

MOVEMENT PROFESSIONALIZATION: A POSITIVE FORCE FOR THE GRASSROOTS SMO?

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ABSTRACT

The professionalization of a social movement has been a much debated issue among movement analysts. In this work I analyze a grassroots movement, Solutions to Issues of Concern to Knoxvilleans (SICK) that has endured for over 19 years with professional leaders working in conjunction with a grassroots membership. McCarthy and Zald (1977) asserted that professionally led movements gain their support from outside sources and have a membership base that is disconnected from the roots of protest. For SICK, this is not the case. While the organization does receive the majority of its funding from large foundations, the membership base remains grassroots (i.e. directly impacted by the issues). My investigation reveals that professional staff aid the organization in 3 ways: strengthening the grassroots membership base; building budget stability and growth, and generating public appeal for campaign issues and increasing the number of campaigns promoted and initiated. In sum, this study shows that movement professionalization and grassroots involvement/membership are not necessarily mutually exclusive.

INTRODUCTION

It is generally agreed that professional social movement organizations (SMOs) with high levels of conscience constituents and paid, professional leadership mark the current movement landscape; but the implications of this shift are uncertain. McCarthy and Zald (1973, 1977) set the standard by which researchers interpret the structure of SMOs using a resource mobilization perspective. According to the researchers movements form as a result of the mass mobilization of a group of individuals who have something to gain directly from organized protest. They advance the idea that this movement model has given way to professionally led movements who gain their support from outside funding sources and a membership base that is disconnected from the roots of the protest.

Since the work of McCarthy and Zald researchers have offered competing claims of the impact of professionalization (Piven & Cloward 1977; Staggenborg 1988). In the literature professionalization has been variously associated with bureaucratization, formalization, and institutionalization. In this study I conceptualize professionalization as leadership by persons that are: paid, have prior experience in organizing, and have training in organizing skills.

Here, I explore the effects of professionalization on a grassroots movement: Solutions To Issues of Concern to Knoxvilleans (SICK). Between 1982 and 1999, SICK underwent three distinct stages of development. The first stage (1982-1986) involved the

emergence and maintenance of the group. The second stage (1987-1991) was a cycle of decline and resurgence, followed by another stage (1992-1999) consisting of a separate decline-and-resurgence cycle. In earlier studies the cycles of a movement have been distinct with decline or endurance usually following a period of emergence. Rupp and Taylor (1987) introduced the idea that movements may enter a period of abeyance in which they neither decline nor grow. Others have contributed to the notion that internal or external movement characteristics help movements to endure beyond periods of abeyance (Taylor 1989; Holland & Cable 2002; Kebede, Shriver & Knottnerus 2000). I suggest that movement cycles may include concurrent stages of decline and resurgence which follows the initial period of emergence. In this study decline is defined as dwindling membership, a drop or stagnation of the budget, and the resolution of a prominent campaign issue. In each period of decline in the SICK organization professional staff were instrumental in bringing about periods of resurgence in which the membership base was increased (McCarthy & Zald 1977), the budget increased or held stable, and old issues were invigorated and new issues were adopted.

In this work I analyze SICK's cycles of decline and resurgence to determine whether professionalization was a positive or negative force in the movement's endurance. Since its emergence SICK has undergone two decline/resurgence cycles. Prior to each period of resurgence, professional staff were hired

but were able to maintain an active grassroots membership base.

PERSPECTIVES ON PROFESSIONALIZATION

Prior to the 1970s the collective behavior tradition was the theoretically dominant approach to social movement research. The model maintained that rapid social change causes societal strain which can lead isolated and alienated individuals to participate in social movements. The foundation of the collective behavior framework was built upon earlier theories of crowd behavior (LeBon 1896; Hoffer 1951) that emphasized the psychological and irrational characteristics of movement participants. From this perspective social movements are the result of the breakdown of social structure which results in unregulated, contagious behavior where individuals act impulsively in reaction to inadequate personal lives. More recent psychological approaches (Oberschall 1973) suggest that movement participants act in a rational, even calculative way in their attempts at problem solving. Still, the theoretical focus was on the individual and not the underlying social conditions that stimulate movement activity. In the 1920s, Park (1972) synthesized the early crowd philosophies into a systematic and sociological study of collective behavior and emphasized the relationship between social change and collective behavior as an integral part of the normal operation of society. These so-called "breakdown approaches" were characterized by strain theories and were used to explain multiple forms of collective behavior.

