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**Implications of the Growth of Non-Material Assistance
for the Contemporary Welfare State**

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Building on his research at the Center for European Studies, Ivar Bleiklie of the University of Bergen analyses one of the fundamental aspects associated with the transformation of the contemporary welfare state. He shows how non-material, as opposed to purely material, assistance has become an increasingly important component of social provision and develops a schema for describing the different types of non-material assistance that may be provided. He goes on to explore the implications of this development for the resilience of welfare states and for related labor-market issues.

1. Introduction.

The welfare state is a complex phenomenon. The concept refers often to a system of universal social insurance benefits, which are supposed to provide economic safety for the population. However, in addition to services in cash or kind like cash transfers and housing, the welfare state provides less tangible forms of assistance through the systems of education, health care and social service.¹

Welfare states change. One important aspect of welfare state development - be it growth or retrenchment - is the changes which take place in the social insurance system, its coverage and the generosity of its benefits. However, the growth of the welfare state service apparatus is an equally important aspect of welfare state development, which researchers until recently have tended to overlook (Esping-Andersen, 1990, Ramsøy and Kjölrsröd, 1986).

In this article I will focus upon the consequences of the growth of these services to the welfare state. Firstly I will discuss the notion of non-material assistance and suggest a way in which it may be conceptualized. Secondly, I will quite briefly comment upon the crucial role of the occupational groups in non-material service provision. Then I will turn to the main topic; the implications of the growth of non-material assistance for the welfare state with emphasis on the Scandinavian experience. My main arguments are the following. Firstly, the occupational groups of the welfare state constitute a strategic vantage point if one wants to understand the implications of non-material assistance for the welfare state. Secondly, because these implications vary dependent on social and historical circumstances, I believe it is important to develop an idea about which circumstances are significant. Here I will focus on three sets of circumstances. One set is the type of service tasks in question, the second is the role of the occupational groups and the third is the social relationships in which non-material service provision is embedded at different levels of analysis.

2. Non-material Assistance - A Typology of Service Tasks.

In order to scrutinize the consequences of its growth, it is necessary to flesh out the rather abstract concept of non-material assistance: what it is; who the service providers are; and what they do when they do their job. First of all therefore, let me briefly comment upon the concept of non-material assistance. Although its meaning by no means is unequivocally given, it is simple to draw the line at the level of stated policy goals. Material assistance, as I will define it, seeks to allocate tangible goods, such as housing and money, with the aim of providing immediate material security for the recipients, whereas non-material assistance does not. Non-material forms of assistance are the likes of psychotherapy, social counseling and education.² These are services the content of which is harder to define. Furthermore, it may be difficult to discern and measure what effect the allocation of the service has on the immediate as well as the future situation of the recipient. Finally, as others have pointed out earlier, the service is produced and partly consumed in the very process of interaction between service provider and recipient (Wærness and Gough, 1985).

Yet, it is clear that most services comprise material and non-material aspects, and that they might in principle be defined both as material and non-material assistance. The definition may refer both to generic qualities of specific services, and to an element of social construction. Let me briefly illustrate the point with examples from two services I have studied recently (Bleiklie, 1990). Consider first psychotherapy at a psychiatric institution for alcoholics. It has the form of conversations between therapists and patients with the intent to make the patients stop drinking alcohol. As such it is likely to be counted among the non-material services. In my study of such an institution, however, several potentially important material aspects turned out to be involved.

Firstly, to many patients the most important aspects of the treatment at the institution were the shelter, regular meals, and general physical well-being it provided, especially when these were goods the patients otherwise would be deprived of.³ Secondly, many patients risked being fired because of their alcohol problems, and voluntary treatment was often made a precondition by the employer if the patient was to keep his job. In such situations subjection to psychotherapy with the aim of eliminating the alcohol problem, might be the only means whereby such a material loss could be avoided. The allocation of housing on the other hand, is in the eyes of most beholders a clear case of material assistance. Yet, in my study of a housing office I found that some clients, although a minority, emphasized the behavior of the housing officials during their encounter, i.e. the manner in which the officials treated them when they were asked to evaluate the service.

