of attitudinal, cognitive, and behavioral experience were to be explored among respondents who were known to vary along several dimensions: gender, racial, cultural and ethnic background, urban and rural origins, education, patterns of verbal and nonverbal communication, and drug experience. The instrument would have to interest respondents; it would have to minimize interviewer and respondent fatigue; and experienced drug users could not view the queries as naive, nor could nonusers or less experienced users be intimidated. (p. 248)

In preparation for their joint participation in the research project, the interviewers underwent intensive and prolonged training designed to allow them to salvage all useful information under inconvenient and sometimes frustrating conditions and to make the best use of their familiarity with the Job Corps members' "dialect" and nonverbal behavior. Because most of the respondent population would come from subcultures oriented towards oral and aural forms of communication, standardized survey response formats were not used, and the interviewers conversed in both standard and non-standard English and Spanish, and Black English. The interviewers were also attempting to interpret "body language" in a manner that would maintain the necessary rapport with the respondent. The diction for the survey questions was left to the discretion of the interviewers, who after extensive role-playing pre-tested the instrument both in the black community and at local agencies similar to the Job Corps. After meticulously reviewing the feedback from these experiences, further efforts were made to eliminate data gaps and ambiguously recorded responses. The refined instrument was used in preliminary interviews at two Job Corps centers, where
respondents were asked after the interview to assess the exchange in terms of the naturalism of the overall schedule, item clarity, record of nonverbal responses, and degree of personal disclosure concerning drug use experience and/or attitudes.

Despite the amount of effort that went into the training procedures and survey design, there were problems to challenge the interviewers, some anticipated and some not (Myers 1977):

During the three months of data collection, travel logistics, expressions of racism, rumors and suspicion about the study which circulated among potential respondents, and on-site problems with interviewing space and scheduling routinely disrupted survey tasks. (p. 249)

However, because of the flexibility of the interview schedule, naturalness of the survey diction, and commitment of the interviewers and researchers, these problems were surmounted and a great deal of useful information was provided for program planning, which most likely would not have been obtained by more conventional survey methods.

Adapting the research instrument to field conditions has always been of major concern for anthropologists and other applied researchers (Gouldner 1955: 172; Thompson 1970: 226-227), and the studies done by Schensul in a Chicago Chicano community and a Puerto Rican community in Hartford, Connecticut further the case for including members of the community under study in the research process. Retained as an anthropologist by program planners concerned with the cultural and behavioral aspects for a mental health and health service program being proposed for the respective com-
munities, Schensul originally started his research from a consulting stance but soon found that in operating from this orientation without the benefit of community input, only peripheral information was being gained about the community's health values and behaviors (Schensul 1980: 313). Greater success was made when the researchers became more involved with the process of political activism and community change which was taking place, and by making themselves more "useful" to the community in this sense, it was found that they were able to identify and incorporate the assistance of key informants and community leaders. With this assistance, the time involved in producing data decreased, and the information gained became more relevant.

It was also found that instead of being "anti-research", the community activists "had a keen ethnographic understanding of the community and were able to teach us about factions, community mobilizations and strategies for action" (Schensul 1980: 313). Through the use of this information, training programs were developed for providing community researchers better able to identify the health needs of the community, as well as providing data on the related behaviors and values of the population the programs were designed to serve. This linkage increased the potential for significant basic research results and a more highly developed applied research methodology. It also contributed to the personal growth of the researchers, and the further development of their research skills. Not the least important was the positive effect
the experience had on community development itself.

There can be no question as to the merit of increasing the interchange between fieldwork research concerned with service provision and the identification of community needs. Schensul's study (1980: 316) provides several strategies for increasing the relevance of applied research:

1. Research projects concerned with aspects of service provision should be developed with a direct community base. Community members can play a significant role in structuring research and forming interview schedules. Community funded projects should include the involvement of community participants to insure that the correct needs are being identified, and the most appropriate course of action is taken to address them.

2. Training programs involving community researchers have an ongoing value in that they allow the community to develop the capacity for doing their own research and need identification. This in turn creates a pool of indigenous colleagues to aid both in the research design and data collection.

3. Field researchers can utilize the participant observer stance to its full advantage by becoming involved in the range of activities concerned with community development and are able to make significant contributions to this goal, while at the same time, increasing the potential for gaining relevant data on the community being studied.

4. This development of collegial relationships with community
activists provides researchers with a learning experience acting to increase their existing skills, infuse a flexibility into the various potential roles of consultant, action, development, and advocate anthropology, and increase the potential for exchange between research design and the concerns of service provision.

The Holistic Approach

In addition to illustrating the importance to service delivery concerns of understanding the emic context, the above examples also suggest the usefulness of another contribution from the anthropological perspective. However detailed a description of a culture or subculture an anthropologist might prepare, the purpose of the endeavor is to gain an understanding of the whole system being studied (Mead 1978):

Our task, in any particular case, was to define the whole within which we were working—a factory, a school system, a political unit, an ecological unit—and then act in terms of the good of the whole...it meant that an applied anthropologist would refuse to be retained by management without the consent of labor, by a colonial bureaucracy without the involvement of the people being governed, by a hospital administration without taking the patient's feelings and wishes into account. (p. 432)

This holistic perspective views cultures or subcultures as whole systems, with the understanding that the parts of these interrelate, often in subtle and unexpected ways. Ethnicity is an issue which will not disappear despite middle class beliefs about the "melting pot" character of the larger society and the assumption that assimilation into the American mainstream of institutions and
values would solve the problems of stigmatized groups and "deviant" individuals. However, the holistic perspective is more than a humanistic calling for appreciation of ethnic distinctiveness. To demonstrate this and to show that to deal with groups other than so-called "ethnic" populations, it is useful to consider several examples where anthropologists successfully used the holistic principle in community situations familiar to human service professionals.

In a study of the "skid row" community in Seattle, Spradley (1970) began his research with an emic perspective to arrive at an idea of what his informants regarded as the most significant elements in their day to day environment. While alcohol consumption and resources were indeed a preoccupation, alcoholism itself was not a major problem for most members of this community. Their concern was rather with the legal entanglements with the police and criminal justice system resulting from the frequent arrests and incarcerations for public drunkenness, and the concurrent loss of mobility. Spradly found that survival in the skid row community depended upon mobility, and individuals needed skills in dealing with the police, jail personnel, employers, and social workers.

