Program and Provider Diversity

Bureaucratic - Client Encounters in the United States

Yeheskel Hasenfeld

and

Mayer N. Zald

School of Social Work
Department of Sociology
University of Michigan

November 1982

CRSO Working Paper #278

Copies available through:
Center for Research on
Social Organization
University of Michigan
330 Packard Street
Ann Arbor, Michigan 48109

Program and Provider Diversity:

Bureaucratic - Client Encounters in the United States

Yeheskel Hasenfeld

and

Mayer N. Zald

School of Social Work

Department of Sociology

University of Michigan

Ann Arbor, Michigan

Paper delivered at Conference on "Social Welfare and the Delivery of Social Services, USA/USSR," University of California, Berkeley, November 12-14, 1982

What a herculean and even impossible task! To describe and analytically order the range of client-organization relations in the social welfare sector in the United States. The task is herculean because the amount of variation is so enormous. We must account for variance across governmental jurisdications (local, state, and federal), between private and public providers, and across the range of substantive programs - from the treatment of mental illness to the payment of pension checks.

This paper provides an analytic framework within which to view the encounter of citizen and welfare organization. We provide a framework that allows us to understand and gain perspective on the diverse images of client-organization encounters found in our common stereotypes and also provided in some of the scholarly literature.

On the one hand, welfare clients may be seen as shuffling step-n-fetch-its, kow-towing with neck bent, bag ladies, keeping their wary distance. On the other hand, clients may be satisfied citizens, getting their rightful due.

Some of the research literature, especially that which looks at "street-level bureaucracy" might give impressions of wide discretion on the part of bureaucrats (see Prottas). Although this literature does not explicitly examine the issue, it suggests that citizens are at the mercy of powerful bureaucrats. On the other hand, another body of literature, usually based upon survey instruments, reports wide-spread satisfaction with social welfare services, at least as contrasted with "constraint" agencies. (See table 1 from Katz, et. al). Tables 1 and 2 present data from a national survey of adult respondents who were asked about their contacts with a variety of agencies. Not surprisingly, the service agencies have a more satisfied clientele than the constraint agencies.

Table 1

"How Satisfied Were You with the Way the Office Handled Your Problem?"

Rating	Type of Problem: Finding job	Job training	Workmen's Compensation	Unemployment Compensation	Welfare	Hospital/ medical	Retirement	Other	Total
Very satisfied	35.1%	50.9%	52.5%	35.2%	27.2%	48.9%	64.2%	41.9%	42.6%
Fairly well satisfied	26.3	22.6	22.5	35.8	34.0	8.9	23.7	14.5	25.9
Somewhat dissatisfied	15.8	18.9	5.0	13.6	18.4	24.4	3.5	11.3	12.6
Very dissatisfied	19.6	5.7	10.0	11.7	18.5	17.8	2.9	29.0	13.5
D.K.	0	0	0	.1	0	0	.6	1.6	0
N.A.	2.9	1.9	10.0	3.1	1.9	0	4.6	1.6	5.1
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%
N	(171)	(53)	(40)	(162)	(103)	(45)	(173)	(62)	(827)

Table 2

"Looking at the Whole Experience Would You Say that Government Officials Handled It Very Poorly, Poorly, Fairly Well, or Very Well?"

Rating	Type of Problem: Driver's license	Traffic violations	Tax	Police	Other	Total
Very well	9.8%	11.5%	11.3%	5.7%	5.5%	9.0%
Fairly well	26.8	30.8	23.9	17.1	32.4	25.7
Poorly	26.8	30.8	25.3	20.0	18.9	24.2
Very poorly	24.4	19.2	22.5	48.6	18.9	26.2
D.K.	2.4	0	2.8	0	0	1.4
N.A.	9.8	7.7	14.1	8.6	24.3	12.9
Total	100%	100%	100%	100%	100%	100%
N	(41)	(26)	(71)	(35)	(37)	(210)

Source: Table 1, Katz, et al., p. 64 - Table 2, Katz et al., p. 102.

Moreover, the public assigns very different priorities to expanding or contracting different public programs. Recently, the Chronicle of Higher Education reported the results of a recent national survey conducted by the Group Attitudes Corporation. (See table 3).

These data suggest very different levels of public support for different welfare state programs. Medical care for the aged and social security are "ok." Social-welfare programs - meaning we suspect AFDC and public assistance - are not. These supporting and denigrating attitudes, in conjunction with legal mandates and service delivery problems translate into bureaucratic encounters.

We proceed as follows. In the first two sections we discuss a theory of bureaucratic encounters based upon exchange-power dependence concepts. The beginning point of this theory, and much elaborated, is that the bureaucratic control or power over the client is related to the control of vital goods or services which cannot be obtained elsewhere. To the extent that the client has alternatives for the procurement of these goods or services or controls resources, including enforceable legal rights, that can be brought to bear on the bureaucrat, the client controls or gains power in relationship to the bureaucrat. The bureaucratic encounter occurs in an organizational and societal context. Section II spells out the contextual variables that impinge upon power-dependence relations.

In Section III we show how the theoretical distinctions discussed in the previous two sections work themselves out in three substantive areas. We discussed the delivery of services to the mentally ill, social security and pension programs and AFDC and public assistance. These are chosen because they are central programatic areas of the welfare state and because they vary dramatically on variables relevant to our theory. In our discussion, we emphasize that these arenas of client-bureaucratic encounters are in flux. How they have changed and how these changes impinge upon the

Table 3

Public Attitudes Toward Cutting Federally-financed Programs

	Should not be cut at all	Should be cut somewhat	Should be cut drastically
Medical care for the aged	68.0%	19.2%	9.5%
Medical and cancer research	62.0%	27.6%	7.4%
Energy, research and development	43.1%	40.4%	13.4%
Aid to higher education	42.2%	38.3%	15.0%
School lunch program	33.5%	44.0%	18.4%
National-defense spending	32.5%	42.0%	22.3%
Aid to agriculture	28.6%	52.4%	13.9%
Social-welfare programs	22.5%	43.0%	31.6%
Space program	19.9%	46.3%	30.7%

Source: The Chronicle of Higher Education, September 29, 1982, p. 3.

relation of the state and bureaucrat to client is a central issue.

Section IV briefly takes up the issue of citizenship rights and bureaucrats. Ever since T. H. Marshall wrote about the evolving nature of citizenship rights we have been aware that the emergence of the welfare state ties the issues of citizenship and rights. Yet, these rights are caught in a political debate. We will want to examine, although briefly, how changing conceptions and enforceable rights in American impinge upon bureaucratic encounters.

I: Power-Dependence in Client-Organization Relations

The relations between clients and organizations can be conceived as a series of transactions through which resources and services are exchanged between them. Clients interact with an organization, voluntarily or involuntarily, to obtain the resources and services it controls, and in a manner that optimizes their perceived payoffs and minimizes their perceived costs. The organization interacts with clients, by choice or by edict, to obtain the resources they control, and in a manner that optimizes the payoffs and minimizes the costs as defined by those who wield power in the organization.[1]

For example, the relations between applicants for public aid and the welfare department can be seen as a series of encounters in which: (a) the client attempts to obtain the highest level of public assistance with as little "hassle" as possible; and (b) the officials attempt to "weed" out the "undeserving" poor and reduce overpayment errors while maintaining acceptable working conditions. Similarly, the relations between clients and social workers in a family service agency represents a series of transactions

[1]There may be instances in which neither the client nor the organization sees any benefit at all from the relationship, which may have been forced upon them. In such cases, the chief aim of the interacting parties will be to minimize their costs.

through which clients seek help and advice congruent with their interests and values, but which will also minimize the associated financial, social, and psychological costs; the workers attempt to provide services in accordance with agency policies (reflecting the interests of the power-wielders) and their own professional interests, but which will also minimize the use of the agency's and their own professional resources (hence, the interest, for example, in clients with third-party insurance).

