

**Stories of Experts and Influence:
A Discourse Analytic Approach to Bureaucratic Autonomy in the Cold War Era**

Jessica Snow Wirgau

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Brian J. Cook, Chair
Karen M. Hult
Laura S. Jensen
Patrick S. Roberts

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Abstract

Government agencies exercise bureaucratic autonomy when they are able to pursue their goals independent, and sometimes in defiance, of political superiors. Over the last three decades, research in the area of bureaucratic autonomy has provided numerous examples of relatively autonomous agencies and has generally recognized the desire of administrators to carve out greater autonomy for their organizations, but the question of how administrators consciously or unconsciously pursue autonomy remains a rich and largely unexplored area of research.

Most theories of bureaucratic autonomy typically fall into two categories: an autonomy based on task-specificity that is contingent on the function and expertise of the organization and the ability of the agency to accept or reject new tasks; and a reputation-based autonomy contingent on the ability of the agency to build and maintain a constituency and to secure a reputation for effectiveness that makes it politically difficult for elected officials to influence agency action.

This study applies a discourse analytic approach to the study of autonomy in two agencies established during the Cold War whose primary function is the distribution of federal grants-in-aid: the National Endowment for the Arts and the National Institute of Mental Health. Drawing on the theory and practice of discourse analysis, this study seeks to expand upon existing perspectives by better understanding how storylines help administrators to define the agency's mission and tasks and to develop its reputation for effectiveness. The findings suggest that storylines serve as causal drivers toward autonomy, operating in complex ways to influence individual decisions such as the scope of agency services and appropriations. They also suggest that storylines operate over time to both construct the circumstances that lead to greater autonomy and are simultaneously made more or less persuasive by those circumstances.

Dedication

To my three guys, Joe, Russell and 'Indiana Jones' whose love, encouragement and humor have made this long journey possible.

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Chapter 1: Introduction

Public administration has long concerned itself with the question of who controls the levels of discretion administrators do and should have in designing and carrying out policy (Whittington & Carpenter, 2003; Huber & Shipan, 2002; Waterman, Rouse & Wright, 1998; Hammond & Knott, 1996; Woolley, 1993; Wilson, 1978, 1975; Emmerich, 1971). Scholars have reconceptualized the role of the bureaucracy, moving away from normative concepts like the politics/administration dichotomy and toward the sense that administrators do have a profound effect on public policy and the political environment (Birkland, 2005; Wamsley et. als, 1990; Rohr, 1989).

Drawing on Long's formative work (1949), this study assumes that administrators seek the power to effectively implement policy and pursue the agency's mission. To both supporters and detractors, the agency is the locus of implementation for legislation, "the institutionalized embodiment of policy, an enduring organization actually or potentially capable of mobilizing power behind policy" (259). Yet, delegation from political superiors to administrative agencies does not supply the "consensus to permit administration," motivating administrators to seek out greater influence via support from broader constituencies and the necessary resources and discretion to implement policy as it deems appropriate (p. 258). Bureaucratic autonomy research has examined the desire of agency administrators to seek out and exercise greater autonomy from political superiors for themselves as individuals and for their respective agencies. They desire the capacity to seek out their preferences in innovative ways, and to be active participants not only in program implementation, but also in shaping legislation itself (Carpenter, 2001).

Bureaucratic autonomy, defined as an agency's ability to pursue its own policy goals independent, and sometimes in defiance, of political superiors, has been a focus of study in

public administration since the 1980s. For the purposes of this study, autonomy is conceived as and agency's ability to influence the policy agenda; to influence the content of legislation, particularly how the policy problem is defined and how the agency is positioned to implement a solution; to influence implementation by defining those worthy of favor or deserving of penalty as they relate to policy goals; and to build, maintain and enhance the agency's central role within the policy area by setting strategic directions as that policy area evolves.

Scholars generally agree that autonomy develops over an extended period of time, but differ on the source of autonomy. Theories of how autonomy develops fall into two general categories: 1) an autonomy based on task-specificity that is contingent on the function and expertise of the organization and the ability of the agency to accept or reject new tasks (e.g., Roberts, 2008; Theoharis, 1992; Wilson, 1989); and 2) a reputation-based autonomy contingent on the ability of the agency to build and maintain a constituency and to secure a reputation for effectiveness that makes it politically difficult for elected officials to influence agency action (e.g., Roberts, 2006; Carpenter, 2010; 2001).