While mobility was the major factor in the informant's social identity and life style, individuals' reasons for taking up this life style varied. For some individuals, membership in this community was the result of various types of personal failures in the "straight" world. For many others, however, membership was volun-
tary and due to the attraction of a "brotherhood of strangers" existing on the margin of the larger society. For Spradley's informants, being "marginal" might involve many things: lack of adequate education or vocational skills sufficient for continued employment, cyclical poverty, and racial or personal stigma. However, it also included many aspects of personal choice such as dislike of long-term or monotonous jobs and devaluation of mainstream values and institutions like marriage and family life (Spradley 1970: 68-79, 253-257).

This information brought into question the common sense assumption that these individuals were social failures and rejects. Many of them had, in fact, rejected society rather than having been rejected themselves. The threats to the skid row community came from the larger society outside of their subculture, principally from the police and the court system but also from service providers such as mission workers and social workers. For this community, the significance of mobility and alienation from mainstream values was at least as important as the concern for alcohol, and in this sense, the members could be seen as "urban nomads" participating in a defined subcultural system, rather than as individual drunkards and social failures. Spradley's study indicated that the lifestyle of the urban nomads could be more effectively studied and analyzed using the holistic perspective of anthropology rather than a "social problems" or personal deviancy approach (Spradley 1970: 3-8).
Recognizing that the skid row community had a complex world of values and associations which were a source of individual and group identity of its members challenged the conventional assumptions underlying many aspects of the social service systems involved and led to a basis for action and improvement as well. Spradley was able to promote and secure needed legal and procedural changes for providing "services" for the urban nomad client population. Using an anthropological perspective, the "problems" that the skid row community presented to the larger society were redefined so that more humane and effective service delivery systems could be devised. The emic perspective brought attention to the fact that behavior occurs within groups, and that it may be necessary to change the relationships between certain groups before rehabilitative efforts can succeed with individuals. As a result of this study, relations with the larger Seattle community and the criminal justice personnel, rather than substance abuse, became the policy issue and target of correctional activity (Spradley 1970: 258-262).

The Wyoming Human Services Project was developed in 1974 as a cooperative venture between the University of Wyoming and two regional communities to mitigate some of the human service needs that arise in energy-impacted areas. It serves as a further example of the potential roles available for anthropologists concerned with improving service delivery. This experimental program trained and placed multidisciplinary teams of human service pro-
fessionals in the communities on an annual basis, focusing on the topics of the role of the service worker in situations of social change and the use of multidisciplinary education and service delivery in response to complex social problems. Anthropologists were involved in this program as training faculty and students, community team members, and administrative personnel. The training program consisted of a two semester classroom situation and summer training for students on the community teams, taught by a multidisciplinary group, coming from a wide range of departments such as nursing, social work, law, urban planning, clinical psychology, public administration, as well as academic departments such as anthropology and sociology (Uhlmann 1971).

Students made field trips to energy impacted communities and served internships in state human service agencies. They were also involved in the state legislature as lobbyists and received agency placements in local government, public health, social services, family planning and community education. In these placements students either served in a research role or assumed a previously well-defined staff role. While the contributions from students in the staff roles were substantial, a great deal of innovation came from the community team projects. These teams established over twenty services and facilities within the communities, including alternative youth housing facilities, a planned parenthood clinic, a substance abuse counseling center, a volunteer and referral service, a United Way, and a senior citizen discount.
service.

An important feature of the community team approach was using the perspective of the community as "client". This focus, combined with the multidisciplinary background of the team members, made the contributions of the community team unique and complementary to the traditional team approaches used by the existing human services network. Division of time and labor between agency placements and community team projects was an essential factor in the design of the training program. The students' internship experience acquainted them with the community needs from the perspective of a particular agency, which was seen as a segment of the total human service delivery system in the community. By sharing these related but separate perspectives, students were able to arrive at a holistic and systemic view of human service delivery in the community. These projects, which provided linkages and filled service gaps created by organizational boundaries, improved the potential and capabilities for comprehensive service delivery among a number of agencies.

The perspective of organizations and institutions as community and social systems, a perspective which is historically rooted in sociocultural anthropology, means that anthropologists trained in this tradition have a unique contribution to make as diagnosticians for many of the existing human service needs and problems. A further example of viewing the community as a client within a holistic perspective and the use of anthropologists in the roles of
both researcher and active project members is the Eastown Community
Association in Grand Rapids, Michigan. Originally funded by a
block grant from the Kellogg Foundation and Aquinas College, the
Eastown Community represents another case of the potential for an-
thropologists working with other human service professionals to
develop community associations outside of the traditional munici-
pal housing department organizational boundaries, which can have a
major impact on conserving and developing neighborhood housing
resources.

As with most American urban areas during the 1950's, sections of
Grand Rapids were experiencing neighborhood transition. While the
Eastown area maintained a vital and ongoing structure throughout the
1950's and early 1960's, by the mid-1960's signs of neighborhood
change were becoming highly visible. In the early years of the
next decade transition had become widespread throughout the area,
and the population characteristics shifted from a stable, largely
middleclass group to a diversified group of ethnic and income sec-
tors. Local businesses were relocating to suburban areas, minor-
ity and low-income populations were expanding, housing quality and
maintenance were decreasing, and burglary, vandalism and other
crimes were increasing (Easley, Edison and Williams 1978: 7-13).
Students and researchers from various universities and colleges,
coming from anthropological and multidisciplinarian backgrounds,
served internships and worked with other community team members
and citizens to provide information and education, to conduct
and to help organize a neighborhood association as a vehicle for encouraging community members to develop a sense of involvement and participation in the revitalization of the neighborhood. (Easley 1980).

As a result of the increased community awareness and cooperation, problems that were once viewed as being private and individual, such as deteriorating sidewalks and streets, falling real estate values, and the lack of service and product availability, were redefined as community issues (e.g., lack of city services in an area, poor housing code enforcement and prosecution) which were then examined and strategically attacked (Easley, et al. 1978 56-57). In the years since the neighborhood association’s origin, much of the previous general decline has been arrested or eliminated. Some of the reversal has been the direct result of the Eastown Community Association effort; more importantly, much of the change came about because of sense of community identity and pride and because the Association reinforced what previously isolated groups had already been trying to bring about.