This perspective suggests that the interests of the client and the interests of the organization are inherently distinct: the interests of the former emanate from the complex set of attributes that determine individual behavior; the interests of the latter emanate from the organizational dynamics that shape the roles of its staff.

The ability of each party to structure the components of the exchange relations to accord with its interests is a function of the power-dependence relations between them. Power can be defined as the ability of A to obtain favorable outcomes from B at B's expense (Cook and Emerson, 1978). That is, the costs to A of obtaining B's resources or services are lower than the costs to B for getting similarly desired resources or services from A. The power of A over B, is equal to the dependence of B on A. Such dependence varies directly with the desirability of the resources or services controlled by A to B, and inversely with the availability of such resources or services from alternative sources. A is said to have a power advantage over B when the dependence of B on A is greater than the dependence of A on B. Having a power advantage gives A the potential to use its transactions with B to get additional benefits at B's expense.

Using this framework, we can say that the dependence of the client on the organization, and thus, the power of the organization over the client,

is directly proportional to the client's need for the organization's services and inversely proportional to the availability of the services from alternative sources. Similarly, the dependence of the organization on the client is directly proportional to the organization's need for the client's resources and inversely proportional to the availability of such resources elsewhere. It can be readily seen that in many human services the organization has a considerable power advantage over its clients because it monopolizes services they need. Thus the clients have few or no alternatives, while the organization has many more potential clients than it can serve. This is most apparent, for example, in the area of public assistance. While the welfare department has a virtual monopoly over such aid and an abundance of applicants, the client may be in dire need and has nowhere else to turn.

A central argument advanced in this paper is that the power advantage of human service organizations enables them to exercise considerable control over the lives of the recipients of their services. Moreover, organizations will use this power advantage to shape staff-client transactions in such a way that the outcomes will enhance their legitimation, flow of resources, and power. Put differently, when the service provision process has important consequences for the political and economic life of the organization, the dominant coalition and other centers of power in it will attempt to use any power advantage over clients in pursuit of their interests. For example, with a power advantage, the organization may attempt to select clients who will enhance its reputation and facilitate the mobilization of legitimation and resources (Greenley and Kirk, 1983). In the case of public assistance, it has been shown that during civil unrest and economic prosperity, it is to the interest of the organization's elite to expand the welfare rolls and to relax application procedures. During economic decline, however, the elite will seek to reduce the rolls and to tighten and restrict application

procedures (Ritti and Hymna, 1977). Professional groups within the organization may use the power advantage so that the outcomes of their transactions with clients confirm their professional ideologies and buttress their status (Freidson, 1970; Krebs, 1971). Finally, street-level bureaucrats may use the power advantage to control and improve their working conditions (Prottas, 1979).

Clients who have a power advantage over the organization, as a result of the resources they possess, can similarly use it to control transactions with the organization to optimize their interests. In particular, such clients will be in a better bargaining position to improve the congruency between their personal goals and the organization's output objectives and to control the transfers of resources and the outcomes of the exchanges. For example, both the study by Clark (1956) of the transformation of the adult education program and that by Zald and Denton (1963) of the changes in the YMCA indicate that as the dependence of these organizations on income generated by clients increased, program changes occurred that more closely reflected clients' demands. Rushing (1978) found that powerless clients are more likely to be committed involuntarily to mental hospitals. Similarly, patients from higher socioeconomic backgrounds tend, in general, to have access to better medical care than lower-class patients (Krauss, 1977). Powerful clients can also influence the patterns of their relations with the service providers. They, for example, tend to have access to better-trained staff and receive more prompt attention (Schwartz, 1975).

One measure of the power advantage of a human service organization over its clients is the extent and amount of discretion it has in making decisions about their lives (Gummer, 1979; Handler, 1973). Everything else being equal, the greater the discretion of the service providers to select courses of action on the basis of their own judgments, the greater their power over

clients. Herein lies the essence of professional power. The exercise of discretion permits the service providers, while attending to the needs of clients, to make decisions that promote their own interests, which may not be consonant with those of the client.

Having a power advantage increases the probability that it will be used as long as additional benefits can be attained or the costs for attaining them can be reduced. However, internal and external constraints play an important part in the use of power by the exchanging parties. Internal constraints emanate from the norms upheld by the organization and the client that govern the exchange relations (Cook and Emerson, 1978). The organization, for example, may uphold norms that stress fairness and equity, commitment to the needs of the client, and respect for the client's rights; norms that are typically embodied in a professional code of ethics. These restrain officials from using their power advantage beyond organizationally prescribed boundaries, and occasionally even encourage suspension of organizational rules in favor of the client. In a study of appeals to the Israel Customs authorities, Danet (1973) found that 70 percent of the clients were treated in a universalistic fashion, reflecting the norm of fairness. But 29 percent received a favorable result even though their claims lacked legal justification. These were immigrants whose attributes indicated them to be "underdogs" and powerless, yet the bureaucracy "gave them a break" because of a norm of helping such immigrants integrate into Israeli society.

External constraints, particularly on the organization, are expressed through law, statutes, and administrative regulations designed to protect the rights of clients. The Mental Health Code for the State of Michigan, for example, contains a Patient's Bill of Rights that is aimed at preventing potential abuse and ensuring that patients receive appropriate and humane care. Nonetheless, a study of the utilization of these mechanisms to protect

clients has identified several problems that limit their effectiveness (Handler, 1979). First, to use the legal remedies available to them, clients must be aware of their existence, must have the resources to pursue them, and must anticipate that the benefits will outweigh the possible costs. Meeting these conditions is obviously difficult for many clients. Second, the use of administrative monitoring and supervision requires the formulation of explicit standards for the provision of services and effective information-gathering devices, both of which are highly problematic in human service organizations. Formulation of such standards is not possible for many service technologies, and the front-line character of these organizations prevents collection of valid and reliable information. Third, the relations between monitoring agencies, human service organizations and clients are such that the organizations have considerably more resources with which to influence the agencies and possibly coopt them.

II: The Context of Citizens' Encounters

The power-dependence relations between clients and officials are shaped by the context in which they occur. The context refers to the macro social structural conditions of a particular welfare sector which define the boundaries of the exchange relations and determine the amount of power each party can mobilize. Anticipated above, we discuss four contextual variables: a) social correlates of the demand; b) structure of the welfare sector; c) norms of the exchange; and d) administration of the service delivery system.

A. Social Correlates of "Demand"

The social correlates of the "demand" for specific welfare services define the characteristics of the public's initiating contacts with welfare programs and the personal resources they can mobilize. By "demand" we mean

the goods and services deficit as defined by both clients and service providers. A critical variable shaping these characteristics is the social epidemiology of "demand." That is, the incidence, frequency and severity of the "demand" for various welfare services is differentially correlated with socio-demographic characteristics which in turn define the social status of the potential recipients. Thus, the socio demographic characteristics associated with poverty, define the social status of the potential recipients of public assistance or Supplemental Security Income (SSI). Overwhelmingly, these are likely to be female heads of household, elderly, disabled and minorities. In contrast, the "demand" for Social Security is obviously correlated with persons over the age of 65, but less with other social characteristics. The "social epidemiology" of mental illness, however, is such that the incidence and frequency of various forms of mental illness significantly varies by social class. The highest overall rate of psychiatric disorders is consistently found in the lowest social class (Dohrenwand, 1975). In general, the lower the social class position of the potential recipients the less power they have in their exchange relations with officials.