Over the last three decades, research in the area of bureaucratic autonomy has provided numerous examples of relatively autonomous agencies and has generally recognized the desire of administrators to carve out greater autonomy for their organizations, but the question of how administrators consciously or unconsciously pursue autonomy remains a rich and largely unexplored area of research.

Statement of the Problem – The Space for Autonomy

The following study explores a puzzle, piecing together our understanding of the many institutions and individuals influencing the bureaucracy with the opportunities that this complex

landscape presents for administrators to not only act with considerable discretion, but also to substantially shape the policy agenda and its implementation.

The United States Constitution allows for the establishment of executive departments and specifies the role of Congress and the President in appointing the heads of those departments and placing the President in a supervisory role. Yet, it remains silent on the degree of discretion administrators have in shaping what has become a vast bureaucratic state charged with carrying out the day-to-day tasks of the federal government. The original departments were small and limited in scope but grew steadily in the nineteenth and twentieth centuries, finally expanding significantly following the Great Depression and World War II and creating what some call the “bureaucracy problem” (Wilson, 1975).

As Rosenbloom (1983) and O’Toole (1987) argue, the rise of the administrative state in the late nineteenth and early twentieth centuries presented problems for a system built on separation of powers and representative government. Practitioners and scholars alike have struggled with how to understand the emerging entity within our constitutional system. Rosenbloom (2000) chronicles our field’s struggle to “retrofit, or integrate, the federal administrative state into the nation’s constitutional scheme” (39) noting that the framers could not have anticipated the size and scope of the contemporary administrative state and therefore its proper role within the system they created.

In the absence of clear guidance from the framers, Progressive era reformers conceived of an ideal system roughly divided between the elected officials who make decisions and the administrative officials who execute those decisions in the most efficient and effective manner possible. While even early scholars recognized that a sharp distinction between politics and administration was neither possible nor always preferable, the notion that the growing

administrative state was composed of experts removed from the nefarious influence of politics and focused on responsible management provided a way of understanding administration and its role outside of the traditional three branches of government (O'Toole, 1987).

Yet, conceiving of the administrative state as primarily focused on management ignored the significant role it did and could play in politics. Rosenbloom (1983) argues that a second, political approach to public administration focuses on the representativeness, responsiveness and accountability of the bureaucracy, wherein the administrative state becomes a microcosm of society aimed at understanding and responding to the public interest. Still a third approach to the administrative state, he argues, focuses on legal authority and the extent to which administrators apply the law as written by legislators and in turn build the law by applying it to new situations with new interpretations. These two approaches beyond the managerial reject the politics/administration dichotomy and begin to define the proper role for a “veritable fourth branch of government” (Rosenbloom, 2000, 39).

The rapid growth of the administrative state, combined with competing and evolving views of its role in governance, present significant problems of oversight. They also provide the opportunity for administrators to seek out and exercise autonomy. The three approaches Rosenbloom describes each struggle with the extent to which administrators do and should exercise influence over the interpretation of legislation and the manner in which legislation impacts individual citizens, families, and institutions. Moreover, the nature of the American bureaucratic state wherein agencies “are the agents of different and divided masters” (Wilson, 1989, p. 259) warrants the question “who controls the bureaucracy” and invites discussion of how an agency might achieve relative autonomy in this context.

The predominant answer to the question “who controls the bureaucracy?” has been one of legislative dominance in which Congress has the “means available to it sufficient to control the behavior of administrative bureaucracies” (Woolley, 1993, 92). Congress can employ both ex ante controls in the form of procedural requirements for carrying out administrative business and ex post controls in the form of appropriations or reauthorization decisions rewarding desired behaviors (Wilson, 1989; Hammond & Knott, 1996; Balla, 1998). As Potoski and Woods (2001) suggest, administrative procedures serve to hardwire agency decision making so that future decisions reflect the preferences of the legislators enacting the procedures. This may include both formal and informal rulemaking procedures that can limit organizational autonomy. Still, while Congress has the ability to create the structural conditions in which an agency must operate and dictate the resources it has to carry out its mission, the nature of the agency’s tasks and its political environment can significantly limit Congressional control. Wilson (1989) argues that effective oversight depends on the ability of Congress to evaluate both the agency’s outputs and whether those outputs result in desired outcomes. But for some agencies — defined as “procedural” in Wilson’s typology — like education or corrections, it is difficult to measure whether programs have the desired long-term effect.

