

HUMAN SERVICE ORGANIZATIONS
AND THE PRODUCTION OF
MORAL CATEGORIES

by
Yehekel Hasenfeld

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Human Service Organizations and the Production of Moral Categories

By

Yehekel 'Zeke' Hasenfeld

UCLA School of Public Policy and Social Research

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Human service organizations as moral systems

I conceptualize human service organizations as a set of organizations that work on people. They have an explicit mandate to transform them from a state that is viewed as socially undesirable, such as ill-health or lack of education, to a state that is viewed as socially more desirable. Therefore, a distinctive feature of these organizations is that they engage in moral work.¹ Because the clients are imbued with values, every action taken by the workers has a moral dimension to it. The workers not only provide some form of concrete services such as counseling a family or determining eligibility for welfare. Invariably in their action they confer a valuation about the moral worth of their clients. The valuation has two dimensions -- external and internal. The external dimension places the client in a moral category of "deservingness." It signals the location of the client in a moral stratification system. The internal dimension involves the client's own self-assessment of her moral worth in response to the worker's valuation. It becomes incorporated in client's self-identity.

The use of moral categories

Moral categories are central to the work of HSOs because services and resources to clients must be rationed. Therefore, the allocation rules that these organizations develop represent a moral classification system in the sense that clients are categorized according to some criterion of deservingness or valuation of moral worth which determine access to services. In turn, the differential allocation of services and resources lends credence to these moral categories and thus leads to their reification. It is the connection between the moral categories and the

allocation of resources that makes these categories so potent. Put differently, when workers make decisions about what clients get what services, when and how much, they engage in an appraisal of the moral stratification of their clients. When they allocate resources and services, the workers also reinforce or alter the moral capital of their clients. For example, the decision whether a single poor mother qualifies for public assistance is not merely a technical question of assessing her needs in relation to the available resources. It is also a moral assessment of her “deservingness,” including judgement about her commitment to the work ethic and to family values (Handler and Hasenfeld, 1991). Moreover, her access to state benefits such as income support, skill training and childcare will affect her capacity to accumulate both social and moral capital. These are vital resources that will influence the mother's economic well being.

The moral categorization of clients include assumptions about: a) the moral worth of the person; b) attribution of responsibility; c) amenability to change; d) desired end results; and e) view of the person as object vs. subject. These assumptions are clearly not mutually exclusive and affect each other. When a client is accorded high moral worth the staff are motivated to mobilize the necessary organizational resources to affirm such a status. In contrast, when a client is viewed as morally deficient she becomes “undeserving” and is subject to a moral test before gaining access to organizational resources. For example, mothers who become single parents because of the death of a working spouse are morally deserving of universal benefits (i.e., Survivor’s Benefits). Mothers who become single parents because of desertion by their spouse are morally undeserving and can only apply to means-tested public assistance (Fraser, 1989). Attribution of responsibility signifies whether the clients themselves are morally responsible for their predicament or whether they are victims of circumstances beyond their control. This assumption, in turn, affects the degree to which the organization puts the onus on the clients to

justify their claim for services. In the first instance, clients must often undergo 'repentance' or publicly profess their moral deficiencies to qualify for services. For example, applicants for general assistance are assumed to be responsible for their predicaments because of lack of a work ethic and must undergo a work test (i.e., participate in work activities) to obtain relief. In contrast, persons eligible for Unemployment Compensation are assumed to be victims of economic circumstances. Assumptions about amenability to change influence the degree to which the organization commits itself to bring about change in the client's circumstances. Students tracked into vocational versus academic tracks are assumed to lack the capacity to excel intellectually, and the school is less likely to invest in them (Oakes, 1995). Similarly, assumptions about the desired end results influence the service goals and objectives the organization. Schools that truly believe that developmentally disabled children can be educated to function in the 'normal society' commit themselves to finding effective educational technologies that can integrate the children into the regular classrooms (Handler, 1986). Other schools that only give lip service to the idea of main streaming are more likely to find reasons to segregate these children (Weatherley and Lipsky, 1977). Finally, whether the organization treats its clients as objects or subjects determines the extent to which clients will have a voice in what is done to them. Organizations that treat their clients as subjects encourage them to become active participants and to have a voice in the decisions about their course of service. In contrast, when clients are treated as objects, they are worked *upon* rather than *with*.