During this period, housing in the Eastown area has continued to show signs of improvement. Dwelling abandonment and arson incidents have significantly decreased through the enactment and enforcement of a strong city ordinance for boarding and securing abandoned buildings. Dilapidated structures were removed and an urban homesteading program initiated to help preserve and restore some of the more marginal dwellings. Paint-and-fix programs have
been sponsored by government, civic, and church organizations, and inservice classes on home repair have been made available. Accompanying these changes, the commercial area has gradually expanded again with the addition of numerous specialty shops, art galleries, restaurants, and a movie theater (Easley, et al. 1978: 20-24).
CHAPTER III

SERVICE DELIVERY:
EMIC AND HOLISTIC CONSIDERATIONS

People come to human service organizations with different problems and expectations; they also vary in the intensity of their use of the agencies. Perlmen (1975) has used the consumer approach to suggest valuable insights about the relation between the values, beliefs, aspirations and life styles of the clients and their service expectations. In a study of four thousand clients and their experiences with a neighborhood multiservice center, Perlman suggests a typology with three main client types. "Buffeted" clients usually present multiple and interrelated problems and utilize services over and over. "Problem-solvers" are those clients presenting a few difficulties with which they want assistance and utilize services frequently, but not excessively. A third type of client, the "resource-seeker", usually focuses on one or two problems and limits his/her contacts with agency services.

While clients often come to human service organizations seeking resources, these organizations are also in need of clients to fulfill their service and integrative functions, the manifest reason for the organizations' existence. Clients may therefore be viewed as potential "resources" for these organizations (Greenley and Kirk 1974; Kirk and Greenley 1974). Clients may further represent potential resources by paying fees, by indirectly justifying organizational
claims to increased funds, or by affording emotive and task satisfaction to the professional staff. However, clients may also represent potential liabilities to the organization. Clients consume organizational resources in terms of both professional staff time and the use of physical facilities. "Buffeted" or "problem-solving" client groups, in particular, may sometimes burden the staff with demands for special attention, and clients who fail to show the desired improvement may remain in the organization's caseload for extended periods of time. Expanding caseloads and lack of perceived progress may contribute to lowered morale and staff turnover, which may in turn lead to a reduction in the quality of service. This may then have an effect on the organization's reputation and its ability to hire future personnel and to secure funding.

The selection of clientele is related to client role performance, perceived potential for successful service outcome, and what has been termed "boundary control" (Greenley and Kirk 1974: 71-72). Depending on many diverse factors or organizational dimension such as size, funding sources, degree of governmental or societal legitimation, voluntary or nonvoluntary status of clientele, clientele availability, and level of staff professionalism, human service organizations have variable degrees of boundary control in their efforts to control the number and kinds of clients they accept for services. This is of functional concern because in their attempts to gain funding and other resources, organizations may make exaggerated claims about the number and types of client populations they will reach, while in
practice their actual effective domains are constricted by limited resources. Through the use of discretion in the definition of an applicant's problem, or on the other hand their eligibility for service, organizations are able to use rejection and referral as mechanisms to reduce their domains and protect their resources.

Organizational Boundaries and Client Services

Human service organizations may be classified by a number of features, including the degree of boundary control in the service delivery system, strategies of client selection, and the concern or lack of concern for the client's total biography and personal characteristics. Rein (1979) suggests two major categories of human service organizations based on these features. One type of organization exhibits high boundary control, relatively higher funding often from private sectors, well-defined services, and a smaller clientele characterized by a better prognosis and often higher social status. The other type of organization exhibits low boundary control, often inadequate funding from public sources, vaguely defined services, and clientele characterized by poor prognosis or multiple problems. In general, this clientele represents a larger number of actual clients, who are often from a lower social status.

High boundary organizations have features which tend to orient service provision towards a concern for the client as a whole person (Rein 1979: 83). Because their funding sources are not from public or governmental sectors, these organizations operate without the im-
plied legal mandate from society that such funding carries. This re-
quires the professional level of their personnel to be relatively high-
er in order to legitimate more thoroughly their existence and services.
However, since their private funding sources are adequate, they are
able to obtain this professional level and have the opportunity to re-
strict their client intake. This allows for a higher ratio of pro-
fessional time for each client and a professional staff which has access
to more resources, leading to a higher quality of service provision.
These organizations select for clients whose role performance meets
minimal social standards and have a good prognosis for meeting or ex-
ceeding role performance potential. The organizational goals are
oriented towards "people processing" rather than "people changing",
and the clients usually participate voluntarily and services have a
better potential for successful outcomes (Rein 1979: 84). There-
fore, clients represent resources for enhancing professional and organ-
izational reputation, and service delivery is likely to take place in a
more personable manner. Examples of these types of organizations would
include colleges and universities, family service agencies, and private
rehabilitation agencies.

Since low boundary organizations obtain their resources from pub-
lic funding, they are mandated by society to provide services and
are usually unable to restrict their client intake. Since these
organizations cannot manipulate the demand for their services, they
must adapt to the strain on their resources by manipulating the
supply and quality of service provision. Since public funding is often
inadequate and yet legitimates the organizations's existence and services, there is less concern and ability to obtain a high level of staff professionalism, and there is a low resource-client ratio (Rein 1979: 85-87). The lack of unity for client selection requires these organizations to accept clients whose potential for successful service outcomes are not very high. Clients are often nonvoluntary and have a poor prognosis and may have multiple problems. These organizations are oriented towards "people changing" in that the lower level of professionalism, lack of staff time and other resources, and large number of clients results in attention to only specific, segmented, and often "deviant" features of the client (Vinter 1967: 210-211).

These clients, in effect, represent a liability to organizational resources and do little for increasing the professional and organizational reputation. As such, there is often a lack of concern for "extraneous" personal features in the client's biography and a resulting tendency towards depersonal service provision (Noble and King 1981):

Those persons who are retarded, psychotic, live in poverty, are members of minority groups, are in prisons, or aged and dependent are the ones highest in need of service and have the fewest personal resources. Generally, they are served by direct service workers (with limited experience and training, and with aspirations to move "up") in agencies and institutions that have great difficulty in attracting and holding qualified personnel. (p. 581)

In cases where the client's role performance causes stress to individuals or groups in the client's role network or the community-at-large, service provision may vary in degree from manipulative persuasion to coercive repression. Examples of these type of organizations
include public welfare and health agencies, state institutions for the emotionally disturbed or developmentally disabled, and penal institutions.