Statutes are not the only instruments of policymaking and bureaucratic control, however, and if agencies feel tugged in the direction of Congressional preferences, they feel equally accountable to presidential priorities. Since the establishment of the Bureau of the Budget, now the Office of Management and Budget (OMB), the President has assumed an ever more prominent position in controlling the bureaucracy through budget direction as well as executive orders, appointments, and reform initiatives. Beyond these tools, Whittington and Carpenter (2003) note that the President’s role as the leader of his party and the only official to be

nationally elected gives him significant influence over the national policy agenda and bureaucratic participation in that agenda.

The courts have less influence over the bureaucratic state than Congress and the President, but judicial review does constrain agencies, and the Supreme Court has significantly expanded its criteria for assessing whether individuals have standing to challenge administrative decisions. The courts can thus have significant influence over policy and how the agency carries out its mission. Still, the judiciary cannot easily implement its decisions and thus can face difficulty in reforming administrative behaviors (Waterman, Rouse & Wright, 1998).

Finally, outside the traditional branches of government, numerous other stakeholders exercise a measure of control over the bureaucracy, from the media to interest groups. Concerns over agency capture and the increasingly disparate networks of constituents seeking to influence policy decisions underscore the complexity of the political environment in which agencies operate (Waterman, Rouse & Wright, 1998). The question “who controls the bureaucracy” is a difficult one to answer with confidence and, more importantly for this research, the existence of multiple and competing principals can provide the space for agencies to exercise autonomy.

Scholars define autonomy in a variety of ways, discussed in greater detail in the literature review in the following chapter. For example, Downs defines autonomy as “the capacity of an agency to change the agenda and preferences of politicians and the organized public” (Yesilkagit, 2004, p. 531) while Carpenter’s extensive studies of agencies like the Food and Drug Administration or the U.S. Postal Service (2010, 2001) see autonomy as the extent to which an agency pursues its own policy goals independent of, or sometime in defiance of, political superiors. This study also adopts that definition.

As noted above, existing theoretical and empirical approaches to the development of bureaucratic autonomy fall into two broad categories: task-based and reputation-based autonomy. Although each approach provides a useful way of understanding how the agencies studied may have achieved autonomy, they remain mutually exclusive, with few attempts to integrate the perspectives in a way that provides for a richer and fuller picture of bureaucratic dynamics.

Further, most studies are primarily retrospective, aiming to demonstrate whether an agency can or cannot be deemed relatively autonomous in a given historical period. They fall short, however, in explaining how organizations achieve that autonomy. For example, task-based perspectives convincingly argue that national security and law enforcement agencies enjoy relative autonomy because they use tools of secrecy and information control that make it difficult for Congress to oversee their activities (Roberts, 2008; Theoharis, 1992). Yet, they fail to explain how actors, both administrators and elected officials, go about defining and communicating the agency's mission, tasks and expertise to legitimize the use of these tools for seeking and achieving autonomy. Similarly, reputation-based perspectives chronicle the growing autonomy of agencies as diverse as the United States Department of Agriculture or the Food and Drug Administration, but remain largely silent on how actors consciously or unconsciously build a reputation for efficiency and effectiveness among a complex network of interests and stakeholders (Carpenter, 2010; 2001). The question of how actors help an agency to build and maintain autonomy thus presents a rich and largely unexplored topic of research that can contribute to the existing bureaucratic autonomy literature and inform broader positive and normative questions about the role of the bureaucracy in political life.