Typification Systems as Rationalized Moral Categories

The moral categorization of clients is rationalized and objectified through an officially sanctioned system of typification (Abbott 1988). It consists of the use of diagnostic schemes, treatment modalities and inferences of causality. An example might be the Diagnostic and

Statistical Manual of Mental Disorders (DSM) produced and sanctioned by the American Psychiatric Association. While these systems of typification are rationalized via legal authorizations and professional scientific knowledge they, nonetheless, have an inescapable moral dimension because they define and establish normative criteria to judge "good" or "normal" attributes. This can be noted, for example, in the evolution of DSM and the changes in the definition of "normal" and "abnormal" behavior (Kirk and Kutchins, 1992). When applied, these normative criteria invariably define the moral worth of the person. Educational tests that classify students into ability tracks implicitly place greater moral value on certain cognitive capacities over others. As a results students that are endowed with the "desirable" cognitive attributes are accorded higher moral worth and greater access to desirable educational resources.

The Institutional Perspective

Organizations that engage in moral work are institutionalized organizations *par excellence*. They obtain their legitimacy by affirming and reinforcing institutionalized moral values in their environment. Following Meyer and Rowan (1977), we can argue that a key structural feature of these organizations is the myths and ceremonies that emanate from and reinforce institutionalized moral rules. These myths and ceremonies are particularly manifested in the client typification system.

Nonetheless, when applied to human service organizations and the structure of their work, the new institutional perspective has several limitations. First, there is a de-emphasis of the moral dimensions of institutional rules. Rather, "not norms and values but taken-for-granted scripts, rules, and classifications are the stuff of which institutions are made" (DiMaggio and Powell, 1991, p.15). I would argue that human service organizations cannot be understood

without explicit reference to the moral systems in which they are embedded. Second, the dichotomy between formal structure and technology assumes that the latter is buffered from institutional rules by the former. I propose that in human service organizations the service technologies themselves are equally imbued with moral assumptions and cannot be understood without them. Third, when the emphasis shifts to the moral dimension, human service organization must often contend with conflicting and contentious moral rules. These, in turn, will be reflected in multiple and conflicting service technologies (e.g., Strauss, 1985). Therefore, the processes of structural decoupling are less an attempt to buffer the technology from the required myths and ceremonies, but more of an effort to accommodate within the organization multiple and conflicting moral requirements. Third, moral work is highly contextualized, reflecting the particular cultural, political and economic exigencies of the local community in which such work takes place. Therefore, human service organizations, even within the same sector, may experience considerable more structural diversity and less isomorphism than the theory suggests. Finally, the new institutional perspective tends to be too deterministic by understating the role of agency (DiMaggio, 1988). Yet, as I will point out, agents in organizations doing moral work are active interpreters and promoters of moral values, not the least of which their own. In addition, the organizations themselves undertake moral entrepreneurship -- mobilizing constituencies and developing network relations that reinforce and institutionalize their own moral beliefs (Zucker, 1988). This is exemplified by the feminist health centers studied by Hyde (1992).

The Production of Moral Categories: Institutional Forces.

Undoubtedly, the moral categories used and reified by HSOs emanate primarily from politically powerful interest groups that advance and enforce such categories via social policies sanctioned by the state. They pursue the institutionalization of their moral agenda to legitimate their ideological, political and economic positions. A good example is the recently enacted Personal Responsibility and Work Opportunity Reconciliation Act of 1996. It contains such explicit moral rules as “Marriage is the foundation of a successful society. Marriage is an essential institution of a successful society that promotes the interests of children. Promotion of responsible fatherhood and motherhood is integral to successful child rearing and the well-being of children.”ⁱⁱ To promote these moral edicts, the legislators set certain programmatic requirements and restrictions on welfare to work programs, such as requiring teen mothers to live with their parents and encourage them to get married. By controlling key resources needed by HSOs, these interest groups make the allocation of the resources contingent on embedding their moral assumptions in the organizations' service technologies and the production of myth and ceremonies. Consequently, the encounters between clients and workers as structured by the service technologies in order to reproduce these dominant moral categories.

These broad moral edicts get their own particular spin in the local community. When moral work is conflictual and ambiguous, especially regarding the control and management of deviance, upper level politicians delegate considerable discretion to the local level. In doing so, they buffer themselves from the controversies that surround the symbols they espouse, and they need not be concerned with the difficult issues of implementing the programs they must do the moral work. Local officials, in turn, design the programs in response to the local political economies and the moral assumptions that justify them (Hasenfeld, 1991). Local school systems

and welfare departments are prime examples. Both tend to reflect dominant moral assumptions in the local community in which they are embedded and these are expressed in how poor single mothers are treated or what textbooks schools adopt.