In the early 1970s, social movement theorists moved away from an emphasis on the social psychological bent of breakdown theories to solidarity approaches. Significant impetus for a shift away from social psychological explanations based on individual pathologies occurred when sociologists participated in and observed the movements of the 1960s. Left with a theoretical void to frame the movement culture of the 1960s, theorists proposed a radical break from earlier models and introduced solidarity approaches that focused on mobilization processes and their resultant formal organization. Hence, resource mobilization with its emphasis on the availability of resources, organizational structure, and opportunities for collective action became the preeminent theory of social movement researchers. The originators of

this new theory focused on the development of social movement organizations (SMOs) that have full-time, professional leadership and a highly developed, bureaucratic organizational structure which has the potential for a paper membership base to replace an aggrieved constituency (McCarthy & Zald 1973).

Thus, studies of movement outcomes tended to associate professionalization with movement decline. McCarthy and Zald (1973, 1977) considered the prerequisites necessary for a social movement to be professionalized. The first condition was a leadership that devotes full time to the movement. They noted that the possibility of full-time careers within SMOs is made possible by increased funding sources. They noted that:

The 1960s was a period of increased social movement activity. It was also a period in which institutional support for social movement organizations became increasing available and in which life careers in movements were more and more likely to be combined with established professional roles. (1977 12)

Piven and Cloward (1977) reiterated the ill effects of professionalization for a movement by arguing that poor people's movements derive their gains from mass defiance of the institutions with which they routinely interact. Consequently, the best way to accomplish goals is through a flexible, decentralized structure that is less vulnerable to the bureaucratic tendencies of an SMO, such as internal conflict and external co-optation. They maintained that insurgency is the key to goal attainment; the end of insurgency is the end of the movement. Thus, movements that endure over time become dependent on the resources of elites and soon cease to represent the aggrieved group adequately.

Claims of the negative influence of movement professionalization led to competing explanations of the impact of professionalization on the success of a movement. In a study of Pennsylvanians for Biblical Morality, a state chapter of the Moral Majority, Cable (1984) recognized organizational structure, shared ideology, and political opportunities as important factors contributing to the professionalization of a SMO. In her study the absence of mass mobilization essentially forced the group to become professionalized

in order to meet its goal. The financial support of religious institutions with similar ideological views allowed the organization to hire a full-time staff person who lobbied for the group at the state legislative level. An analysis of the black movement by Jenkins & Eckert (1986) revealed mixed results of professionalization. They indicated that elite patronage represented only financial support and that in the civil rights movement the professional SMOs "frequently played an effective role by following up on the victories of the indigenous movement" (1986 827).

Staggenborg (1988 597) suggested that: "formalized SMOs do not necessarily defuse protest as Piven and Cloward (1977) argue; rather, they often perform important functions". In an analysis of the Pro-Choice Movement she argues that professionalization of leadership and institutionalization may positively impact the movement via structural maintenance, successful strategies and tactics, and participation in coalition work. In response to McCarthy and Zald's charge that movement professionals become movement entrepreneurs who initiate movements, Staggenborg presents both movement entrepreneurs and professional managers in a more positive light. She argues that movement entrepreneurs:

may become paid activists who benefit from the existence of the same resources that support professional managers but they typically do not make careers out of moving from one cause to another and they may never find paid positions that suit them. (1988 593)

Likewise, professional managers:

are not likely to be the initiators of social movements. They make careers out of service to SMOs that already have formal structures or are in the process of becoming formalized. Professional leaders are likely to care very much about the cause of the SMO... (1988 594)

McAdam also presented an optimistic view of the potential of professional leadership:

I am increasingly persuaded that movement leaders and organizations are most critical to the struggle not during the peak of a protest cycle, but rather during what Rupp and

Taylor term the 'doldrums.' During the 'lean years' career activists and the formal organizations and informal networks they maintain serve a critically important 'keeper of the flame' function. That is, they serve to maintain and nourish a tradition of activism, making it available to a new generation of activists during the next protest cycle. (1995 230)

This study seeks to answer the question, "Was movement professionalization a positive or negative force for the SICK organization?"

METHODS

Data sources for this study include participant observation, in-depth field interviews, and archival sources. The author collected data as a participant observer between 1996 and 1999. Data collection took place while she served as a SICK member, board member, Welfare Rights Committee member, and Finance Committee member. She also attended general membership meetings, fundraisers, forums, and protests. Audio-taped interviews were conducted with 42 members of the organization. Interviews were conducted with a semi-structured questionnaire and were on average one to one and one-half hours in length. Interview participants were selected by way of snowball sampling. In an effort to uncover the chronological development of the organization, charter members were interviewed first. From the initial interviews other members who were no longer active but who had at one time played pivotal roles in the organization were identified and interviewed. Efforts were made to contact anyone who had ever been a member of the organization. Requests for interviews with past members who were no longer active were made via telephone. Many of these individuals declined to be interviewed. Current members of the organization were approached for interviews at various meetings and social functions. The author was able to conduct interviews with five of the 12 charter members. The remaining charter members were deceased or were aged and unable to undergo the interview process. Nineteen members from Cycle I and 20 members from Cycle II were interviewed. Of the five charter members who were interviewed, two were active during Cycle I only and 3 remained active throughout Cycle I and Cycle II. The

third data source is archival and covers the history of the organization from its' emergence in 1982 to 1999. Materials that were analyzed include: local newspaper articles, board and committee minutes, and organizational newsletters. Materials were obtained from the organizations' library, the Museum of East Tennessee History.