Recent developments have added new dimensions to the question of the service or social control nature of the client/organizational interface. Court decisions insuring the right to treatment, malpractice suits, and the demand for professional and program accountability have stirred new interest in the purpose, process, and procedures of service delivery (Bernstein 1981; Demone and Harshbarger 1974). If an individual has a right to treatment and is viewed as an active consumer and participant in the service process, it follows that the treatment goals and intervention plans must be developed in a systematic way with the client's involvement. The goals and plans must be managed and monitored in a manner that is consistent and understood by all concerned, especially the client.

Sanction, the authority and permission for human service workers to practice, is an issue that is direct related to the benefits or lack of benefits in the social order received by members of the client population. This is of special importance for clients who are also members of ethnic or minority subcultural populations such as Blacks, Hispanics, Asian Americans, and American Indians, who are frequently referred to as "Third-World" people (Street 1977: 932). Because a disproportionate number of these individuals are among those in poverty and in the criminal justice and welfare systems, it is more likely that they will be involuntary clients than will whites or white ethnics.
Research findings suggest that when human service workers practice within a framework of social control with involuntary clients, their intervention efforts may not be as effective as when they work with voluntary clients who are actively seeking their help with specific problems (Murdach 1980):

Practice with such nonvoluntary clients is different from practice in treatment-oriented situations. At least in theory, treatment situations are characterized by (1) client's requesting service, (2) joint agreement by client and worker on methods and goals of treatment, and (3) collaboration between client and worker to achieve the desired results. This model of practice assumes no essential differences in the viewpoints or objectives of worker and client. Both want to make the helping exchange work. However, in nonvoluntary situations, differences are sharp and obvious, and helpers and helped tend to relate not as partners but as partisans. Each has a different definition of the problem and different loyalties, commitments, and investments in outcome. (p. 458)

It is when trying to come to grips with the causes of personally experienced problems that the need for emic and holistic perspectives becomes so important. That an individual is of an economic class, a racial or ethnic group, a sexual status, or an age category is a key to understanding their personally experienced problems, because these define their position in society and link them to what may be contradictions and dehumanizing forces in the social order. The interaction between minority or ethnic clients and their environment involves multiple factors—social, economic, racial, political, and the like—all of which may have adverse effects on the life situations of these populations. In providing services, the human service worker should seek to understand the attitudes of these clients about such factors and the impact of these factors on them. An emic orientation to service delivery would aid the prac-
titioner or administrator in identifying the unique needs of these clients and in achieving the goals of enhancing and restoring the functioning of individuals in society (Chandler 1980).

Human service workers may find themselves in a dilemma in treating involuntary clients because they are given legal sanction to carry out functions of social control as well as service which is inconsistent with the value placed on self determination in our society in general. Human service workers have a role in advocating a person's right to refuse treatment, but this poses further dilemmas for those service workers that have historically asserted their professionalism through the status and authority of their agencies, especially those agencies chiefly concerned with a function of social control (Vinter 1967: 213-217).

Especially in cases of attempting to provide services to minority or ethnic client populations, bilingual and bicultural human service workers should be employed and deployed in traditional human service agencies. Too often these agencies lack empathy or insight concerning people whose cultural patterns and clinical and social needs differ from established norms. Ethnicity is often viewed as having "problem" implications, rather than as a critical ingredient in determining the content of service delivery. As the studies of Jones (1976), Myers (1977), and Schensul (1980) indicate, not only can client communities be of great assistance in identifying and suggesting solutions for community needs and problems, it is imperative that the neighborhood or community
"representatives" truly represent the communities being served.

Organizational Boundaries and Community Ecosystems

Anthropology has a long history of studying the interaction between different communities and their environment (Crane and Angrosino 1974: 177-183; Keesing 1974: 75-77). More recently, the human service literature has demonstrated an increasing interest in using an ecological perspective in practice (Hashimi 1981: 323-326). This perspective allows human service workers not only to look at the psychological components involved with service delivery, but also (Minahan 1980):

Workers can use general systems and ecological ideas as a perspective to view situations—a child in school, patients in a hospital, older people living alone in a physically decaying neighborhood, an increase in unemployed family heads. The perspective leads the social worker to identify and draw a map of such interconnected parts as families, staff and the physical environment of societal institutions, community resources, work-places, legislative bodies, housing conditions, and natural helping networks. (p. 435)

This perspective would seem to have a great relevance for the development of a human service work model in the form of focussing upon the contextual "system" in which the social phenomena and practical service concerns under consideration occur. The development of such a model of human service work practice would also do much to clarify the definitional problems voiced by Stein (1980), and the evaluational questions of Blackwell and Bolman (1977).

The systems principle of perceiving commonalities in terms of principles of organization from the level of the individual through
the levels of the group, the community, and the larger sociocultural order, suggests the possibility for a unified conception of the service delivery process which, in turn, has relevance for the methods of casework, family treatment, group work, community organization and administration (Schodek 1981: 195-200). As demonstrated by Spradley's work with the skid row community in Seattle, this holistic orientation entails the assumption that elements of social phenomena cannot be regarded as isolated from one another but must be seen as ultimately linked through a network of relationships. This means that the human service work analyst or practitioner must assume the relatedness of all phenomena in terms of service delivery and have an understanding that changes in one area of the network would also bring changes in other areas as well. An intervention strategy injected into the system may have cumulative or amplified undesirable effects in certain other parts of the system, while having minimal effects in other parts. Community needs and problems are not necessarily improved by changing the behavior of individuals, families, or even groups of people (Germain 1980).

The importance of including the physical environment as well as the social environment in any attempts to provide services to a community system is demonstrated by the experience of the Wyoming Human Service Project and the Eastown Neighborhood Association in Grand Rapids, Michigan. In an ecological perspective on service delivery, there would be a focus not only on how people are affected by their social and physical environments, but also on how
they actively use and change their environments. Attention would also be given to the reciprocal interplay of the physical and social environments with specific cultural and subcultural norms, values, beliefs, knowledge, and technology. From this perspective culture is understood to pattern social interaction and to influence the meaning and use of the physical setting, including orientations to space and time (Gioscia 1971; Hall 1966; Maxwell 1971). The perspective would further delineate the physical environment by identifying two layers, the "natural world" and the "built world", and two textures of physical space and time. The "natural world" comprises landscapes, climate, and other inanimate features as well as plants and animals. The "built world" refers to all the objects and structures created by human beings and includes transportation and communication systems (Heimstra and McFarling 1974; Odum 1971).