Research Questions, Theoretical Approach and Significance

This research aims to fill gaps in the literature by using discourse analysis to explore how agencies build, maintain, or lose autonomy. Specifically, it asks how actors use narrative to influence an agency's position on a continuum of autonomy and whether narratives influencing autonomy share common themes or elements across different agencies within a given time period.

The application of a discourse analytic perspective — examining the patterns of language, both written and spoken, developed socially to provide meaning to a given context - is new to the study of bureaucratic autonomy. The approach gives agency to a variety of actors, including administrators, elected officials and their constituencies, and examines the interaction among and between these actors in context to develop a shared understanding of the tasks, expertise and reputation influencing autonomy.

Narratives as Causal Drivers

Discourse analytic approaches in areas such as policy analysis and the study of organizational behavior have recently emerged as means of opening the "black box" of public policy by focusing attention away from how change is achieved at the macro level and towards how individuals and groups develop complementary or conflicting narratives to affect policy (see, for example, Outshoorn, 2002; Taylor, 2004; Lejano, 2006; Tupper, 2008; Zittoun, 2009). These approaches arose in response to rationalist, technical orientations to the policy arena that assumed the primacy of facts and the existence of an objective, real world that could be closely analyzed and improved by experts. They contend instead that reality is socially constructed, and that individuals use language to develop shared understandings of the world.

This research draws on the theoretical foundations of discourse analysis to examine storylines, “sense-making organizational devices tying the different elements of a policy challenge together into a reasonably coherent and convincing narrative” (Toal, 2002, 617). Storylines are the basic building blocks of narratives, answering the who, what, why, where and how questions of a policy issue and carrying the persuasive elements used to build, enhance and maintain autonomy.

Storylines are woven together into narratives that can be employed by administrators to influence their relative degree of autonomy. Narratives serve as coherent and sequential understandings of a particular policy problem, its causes and its proposed solutions. Ewick and Silbey (1995) suggest that to qualify as a narrative a communication must selectively appropriate past events and characters, place events in a temporal order, and feature events and characters that are related to one another and to an overarching structure. In addition to these elements, Jones and McBeth (2010) and Stone (2002) define narratives to include certain archetypal characters including heroes, villains and victims.

Although public administration scholars have long understood intuitively that narratives can have a profound influence on public policy, our field continues to struggle with exactly how this works. How exactly do narratives carry and deliver the messages that influence policymakers? This research suggests that narratives work in five interrelated ways to drive policy decisions:

- Narratives trigger emotional responses and reflection on individual values,
- Narratives help to categorize and particularize policy problems,
- Narratives draw people together into discursive coalitions capable of action,

- Narratives are mechanisms of socialization that attract and assimilate individuals into a particular policy viewpoint.
- Narratives serve as heuristics, enabling policymakers, particularly those in positions of power, to define a policy problem and select among a variety of solutions

Westen (2007), a clinical psychologist, argues that reasoning is connected to emotional response because reasoning and emotional neural pathways develop together in the brain at a young age. Narratives are persuasive when they engage audiences on an emotional level and trigger emotional predispositions that can be connected to the individual's vision of himself and the world he lives in. Westen suggests that politicians are most effective when they tell a story that elicits an emotional response and link that story to a particular policy position. In this sense, narratives exploit the link between the emotional and the rational to guide the listener toward a particular understanding of a policy problem.

By eliciting emotional responses, narratives also prompt individual reflection (Lakoff, 2002). They help individuals to characterize policy issues and to measure proposed solutions against their own morality. Moreover, they serve as a means of self-identification, self-justification and self-solidification that draws on an individual's commitment to membership in a particular category such as Christian, Democrat, Republican, or Business Owner and drives them toward policy solutions that reinforce their position within that category. By fitting policy issues into easily understood moral frames, narratives help individuals to categorize and particularize those issues and respond accordingly. For example, in Toal's (2002) study of the Bosnian conflict, he examines the narratives and storylines advanced by U.S. political leaders to define the conflict as a "humanitarian crisis" warranting the provision of aid rather than a "genocidal

war” prompting military intervention. By categorizing the conflict as a humanitarian crisis, listeners understood aide to be the most appropriate response despite calls for more aggressive action.