The conclusion I draw from this is that the seemingly simple distinction between material and non-material assistance turns out to be rather complicated upon closer scrutiny if we want to use it to draw clear boundaries between specific public service agencies. In stead of trying to separate service agencies which provide material from those which provide non-material services in an unequivocal manner, it may be well advised to point to specifically defined non-material and material forms of assistance. We may then find that these forms are provided by different service agencies in varying combinations. In the following I will use the distinction between material and non-material assistance as a purely heuristic device. Two criteria will be emphasized in this connection: 1) whether the stated policy goal concerns material or non-material forms of assistance and 2) what forms of assistance clients and officials regard as important aspects of the service in question.

This approach calls, however, for a somewhat more precise notion about non-material assistance in public service provision. I will try to develop such a notion by means of a typology. The typology is based on the manner in which the service providers relate to their clients along two different dimensions.⁴ On the one

hand the orientation of the relationship may vary according to whether the official's main concern is to achieve some kind of specified result aided by expert knowledge, or whether the clients' current personal condition is accepted as a given fact. On the other hand the official may define his relationship to the clients as more or less comprehensive or delimited in scope. By combining the two dimensions I have constructed a typology of four major types of non-material assistance characterized by different aims, expectations and role definitions, as presented in table 1.

I. Goal oriented assistance combines result orientation and a delimited, specialized relationship to the clients. It is typical of a modern result oriented health service and of the way in which a specialized physician relates to his patients. The task is to solve a specified, diagnosed problem. The clients represent problem cases, and the service providers as expert professionals are expected to apply the expert knowledge required to solve them. In response to effective treatment the client, defined as a problem case is expected to show improvement.

Table 1. Types of Non-material assistance

Orientation of Relationship	
result oriented	condition oriented
delimited	I GOAL ORIENTED aim: problem solving client= "ill"/prob.case client.exp: improvement provider= expert provider.exp: effectiveness.
comprehensive	III INSTRUMENTAL aim: confinement client= inmate client.exp: obedience provider= custodian provider.exp: justice
Scope of Relationship	II PATRIARCHAL aim: socialization client= pupil client.exp: attentiveness provider=educator provider.exp: insight
	IV CARE ORIENTED aim: pers. assistance client= person client.exp: reciprocity provider= caregiver provider.exp: sentience

II. Patriarchally oriented assistance is characterized by result orientation and a comprehensive relationship to the clients.

Primary education may serve as the typical and most important example of this type of assistance. The aims are broadly defined and the service provider as an educator relates to the entire personality of the client. The task of the educators is thus not only the development of academic skills, but more broadly to socialize their clients into good citizens. The clients are human raw material and the educators are expected to apply their pedagogic insight in the socialization of their pupils who in turn are expected to show attentiveness.

III. Instrumentally oriented assistance is condition oriented and delimited. It is typical for situations in which clients are confined to institutional care for their own protection or for that of their surroundings as in the case of committal of patients to mental hospitals or the placing of the elderly in old-style storage house types of old people's homes. To the extent that protection is the main purpose, the state of the patient as an inmate is accepted as given and the aim of the custodian is limited to administer and control his behavior by means of rules and routines and if necessary by physical coercion and medication in order to secure the smooth functioning of the institution. The service providers as custodians are expected to show justice and in turn receive obedience from their clients.

IV. Care oriented assistance is condition oriented and comprehensive. Typical services aiming at giving personal assistance are home attendant care and community nursing. The service provider as care giver is supposed to respond to the personal needs of the client, but the needs themselves are more or less taken for granted and their satisfaction does not imply ambitions beyond the situation here and now. As caregivers the service providers are supposed to show sentience, in return for which the clients are supposed to show reciprocity and/or gratitude.

3. The Service Providers - An Occupational Perspective.

In the above presentation of the typology, I also pointed to some services which may serve as fairly typical examples of the different forms of assistance discussed. There can be little doubt that the occupational groups of the welfare state have been key players in the formation, development and daily running of these services and their tasks as they present themselves today (Bertilsson, 1990, Erichsen, 1990, McGovern, 1985, Starr, 1982). Therefore it is not possible to study non-material service provision without addressing the question of the occupations.

One of the major "lessons" one can draw from the literature about the occupations of the welfare state is that the definition of the occupational tasks, such as medicine, teaching and social work, is affected by the social and historical context in which it is made. The definition of a specific type of occupational task is not constant, it changes over time and it tends to vary from one social context to another (Collins, 1990, Davies, 1982, Erichsen, 1990, Goldstein, 1987, Grostad, 1984, Larson, 1990, Sadler, 1978, Starr, 1982, Vetlejord, 1990). These variations are furthermore, only partially due to the evolution and diffusion of scientific knowledge in the different occupational fields. Put somewhat differently; neither in principle nor in practice do the non-material service tasks of the welfare state appear as clearly, unequivocally defined activities. They are more or less constantly defined and redefined, and they seem to be driven by complex forces, particularly important among which are public policies, occupational interests and educational systems.