Organizations as Moral Entrepreneurs

The organization itself is a third source of moral rules and categories through its own entrepreneurship. The feminist health centers studied by Hyde (1992) pursued and instituted new moral rules in their services and internal structure based on a feminist ideology. The ideology was expressed in service goals that aimed to give women control over their own health through self-help and participation in social action, and in an internal structure that was based on collective governance. Similarly, the Madison School District, in contrast to other schools, assumed that the disabled children were morally worthy, amenable to change, and could be effectively mainstreamed. It developed an organizational ideology that saw the parents as part of the solution and sought actively to involve them in the curricular decisions about their children. It gave parents knowledge and promoted their active participation, and assigned them advocates who negotiated on their behalf with school officials (Handler, 1986).

Finally, organizations can form coalitions and join other interest groups that share their moral systems, in order to influence social legislation and institutionalize their moral systems. When they are successful, their organizational practices also gain prominence through normative and mimetic processes. The Alliance for the Mentally Ill is such an example. It has successfully challenged dominant conceptions that pathological intra-family interactions are the cause of schizophrenia. It has replaced them with an alternative conception of physiological causes, thus exonerating the parents from a moral responsibility for the illness of their children (Sommer, 1990)

Organizations also change their own moral rules when they need to rationalize their adaptive strategies in the face of a changing environment. The classical study by Scott (1969) of agencies for the blind shows how sheltered workshops changed their moral assumptions from integrating the blind into the regular labor market to protecting them from such a market. The change was a result of the pressures on the workshops to maintain their fiscal viability and thus keep the more productive and able blind persons. In other words, moral assumptions not only enact new organizational forms and practices, but they are used to justify forms and practices that arise out of the need to adapt to external political and economic forces.

It is important to emphasize, again, that organizational practices produce moral consequences by the ways clients are treated and services delivered. Although these practices might be justified on the basis of technical rationality or efficiency, they implicitly generate and reinforce moral conceptions about their clients. These conceptions, of course, may be incompatible with publicly espoused belief systems. Yet, these implicit conceptions have greater currency in guiding the behavior of the staff and, therefore, are institutionalized in the organizational form and practice. Being mutually reinforcing, over time forms and assumptions reproduce themselves.

The Role of Agency

Moral categories are also produced through the interaction of workers with their clients. Inevitably, in organizations that work on people, staff exercises considerable discretion. The organization is dependent on them to interpret the rules and apply them to the specific cases. No matter how many rules the organization promulgates, it is left to the line staff to gather and interpret the information about their clients (Lipsky, 1980). They can always manipulate the

information and find rules or organizationally sanctioned rationales to justify their actions. Moreover, because the service technologies are often indeterminate, ambiguous and lack clear cause-effect relations, workers must develop their own set of rules, paradigms and practices to guide their work. I call these "practice ideologies. " They shared personal and professional belief systems as well as shared work experiences. They enable the workers to make sense of their work. In other words, considerable sensemaking -- "an effort to tie beliefs and actions more closely together" (Weick, 1995:135) occurs in human service organizations. Workers do so by developing typification schemas in order to justify the actions they have taken.

Equally important, workers constantly encounter contingencies and constraints in their work that require them to modify prescribed practices. For example, when welfare-to-work programs shifted to mandatory job search, the workers constructed their own conception of the "welfare contract" which "excluded a client right to help in job-finding and denied a state obligation to assure that decent job opportunities existed or could be found"(Brodkin, 1997). During assessment of the client needs, the workers were motivated to fit the client into available slots and, therefore, ignored information about service needs that they could not respond. Not infrequently, caseworkers sent clients to job searches even though they did not meet the required level of education or literacy proficiency. Because job search was limited by federal regulations to eight weeks per year, the caseworkers needed other alternatives to keep their clients in this low cost activity. They created a new service category called "job readiness," and when it proved to consume too much time, they resorted to deferrals.

In other words, by creating own practice ideologies to cope with the exigencies of their work situation, the workers in effect modify the service technology and institutionalize their own

moral schemas in the organizational processes. In this sense, both agency and structure interact to produce moral categories.