Similarly, the social environment can be seen to be layered according to levels of social organization. Layers include social networks of family, friends, neighbors, and co-workers having different instrumental and expressive functions. Included in this level are natural helpers, mutual-aid systems, and self-help groups. Also present are significant individual figures such as landlords, merchants, and policemen, who may act as natural helpers or act as negatively experienced figures having authority and power over the client entity. Beyond the social network is the layer of organizations and institutions for the provision of services and resources in the public and private sectors, including the social sys-
tems of education, welfare, housing, and health care. Also present are those organizations concerned with social control, such as the criminal justice system and other habilitative and rehabilitative agencies. Finally, the social environment is layered at the societal level by value systems of the culture, by political and economic structures, and by the environment of law, statues, and policy (Hearn 1974: 364-372).

In addition to providing insight for the practical concerns of service delivery at the community level, the holistic perspective is also useful for understanding organizational structure and service delivery systems at the individual agency level. In their overview of organizational analysis, Hasenfeld and English (1974) remark on the shift of focus from: 1) the impact of bureaucracy on society and individual freedom; to 2) a concern for the role of persons in a bureaucratic system; and contemporarily, 3) a convergence of these approaches with the organization as a system within larger systems being the primary object of analysis. There are many different ways of viewing organizations and the patterns of behavior that occur within them. During the past two decades, however, there has been an emerging perspective of organizations as complex, open social systems (Katz and Kahn 1966). Organizations are viewed from this perspective as systems attempting to maintain internal and external equilibrium, while taking input from the larger environment and subjecting this input to various transformations resulting in different types of output (Melcher 1976).
As systems, organizations are seen as being composed of interdependent parts. Change in one element of the system will result in changes in other parts of the system. Similarly, organizations have the property of equilibrium: the system will generate energy to move towards a state of balance. Finally, as open systems, organizations need to maintain favorable transactions of input and output with the environment in order to survive over time. While the systems perspective is useful, systems theory by itself may be too abstract a concept to be a tool of managers. It certainly has specific limitations when applied to human service organizations. Thus, a number of organizational theorists have attempted to develop a more pragmatic model of organizational behavior based on the general systems paradigm. One such simplified model, the Congruence Model (Nadler and Tushman 1977), lends itself to both administrative and research concerns and, therefore, has a great pragmatic value to both human service professionals and applied social scientists.

This model is structured around the concepts of input, transformation, and output. The major types of input to the system of organizational behavior are seen as: environment, which presents constraints, demands, and opportunities; resources available to the organization, which also act to influence the formation of organizational boundaries, and the history of the organization, including key events, decisions crises, norms, etc., which influence current behavior. A fourth input, and perhaps the most crucial to human
service organizations, is the organization's strategy. Strategy is the set of key decisions about the match of an organization's resources to the opportunities, constraints, and demands in the environment within the context of its history. The outputs of the system include the patterns of activity and performance (interactions) at different levels of analysis. Specifically, the output includes organizational performance, as well as group performance, and individual behavior and effect. It is essential in any analysis or evaluation of human service organizations to remember that both inputs and outputs of this system may consist of human beings, as well as physical, economic, or informational components.

Nadler and Tushman's model suggests viewing the organization as a system that takes input (strategy and resources in the context of history and environment) and transforms it into output (patterns of individual, group, and organizational behavior). It would appear that a basic assumption of this model is that human service organizations will be most effective when these major components are congruent with each other. For the most part this means that organizational boundaries would not be allowed to replace the needs and problems of a community system and that organizational systems are most properly understood within the context of the larger community ecosystem. To the extent that these organizations face problems of effectiveness resulting from management and organizational factors, these problems may be seen to stem from a
poor "fit", or lack of congruence among organizational and community components of the service delivery process.

Designing Service Delivery Systems

The first step in developing principles for a service policy involves elaborating the service design model and incorporating it into settings where services are produced. To begin with, it is necessary to translate the general description of stages or identified components to be followed in designing service delivery systems into specific practices which may be carried out in particular service settings. Human service professionals and client groups will need to identify specific practices which may be carried out and also to identify the inherent critical characteristics involved, that is, whether the organizational task is primarily directed towards service provision or social control objectives. Further, both designing these new procedures and carrying them out will require a good deal of candor as well as the development of new techniques, skills, and ways of thinking (Schodek 1981):

Knowledge of the dynamics of human service delivery systems is the foundation for the development of the skills identified above as adjuncts to social casework in the 1980s. This knowledge includes an understanding of (1) systems theory, (2) models for the analysis of organizations, (3) concepts of power and authority (both formal and informal), and (4) the governmental, patronage and civil service, union, professional and community forces that shape human service delivery. (p. 199)

In thinking about a social policy for service delivery, it is helpful to return to the earlier discussion of differences between
the production of goods and services. For goods the production process is separated conceptually, temporally, and organizationally from the design process. The workers producing goods receive a design for the product from other sources and there is relatively little need for intense personal contact between the producers and designers. In the provision of services, however, the provision is linked inherently in all areas to the design process. Services which are appropriate to client actual, as opposed to perceived, needs and problems can only be designed "in process" and with the mutual understanding and interaction of all parties involved. Insofar as services must be unique to fit the unique circumstances of various client populations, their provision must be accordingly decentralized as widely as the client's needs and problems require. The basic difference in principle between a policy for the design of goods and a policy for the design of services, then, is that a goods policy may be centralized and uniform, whereas a services policy must be pluralistic and decentralized.

It is important that skills and resources be flexibly combined as needed in any particular service relationship. This means that a pool of skills should include both skills which are relatively specialized as well as skills which are infrequently used. In addition, it should be possible to combine any of these skills as needed in any service relationship. These requirements contrast with present policies which draw boundaries between problem areas and narrowly define the skills and other resources to be used in
attempting to deal with each area. These boundaries, which may be appropriate in the mass production of various goods aimed at different sectors of the consumer economy, are inappropriate for the provision of services designed to treat human problems and needs reflecting the actions and interactions of whole personal systems (Mailicki and Ashley 1981):

The rationale for...participation in collaborative activities is based on the recognition of the complexity of human problems, the high degree of knowledge, technology, and skill needed to meet them, the specialization of function, and the resulting requirements of coordination and integration of the work of the providers on behalf of the clients. (p. 131)

Both the accessibility of skills and the flexibility of their combination should be supported by educational and inservice programs which prepare human service professionals to use a wide range of skills and to work in teams with other professionals similarly trained. This requirement has too often in the past been ignored in favor of occupational training policies which concentrate on developing relative specialists who work with minimal active collaboration. Service workers must be able to work in interdisciplinary service teams and must be willing to acknowledge limitations in their personal expertise.