The study of how such processes are related to the contemporary welfare state and its development is only in its inception. In the following I will discuss a possible agenda for the development of a political science perspective that brings together the process of service provision with the processes of policy making and policy implementation (Bleiklie 1990: 188). The agenda calls for the piecing together of a puzzle many parts of which are ready

for use and some of which will have to be crafted specifically for the purpose at hand. It will, I shall suggest, aim at linking together welfare state research, research on public policy and the study of professions and occupational groups, and it will profit from a historical and comparative approach. In the following I will concentrate on the development of some of these links by means of an analysis of the recent history of the development of the welfare state service apparatus in Scandinavia, where I rely primarily on Norwegian data.⁵ After a brief description of the growth of non-material services, I will focus on the implications of service-growth for the welfare state in terms of three different social relationships into which it is integrated: 1) The relationship between the welfare state and the labor market. 2) The relationship between the occupational groups and the welfare state service apparatus. 3) The relationship between the service providers and the service recipients.

4. Implications of Service Growth - A Scandinavian Experience.

The growth of the welfare state the last three decades can be described as a story of growth in its systems for the delivery of social services, and in the associated growth in the number of employees engaged in the delivery of services. The growth is an international phenomenon, but it has been stronger in the Scandinavian countries than in other western countries, such as Germany and the USA, both in terms of the relative size of welfare service apparatus and the extent of public responsibility for it (Esping-Andersen, 1990: 158 table 6.3.). In table 2. the Norwegian development from 1960 to 1980 is illustrated in some detail.

In addition to the steep growth in all categories of welfare state employment and a diversification which has added new categories of employees to the welfare state workforce, the table

Table 2. Welfare state occupations in Norway.

Occupations	1960			1980			%incr
	thous.	%	% women	thous.	%	% women	
Nurses	22.2	35	91	115.9	42	93	422
Home attendant	-	-	-	29.8	11	98	-
Social Worker	.7	1	55	10.9	4	66	1457
Teacher	32.0	51	43	96.3	34	52	201
Medical occ.	6.0	10	14	11.8	4	19	97
Physiother.	1.0	2	82	.9	3	80	590
Psychologists	-	-	-	.9	0	39	-
Others	1.1	2	47	7.1	3	74	57
Sum	63.0	101	58	279.6	101	74	343

(Based on Ramsøy and Kjölrsrød table 8.1., in Alldén, Ramsøy and Vaa (eds.) 1986: 236).

shows that we are increasingly dealing with a female workforce. The percentage of women has increased in all employment categories but one, the physiotherapists, and the overall growth has been strongest in the employment categories where the percentage of women was the highest. Finally it shows that the overall composition and relative size of services have changed.

Table 3 shows the changes in the size of welfare state occupations on the basis of the different types of service tasks presented in table 1. The major change which has taken place is that the welfare state has become more care oriented. In 1960 nurses constituted 35% of the welfare state workforce. In 1980 they had become the most numerous group with 42%. Together with home attendants as the second major care giving occupation, they made up more than half (53%) of the welfare state personell. In spite of a sizeable absolute increase, teaching has a diminishing share of welfare state employees, down 17% in the course of the two decades. Even more striking is the shrinking and relatively diminutive share of the medical, academic male dominated occupations (primarily physicians and dentists) from 10 to 4%. Therapy's total share of welfare state personell (medical occupations, physiotherapists and psychologists) shrank from 12 to 7%. This development has several implications, and they may be described as they affect society and the welfare state at several levels of analysis.

Table 3. Welfare state occupations by task.⁶

	1960		1980	
	thous.	%	thous.	%
care	22.2	35	145.7	53
teaching	32.0	51	96.3	34
therapy	7.0	12	19.6	7
others*)	1.8	3	18.0	7
Sum	63.0	101	279.6	101

*) includes social workers

The welfare state, the labor market and social services. Let me begin at the macro-level, focusing on the role of the welfare state institution in society. If we look at the Scandinavian development the last couple of decades, the implications of the growth of the welfare state service apparatus for non-material assistance, is closely associated with the increased public intergration and responsibility for the labor market and the family.