Second, expression of "demand" will be a function of citizenship rights and entitlements for the services of a welfare sector. Extension of citizenship rights and entitlements reduce class differentiation and reliance on personal resources, thus granting clients more power in the welfare sector. One measure of such entitlement in the U.S. is the extent to which potential recipients perceive that they actually pay or make contributions to finance the services they seek. Hence, persons seeking social security benefits perceive themselves to have greater entitlement to them than persons seeking public assistance, while persons needing mental health services cannot readily make claim for them by virtue of entitlement, unless they are willing to pay

for them directly or through insurance.

Third, expression of "demand" is also a function of public awareness. Greater public awareness of the services of a welfare sector increases the demand for such services and improves the ability of clients to negotiate for them.

B. Sector Structure

The structure of the welfare sector determines the availability and accessibility of the services to the public. First, the domain and mandate given to the sector (which reflects its political legitimation) prescribes in normative terms who "deserves" its services. Such prescription, to paraphrase Titmuss, determines the universality or selectivity of the distribution of the sector's services, as well as the attributes of the population rightly entitled to them. Hence, to the extent that the sector's domain and mandate define a large segment of the population needing its services as "undeserving," as in the case of public assistance, they are stripped of any power in their bureaucratic encounters (see for example, Roth's [1972] account of poor people's reliance on emergency room [illegible] outpatient services).

Second, the scarcity or munificence of the services will influence the degree of public dependence on them. The greater the scarcity of the services, the greater the dependence of the public on the sector.

Third, the centralization or decentralization of control over the distribution of the services, determines the boundaries of citizens' ability to negotiate with the service providers. When the control over the service is highly centralized as in the case of Social Security, citizens have little room, if any, to negotiate with officials, and variation from official to official is limited. When the control over the services is highly diffused, and fragmented as in the case of mental health services, citizens have considerable room to negotiate for services, and the nature and quality of

services they receive varies significantly with their ability to mobilize power and command resources.

C. Sector Administration

The aspect of sector administration we are interested in is the amount of discretion granted to officials. The greater the discretion of officials the greater is their potential power advantage over clients (Handler, Gummer). A key determinant of the discretion officials have is the nature of the service technology itself. The more routinized the service technology the less discretion officials have. For example, because the technology of determination of social security benefits is highly routinized as compared to the technology of psychotherapy, the discretion of social security officials is minimal compared to the discretion granted to mental health workers. The latter, then, can use their discretion of advance interests which may be incongruent with the interests of their clients (Prottas, 1979).

Human service organizations have relied on professionalization to curb the potential abuses of discretion. Professional norms are assumed to protect the welfare of the clients and constrain officials from using their power advantage for personal or organizational gains. At the same time, the professionalization of staff increases their power over clients by virtue of their control over expertise and knowledge. Hence, although professionalization increases clients' dependence it may strengthen equity and fairness in the norms of the exchange.

D. Norms of Exchange

The norms of the exchange relations institutionalized in the welfare sector determine the extent to which potential power advantages or disparities can be exploited by either officials or citizens. First, to the

extent to which norms of equity and fairness are enforced in the sector, both officials and citizens are constrained in using their power advantages (Kroeger, 1982). "Giving the underdog a break" is another instance of such norms (Danet,). In contrast, when no clear norms of equity and fairness are specified or enforced, as in the case of custodial care of the mentally ill, officials will use their power advantage to attain benefits which may be determinants to their clients.

Second, to the extent that the norms of exchange stigmatize or degrade clients, they put them in a power disadvantage. Norms of exchange result in degradation when they impute moral inferiority of those seeking the service as in the case of application for public assistance (Roth, 1972). These norms derive, in part, from the sector's domain definition, particularly who are the "deserving" and the "undeserving."

III: The Framework Applied: Encounters in Three Sectors

Let us apply the framework developed above to encounters in three different sectors. We briefly review the nature of encounters within the mental health system, social security (OASDI) and public assistance (AFDC and general assistance.) Figure 1 schematically locates program sectors on contextual dimensions discussed above.

A. Social Security Encounters

Old Age survivors and Disability Insurance is a bed rock program of the Welfare State. It comes the closest of any welfare program to the "ideal" of universal coverage. It is given as a matter "of earned right." Financed by compulsory taxes on employees and employers, it covers about 95 percent of the civilian employed labor force (see p. 58 Social Security Bulletin: Annual Statistical Supplement, 1980.) Since self-employed domestic workers

Figure 1

A Typology of Welfare Sectors

Variable	Welfare Sector: OASDI	Public assistance	Mental Health
Social Correlates			
Class correlates	low	high	some
Citizenship rights	full	partial	limited
Public awareness	high	some	low
Sector Structure			
Domain and mandate	universal	selective	highly selective
Service scarcity	low	high	high
Control over services	centralized	semi-centralized	decentralized
Sector Administration			
Officials' discretion	none	some	high
Professionalization	low	low	varies
Norms of Exchange			
Equity and fairness	high	partial	minimal
Stigma	none	high	high

and farm workers were excluded in early years, the general trend has been to increase the range of populations covered. Some public employees may be covered under retirement programs outside the social security trust funds. Sixty-three percent of retired Americans aged 65 and over say that benefits are their largest source of income. (Aging in the 80s: America in Transition, p. 87).

For our purposes, the key points are that beneficiaries automatically qualify if they have a sufficient work-contribution history. The amount of benefits is fixed by formula. Workers with a lower amount of contribution get a larger proportion of average monthly wage than workers with a higher average monthly wage. There is no bureaucratic discretion in the allocation of amounts, nor is there state and local variation.

In short, the context of citizens' encounters with Social Security is such that it grants them considerable power vis-à-vis the officials. Social Security is only minimally class differentiated, and citizens have full entitlement rights and high awareness of their entitlement. The domain and mandate of the program is universal, and while there are projections of serious resource scarcity, citizens do not as yet experience any. The control over the program is highly centralized resulting in no administrative discretion. The norms of exchange enforce a high degree of equity and fairness and no stigma.

The "earned right" language and "insurance" metaphor have led to a sense of citizen deservingness, of proper entitlement. Social Security is not considered "welfare," a dirty word. We do not know whether the American public distinguishes "earned rights" from insurance; whether the majority recognize that their contributions actually pay next year's beneficiaries, and are not invested to return at time of retirement. We do not know whether the sense of entitlement is based on Congress' guarantees, on citizens' perceptions

of "forced" savings, or on bureaucratic behavior, the routine delivery of benefits. (See Cates, 1981, for a discussion of the use of insurance metaphor in institutional myth-making in the Social Security Administration.)

We do know that the system has large support and that clients in contact are much more satisfied with the social security system than clients in contact with public welfare. One clear indication of the accessibility of Social Security and the power citizens feel in interacting with its officials is the exceptionally high utilization rate. In contrast, Supplemental Security Insurance which has been "federalized" in 1972 as part of the Social Security Administration experiences a considerably lower utilization rate, ranging from 67 to 73% (Drazga, et al, 1982. See also Menefee at al, 1981). It has been suggested that the perceived stigma attached to the program, its means test procedures, and lack of sufficient public awareness all contribute to the lower rate. So far, studies attempting to identify barriers to SSI utilization are equivocal.