Narratives thus elicit an emotional response that necessitates individual reflection and leads to placement of the policy issue within a category that either matches or conflicts with one’s self-image. Individuals then naturally seek out others who share a similar view of the policy issue, developing what Hajer (1995) refers to as discursive coalitions capable of collective action. Coalitions define a policy problem in an effort to develop a broad group of supporters who share a sense that the problem can only be addressed via a limited number of preferred solutions. Supportive, outspoken coalitions are critical to an agency’s ability to build and exercise autonomy, advocating to elected officials for the agency’s goals and deflecting criticism.

Narratives also socialize individuals in ways that can rationalize past actions and guide future behavior (Boal & Schultz, 2007). This is particularly relevant to the study of bureaucratic autonomy and the contention explored in this work that administrators both consciously and unconsciously employ narratives to develop shared understandings about an agency’s expertise, purpose and need for autonomy. Organizational leaders use narrative to help agency officials, political leaders and the broader public understand the agency’s past, particularly its reason for creation, comprehend its present circumstances, and to establish and justify a future direction. Boal and Schultz (2007) contend that organizations are complex adaptive systems whose behavior and structure emerge from a collection of organizational agents. Strategic leaders use stories containing tags – markers such as brands, symbols or protocols – to control interaction amongst agents. Tags help to create a sense of shared identity and to structure the ways in which

organizational agents interact to pursue the organizational mission. As carriers of tags, Boal and Shultz argue, narratives are critical tools for a strategic leaders aiming to guide the organization along a particular path.

Finally, narratives serve as heuristics, enabling decision-makers to quickly assess a policy problem and choose among alternative solutions. This is particularly important at the key decision-making points examined in this study, wherein policymakers must make decisions as to budget allocations and agency leadership, among others, amidst a packed policy agenda.

The extent to which narratives draw together constituencies, socialize group participants and serve as heuristics is dependent both on the content of the narrative and on the individual advancing that narrative. John Austin's concept of felicity conditions (Potter, 2001), suggests that language has force within certain contexts. Language can act when uttered by the proper person, in the proper setting, at the proper time. Force includes both the intention of the speaker/writer (illocutionary force) and the impact it has on the listener (perlocutionary force). In the policy arena, narratives advanced and repeated by those in institutional positions of power, such as the President or a committee chairperson, can carry significant weight at key decision-making points.

Narratives also serve as causal drivers by building upon, responding to, and constituting the political, social, economic and cultural environment in which they operate. This broader discourse establishes the general framework in which the listener understands the narrative, yet this research also assumes that narratives simultaneously create that framework. This "narrative as metaphor" approach to discourse analysis suggests that people shape stories and are, in turn, shaped by them. Narratives are constitutive and one's interpretation of those narratives is deeply influenced by historical and institutional contexts (Dodge, Ospina and Foldy, 2005). As such, a

study of the extent to which agency leaders use narrative to influence autonomy must understand and control for the broader discursive environment. This study examines agency narratives and storylines within the broader context of Cold War America and the extent to which policymakers repeat narratives that advance agency autonomy.

The Discourse of the Cold War

The United States and the Soviet Union emerged from World War II as major world powers with vastly different views of society in general and the rebuilding of central and eastern Europe in particular. A prolonged period of tension between the two powers from approximately 1945 to 1991 saw efforts by each to demonstrate its superiority based on a profound confidence in its own military, scientific and cultural strength and an equally profound distrust and dislike for one another.

Americans entered the post-war era with tremendous faith in their military and in scientific and technological innovation. The early Cold War years saw the creation of numerous federal agencies including the Central Intelligence Agency and the National Aeronautics and Space Administration. Innovations in military and weapons technology, most notably the creation of the atomic bomb in 1945, led to a faith in the application of the scientific method to solve a wide array of military, medical and social issues. Five new institutes were established at the National Institutes of Health by 1950 alone, and a total of 22 institutes and centers were added between 1946 and 1990, each based on the post-war belief that medical science could uncover the etiology of disease and develop the appropriate interventions (Grob, 1994a). The emphasis on demonstrating scientific superiority in the early Cold War years evolved into a larger interest in demonstrating America's overall cultural superiority, with programs and

policies aimed at showing American compassion for the poor and less fortunate and its belief in freedom of expression, among others (Binkiewicz, 2004).