After a discussion of the development of SICK during the emergence period I will elaborate on the movement dynamics during the two decline/resurgence periods. I pay particular attention to three factors that were influenced by the hiring of professional staff: membership, budget, and issue(s). In the summary section I conclude how professionalization impacted the overall function of the organization.

SICK: A History of Healthy Leadership

Here, I present a case study of a local, grassroots movement that has undergone two cycles of decline and resurgence following an initial period of emergence. Solutions to Issues of Concern to Knoxvilleians (SICK), a Knoxville based social movement organization has endured for 19 years and achieved a significant degree of success in effecting social change at the local and state level. The original organization "Solutions to Indigent Care in Knoxville" formed in response to a proposed \$4 million cut in the local indigent health care program. SICK members helped raise the visibility of the indigent care issue and persuaded the Knox County Commission to adopt a new indigent care plan containing many of the elements that the group had proposed. Initial success did not precipitate the demise of the group but rather prompted it to broaden its scope under a new name, "Solutions to Issues of Concern to Knoxvilleians." Since 1982, SICK members have pursued numerous local and statewide campaigns.

Emergence (1982-1986)

SICK was initially mobilized by a Knoxville Legal Aid employee who after graduating from Seminary came to Knoxville to participate in community-based organizing. His first project was to form a neighborhood group in inner-city Knoxville which he described as urban Appalachia. Later, he was sought out by Knoxville Legal Aid to do community organizing on a larger scale. He says of the position:

They wanted pro se advocacy from community organizations, in other words, assistance with community organizations in developing their own voice, their own ideas, their own effectiveness. It was a quite good vision and they didn't know how to do it, they're lawyers, so when I applied and they explained it to me, I said, 'Yeah...I know how to do that' and they knew I did...

The founder of SICK is still highly regarded by many older members. He is credited with bringing in the funds to keep the organization strong in the early years. One member recalls:

People like to give when they see something accomplished and energy and the whole concept of SICK and how it was and why it was, has to go to [the founder]...That willingness to go and sit on somebody's porch and talk with them for two hours to get one additional thing. I learned everything I know about organizing from him.

The organization's first task was to mobilize support for the ailing Knox County Indigent Health Care program (KCIHC), a city program which contracted with local hospitals to provide health care for indigent patients. In 1982, the program was jeopardized because of disagreements among hospital administrators and city officials about how the funds would be dispersed. Since no affirmative requirement existed to force the county to provide such health care, KCIHC seemed to be headed for collapse. SICK members worked from September 1982 to April 1983, pressuring Knox County officials to reinstate the program. Approximately 150 people were actively involved in the issue. Tactics included pressuring key officials from the Knox County Health Department and forming alliances with individual county commissioners. The group was informed by insiders that a new indigent health care program was being proposed by the city in which all local hospitals must agree to participate. All but one local hospital had agreed to the plan. In response, SICK members wrote a letter to [the abstaining hospital] administrators describing the importance of indigent care and requesting a public meeting to discuss their refusal to participate. The letter stated

Meeting with you is of such importance that if you are unable to meet with us at [a local community center], we're going to have our community meeting at your hospital.

The letter was hand-delivered on a Wednesday; the answer came by way of Thursday morning's front page headline in the newspaper: "Indigent Health-Plan Approved." The Knox County Commission's Finance Committee Chairman praised the work of SICK members:

There wouldn't be an indigent care program without the SICK organization. You are better organized than the County Commission is.

After the resolution of the initial campaign the group made a commitment to continue to organize for change in other areas and they became "Solutions to Issues of Concern to Knoxvilleans." In 1983 SICK members worked to stop a city proposal to close six inner-city fire halls and opposed rate increases by the local telephone company. The group received much media attention and was well respected by local leaders. In August 1983, the city council voted to keep the fire halls open. The mayor inadvertently praised SICK when he chided city council members for their vote: "The only reason you voted the way you did...was because of the pressure of these citizens." As a result of SICK's efforts the local telephone company decreased a proposed \$280 million rate increase to \$39.4 million. The Chairman of the Public Service Commissioner also praised SICK members:

I think they had a great effect on Congress. I think they have had a great effect on the Federal Communications Commission. I think they have had a great effect on the Public Service Commission. I think it is very sobering and positive for us to hear from consumers and not just the utilities that we regulate.