A study by Goodsell (1980) comparing clients responses to social security, public welfare and unemployment compensation, clearly indicates that citizens rate the quality of their encounters with Social Security to be superior to the others on several indicators (see table 4). These findings are replicated in every study of citizens' evaluation of their experiences with Social Security. (It is interesting to speculate on the lower satisfaction with Unemployment Compensation reflected in the data. Is it a function of greater anger at the outset, or more harassing procedures, or greater unclarity about norms?)

This is not to suggest that citizens' encounters with Social Security are devoid of difficulties. The complexity of the program is such that citizens may experience delays and lags in the processing of their claims, experience errors, or try to manipulate officials by withholding certain

Table 4

Perceptions of Clients of Success, and Program Responsiveness

Proportion of Clients Who:	Social Security (%)	Public Welfare (%)	Unemployment Compensation (%)
Achieved what they came for in the encounter			
(N)	85.0 (80)	70.0 (80)	68.8 (80)
	(X^2 = 6.9, DF = 2, p = .03; V = .170)		
Argued with office personnel during encounter	2.5	6.3	11.3
(N)	(80)	(80)	(80)
	(X^2 = 5.0, DF = 2, p = .08; V = .144)		
Agree that by and large govt. serves the public well			
(N)	69.4 (72)	45.7 (70)	60.3 (73)
	(X^2 = 8.3, DF = 2, p = .02; V = .197)		
Agree that the little man often gets pushed around by govt.			
(N)	58.2 (67)	73.6 (72)	77.0 (74)
	(X^2 = 6.6, DF = 2, p = .04; V = .176)		
Expect to remember something "really nice" about the encounter	70.7	49.1	40.1
Expect to remember something "really unpleasant" about the encounter	29.3	50.9	60.0
(N)	(41)	(53)	(40)
	(X^2 = 8.2, DF = 2, p = .016; V = .248)		

Source: Goodsell (1980)

information. Similarly to all other welfare programs, Social Security regularly initiates termination of benefits due to a variety of reasons such as re-marriage or divorce, changes in disability status, death, and the like. These do result in occasional disputes. Nonetheless, overall the program experiences wide-spread acceptance and legitimation.

B. Public Assistance Encounters

Public assistance has been one of the most controversial and vilified welfare programs in the U.S. Its critics on the right have seen it as a "haven for the chislers and rip-off artists," while its critics on the left have viewed it as the vehicle of oppression of the poor, women and minorities. In contrast to Social Security, entitlement rights are at best partial. Citizens must demonstrate "deservingness," and accept loss of personal liberties as a precondition for receipt of welfare. Although there is considerable public awareness of Public Assistance, it tends to be negative, and public opinion polls persistently indicate that citizens grant it reluctant legitimation, perceiving the program as an undue burden to the taxpayers.

The program is clearly associated with the lumpenproletariat, for it is targeted exclusively to the lowest socio-economic groups. It is selective in the distribution of its services, making sure that only the "deserving poor" will have access to them. Public Assistance has always operated under conditions of extreme resource scarcity, which are particularly manifest at times of declining economic growth. Moreover, while the control over the program has become more centralized, with the federal government setting elaborate national standards, nonetheless, state and local governments can still exercise considerable discretion in its administration. Studies by Tropman and Gordon (1978), Iams and Maniha (1980), and Isaac and Kelly (1981) suggest that levels of AFDC grants as set by the states vary significantly

and are influenced by both economic and political variables including state wealth, education, population growth, minority populations, and racial insurgency. Efforts have been made to routinize the administration of public assistance (Pilliavin, et al., 1979); nonetheless, officials still exercise significant discretion, particularly in special grants components of Public Assistance.

Finally, while efforts have been made to increase the equity and fairness in the administration of public assistance, these have been, at best, partial. Moreover, the program continues to stigmatize its recipients, a stigma reinforced by the mass media.

These contextual characteristics of Public Assistance foster conflict ridden encounters between officials and recipients. The power dependence relations are such that officials have considerable power over the recipients which can be used to intimidate and discourage potential and actual recipients. Although the use of Public Assistance has risen dramatically in the seventies (the number of recipients increased from 3 million in 1960 to over 10.3 millions in 1979), numerous studies suggest that less than half of all persons eligible for PA actually receive them (see a review of these studies by Prottas, 1981. See also, Bendick, 1979). The stigma attached to Public Assistance and the partial granting of entitlement rights undoubtedly play a critical role in the underutilization of Public Assistance. As Hasenfeld and Steinmetz (1981) and Prottas (1981) argue, officials can use their power to establish numerous barriers to citizens encounters. These include long waiting, public disclosure of intimate and private information, inability to comprehend bureaucratic procedures, and control over information. Bendick and Cantu (1978), for example, noted that while 75% of all welfare applicants have reading skills no higher than 8th grade level, only 11% of all welfare applications and documentations were judged accessible to persons with

8th grade level of education. Several case studies of client encounters with welfare officials suggest that officials may give preference to clients that are perceived as cooperative and non-demanding (Prottas, 1979), and to clients who have significant bureaucratic experience (Gordon, 1975).

Nonetheless, the power advantage of officials is checked. It is controlled by bureaucratic norms which stress universality and fairness. These norms, reinforced by legal protection of clients rights, ensure that the potential abuse of discretion is minimized, albeit not eliminated. Hence, Kroeger (1975) found that Public Assistance officials tend to adhere to these norms and avoid discrimination among their clients.

The ambivalence and potential conflict in these exchanges can be noted in studies of perceptions of clients and officials toward each other. Goodsell (1980) found that welfare officials attribute significantly less honesty to their clients than social security officials (see table 5). Studies of clients perceptions of welfare officials by Katz, et al. (1974), Nelson (1979), and Goodsell (1980), suggest the following: In comparison to Social Security, clients express less satisfaction, less helpfulness and less fairness by welfare officials (see table 6). The difference in expression of complete satisfaction with Social Security as compared to Welfare is approximately 20 to 35%. The differences in expression of helpfulness and fairness range from 15% to 20%.

The importance of the context of the program on its evaluation is well exemplified in the changes of clients' perceptions when SSI replaced Old Age Assistance, Aid to the Blind and Aid to the Permanently and Totally Disabled. As reported by Tissue (1978) feelings of stigma have declined significantly (from 22% to 9% in the case of OAA and from 34% to 14% in AB/APTD), and perception of responsiveness increased slightly.

One might have expected that differences noted in the above studies

Table 5

Welfare Staff Perceptions of Clients' Honesty

	Social Security	Public Welfare
Almost all	21.4	10.7
A majority	72.9	57.9
None	5.7	22.1
Few	0	7.1
Almost none	0	2.1
(N)	(70)	(140)

Source: Goodsell (1980)

Table 6

Clients' Perceptions of Officials

A. Satisfaction with the Encounter

	Social Security		Welfare	
	Goodsell	Katz et al.	Goodsell	Katz et al.
Very satisfied	68.4	64.2	46.8	27.2
Fairly satisfied	16.5	23.7	24.7	34.0
Somewhat satisfied	6.3	3.5	6.5	18.4
Very dissatisfied	8.9	2.9	22.1	9.7
(N)	(79)	(173)		(103)

Table 6 - cont.