Finally, any articulated service policy must facilitate information between service settings to permit the learning necessary to improve service delivery to multiple constituencies. Program monitoring and evaluation must be designed not simply to keep accounts and establish records of past performance. Information must be ob-
tained and collected in a manner which enables both service workers
and client communities to learn from past and present service design
efforts. Service workers should be able to utilize information on
innovative practices which have proved useful in other service set-
tings and be able to benefit from unsuccessful attempts by gaining
understanding as to how to avoid actions which are not likely to
solve problems or efficiently meet human needs (Toseland 1981):

The following six-step model, based on experiences in the
development, implementation, and evaluation of several dif-
ferent outreach programs, can be used for developing out-
reach programs in a variety of settings. Steps in the model
are (1) defining the purpose of the outreach intervention,
(2) identifying barriers and resistance to service delivery,
(3) developing a data base, (4) identifying and planning for
client contact, (5) initiating outreach contacts, and (6)
evaluating and following up outreach contacts. (p. 229)

It is possible that these principles for the design of service
provision may lead towards a rise in the cost of services, but that
outcome is not a certainty. Improvement in the quality control of
the service delivery system should also make it somewhat easier to
determine whether a particular expenditure is contributing to the
solution of a client's problem. The actual cost of services will
depend on the productivity achieved by service workers and clients
together, and any positive collaboration in this area is likely to
make possible levels of outcomes which the traditional organiza-
tion of services would not have permitted, regardless of the costs
invested.
CHAPTER IV

IMPLICATIONS AND DISCUSSION

In its focus on the various levels of systematic interaction between clients, human service professionals, and the community at large, this thesis has attempted to set forth certain aspects involved with the design and provision of service delivery systems. The aspects inquired of include the general orientations between human service organizations and the populations they service, the need for defining service delivery as a process different from goods production, and the importance of using community-based program planning to insure that services effectively surpass the artificial barriers posed by organizational boundaries. The particular thrust of this process has been a notation of the unique features and problems that distinguish the human service organization from other bureaucracies and the contributions that anthropological methods and approaches offer towards the attempted solution of these complex problems.

Social and humanistic responsibilities, public criticism, and resource and funding intricacies are among the major problems now facing the human service organization and its administration. Human service organizations have at least five fundamental program-oriented issues to contend with, each of which will certainly have both direct and indirect influences on the process of service delivery.
(Demone and Harshbarger 1974):

1. Program control. Increasing population and its associated complexity for service provision, accelerated technology and industrialization, and the subsequent social feelings of depersonalization have multiplied the political mix which makes decisions about organizational programs.

2. Program auspice. In the past human service organizations were divided into general categories of public and private, but government intervention on different levels has modified this. New organizational models are being developed, such as contractual arrangements between different agency systems and the use of client advocacy systems for purchasing services.

3. Building or program emphasis. Previously planning tended to be facilities oriented. Increasing services was often equated with increasing buildings. New attitudes about services and changes in the economic and funding environment will tend to influence a more programmatic orientation.

4. Core services. There will most likely be a continuing re-definition of what constitutes core services in particular human service organizations. The coordination of existing and new services, and increasing community participation in policy making will influence new styles of service delivery.

5. Source of authority. With the increase of multiple sources of funding, there exists a concurrent mixture of sources of authority. The broader the financial base an organization has, the more
organizational constraint it will experience. On an operational basis, executive and legislative branches of government, Boards, and Advisory and Community Councils all serve as sanctioning, constrainting, and boundary maintenance groups. In this capacity, they reflect the movement towards an open-system role which encourages further research on the ecological relationships between multiple organizations.

At this point it is important to note that human service organizations are subject to pressures and demands from groups internal to the organization as well as from those external to it. The responses of subordinate groups in the authority structure to orders and directives issued by higher administration may or may not consist of compliance. Professionally trained staff in particular often show primary allegiance to their profession over the employing organization and are likely to resist pressures to pursue program goals considered as inappropriate.

The balance of power among the various internal groups of professional domains is likely to vary from one human service organization to the next. Some are likely to have powerful management and weak subordinate staff groups, whereas others may have powerful subordinate groups and, by definition, a weak management. The operational goals that are actually pursued must, therefore, be viewed as emergent rather than fixed, resulting as it were from compromises in the face of ongoing pressures and conflicts. Whether or not an organization's operational goals are, in fact,
consistent with its mandate or charter is problematic and cannot be taken for granted. It may be the case in some instances that the interests of none of the constituent groups are completely served by a given human service organization.

This is of special importance in view of the vast reduction of funding and emphasis on the human services brought about by the present national administration, creating a lack of necessary personnel and organizational resources at a time when they are perhaps needed more than ever (Hagebak 1982):

With resources sharply reduced...human service agencies face immediate needs for innovative redesign of their own categoric systems. Many are likely to consider the integration of local services in order to obtain the cost benefits of coallocation, joint outreach, intake and follow-up services, teamed approaches to case planning and management, knowledge base sharing, shared use of equipment and training resources, and the use of problem-oriented staff and management task forces operating within a single administrative system. (p. 73)

In order to implement the type of service delivery that will be effective in our pluralistic society, that will be as cost efficient as possible and increase the availability of skills and the flexibility with which they are combined, the following concerns would seem to be essential. The education and training of human service workers should focus on clients and their experienced problems, rather than on isolated and "problematic" attributes of their personality or on distinct areas of practitioner expertise. This would require current human service workers to reconsider their traditional divisions of specialized areas and to redefine their skills and responsibilities. This training should include not only techni-
cal skills and knowledge, but also interpersonal and organizational skills, enabling practitioners to define and carry out collaborative roles with others as a part of a problem-solving team. These skills should include the ability to assess which skills are needed and which professionals should be included in the active team when problems and needs have been identified by the client community.

As demonstrated in the studies by Myers (1977) and Schensul (1980), participant observation methods may be combined with traditional survey research methods to provide more information on the effectiveness of service delivery, especially when minority or subcultural groups are involved. Communities as well as individuals can be included in the research process to provide the essential baseline data on perceived problems and needs. Jones’ study of neighborhood health clinics (1976) underlines the necessity for this information to be available at the program planning level and, in addition, suggests the potential of the emic perspective for sensitizing service workers to important cultural or subcultural variables having both direct and indirect influences on service outcomes. In this way, the use of an emic perspective also aids in clarifying the essential differences between the production of goods and the provision of services.