The first professional staff person paid by SICK was hired in 1984 with funds from the first grant that the organization received. He recalls that the decision of the group to hire an employee was the result of much deliberation:

They had put [the grant money] in the bank and had not touched it. They were so scared that they would mess it up. So, this money had been sitting in the bank for several months. They were waiting till they found somebody that they felt comfortable with...

The first staff person was described by charter members as professional, experienced, and charismatic. Under his leadership issues were selected in a democratic fashion, usually suggested by the staff and voted on by the membership. One long-time member commented that: "...he wasn't a forceful leader, he let the people mostly decide."

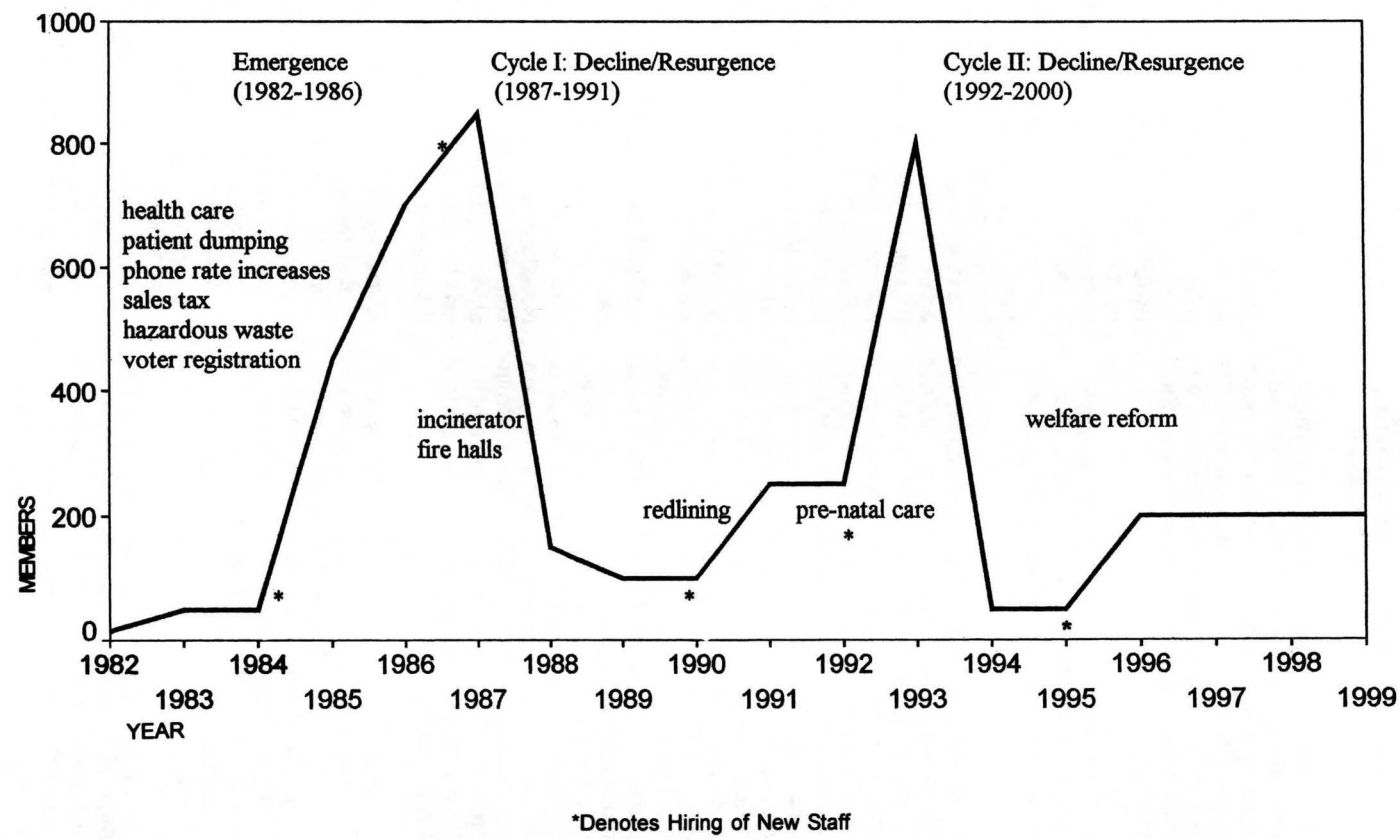
During the emergence phase SICK members worked on six local issues including: indigent health care, halting an attempt to close inner-city fire halls, re-routing of hazardous waste, the initiation of an annual Martin Luther King, Jr. observance day, patient dumping, and indigent dental care. Alliances with other groups allowed SICK members to be involved in four statewide campaigns: protests against telephone rate increases, tax reform, tort reform, and voter registration. By the end of stage one, the budget was over \$50,000 and three staff had been hired to assist the organizer.