B. Helpfulness of Officials

	Social Security		Welfare	
	Goodsell	Nelson	Goodsell	Nelson
Very	74.3	75.3	67.1	59.6
Some	17.6	15.7	21.9	25.0
None	8.1	9.0	11.0	15.4
(N)	(74)	(223)	(73)	(188)

C. Fairness of Officials

	Social Security			Welfare		
	Nelson	Katz	Goodsell*	Nelson	Katz	Goodsell*
Very	78.3	87.3	74.7	58.2	67.0	61.3
Somewhat	14.6	2.3	19.0	28.8	5.8	28.8
Unfair	7.1	4.6	6.3	13.0	23.3	10.0
(N)	(212)	(45)	(79)	(184)	(103)	(80)

*treated courteously

Source: Goodsell (1980)
Katz et al. (1974)
Nelson (1979)

would have been even more pronounced given both the predicament of welfare clients (i.e., being under personal duress) and the presumed omnipotence and social control function of welfare officials. Of course, it is quite possible that the initial expectations of welfare clients are considerably lower than clients of other social programs, thus muting the apparent differences noted above. Yet, one should not underestimate the importance of the norms of universalism and fairness exercised by most welfare officials in controlling these exchange relations.

C. Mental Illness and the Mental Health System: Federal Intervention, Universalism, and Social Garbage

We have included a discussion of client-bureaucratic encounters in the mental health system because it provides a sharp contrast with bureaucracies offering largely cash benefits. Several features of the system are worthy of note. First, it is a highly decentralized and fragmented system. While most states have department of institutions or mental health that provide residential care, the federal government has had little presence in this arena. Second, until the coming of Comprehensive Community Mental Health Center Act of 1963, the Federal Government had no role in the provision or regulation of local mental health services. Third, the area of mental health is characterized by a loose diagnostic system for analyzing problems and a loose technology of treatment. Both what should be treated, by whom, with what techniques, has been a subject of continuing debate, modification, and differentiation. Finally, the mental health system historically has been heavily class-segmented. On the one hand, large public institutions were the reservoir for lower class clientele and for the long-term treatment of the elderly and the middle-class. On the other hand, a fee for service private practice grew up to handle the middle and upper classes. Moreover,

even within public agencies that were not hospitals, services have been allocated on a class basis. The poor received services from beginning workers, while upper-status clientele received more prestigeful therapists (see Hollingshead and Redlich).

Several trends can be observed that bear on issues of client-bureaucratic encounters. First, beginning in the 1950s with the development of psychotropic drugs and with the growing awareness of the negative effects of institutionalization, the large state mental hospitals have become used much less as grab bags for the institutionalized population.

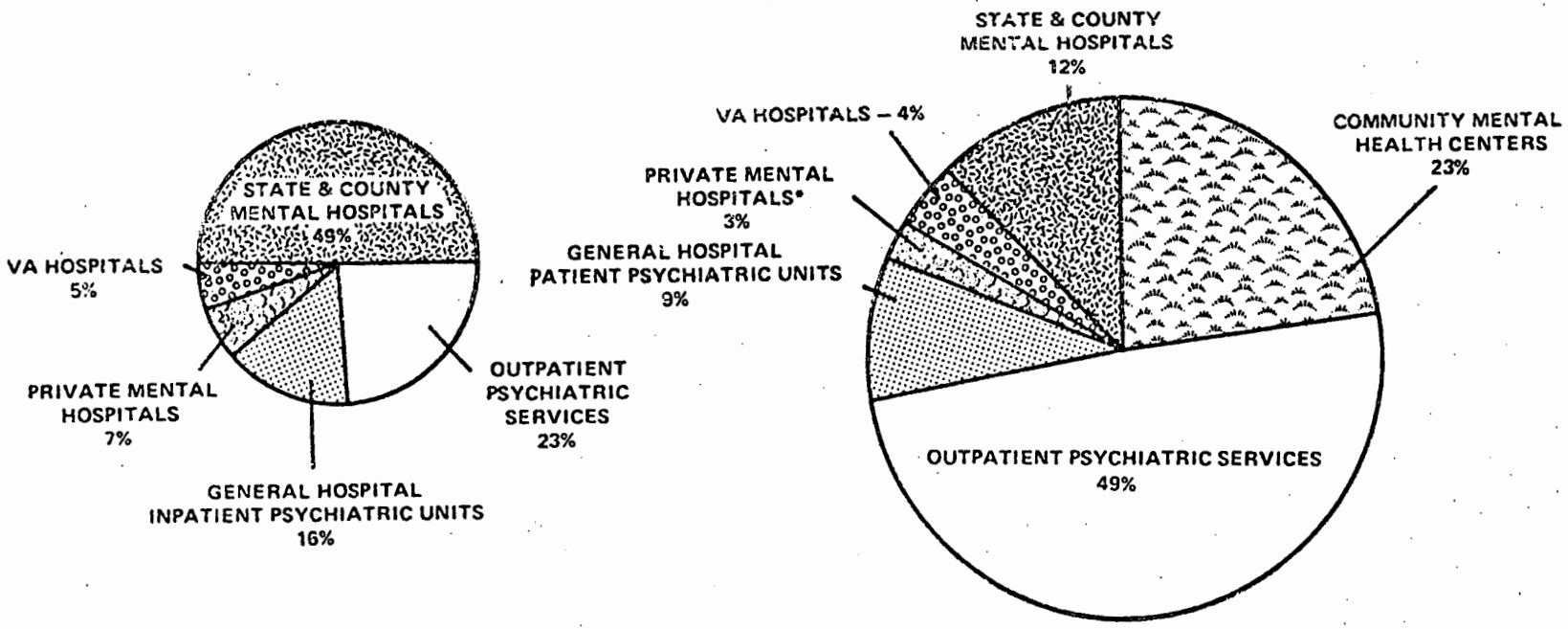
Nursing homes and homes for the aged bled off the elderly from the institutions for the mentally ill. As this happened, and as a variety of interventions occurred, the average number of patients in mental hospitals at any one point in time declined, even while the average number of patients in a hospital during a year has increased. Stated another way, more people are being served for shorter lengths of time.

Moreover, the growth of medical insurance that covers hospitalization and short-term care, and federal and state funding of community mental health centers and of psychiatric beds in general hospitals has led to an increase in local utilization. Figure 2, which excludes the enormous growth of fully private treatment by solo practitioners, testifies to the enormous growth of non-institutional treatment. There has been a vast increase in general hospital beds and outpatient clinics and in community mental health centers as auspices for the treatment of psychiatrically related problems.

Second, constitutional test cases have restricted the ability of police and family to institutionalize citizens when the citizen objects. It is much harder to have an involuntary commitment today.

Third, the loosely defined nature of mental health and mental illness means that the state supported agencies regularly have responsibility for a

PERCENT DISTRIBUTIONS OF INPATIENT AND OUTPATIENT CARE EPISODES IN MENTAL HEALTH FACILITIES, BY TYPE OF FACILITY: UNITED STATES, 1955 AND 1973**



*INCLUDES RESIDENTIAL TREATMENT CENTERS FOR EMOTIONALLY DISTURBED CHILDREN

**SEE FOOTNOTES OF TABLE 1 FOR EXPLANATION OF CATEGORIES

SOURCE: DIVISION OF BIOMETRY, NATIONAL INSTITUTE OF MENTAL HEALTH

range of problems of behavior and social and familial functioning that defy precise legal definition. More than any other area, the encounter here is subject to professional as opposed to legal definition, and the services to be rendered are determined by the local agency political economy. Client and workers relate around a presenting problem. What they do in any specific case is related to the agency's position in a network of local agencies, including the local juvenile court, the school system, the state mental health system, professional ideology, and client readiness and interest. Table 7 indicates outpatient settings handle an enormous range of personal troubles. Indeed, it is very clear that historically most people have used resources outside of the formal mental health system when they were in need of help.