If we look at the labor market there has been a major shift in modern welfare state policies according to Esping-Andersen (1990: 140f). The shift is based on a movement from a minimalist welfare state philosophy where the core idea of social policy was always to safeguard persons against the exigencies and risks that confront them in their life-cycle, by means of a safety net, a haven of last resort for those demonstrably unfit or unable to participate in a labor market which is basically seen as a self-regulating organism. This minimalist philosophy is now deliberately abandoned. The modern welfare state espouses new principles with regard to the proper role of the welfare state in the life-cycle, by often comitting itself to optimize peoples' capacities to work, to find work and even count on a good job with good pay and working environment. The movement has been motivated by the goal that individuals should be allowed to harmonize working life with familyhood, to square the dilemmas of having children and working and to combine productive activity with meaningful and rewarding leisure.

The shift has manifested itself in different ways. Firstly, it has affected our conception of full employment, from referring only to able-bodied men, to encompass all women and indeed anyone who wishes to work. Subsequently, the population for which a full-employment guarantee obtains has increased substantially and made it an increasingly difficult obligation to meet. Expanding retirement programs and the education system have been instrumental in reducing the economically active population. Social programs can at the same time become an important instrument for the absorption of new, especially female, labor force entrants.⁷

Secondly, the welfare state itself has become a formidable employment machine with 20 to 25% of the total national employment, often being the only significant source of job growth, and it has been the major vehicle for the growth in female employment (Esping-Andersen, 1990, Elfring, 1988, OECD, 1980). The welfare state thus absorbs labor supply not only to uphold promises of full employment, but also because the welfare state's own economic logic demands that as many as possible work. For the welfare state it may be more cost effective to employ excess labor than to subsidize it not to work.

In sum the emerging new patterns of relations between welfare state and labor market mean that social policy and labor market have become interwoven and mutually dependent institutions. The welfare state has to some extent become a major agent of labor-market clearing. It eases exit of women with family programs and of older people with early retirement. It facilitates female labor-supply by providing necessary social services. It helps people reconcile their role as economic producers, social citizens, and family members by granting workers paid vacations and temporary absence from work. By extending relatively high benefits for a broad variety of contingencies, including sickness, maternity, parenthood (for mother and father), education, trade-union related involvement, and vacation, legislation has deliberately sought to emancipate the individual from work-compulsion. Exit from employment - be it employers' decisions to rationalize by laying off

workers or workers' decisions to quit, retire or change jobs - is thus guided by the programs offered by retirement, unemployment or active manpower policies. For women such decisions are even more intimately patterned by the welfare state, in terms of service delivery (child care), transfer system (ability to utilize the option of absenteeism), tax system and labor demand (social welfare jobs). By the establishment and expansion of social services the welfare state also is enabled to affect employment in another way. It provides a forceful multiplier-effect particularly for female labor because social services both allow women to work and create a large labor market within which they can find employment. This means that a big chunk of the labor market is no market at all in a traditionally defined sense, but a politically organized system of collective goods-production. Although welfare state employment is based on a labor contract in which labor time is exchanged for wages, its logic is (usually) qualitatively different. The concept of productivity hardly obtains (although attempts to measure it are introduced); wages are to a degree determined politically; jobs are typically tenured; and employees normally enjoy substantially more autonomy, freedom, and authority over how they allocate their time, do their jobs and make their work-welfare choices. This signifies that the growth of non-material assistance might imply that the welfare state is in the process of becoming a separate job-market within a new dual economy or that it will simply alter the existing labor market radically. However this may be, it is clear that it has been the main vehicle in the transformation of the Scandinavian employment structure the last three decades.

The occupations of the welfare state. The next set of implications to be discussed unfold themselves at the organizational level of the occupational groups and their mutual relationships. The most striking facts concerning the occupational groups have been their growth, their diversification and their feminization. For the most powerful of them, the academic professions, their central position in the provision of non-material services is justified by their

possession of a specific kind of theoretically based knowledge. Still, the occupational groups listed in table 2, excepting home attendants, all claim their own more or less specific theoretical basis whether entrenched in universities and research institutions or not.