As further examples of the possibilities for interdisciplinary human service teams to work with the client communities in defining and finding solutions for identified problems and needs, the Wyoming Human Service Project and the Eastown Neighborhood Association also
demonstrated the potential for utilizing the holistic perspective in applied settings. In this way, the holistic perspective facilitates viewing the human service organization in a systematic framework in order to understand the integration of interpersonal, intergroup, and interorganizational factors, all of which have an influence on the process of service delivery. This perspective relates the function and structure of the human service organization to the function and structure of the community and can facilitate the integration of technical and ecological data with social data for the purpose of program development or evaluation.

Anthropologists are trained in both qualitative and quantitative research approaches and from this vantage point should be able to contribute important insights beyond those offered in the traditional organization literature. These different methodologies are not mutually exclusive, but there are differences noted in the overall form, focus, and emphasis of study. Qualitative methods represent a mixture of the rational and intuitive whereby the personal experience of the researcher often leads to insightful events which may be understood and analyzed as data (Taylor 1978: 237-238). In addition, this approach tends to describe the emergence of patterns of social processes rather than social structures and researchers claim to know little about what a given unit of observed behavior means until they have developed a description of the context in which the behavior has taken place.

A parallel concern for the contextual, or "emic", dimension
of any particular observed behavior can be found in sociology in
the related schools of symbolic interactionism, deviance theory,
and the ethnomethodology of Harrod Garfinkel (Best and Lückenbühl
1980: 14-29). Howard S. Becker's labeling theory (1963) and Erving
Goffman's dramaturgical analyses of service institutions (1961)
have helped to bring about a humanistically based sociological ap­
proach to organizational analysis which is of extreme importance
for the personnel of organizations serving integrative functions
in society. This approach is apparent also in Spradley's (1970)
study of the skid row community in Seattle, which represents a po­
sitive incidence where intervention as well as research are the goals
of the applied social scientist. That such contextual understandings
and empathetic objectives are unlikely to be achieved without a di­
rect and more or less intimate knowledge of a research setting is
a practical assumption that underlies and guides most qualitative
research.

In addition to the concern for the emic perspective in study­
ing human behavior, in organizational and all other aspects, qual­
itative researchers are more likely to use a holistic and systemic
approach rather than one that is analytic when describing complex
situations (Weiss 1966):

The ultimate aim of the holistic investigator is to develop
a typology of systems...To understand a particular complex sit­
uation the investigator would identify the type of system of
which it was an instance, note the ways in which the situation
might vary from the type, and determine the modifications of
the general model necessary to fit the model to the actual sit­
uation...More embracing general systems may then be developed
by further abstraction and refinement, just as general laws may be developed, by like processes, from empirical generalizations. (p. 200)

Considering the unique interactions between social actors in human service organizations, and the systemic qualities of service delivery networks, the concern for descriptive information of actual, as opposed to theoretical, situations would appear to be of utmost importance in the rights of individuals to be treated in terms of their total personal attributes, rather than being "labeled" or "pigeonholed" by way of their problematic and particular attributes.

This faithfulness in attempting to describe actual situations is an essential element in the argument given by Gouldner (1955: 173-179) for the appropriate use of a "clinical" rather than an "engineering" approach to studying organizational behavior and related administrative concerns. An important aspect of the clinical approach as opposed to the engineering model of applied social science is the attempt by the researcher to understand the values and objectives of the consulting client and to incorporate this information as data integral to the analysis. This is of special importance for applied anthropologists who may be viewing their "clients" alternatively as being either or both the service organization or the clients themselves. Further, this concern demonstrates the ethical aspects inherent particularly in fieldwork oriented research, and has been the subject of much discussion and debate (Ablon 1977: 70; Mead 1978: 427-429; Peattie 1958: 6-7; Taylor 1978: 239-241; Wax 1977: 322-325).
Perhaps the greatest contribution anthropology can make for the future studies and operation of human service organizations is to add to and encourage the development of a humanistically based approach to service delivery, which includes an awareness of the importance of using the emic and holistic perspectives in program planning. By the same token, this type of consciousness raising is not presented here as the totality of that which applied anthropologists can or should do. Human service work is also about overcoming crises, giving support and hard services, making referrals, linking people with community resources, advocacy, and generally helping to make life as immediately bearable for people as possible. As Naylor (1973) has argued, the roles available to anthropologists in an applied setting contain some flexibility in their implementations, and the willingness of anthropologists to be of assistance to the community they are studying has long been a part of the fieldwork tradition.

At the same time, there are, of course, limitations as to what the anthropologist can accomplish, both as researcher and as an individual. Some of these limitations relate to the nature of fieldwork methodology, while others relate to the challenges associated with both studying and working alongside of the human service professional community. As noted by Wax (1980), the element of scale is one such concern for applied researchers:

Social groupings which may profitably be studied by fieldwork methodologies are limited. In some sense they must each be bounded wholes of a size such that they may be encompassed
by the research vision of a single person or a small research team. One form of limitation then is the number of persons: fieldwork seems ideally suited to deal with a natural whole of a few hundred or few thousand persons: thus, a school, but not an urban school system; a village but not a metropolis; a military encampment, but not the defense establishment of a nation state. (p. 272)

As is the nature of all research, but especially important in applied research, time is a limiting factor as well (Gardner 1978):

The applied anthropologist cannot expect to approach his or her assignment at a leisurely pace with time to review the literature in a scholarly fashion, to develop elaborate theories or methods, and then have ample time for digesting data and writing and reviewing a report. Time and budget do not allow such luxuries, but rather require restraint in deciding how much data and what data are needed in any study. (p.257)

In addition to these concerns, the applied anthropologist faces further challenges in terms of studying not only client populations but the personnel of human service organizations as well. As a fieldworker, the anthropologist must have access to all levels of the authority structure. In order to gain information at the various levels of authority, it is necessary to gain not only the confidences of different groups in the hierarchy, but also to avoid being co-opted by these very groups (Taylor 1978: 235).