There is paucity of good data at the national level concerning patterns of utilization and responsiveness of mental health resources. One exception is the national surveys on mental health in America reported by Veroff, Kulka and Douvan (1981). As shown in table 8, there has been an increased readiness to use formal help in the past decade, suggesting that some of the barriers such as stigma, and financial resources have been eased. Nonetheless, over 44% of the respondents in 1957 and 36% of the respondents in 1976 were unlikely to use formal help. The decline in resistance to use professional help is evident in the findings presented in table 9. Persons experiencing impending nervous breakdown were more likely to use mental health professionals in 1976 than in 1957. Ability to pay and availability of mental health resources still played a significant factor in self referral, but their importance declined somewhat in 1976. Per capita expenditures and facilities for mental health care in the counties of residence were positively correlated with formal help seeking behavior. Women, young people and persons with higher level of education are more

Table 7

Distribution of Patient Care Episodes in Inpatient and Outpatient Psychiatric Facilities by Sex, United States, 1971

Diagnosis	Inpatient services		Outpatient services	
	Males	Females	Males	Females
	Number of episodes			
All disorders.....	933,316	759,436	1,111,260	1,205,494
	Percent distribution of episodes			
All disorders.....	100.0	100.0	100.0	100.0
Mental retardation.....	3.0	2.5	4.3	2.3
Organic brain syndromes.	9.1	9.6	3.0	2.1
Schizophrenia.....	31.7	31.7	14.0	17.3
Depressive disorders....	11.9	27.8	9.1	16.8
Other psychoses.....	1.3	2.0	0.9	2.0
Alcohol disorders.....	19.9	5.6	8.8	2.3
Drug disorders.....	5.1	2.7	3.2	1.1
All others[1/].....	15.0	16.2	45.0	44.6
Undiagnosed.....	3.0	1.9	12.7	11.5

1/ This category of "all other disorders" includes paranoid states, neuroses (excluding depressive neurosis), personality disorders, sexual deviations, psychophysiologic disorders, transient situational disturbances, behavior disorders of childhood and adolescence, special symptoms not elsewhere classified, and social maladjustments without manifest psychiatric disorders.

Table 8

Distribution of Readiness for Self-Referral, 1957 and 1976

Readiness for Self-Referral	Year	
	1957 (%)	1976 (%)
1. Has used help	14	26
2. Could have used help	9	11
3. Might need help	27	22
4. Self-help	34	29
5. Strong self-help	10	6
6. Not ascertained	6	6
Total	100%	100%
Total Number	2,460	2,264

Source: Veroff et al. (1981), p. 79

Table 9

Sources of Professional Help Used by People Who Had Felt an Impending Nervous Breakdown (by year)

Source of Help	Year of Interview 1957 (%)	1976 (%)
Clergy	3	3
Doctor	77	52
Psychiatrist or psychologist	4	18
Marriage counselor	-[c]	-[c]
Other mental health source	3	10
Social service agency	-[c]	-[c]
Lawyer	1	-[c]
Other	11	17
Total	-[b]	-[b]
Total Number[a]	231	227

[a]Does not include the 233 people in 1957 and 245 in 1976 who had felt an impending nervous breakdown but did not mention referring the problem to any professional help resource.

[b]Indicates that percentages total to more than 100 percent because some respondents mentioned more than one source.

Source: Veroff, et al., p. 137

likely to use formal help. As noted in table 10, among the reasons given for not using formal help, lack of knowledge, stigma, projected failure, and expense--organizational barriers--still loom in importance, accounting for 44% and 43% of the reasons given in 1957 and 1976, respectively.

The perception of helpfulness of professional help is noted in table 11. In general, persons tend to view professional help quite favorably. However, persons who went to marriage counselors and other mental health professionals were more likely to disapprove the help they received. In contrast, the clergy and doctors remain the most favorably perceived helpers, although in 1976 psychiatrists/psychologists are viewed as more helpful than in 1957, and clergy as less helpful.

What can we say about citizenship and class as it affects this encounter between family and agency? There is some evidence that the growth of community mental health centers and the private insurance funding of O.P.C.s has made non-institutional settings more available to the working and poorer groups. The availability of professional services for the non-psychotic, to put it differently, is just much larger. Secondly, public mental hospitals remain the reservoir for long-term lower class patients. Third, familial resources make an enormous difference in the kinds of services received (see Rushing, 1978). Finally, the deinstitutionalization movement and the voluntary nature of the system increases the freedom and vulnerability of patient populations. The deinstitutionalization movement which has swept the country (see Lerman, 1982) has, when coupled with the voluntary nature of the system, led to an enormous range of services for the deinstitutionalized mental patient. On the one hand, some of these programs represent the best of the welfare state, aiming for the fullest inclusion of partially disabled people in the life of

Table 10

Reasons Given for Not Going for Help by People Who Feel They Could Have Used Some Help (by year)

Reasons for Not Going for Help	Year of Interview 1957 (%)	1976 (%)
Self-help - worked it out myself (ourselves)	25	31
Lack of knowledge about means - didn't know how to go about it	19	12
Shame, stigma, hesitancy - ashamed to talk about it	14	15
Didn't think it would help	7	9
Temporizing - felt it would work out itself	6	6
Didn't realize need at the time	5	10
Problem involved other person who refused to go for help	5	7
Expense	4	7
Other	8	4
Not ascertained; don't know	15	11
Total	-[a]	-[a]
Total Number	222	243

[a]Indicates that percentages total to more than 100 percent because some respondents gave more than one response.

Source: Veroff et al. (1981), p. 196

Table 11

Relationship of Source of Help Used to Perception of Helpfulness of Treatment (by year)

	Source of Help															
	Clergy		Doctor		Psychiatrist/ Psychologist		Marriage Counselor		Other Mental Health Source		Social Service Agency		Lawyer		Other	
How Much Helped	1957 (%)	1976 (%)	1957 (%)	1976 (%)	1957 (%)	1976 (%)	1957 (%)	1976 (%)	1957 (%)	1976 (%)	1957 (%)	1976 (%)	1957 (%)	1976 (%)	1957 (%)	1976 (%)
Helped, helped a lot	65	58	64	64	49	62	25	25	34	46	50	42	43	43	44	55
Helped (qualified)	13	22	12	15	13	14	8	24	27	25	36	26	33	29	29	24
Did not help	18	11	14	9	23	20	67	51	30	21	14	21	14	14	20	8
Don't know	—	1	1	2	5	3	—	—	3	4	—	—	—	—	2	—
Not ascertained	4	8	9	10	10	1	—	—	6	4	—	11	10	14	5	13
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total Number	144	226	99	124	60	167	12	49	33	113	14	19	21	14	41	38

NOTE: A dash indicates that the percentage is less than one-half of 1 percent.

Source: Veroff, et al. (1981)

the community, helping them to function at their highest potential. On the other hand, given the fact that many communities resist the establishment of half-way houses in their neighborhood, and given that state political economy has led to declining dollars for the mentally ill, another group of citizens are subject to the terror of our most vulnerable disorganized communities. (See Aviram and Segal, 1973; Segal and Aviram, 1981; Scull 1975; Lerman, 1982).

A strange paradox has been created. The deinstitutionalization movement increases citizens' rights, decreases coercion, increases the provision of humane programs; but it is also possible that the state once more has abrogated its responsibilities to a dependent and poor population.