CYCLE I: DECLINE AND RESURGENCE (1987-1991)

SICK experienced its first period of decline when the first paid organizer resigned. Newsletter accounts reveal that the membership was not optimistic about finding a suitable replacement and the loss of leadership was harmful to the successful functioning of the organization. The founder recalls:

The first four years of the organization, the first two years when there was no paid staff and the two years [the first paid organizer] was there, that was like a really good time. Then after [the first paid organizer] left there was money and there were like three organizers hired and one guy that was hired was...very disruptive. There was some work through SICK then about community reinvestment, redlining and stuff but that was carried mostly by [another community group]. So, I think there for a while, it was sort of tumultuous, organizers came and went.

Figure 1 - SICK Membership by Year



For almost a year (late 1989 to late 1990) there was no paid staff. A committed cadre of volunteers held the organization together but without the resources to take on any new campaigns. When the second professional staff person was hired as director in the later part of 1991, the organization pulled out of its slump. In 1993 a second professional person was hired and things really began to pick up.

Membership Base

During the early part of Cycle II member participation dropped significantly (see Figure 1). The remaining active membership was mostly aggrieved, grassroots, African American females with prior activism experience who were long-time members of the organization. On the fringes, a small number of conscience constituents kept abreast of SICK's activities via the newsletter. This situation prompted several charter and long-time members to take a more active role. It was this committed cadre that worked expeditiously to hire a new, professional staff person.

The new director recognized the discontinuity of the general membership and the staff. She recalls:

...when they hired me, who are they hiring? A white woman who's getting a Masters degree. My heart was in it but I am not the constituency that either the board is made up of or should be made up of or the population that we're supposedly empowering. I look like another social worker to a low-income woman with 3 kids...On the other hand, at least in my case, it took somebody as dynamic and pushy as I am to make an issue like pre-natal care really happen.

The director did not act alone but encouraged and led the active membership in the recruitment of new members. Efforts were made to express to the constituency that the organization was experiencing a period of renewal. Prompted by the director, SICK's chairperson related this message to the membership in the Fall edition of the newsletter:

I know that you think SICK is dead, but that is not the case. We are well and working hard. Right now, we are working on improving prenatal care for Medicaid mothers-to-

be, on finding out why they can't get in to see a doctor. That is our big issue these days. Another thing we're working on is trying to get our membership built up. If you are a member and haven't paid your dues, we'd like to hear from you one way or the other on whether you want to continue to get our newsletter for another year. Please let us know if you're still with us, because to keep SICK going strong we need everybody to help on dues and to volunteer their services, too...

Budget Stability/Growth

According to McCarthy and Zald (1973), the factor that distinguishes professional movements from their predecessors is the broad level of support from which a modern, professional movement benefits. They note that during the 1960s, organizations that had not previously been connected to movements such as foundations, churches, and business corporations, began to support social movement activities. Comparing the income earning potential of modern SMO professionals to the 1930s labor movement activist, McCarthy and Zald note,