With regard to this "professional" aspect of the occupations of the welfare state, service expansion has had two consequences. Firstly, we have already noticed that the growth of non-material welfare state services has implied that the ratio of academic professionals among welfare state employees has taken a downward dip. In a superficial sense, therefore, the welfare state has been deprofessionalized. Secondly, service expansion has typically been accompanied by questions being raised about the qualifications of the service providers and the necessity of improving their qualifications through better formal education (Ramsöy and Kjölrsröd, 1986). In addition several groups have been pushing, with varying degrees of success, to have their education improved and ultimately elevated to university level. In this sense the welfare state has become more professionalized to the extent that occupational groups have become academic or at least have established academic elites in their own midst. As an overall trend, however, welfare state employees are better educated now than some decades ago. This does not mean that the drive for professionalization is uncontroversial. Still, there are several tensions within the different sectors of the service apparatus, most notably in health care, between the still prevailing ideology based upon the medical profession's goal oriented expert roles, care oriented role conceptions as represented among nurses and paternalistic conceptions based on public health ideologies (Berg, 1982, Fugelli, 1982, Wærness, 1984). Within the educational system tensions can be observed between a goal oriented teacher role aiming at teaching children "basic academic skills" and more broadly oriented paternalistic occupational ideals aiming at a general socialization of the pupils. The spread of mass education at the university level has also dealt a blow to prior professional exclusiveness and the

rewards of professionalization have for that reason been called into question.⁸ The choice to "professionalize" has not always been an obvious one for the new groups of increasingly female welfare state employees from a non-academic or working class background (Ramsöy and Kjölrsöd, 1986: 254). Some groups such as the nurses have seen clashes between those who wanted to organize the occupation as a trade union and make it a powerful corporation in society and those who wanted to professionalize and protect the exclusiveness of the group.

The claim of some kind of exclusive knowledge or skill has traditionally formed the basis of an occupational groups' claim of jurisdiction and constituted the legitimation of whatever authority it wields over an occupational field (Abbott, 1988). Following Abbott's (1988) analysis and cast in the medical terminology he uses, one might say that a core professional activity is inference, which he defines as the establishment of a connection between the theoretical problem definitions ('diagnosis') and their prescription of practical techniques for problem solution ('treatment'). The more obscure the connection between diagnosis and treatment the more important is inference to professional legitimacy. The degree to which inference predominates is a key factor in determining jurisdictional vulnerability. Too little inference may signal the routinization of an occupational activity and make it a target for poaching by other professions, occupational groups or the government (Abbott, 1988: 48-52). Too much inference, where an occupational group must refer all its cases to inference, makes it difficult to demonstrate the cultural legitimacy of the basis of its purported efficacy. The growth of non-material assistance has expanded existing and added new occupational tasks to the obligations of the welfare state where inference is of critical importance.

Although an increasing number of welfare state service recipients and welfare state service providers become economically dependent on the welfare state for their livelihood, expansion of non-material services does not necessarily lead to increased

political support for the welfare state. Given the ambiguous nature of non-material services, expansion of such services also affects the welfare state in a way which makes its basis of legitimacy more complex and diffuse; increases its dependence on the performance of experts; makes it more dependent on cultural beliefs in various forms of expertise; makes it more liable to internal dispute among different occupational groups, or to factions within the same group; and makes it more exposed to encroachment of its authority from outside forces. The growth of the service apparatus has been paralleled by increased worries about its costs, a weakened belief in professional authority, a gradual tightening of political and budgetary control and increased concern for the interests of the service recipients, the clients. The encroachment has in particular weakened medical authority over the health care system. However, the converging trends of what Paul Starr has called "the generalization of rights" and "the generalization of doubt" - i.e. the strengthening of clients rights (which increasingly are portrayed as manifestations of the common good) and the growing questioning of expert authority (which increasingly is presented as a cover for special interests) - have made themselves felt throughout the welfare state service apparatus (Starr, 1982: 379-420).