Using a structuration perspective (Giddens, 1984, Sewell, 1992), we can say that the service technologies shape the practices of the workers, but the practices of the workers constitute and reproduce the service technologies. In particular, agents are not only able to observe and understand what they are doing, but they can also adjust their observation rules. Therefore, workers knowing that their decisions about their clients are affected by their own moral beliefs and conceptions of the nature of their work can modify such decisions. When they do so they can affect change in the social structure, i.e., the service technology. Similarly, Orlikowski (1992) showed how technology can be conceptualized both as being socially constructed by members of the organization and, once constructed, as a reified and objectified structure that constrains their behavior. In my own research on welfare-to-work programs (Hasenfeld and Weaver, 1996), I found that workers incorporated their own moral conceptions about welfare dependency and the work ethic in how they made decisions about them. Moreover, workers also develop practices that enable them to cope with and manage the particular exigencies they encounter, such as the amount of time available to them, the size of their caseload, and the resources available to them. They typify their clients and make service decisions that take into account these factors. They rationalize their actions by morally constructing their clients. These personal belief systems and the moral rationalizations are shared among groups of staff because they have similar background, training and experiences, they face the same work exigencies, and they communicate with each other about their work situation. It is through this process of sharing that personal moral schemas becomes institutionalized in organizational practices (Sandfort, 1999).

Clients as Agents

Human service workers are not the only agents that affect structure. Clients through their interactions with workers also influence the production of moral categories. Clients are generally aware of the various categories used to typify them, and that these categories result in differential access to organizational resources and services. Through their transactions with the workers, clients attempt to negotiate as favorable a "type" (i.e., diagnostic category) as they can in order to gain access to desirable services and resources. They do so by mobilizing their own power resources including social and moral capital. The workers, cognizant of these power resources, respond in ways that minimize their transaction costs with the clients, ensure reasonable management of their work and achieve what they consider desirable outcomes. Therefore, their typification processes take into account the different power resources clients bring to the encounters. The workers rationalize their decisions by applying moral categories that justify their actions. These decisions may indeed be at variants with the formal rules specified in the service technology since these rules are less sensitive to the power resources clients bring to the encounters. Nonetheless, over time these typification practices become institutionalized in the organization. That is, the workers incorporate assessments of the power resources of the clients into their decision making and typification schemas. It is in this sense that HSOs tend to affirm the moral capital that clients bring with them to the organization. For example, studies of tracking of high school students have shown that socio-economic status, ethnicity and gender of the students play an important role in the decisions teachers make which consequently tend to reproduce class, ethnicity and gender inequalities (e.g., Gaskell, 1985). Equally important, students who opt out of academic track tend to internalize the very moral conceptions that justified their choice -- e.g., not being smart enough, accepting a conventional gender role in the

labor market. Similarly, patient-physician interactions are also influenced by the cultural resources both bring into the encounters (Waitzkin, 1985, 1991). Communications that are more effective occur when both physicians and patients come from higher socio-economic backgrounds, and the longer they have known each other. For patients, effective communication with their physicians is an important signal of their own moral worth.

Changing Typification Systems

The production and reproduction of moral categories as expressed in the organizational typification schemas are likely to become stable overtime as they become institutionalized in the organizational practices. Nonetheless, there are several forces that can bring about change in both the categories and the practices that support them. Following Sewell (1992), we can identify several such forces. First, HSOs operate in an environment, both external and internal, that is characterized by multiple and diverse moral schemes. Moreover, within the organization there are spheres of activities or niches that embody particular moral schemas. Consequently, both organizations and agents can call upon different moral schemes to justify new worker-client relations and practices. This has certainly been the case in the transformation of welfare departments (Hasenfeld, forthcoming). Second, moral schemas can be transferred from one organizational setting to another. The spread of the "home-builder" model throughout the child welfare system is such an example. The model assumes that parental caring of the child, no matter how deficient parents may be in parenting skills is morally superior to placing the child in surrogate care. Third, organizational practices and service technologies can be transferred to other settings generating with them alternative moral categories. For example, collectivist organizational structures may be adopted in several different settings including alternative schools, feminist health centers and shelters for battered women. These structures are coupled

with moral conceptions of the clients that are quite different than those found in conventionally organized human services. Finally, as the example of the Alliance for the Mentally Ill indicates, groups can mobilize and join with others to generate new moral capital, and they use such capital to influence organizational practices that they find morally objectionable.

Conclusion

I have tried to show that in order to understand human service organizations, it is important to focus on their moral work. It is the moral categories that these organizations adopt which produce their distinctive structures and practices. At the same time, it is these structures and practices that shape the nature of the moral work thus producing and reproducing moral categories.

ⁱ I use the term “human service organization” in a more narrow sense, referring to those organizations that focus on classifying and changing human behavior.

ⁱⁱ P.L. 104-193, 110 Stat. 2105, Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Title I -- Block Grants for Temporary Assistance for Needy Families. Sec. 101.