Throughout this evolution, the Cold War discourse emphasized American exceptionalism aimed at thwarting the spread of communism, both internally and externally, by demonstrating the exceptional and superior nature of the American democratic regime. In an effort to contain the Soviet influence, American policies had to demonstrate both the dangers of communism and the superiority of a uniquely American form of democracy based on the values of equality and individualism. Traceable to the writings of Alexis de Toqueville in the 1830s, American exceptionalism as a concept focused on the unique character of American society. By the early twentieth century, American exceptionalism came to be known as the nation's unique ability to resist what Marx characterized as the natural progression of nations toward dictatorship, revolution and eventually a communist regime (Shafer, 1999). Beginning in the Cold War era, and still palpable today, is the notion that American exceptionalism justifies American intervention in foreign affairs and the defense and pursuit of freedom on a global scale because America is the preeminent example of democracy (Friedman, 2012; Shafer, 1999). In addition to justifying military intervention, American exceptionalism has also meant setting a clear example of democracy in action. In the realm of the arts, for example, the U.S. State Department hung works by prominent Abstract Expressionist artists in foreign embassies to demonstrate the American belief in freedom of expression and artistic experimentation, a marked contrast to the State-supported and controlled arts of the Soviet Union (Binkiewicz, 2004).

The Cold War spans many decades and the faith in the federal government and the boundless possibilities of science characteristic of the 1940s and 1950s gave way to distrust of authority, concerns for individual liberties, and the rise of the counter-culture by the 1960s and

1970s. America's economy similarly fluctuated from the stable growth and low inflation of the 1950s and 1960s to increases in inflation and unemployment of the 1970s not seen in a generation. The changing roles of women, a focus on the environment, and Civil Rights all introduced significant change during the Cold War. The discourse of American exceptionalism remained, though its construction and application changed throughout the period, necessitating narratives that defined and redefined American achievement across rapidly changing political, economic and cultural priorities.

Of particular interest to this research are those agencies created during the Cold War to encourage American people and institutions to pursue paths that would enhance the country's position as a world leader through grants-in-aid. The federal government believed it had a substantial role to play in encouraging American innovation by investing in the very best artists, scientists, health care providers, and others, to secure the country's global economic, military and cultural dominance against the threat of communism. For many artists, scientists, and educators, private funding was not sufficient to support innovative work, necessitating government support. Furthermore, while states provided some support to these endeavors, there was a shared sense following World War II that the states were backward and reactionary, and were better bypassed in favor of stronger federal-community ties (Grob, 1994a). What the nation needed to defeat communism was a national standard for American achievement, and federal agencies capable of setting that standard were at the heart of this discourse (see for example, Binkiewicz, 2004; Mazuzan, 1994).

The Cold War provides a rich context for the application of discourse analysis to the study of bureaucratic autonomy. Elected officials spoke passionately about the constant threat of communism and the need for significant federal investment in a wide range of fields. Together

with a belief that American innovation was limitless, was the sense that the federal government should support that innovation without dictating its development or its results. Consequently, the discourse of American exceptionalism gave agency leaders the opportunity to develop narratives that granted them considerable autonomy. This study focuses on two agencies whose primary mission is to provide grants-in-aid, the National Endowment for the Arts and the National Institute of Mental Health.

The Cases: The NEA and the NIMH

Case selection is critical to a study's validity and must be relevant to the research objective, emerging from and informed by specific research questions (George and Bennett, 2005). Critics of case study research rightfully point out that some designs lack a clear rationale for the selection of cases being studied and methods of data collection. Stake's foundational work on case studies *The Art of Case Study Research* (1995) suggests that the selection of a case may sometimes be no selection at all. As researchers, we are drawn to cases we find interesting and often develop research questions and theory from those cases. Researchers may have an intrinsic interest in a case that may be worthy of study for its own sake. In other studies, the case may be more instrumental, serving as a means of illuminating a larger phenomenon of interest. This study uses the National Endowment for the Arts as a theory-building case, both worthy of study for its intrinsic qualities and capable of shedding light on the use of narrative to build greater autonomy in similar cases.