It has become a fairly commonplace assumption that even if the growth of the welfare state has made it more vulnerable to attack and weakened authority in the face of challenges from politicians and clients alike, it has also recruited an army of staunch defenders. The welfare state employees constitute a numerous, well-educated, well-organized and powerful segment of society, a formidable political constituency and a force any retrenchment policy would have great difficulties in defeating, particularly in a Scandinavian context where the welfare state is so deeply entrenched (Kolberg, 1983, Piven and Cloward, 1988). To my knowledge predictions that the welfare state occupations will be effective defenders of the welfare state have so far not been corroborated (Ramsöy and Kjölrsröd, 1986). There is no doubt they will fight for their own jobs and their own labour market interests, but

that is not the same as a defence for the welfare state as such. Chances are as great that retrenchment policies may succeed in subduing, dividing and conquering welfare state professionals as they are that they will put up effective resistance against these policies. Especially if retrenchment policies are pursued with the combination of forcefulness and cunning described by Paul Pierson (1991) in the cases of the Thatcher and Reagan governments of Great Britain and the United States, the evidence suggests that defending one's own occupational turf and defending the welfare state are not necessarily viewed as the same cause.⁹

The identity of many occupational groups are not likely to be shaped by the fact that they are counted as parts of the welfare state. Some of them, like teachers, medical doctors and nurses existed as recognized occupations or professions long before the welfare state had been dreamt of. They belong to different sectors of public policy. Therefore, welfare states may differ not only in size and degree of public involvement, but also in terms of their different combinations of education, health and social welfare arrangements. Correspondingly, the occupations may see their occupational tasks, such as teaching, medicine, psychotherapy or social work, as generically distinct tasks that require specific qualifications, and they may see the recipients of their services as specific categories of people who deserve their own distinct titles like pupils, patients or clients. A general description of the growth and implications of non-material services, needs accordingly, to be supplemented by descriptions of each individual service beyond what I can do here. My general conclusion regarding the occupational groups is this: The question of whether the growth of the occupational groups providing non-material services strengthen the welfare state is not only an ambiguous one. The welfare state itself has become a more ambiguous entity and it is more likely to be faced with mixed and confusing political signals than before.

The client-official relationship. The third and final set of implications are related to individual level interaction between service providers and recipients. A common characteristic of the service providing occupations of the welfare state, is that their members spend most of their time interacting with other persons, the service recipients. This sets them apart from other non-service sector occupations (Ramsöy and Kjölrsröd, 1986: 248). One distinctive feature of this kind of work is the amount of discretion the employees may exercise. To a large extent non-material services are given their final form and content during the process of service delivery when clients and officials interact. This follows from the fact that they are produced and partly, as in the case of care for the elderly, also consumed on the spot during the process of client-official interaction. Therefore, the process of defining and redefining services is not only taking place at higher administrative and political levels, but is a salient characteristic of the interaction at the individual level in service delivery.

The considerable discretionary power exercised by the individual service provider in his encounters with clients raises the problem of how this power is exercised, and it has been treated extensively in the literature on street-level bureaucracy (Brown, 1980, Lipsky, 1980, Prottas, 1979). Still, the problem of official discretion does vary and appear in different guises dependent on the type of service regime which characterizes an agency: i.e. according to whether authority flows from rules given by political-administrative superiors, from professional peers or from whatever coping needs the service provider is faced with while interacting with clients (Bleiklie, 1991).

The three regime types can also be seen as representations of different types of political forces which potentially influence the behavior of service providing officials. I will not suggest any automatic relationship between regime type and what values the service providers will give priority. The relationship between the values which are ostensibly supported - such as equality, efficiency or consumer satisfaction - and actual practice may be quite

complicated (Bleiklie, 1990: 192f). In terms of the service regime concept, the growth of non-material services has had two implications. On the one hand the growth meant more of a kind of service where the service providers were particularly influential compared to those responsible for material services. In the latter case the content of the service is perceived as given and service provision is considered a matter of fair distribution. Growth of non-material, ambiguous services can thus be expected to strengthen the professional communities in relation to their clients. On the other hand I have pointed to the encroachment of expert authority from political authorities and clients which has gained momentum during the 1980's. This movement has partly strengthened hierarchical authority and partly lent authority to the clients on the arena of interaction between service providers and recipients.

Although I assume there is no automatic relationship between the growth of non-material services, type of service regime and the values which are promoted by the service providers, I will suggest some implications with respect to the relationship between social values and the growth of non-material services. The most important implication at the level of client-official interaction, is that the boundaries of the welfare state may become more diffuse. The question of equality is often raised in the context of how officials' discretionary decisions and the client-official relationship affect the distribution of welfare state services. Controversies about the distribution issue tend to spring from perceived inequities in the allocation of material services or in connection with access to the services, be they material or not. Because equality is part of the definition of the welfare state, the question of distribution occupies a central position in the political debate (Bleiklie, 1983). However, the different types of non-material services raise a series of other issues in addition to the question of distribution. These are related to the proper goals and organization of such activities as socialization in child-care and education, care for the elderly, social counseling, psychotherapy, hospital care and the general quality of the treatment of