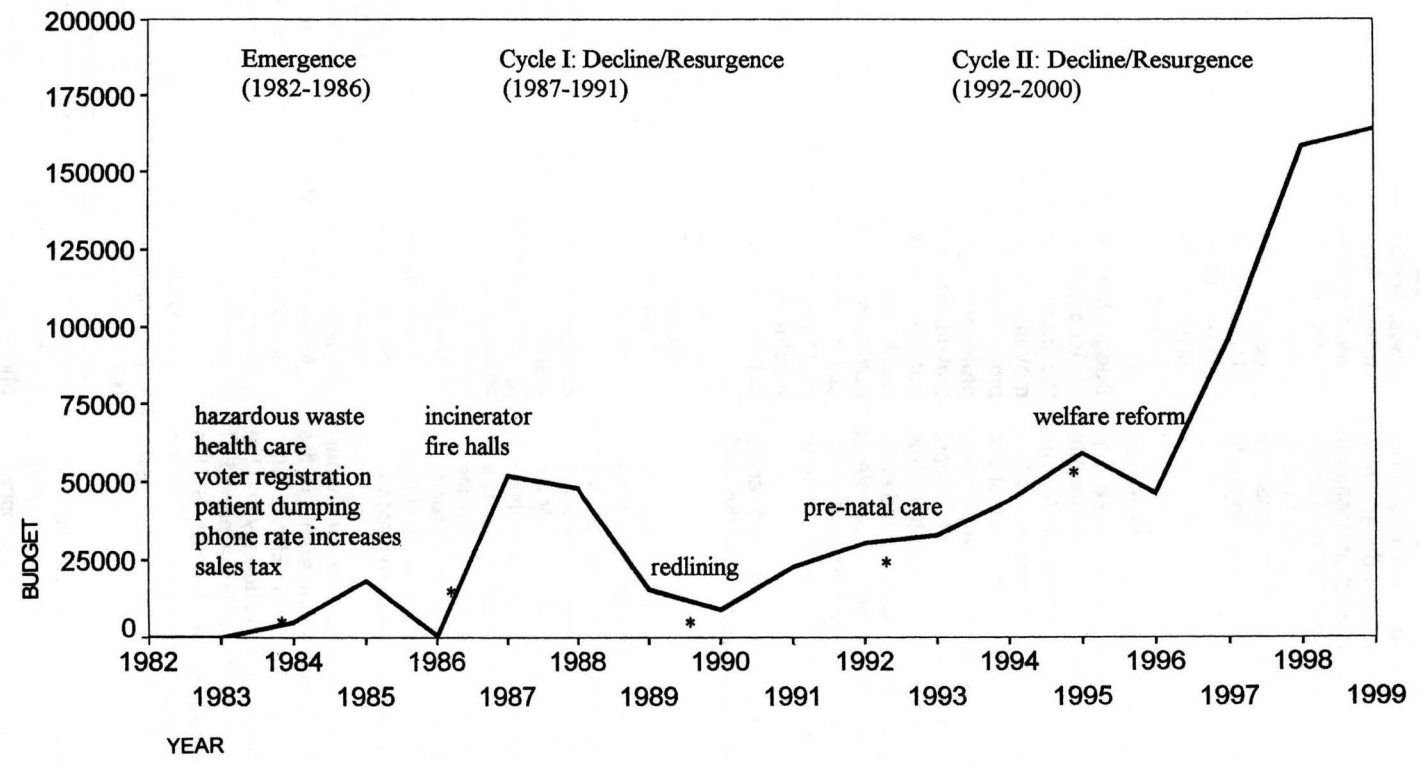
To become a full-time advocate of social change, saintliness was required and vows of poverty would have only reflected reality... (1973 15)

Staggenborg argues that professional leadership is crucial to providing financial stability and a formalized division of labor. She writes that:

The ability of formalized SMOs to obtain foundation funding is part of a broader capacity for organizational maintenance superior to that of informal SMOs. Paid staff and leaders are critical to the maintenance of formalized SMOs because they can be relied on to be present to carry out tasks such as ongoing contact with the press and fundraising in a routine manner. (1988 597)

For SICK increased budget stability is a key indicator of the positive function of professional staff during Cycle I. During the first two years the organization operated with no budget. The members of the group provided the needed funds for travel, mailings, telephone calls, etc. In 1984 a foundation grant was secured that allowed the group to hire

Figure 2 - SICK Budget by Year



*Denotes Hiring of New Staff

their first staff member. During the period of decline in Cycle I, funds dwindled with the loss of professional staff. SICK members and inexperienced office staff were unable to secure grants or make successful appeals for funding at the local level. As a result the budget plunged to less than \$9,000. During the period of resurgence professional staff were hired and the money started to come back in. The director that was hired at the end of Cycle I was able to secure several foundation grants and the budget was increased to over \$43,000. By the end of the emergence period, the organizational budget was over \$50,000.

The director noted that: "I could write grants. That's when the money started back up." A healthy budget allowed for a second professional organizer and office administrator to be hired (see Figure 2).

Issue Selection

The director explained her ability to bring the organization out of a rut as a function of both her personal appeal and the energy behind a proposed new issue:

...at least in my case, it took somebody as dynamic and pushy as I am to get them off of their asses and keep them alive to make an issue like pre-natal care really happen. It was a great issue to work with and I was lucky as a staff person in that way...It was such a powerful issue, anybody that was dynamic, wanted to put the energy into it could have made it happen...I could write grants. That's where the money started back up. We went for that six month period with no staff and then I came on and then [the assistant] was hired.