IV: Legal Rights, Administrative Tasks and Citizenship

Between broad constitutional provisions and legislative pronouncements about the rights of citizens and the duties of the State and the actual transaction of agencies with citizens lies a potentially vast chasm. The extent to which the chasm is bridged in any specific policy area depends upon the interpretation of legislative enactments, adequate funding, administrative competence, court interpretations, and citizenship empowerment.

At least since T. H. Marshall, we have seen the extension of citizenship rights to the social welfare sector as part of the evolution of the modern state. But the extension and legalization of rights in America presents us with a crazy quilt. There are some dominant trends in the extension of rights, but they are uneven and there are times in which we seem not to be extending rights but to be taking back rights.

As commentators viewed the late 1960s, it became fashionable to discuss the "new property," government entitlements which gave people claims on government services (Reich). Under the current administration in Washington many of these entitlement programs have come under attack, and, if not

eliminated, curtailed. However, we are not interested in discussing the actions of the current administration but trends and counter-trends which bear on bureaucratic client encounters.

We offer these comments provisionally. First, in the institutional sector of the welfare state, the area consisting of mental hospitals, institutions for the retarded, and even schools and prisons, the courts have intruded deeply into the day-to-day functioning of public facilities. Whether we are talking about mental hospitals or public schools, for those institutions where clients are not of potential harm to society, the courts have moved to make more difficult the involuntary commitment and retention of clients. It is more difficult to deprive the non-criminal of their liberty now than it was twenty years ago. Secondly, the Federal Courts have mandated that citizens deprived of liberty or under the beneficient auspices of institutions, cannot abrogate civil liberties (rights of privacy, access to lawyers, rights of religion, the use only of reasonable restraints, etc.). Finally, and to a lesser extent, the courts have imposed a positive burden on public institutions; not only must they provide minimum standards of care, but their programs are expected to help clients achieve reasonable levels of social functioning. Mental hospitals are prohibited from overdosing clients, institutions for the mentally retarded are expected to teach the retarded skills which will allow them to function at higher levels. In some cases the courts have mandated specific plans for specific institutions.

Although changes in the court-interpreted legal doctrines protecting the rights of institutionally dependent populations are clear, no one knows how much these changes in law have actually led to "real" changes in the behavior of staff towards clients and in the outcomes for clients. While reports can be found on the impact of particular court decisions on the immediate case and parties involved, the impact of the cases as precedents

in other jurisdictions and institutional settings unfolds over decades. It is probable that formal rights are protected more. But, since courts often do not control state and local budgetary allocations, and, in turn, since these governments have been faced with budgetary deficits, the overall result may actually be a wide-spread deterioration in levels of service. For instance, in one case we have followed in Michigan, the Department of Mental Health was under federal court mandate to raise the number of staff at an institution for the adolescent retarded. It did so by transferring staff from other institutions that were not part of the original litigation, therefore weakening the programs at other institutions.

A second trend involves the development of mechanisms of appeal in cases where clients have property rights in government programs. At one time, government grants were treated in law as gratuities. Handler (1979) argues that the courts first treated government subsidies and licenses to business and professions as implied contracts. Thus businessmen and professionals had property rights, and therefore legal protection of due process as government agents administered these entitlements. In Goldberg vs. Kelly (1970) the Supreme Court extended these rights to social welfare programs. Goldberg and related cases have two implications for the administration of social welfare programs. First, substantively, citizen rights are protected so that local policy and bureaucratic administration cannot abrogate entitlements on grounds irrelevent to the specific legislative intent. For instance, citizens entitled to AFDC or food stamps cannot be cut off during the harvesting season because the local community wants to force workers into the fields. (State can set up workfare programs, if they so desire.) Similarly, agencies cannot abrogate other civil liberties such as rights to privacy without following the normal due process procedures governing illegal searches

and seizures. (As used to be done by midnight raids, looking for a man in the house on AFDC).

Not only are agencies enjoined to protect the civil rights and civil liberties of citizens. They also must provide for an appeals procedure against their decisions. Clients must have redress if they believe they are wrongfully being denied entitlements. The form and strength of those appeals vary enormously. They include oral complaints reviewed by supervisors, legal-adversarial hearings in which witnesses may be called, the appointment of ombudsmen, the establishment of legal clinics to represent classes of clients, and others. Moreover, as Handler notes, the development of managerial controls and auditing devices may be required and encouraged to strengthen the hand of central officials in the enforcement of rules and limiting the discretion and variance of line bureaucrats. These systems of appeal and enforcement vary in how proactive clients must be in order to protect their claims.

Handler (pp. 44-45) argues that the protection of rights entitlements is easiest where eligibility is clear-cut (e.g., age for Social Security eligibility) as opposed to less clear-cut (e.g., disability payments where diagnosis is difficult), and where the good or service is easily divisible (e.g., Social Security) as opposed to difficult to divide (e.g., housing). In the latter case, citizens have rights to be placed upon waiting lists and to have the list properly maintained, but not to the actual benefit of housing. (Let us note, that housing is theoretically as divisible as Social Security. The real issue is not divisibility in this case, but how much of the good or service the state allocates, and does it require certain minimum amounts. For example, if one switched from providing housing to providing a housing subsidy one would switch from a slightly non-divisible program to a fully divisible program. The state would still have to face the question of how much

housing subsidy to provide and at what cut-off point to allocate it). Handler also argues that rights are more easily enforced where clients have more resources and are less dependent on officials; they are then more likely to use appeals procedures.

A final issue in understanding the interpenetration of citizenship rights and the welfare state in the American context surfaces when we consider the interplay of racial and ethnic status as they affect the allocation of goods and services in universal and selective programs. Ethnic and racial statuses serve as both de jure and de facto citizenship markers. On the one hand, residents who have different de jure citizenship status because of legal or illegal entry, may have different claims upon welfare entitlement, whether or not they have paid taxes. And at earlier times, local jurisdictions have used race and class as de facto criteria for including or not including groups on the welfare rolls. On the other hand, programs have been defined on a dimension of inclusiveness, roughly from universalistic entitlements to group-need definition of entitlements, to individual means tests. Since many programs continue to have wide variance in local and state administration (e.g., some states do not have Medicaid programs, AFDC programs vary significantly in payment levels between states), and since states vary in their ethnic-racial composition, wide variation in the experience of bureaucratic encounters are possible. In one state a significant group of residents, Hispanics, for instance, may avoid the state apparatus for fear of being deported; in others, their children may have access to public schools, and still in others, the political climate may lead officials to dramatically attempt to ease the sense of weakness and vulnerability in their administration of entitlements.

It is clear that the leading growth areas of the welfare state in a monetary sense have been programs for the aged, and these programs had been

universalistically administered and treated as a full property right. On the other hand, as the welfare state expanded in the 1960s to include a wide set of means tested goods and services, issues of citizenship and property rights combined with problems of distribution because of limited funding, have lead to a new set of conflicts over the nature of entitlements in the welfare state.

Conclusion

Bureaucratic encounters in America and elsewhere must be seen in the context of power dependence relations. These relations are shaped by the structure of the law, the alternatives available to clients, the decentralized and centralization of bureaucratic functioning, the discretion or discretion inherent in the delivery of the product and factors affecting citizenship rights.

The "quality" of the bureaucratic encounter is a function of the ability of the welfare state to allocate goods and services (the social surplus generated through the political process) and the inclusiveness of citizenship claims. By inclusiveness we mean the range of functional responsibilities which the state assumes and the universalism of its coverage of these functions.

The mixed system of the United States almost always presents a large portion of its citizens with alternatives--the state is rarely the monopoly provider. For example, public housing is a small fraction of the housing market, public support for mental health and illness is growing, but is a small portion of the total, even Social Security provides a declining percent of the income of the population over 65 as private pensions grow.