service recipients. Service provision in these settings may therefore, appear as processes of interpretation as well as processes of distribution where the mutual expectations and proper social roles of provider and recipient are determined. The growth of non-material services has also had another implication which may exacerbate these processes of blurring the boundaries of the welfare state and the political: a greater share of the population experience during their life-cycle the different roles related to the services, alternating between the roles of service providers and recipients of various services. They will meet different parts of the service apparatus in different capacities and for varying reasons. Far from all of these services will be regarded as social political or welfare related. The relationship between popular support of the welfare state and popular attitudes towards the different parts of the welfare state service apparatus may therefore be a tenuous one.

5. Conclusion.

Through the development described above the Scandinavian welfare state has become more entangled in society and part of every citizen's life, furnishing them with a series of rights and promises of social and economic safety. This has been seen as a source of strength which is liable to make this type of welfare state particularly robust and resistant to attacks such as retrenchment policies of British or American type (Esping-Andersen, 1990, Therborn, 1986). My analysis may imply, however, that the apparent strength of the Scandinavian welfare state is more volatile than what has been indicated by the proponents of this view.

NOTES.

1. The two aspects of the welfare state - the social security system and the services - are to some extent intervoven. In the Norwegian case about a quarter of the national social security expenditures covers services, first and foremost treatment and institutional stays. The service providers make decisions with consequences for the level of expenditures in the social security system. At the local level social security offices, health centers and social relief agencies are frequently located in the same building, and their clients may be identical (Ramsøy and Kjölrsrød, 1986: 233f).

2. One might argue that education is a material service to the extent it gives certain access to lucrative social positions. Usually however, education may increase the chances, but rarely gives automatic access to such positions. When it does, this may be accommodated for in each specific instance.

3. This aspect of material security is a general characteristic of total institutions such as mental hospitals and prisons and institutions for inpatient treatment. The Boston Globe of April 11, 1991 provided a telling example, reporting from the Peruvian San Cristóbal penitentiary hit by an earthquake April 4. When the earthquake toppled the prison walls the 117 inmates preferred to stay put where they were fed and rebuild the walls rather than seize the opportunity to flee the prison. Hetzler (1978) offers an example of how a Swedish mental patient, when not accepted as at a mental hospital tried to act mad by throwing rocks at the hospital windows in order to be committed to the hospital. The American debate on the consequences of de-institutionalization has focused on its relationship to the growing problem of homelessness (Bachrach, 1983).

4. The typology is a modified version of a typology of therapist-patient relationships I used in an analysis of a psychiatric clinic (Bleiklie, 1990: 126-130).

5. The Scandinavian experience is of particular interest because the growth of welfare state services the last decades is unmatched internationally, and may serve as an example of how strong an impact it may have when it becomes as closey intervoven with the fabric of society as it is in Scandinavia. This does not mean that the Scandinavian experience represents the most advanced stage along the road on which all nations are destined to travel, but rather that the Scandinavian welfare state represents a distinct type of social policy arrangement compared to those of other nations (cf. Esping-Andersen, 1990).

6. Instrumental tasks are excluded from the table for two reasons. No specific welfare state occupation is responsible for this kind of tasks, and with the process of deinstitutionalisation taking place both within psychiatric health care and the care for the elderly, I assume that instrumental tasks are in sharp decline as a welfare state responsibility.

7. The welfare state was originally not supposed to induce anybody to leave work for welfare. The shift here, which has been comparatively moderate in Scandinavia, has occurred in connection with the expansion and extension of retirement programs which made possible and sometimes forced able-bodied persons into early retirement. Although the retirement ages in Norway and Sweden are relatively high, early retirement programs have been expanded and labor force participation among older men (55-64 years) have dropped over the last decades (Esping-Andersen, 1990: 151). This drop reflects a tendency which is considerably stronger in other West European countries.

8. The clearest expression of this type of questioning is the thesis that professionals are about to be proletarianized (Oppenheimer, 1973, Murphy, 1990).

9. If it is true as, Pierson (1991) argues, that retrenchment has a logic of its own different from the logic of welfare state expansion, then it is a likely hypothesis that the logic of retrenchment will be different in welfare states with extensive service apparatuses from what it will be in those with smaller and less powerful social services.

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