The fall 1991 issue of the "SICK Speaker" introduced the need for prenatal care and the lack of access for Medicaid mothers. SICK members conducted 57 telephone surveys of obstetric-gynecologists in the Knox County area and found that only two doctors were both taking new patients and would accept Medicaid while forty-one were accepting new patients but refused to take Medicaid patients. The burden of prenatal care was borne by the University of Tennessee Obstetric-Gynecologist Clinic and the Knox County Health Department; a huge burden since approximately half of the 5,500 births in Knox County in 1989 were to Medicaid re-

ipients. At the time of the survey the university hospital had a three-month waiting list for a first visit and the Health Department had a two-month delay. The problem particularly affected low-income and black women. Lack of pre-natal care in Knox County was 50.3 percent for black women, twice the rate for white women.

In August 1992, the new director aided the members in coordinating a community forum with the aim of presenting pre-natal care concerns to local citizens. The forum was co-sponsored by 16 organizations: the state's Black Health Care Commission, the Knox County Community Council, Headstart, the Tennessee Health Care Campaign, March of Dimes, and the board of the Knox County Community Health Agency. Women from across the state shared stories of inadequate pre-natal care. The forum prompted commitments from key decision makers. The state legislator representing the Select Committee on Children and Youth, and the Chairperson of the Black Legislative Caucus agreed to promote a policy to ensure access to pre-natal care. The Chairperson of the Department of Obstetrics and Gynecology at the University of Tennessee Hospital committed to organizing and administering the plan. The Assistant Dean of the College of Nursing at Vanderbilt University agreed to continue her commitment to a training program for nurse midwives.

The pre-natal care issue was selected in part because of its statewide appeal. The director encouraged the membership to focus on larger campaigns and advocated aggressive networking with other SMOs throughout the state of Tennessee. This strategy was successful in bringing more attention to the organization as well as the issue at hand. She also helped the organization to recognize the urgency of the issue and its strong emotional appeal. She stated that "it was the perfect issue for the people to coalesce around..."

CYCLE II: DECLINE AND RESURGENCE (1992-1999)

In 1995 the pre-natal care issue was resolved, the director resigned, and SICK went into its second period of decline. The length of the second stage of decline was shorter than the first because long-time members recognized the need to hire professional staff and set out in quick order to find a new direc-

tor. This individual was hired in late 1995 and three additional staff members were hired in 1996.

The director testified to the necessity for meeting administrative tasks and building comradery with a membership that was grassroots based. When asked about her role as staff she responded that her job was:

To facilitate their [the memberships] feeling of a sense of ownership and feeling capable of taking on new leadership roles, providing training as folks are open to it, to help the organization do strategic thinking about issues and what's going to happen. As the director, it's a matter of making sure that we have the income to meet our program goals. Making sure that staff have the support they need from me to succeed. The more mundane administrative stuff—by-laws, charter, etc. making sure that we're obeying regulations and all that. I, of course, do it not for the administrative piece but for the visionary organizing piece but it sometimes seems to recede. I would see it ideally as organizing slews of people to fundamental take over Nashville and the rest of the state and decentralize the whole decision making process in the community.

Membership Base

The professional leadership of Cycle II was crucial in bringing diverse groups together at a time when a younger constituency outnumbered the older, long-time, and charter members. One of the first tasks of the new director was the purging of the mailing list of members who had not been involved in the organization for several years. The 800 member list was cut to 80. Guided by the new director, SICK members combed the low-income neighborhoods of Knoxville to inform potential members of the work of the organization. They were also encouraged to bring friends and neighbors to membership meetings. By 1997 the membership had more than doubled; increasing to 200 individuals.

New leadership also focused on a more formal organizational structure. Professional leaders and grassroots members made intentional efforts to keep the democratic nature of the organization intact while building a strong organization support base. The director initiated a "Visioning Retreat" to gain insight into the desired future of the mem-

bers. After the retreat several committees were formed to meet the challenges of a growing organization. Members were also encouraged by the director to consider an organizational name change from SICK to "Solutions." The director emphasized that because the organization had expanded its issue work beyond health care that a new name would be more appropriate and more appealing to newcomers. Initially, this proposal was met with some resistance from long-time members but the name was eventually adopted and potential members responded to the name "Solutions" more favorably. The name change was beneficial in the coalescence of ideologically differentiated members and served as a culturally significant frame transformation (see Snow, Rochford, Worden & Benford 1986; Snow & Benford 1992; Benford 1993).

On a more concrete level, the director led the membership in making the decision to relocate the organizational office to a larger building to accommodate a growing membership. The new location was only a temporary solution for a growing organization; in 1998 SICK/Solutions purchased its first permanent office space in the neighborhood where the majority of the members lived.