We suspect that for all American's complaints about bureaucracy, the welfare state bureaucracy just does not loom very large in the average American's

life. Having said that, it is clear that different parts of the welfare state vary widely in their acceptance and their takeup. Consider Social Security and Public Assistance. The latter is stigmatized--the society is ungenerous, the beneficiaries are the undeserving poor. The former is all of us! The quality of bureaucratic encounters is then a behavioral-policy manifestation of citizenship rights. When the polity is loathe to grant those rights we can see the political manifestation of conflicts of class, race, and ideology.

A central point of our argument has been that in none of the three areas we have examined can a static encounter be seen. Shaped by demographic trends, by transformations of technology, by changing social policy, the bureaucratic encounter is the micro manifestation of large social processes. They must be linked to the political economy of specific policy arenas and to larger trends in citizenship and the state.

BIBLIOGRAPHY

Aging in the Eighties: America in Transition, Washington, D.C.: National Council on the Aging, 1981.

Aviram, Uri and Steven Segal, "Exclusion of the Mentally Ill: Reflections on an Old Problem in a New Context," Archieves of General Psychiatry, Vol. 29, July 1973, pp. 126-131.

Bendick, M. and M. G.Cantu, "The Literacy of Welfare Clients," Social Service Review, 52(1978): 56-68.

Bendick, Marc, Why Do Persons Eligible for Public Assistance Fail to Enroll? Working Paper. Washington, D.C.: The Urban Institute, 1979.

Cook, U. S. and R. H. Emerson, "Power, Equity, Commitment in Exchange Networks," American Sociological Review, 43 (1978), 721-39.

Coughlin, Richard M., Ideology, Public Opinion and Welfare Policy: Attitudes toward Taxes and Spending in Industrialized Societies, University of California, Berkeley,Institute of International Studies Research, 1980.

Clark, B. R., Adult Education in Transition, Berkeley: University of California Press, 1956.

Danet, B., "Giving the Underdog a Break," In Bureaucracy and the Public, eds., E. Katz and B. Danet, New York: Basic Books, 1973, pp. 329-27.

Dohrenwend, B. P., "Socioculture and Social-psychological Factors in the Genesis of Mental Disorders," Journal of Health and Science in Behavior, 16(1975), 365-92.

Drazga,L., M. Upp and V. Reno, "Low Income Aged:EEligibility and Participation in S.S.I." Social Security Bulletin, 45(1982), 28-35.

Friedman, Kathi V., Legitimation of Social Rights and the Western Welfare State: A Weberian Perspective, Chapel Hill: University of North Carolina Press, 1981.

Friedson, E., Profession of Medicine, New York: Dodd, Mead Co., 1970.

Greenley, J. R. and S. A. Kirk, "Organizational Characteristics of Agencies and the Distribution of Services and Applicants," Journal of Health and Social Behavior, 14(1973), 70-79.

Gordsell, Charles T., "Client Evaluation of Three Welfare Programs," Administration and Society 12(1980), 123-36.

Gummer, B., "On Helping and Helplessness: The Structure of Discretion in the American Welfare System," Social Service Review 54(1980), 59-75.

Handler, J., The Coercive Social Worker, Chicago: Markham, 1973.

Handler, Joel F., Protecting the Social Service Client: Legal and Structual Controls or Official Discretion, New York: Academic Press, 1979.

Hasenfeld, Y., and D. Steinmetz, "Client-Official Encounters in Social Service Agencies," In The Public Encounter, ed, C. Goodsell, Bloomington, Indiana: Indiana University Press, 1981, pp. 83-101.

Hollingshead, August and F. Redlich, Social Class and Mental Illness, New York: John Wiley & Sons, 1958.

Iams, Howard, and J. Kenneth Maniha, "The Welfare Threat Replicated, 1970-1975," Paper Delivered at the Annual Meeting of the American Sociological Association, 1980.

Isaac, L. and W. Kelley, "Racial Insurgency, the State and Welfare Expansion," American Journal of Sociology 86(1981), 459-89.

Katz, Daniel, Barbara Gutek, Robert Kalm, and Eugenia Barton, Bureaucratic Encounters: A Pilot Study in the Evaluation of Government Services, Ann Arbor, Michigan: Institute on Social Research, 1974.

Kramer, Morton, "Psychiatric Services and the Changing Institutional Scene, 1950-1985, NIMH, Analytical and Special Study Reports, Series 13, No. 12, Washington, D.C.

Krause, E. A., Power and Illness, New York: Elsevier, 1977.

Kroeger, N., "Bureaucracy, Social Exchange, and Benefits Received in a Public Assistance Agency," Social Problems, 23(1975), 182-96.

Lerman, Paul, Deinstitutionalization and the Welfare State, New Brunswick, New Jersey: Rutgers University Press, 1982.

Menefee, John A., B. Edwards, and S. Schieber, "Analysis of Nonparticipation in the SSI Program," Social Security Bulletin, 44 (1981); 3-21.

Nelson, Barbara J., "Clients and Bureaucracies: Applicant Evaluation of Public Human Service and Benefit Programs," a paper presented to the American Political Science Association, Washington, D.C.: 1979.

Pilliavin, I., S. Masters and T. Corbett, "Administration and Organizational Influences on AFDC Case Decision Errors," Institute for Research on Poverty, University of Wisconsin, Madison: Wisconsin, 1979.

Prottas, Jeffrey, M., People Processing: The Street-level Bureaucrats in Public Service Bureaucracies, Lexington, Mass.: D.C. Heath, 1978.

_____,"Cost of Free Services: Organizational Impediments and Access to Public Services," Public Administration Review 41(1981): 526-534.

Ritti, R. R. and D. W. Hyman, "The Administration of Poverty: Lessons from the Welfare Explosion, 1967-1973." Social Problems 25(1977), 157-75.

Rosen, Beatrice M., "Mental Health of the Poor: Have the Gaps Between the Poor and the Non-poor Narrowed in the Last Decade?" Medical Care 15 August 1977: 647-61.

Roth, J. A., "Some Contingencies of the Moral Evaluation and Control of Clientele: The Care of the Hospital Emergency Service," American Journal of Sociology, 77(1972): 839-56.

Rushing, William, "Status Resources, Societal Reactions, and Mental Hospital Admission", American Sociological Review, 43, August 1978, No. 4, pp. 521-33.

Schwartz, B., Queing and Waiting, Chicago: University of Chicago Press, 1975.

Scull, A. T., Decarceration: Community Treatment and the Deviant: A Radical View, Englewood Cliffs, N.J.: Prentice Hall, 1977.

Segal, S. P. and Aviram, U., The Mentally Ill is Community-Based Shelter Care: A Study of Community Care and Social Integration, New York: John Wiley and Sons, 1978.

Social Security Bulletin, Annual Statistical Supplement, 1980, Washington, D.C.: U. S. Department of Health and Human Services.

Tissue, Thomas, "Response to Recipiency Under Public Assistance and SSI," Social Security Bulletin, (1978): 3-15.

Tropman, John E., and Alen L. Gorden, "The Welfare Threat: AFDC Coverage and Closeness in the American States," Social Forces 57(1978): 697-712.

Veroff, Jo, R. A. Kulka and E. Douvan, Mental Health in America: Patterns of Help-Seeking from 1957 to 1976, New York: Basic Books, 1981.

Zald, M. and P. Denton, "From Evangelism and General Service: The Transformation of the YMCA," Administration Science Quarterly, 8(1963): 214-34.