Ablon (1977: 69-72) has suggested four areas of potential problems that are unique to using fieldwork techniques with mainstream or middle class populations: 1) in traditional fieldwork settings, exotic or unusual values or behaviors are often seen to be more "understandable" because of the awareness for the need of cultural relativity this type of research carries. However, the potential for value conflict with informants with cultural backgrounds sim-
ilar to the researcher's is much higher because the need for this objectivity may not be as apparent in a more familiar setting; 2) the absence of cultural barriers leads to a higher personal visibility of the anthropologist, and since the informants are the social peers of the researcher, many of the questions asked by the anthropologists may be turned back on him; 3) the anthropologist must become effective in dealing with the fact that he is simultaneously an insider and an outsider to his own culture. Information or observations which are taken for granted by both the informant and the researcher may easily become data that are lost to the commonplace; and 4) working with middle class informants, especially within a professional subculture, brings new and different opportunities and problems for reciprocity, since these professionals are often as well off financially and other ways as the anthropologist. Also, the opportunities for personal gratification that comes when attempting to understand and aid culturally and economically different people are correspondingly reduced.

Working in an organizational setting also requires other adaptations on the part of the anthropologist. In dealing with the problems and processes of any organization, it must be remembered that the organization's authority system is important to any changes. Each organization has its hierarchy and its key management group at the top. The values and experience of these key individuals concerning organizational strategy and personnel deployment set
a tone of influence throughout the organization and subordinate groups. Because of this, individuals may or may not feel confident about disclosing any information which might appear contrary to the official "party line". Related to this is the concern for how any such information is to be disclosed (Taylor 1978):

Social scientists should assume some degree of responsibility for the way in which the information they produce is used. In practice, this means that the anthropologist-in-residence should take the best interest of the system into account, as well as protecting sources of information, when reporting to the system's decision makers. In addition to deciding what information should be reported or withheld, decisions about whom to inform and how it should be presented also must be made. (p. 239)

In attempting to overcome these barriers to research, the applied anthropologist will be challenged to find new ways to develop a sense of collaboration and mutual goals in order to gain information and develop confidences with the professional staff.

In general, the use of anthropological approaches and methodologies in a human service organization setting would appear to have three major areas of potential for assisting in the design and implementation of more effective and humanistic service delivery systems. These areas of research include, but are not limited to:
1) studies of human service worker expectations, perceptions and evaluation of service situations. This area would be concerned with how the service worker views the client's problem, how he "explains" it, his expectations concerning the client's behavior, and how these factors relate to the actuality of service provision. Included within this area would be the need for assisting
human service workers in understanding their own cultural or subcultural background and how this "emic" perspective influences the conception of service delivery; 2) studies of the client's expectations, goals, perceptions, and evaluation of service situations. This area would include the client's reasons for their involvement with the human service organization, the reasons noted for their problems, or needs, and the culture or subcultural factors which would directly or indirectly influence service outcomes; and 3) studies of the relationship between formal organization (structure) of agencies and institutions and the norms (process) which develop among staff, clients, and the community and the ways in which this affects treatment. This area would include a concern for bringing to light the ecological and systemic nature of social networks and the interaction between organizations and their environment.

In attempting to make unique contributions in these important areas, the applied anthropologist as well as the human service professional will need to learn and expand into new roles, develop new research techniques, and find new ways of combining information and action. Eddy and Partridge (1978) suggest that these challenges include the need for:

A thorough grounding in social anthropological theory and research methods suitable to the analysis of ongoing community and organizational change and adaptation; the specific transdisciplinary professional concerns of those outside of anthropology involved in problem oriented research; and innovative research training and involvement in complex social organizations with professional personnel trained in ameliorating human problems. (p. 423)

As suggested by the Wyoming Human Service Project (Uhlmann 1979)
there are five essential areas of training which would be of great importance for this type of endeavor:

(1) developing an understanding of the nature and dynamics of rapidly changing communities in the West; (2) developing teamwork skills; (3) developing a systemic perspective on community human services delivery; (4) building a knowledge of the variety of human service agencies that may be found in a community; and (5) developing basic skills needed to work effectively within the community, such as community organization skills, grantmanship, community needs assessment, and community planning. (p. 407)

While these areas represent concerns specifically related to the study and implementation of human service delivery systems, there are also more general requirements for the applied anthropologist which could have both direct and indirect influence on the quality of service.

In his review of the literature on training recommendations for applied anthropologists, Van Willigen (1979: 411-415) also notes the need for training beyond the anthropological core in related substantive fields, time effective research skills, and the development of the capacity to make value judgments. This capacity for making value judgments is related to the need for developing experience in intervention techniques, an area which has traditionally been avoided somewhat by anthropologists because of the mutual concerns regarding scientific objectivity and ethnocentrism. This concern is shared by Ablon (1977: 72) and is further related to the need for developing ethical criteria for the new roles and relationships available to applied anthropologists. These requirements should not be construed as deficiencies in anthropological
approaches or research methodologies in applied settings, but rather as opportunities for anthropology to revitalize and expand its role in the "lived-in" world. It has been a major aim of this thesis to examine cases where these principles have been applied successfully by anthropologist working with other professions and client communities to define and attempt solutions for human needs and problems in our pluralistic society.

The challenges for the individual anthropologist are great in that he or she will most likely be a pioneer in both academic and professional circles. He or she will need to find the wisdom and energy to go beyond the dogma of organizational research approaches as well as the dogma of traditional anthropological theory. He or she will need to synthesize compassion for the human condition with a desire to advance the scientific knowledge of human behavior. For the sake of these principles, autonomy will have to be maintained within the context of multiple authority structures. These concerns were perhaps best voiced by Raymond Firth upon his reception of the 1981 Malinowski Award at the 41st Annual Meeting of the Society for Applied Anthropology. According to Firth (1981), the contributions of the applied anthropologist result from:

Working directly on practical problems, in confrontation with technicians in other fields, doctors and patients, shop-floor mechanics, farmers and politicians, and administrators of all kinds. On you falls the burden of matching theory with practice; of coping with ignorance, apathy, mistrust, or hostility; of brooding over finance; of deciding where the line must fall between principle and expediency, and dispassionate analysis and personal commitment. (p. 193)

In closing, it should be said that the intent of this study has
been to encourage the further development of using anthropological approaches and methodologies in a human service setting as an increasing of the diversity of the field, expanding the role of the applied anthropologist, and thus increasing the sources of insight and discovery. Hopefully, this effort will also encourage a more penetrating and reflective approach to the study of human service organizations than has been the case to date. If this results in a sharpening of the dialogue among observers of organizations and helps to create an increased awareness of the methodological options available for them, its purposes will have been achieved.
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