Budget Stability/Growth

During the period of decline in Cycle II, the budget did not decrease significantly for two reasons: 1) grant monies that had been secured in Cycle I had not reached the end of their funding cycle; and 2) with no staff and little campaign work being done, few funds were expended. In the resurgence period of Cycle II, the budget was stable as a result of grants secured by professional staff. The new director was adept at securing grants and was successful in helping the members to organize local fundraising events. As in Cycle I, professional staff played a crucial role in budget security. The budget increased approximately \$50,000 from 1996 to 1997 and remained stable. More prominent issues with a larger audience also generated income. During campaign events members and those who were not members but were concerned about the issue were more likely to give a financial contribution.

Issue Selection

A new issue was central to the resurgence period of Cycle II. The adoption of the welfare

reform issue in 1997 brought a younger constituency to the membership. Tennessee's welfare reform program, "Families First," brought new concerns to Knoxvilleans and Solutions members. In August, 1996, the Welfare Reform bill decreased anti-poverty programs by \$55 billion and decisions regarding welfare benefits were assigned to the states. Each state had the responsibility to decide how federal block grant funds would be utilized under the Personal Responsibility and Work Opportunity Reconciliation Act. In Tennessee this charge took shape in the form of "Families First" legislation. "Families First" is a temporary cash assistance program which emphasizes work, training, and personal responsibility. SICK/Solutions members argued that the new program was punitive in nature.

The SICK/Solutions membership formed a Welfare Reform Committee consisting of concerned members of the community and those directly impacted by Families First legislation. The membership attended local meetings of the Families First Council and the 99th Tennessee General Assembly of the State Legislature to lobby for improving Families First legislation. Behind the scenes, the professional staff researched the specific needs of welfare recipients and aided the membership in the development of letter writing campaigns, protests, public theater demonstrations, speaking engagements with the House Health and Human Resources Committee and the Senate General Welfare Committee, and the preparation of a House Joint Resolution for Welfare Rights and Responsibilities proposal.

SUMMARY

McCarthy and Zald attributed the proliferation of SMOs in the 1960s to changes in funding patterns and the resulting changes in career patterns of professional social movement leaders. The professional SMO was not a new phenomenon in the 1960s; rather McCarthy and Zald argue that the era featured larger numbers of such organizations. They noted that professional SMOs were characterized by: 1) a leadership that devotes full time to the movement; 2) a very small or non-existent membership base or a paper membership; 3) attempts to impart the image of speaking for a potential constituency; and 4) attempts to influence policy toward the same constituency (1973 20).

This study diminishes the validity of the resource mobilization perspective and suggests that professional staff contribute to the mobilization of grassroots participants and aid the movement toward campaign successes and movement endurance. At SICK/Solutions the increase in professional staff did promote an increased level of organizational formality but professionalization did not precipitate the exclusion of potential beneficiaries. In both Cycle I and Cycle II, the hiring of professional staff was followed by an increase in grassroots membership levels. At the highest level of professionalization (Cycle II) the majority of the membership was not comprised of paper members but the organization remained successful in attracting aggrieved members from the community. In the modern movement model professional staff are charged with manufacturing grievances. This claim suggests that professional staff are more interested in job security than the goals of the movement. Once again, this was not the case at SICK/Solutions. Charter and long-time members carefully chose staff according to their ideological commitments to the goals of the group and served as watch dogs for continued democratic leadership. Rather than hindering democratic decision making processes, staff provided the framework that allowed the grassroots membership base to pursue their goals aggressively.

This study reveals that professionalization was a positive force in the ability of a grassroots movement to succeed and endure. Contrary to the findings of this study, resource mobilization still dominates the theoretical landscape for social movement analysts. Skocpol (2003) recently argued that professionally run and donor-funded organizations are trampling America's real grassroots. For Skocpol, the threat of diminished participation in institutions of democracy is very real. She proposes that professionally managed agencies have nullified earlier forms of membership-based voluntary associations and greatly reduced the opportunity for the average citizen to participate in social change. It is important to note that Skocpol's work is a macroscopic one and may not be appropriately compared to a local, small-scale movement. Still, if inconsistencies exist in the literature, it is important to ask why? It is beyond the scope of this work to offer a comparative analysis of professionally led national and grassroots organizations but such an under-

taking might prove beneficial. I suggest that future research should address the variability of the role of professionalization in movement maintenance, decline, and resurgence so that the discrepancies in the literature may be resolved. Researchers would also benefit by clarification of the ways in which professionalization is conceptualized as there seems to be no explicit agreement on the term. Additionally, the terms professionalization, institutionalization, and formalization are often used interchangeably and it would be useful to research whether these processes are closely related or if they occur independently. The role of leadership in studies of social movements has long been debated. Theoretical developments have moved researchers beyond the study of charismatic individuals that shaped the will of the crowd to the role of professional organizations in dismantling activism at the local level. The questions are many, yet the direction of social change may very well depend on our understanding of movement participation.

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