Established in 1965, the National Endowment for the Arts (NEA) is dedicated to "supporting excellence in the arts...bringing the arts to all Americans, and providing leadership in arts education" (National Endowment for the Arts, 2009). The National Council on the Arts

(NCA), a panel of experts identifying projects worthy of funding, had a substantial amount of discretion over how funds were distributed since the NEA's founding. Despite facing significant criticism over its decisions from interest groups and elected officials, the Endowment's budget and scope continued to increase through the 1970s and 1980s, expanding its programs and influence in the arts community while resisting calls from Congress for greater transparency in its decision-making (Binkiewicz, 2004). During this period, the NEA could be characterized as having considerable bureaucratic autonomy. It was not until 1989, when Congress discovered that funds were directly and indirectly used to support works that some found obscene, that the Endowment's sustained growth and significant discretion were challenged (Bolton, 1992). The NEA's development, challenges to its autonomy, and the persistence of the agency's creation narrative in the face of these significant challenges make this agency appropriate for analysis.

Researchers compensate for a case study design's poor external validity by studying a particular type of phenomenon rather than attempting to draw broad conclusions across a wide array of cases. This research focuses on agencies created during the Cold War that have as a substantial part of their mission the provision of grants-in-aid. The proliferation of agencies created during the Cold War offers a wide variety of cases from which to choose, yet of particular interest are those agencies created to encourage American people and institutions to pursue paths that would enhance the country's position as a world leader. Indeed, the federal government believed it had a substantial role to play in encouraging American innovation by investing in the very best artists, scientists, health care providers, and others, to secure the country's global economic, military and cultural dominance against the threat of communism. For many artists, scientists, and educators, private funding was not sufficient to support innovative work, necessitating government support. Furthermore, while states provided some

support to these endeavors, there was a shared sense following World War II that a national standard for American achievement needed to be set to effectively defeat the communist influence (see for example, Binkiewicz, 2004; Mazuzan, 1994).

I have selected for this research the National Institute of Mental Health (NIMH) as a second case for study. The NIMH offers sufficient similarities to the NEA to draw conclusions about a particular type of agency worthy of study. Both the NEA and the NIMH were created during the Cold War and have as a significant focus of their mission the provision of grants-in-aid to professional organizations, such as universities or research facilities, deemed to share and enhance the agency's view of quality art and mental health care respectively. Both agencies were created under unified, Democratic governments that granted broad authority in the enabling legislation, and both the NIMH and the NEA employ independent review panels with the required expertise to evaluate applications for funding. Further, each agency in the time periods selected advanced a clear definition of the individuals it aimed to serve. In the case of the NEA, the professional artist exhibiting in major museums or performing at elite venues was deemed the harbinger of American cultural expression and therefore worthy of public support. For the NIMH, individuals suffering from mental illness, particularly illness resulting from exposure to military combat, were deemed worthy of public funding that allowed them to be treated within their communities. Each agency sought to redefine populations in the public policy process to fit with a discourse of American cultural, scientific and military superiority. These similarities will allow me to control for certain variables including historical time period, basic agency tasks, and the structure of decision-making for grant funding.

The NIMH was established with the National Mental Health Act of 1946 and began operating in 1949. It is dedicated to providing “national leadership dedicated to understanding,

treating, and preventing mental illnesses through basic research on the brain and behavior, and through clinical, epidemiological, and services research” (National Institutes of Health, 2011, para. 18).

The NIMH’s first director, Robert H. Felix, was an advocate of approaches that moved away from a focus on the mentally ill and toward the mental health of communities as a whole. This philosophy meshed well with a growing sense that communities were a powerful tool in helping soldiers to deal with the stresses of war, and represented a redefinition of those suffering from mental illness from societal deviants to valued citizens deserving of community care (Kelly, 2005).

The NIMH includes both an intramural research program and an extramural program providing grants to research institutions and individuals. From its founding, the NIMH focused on providing grants for research relating to the cause, diagnosis and treatment of psychiatric disorders; providing fellowships and institutional grants to train mental health personnel; and providing grants to states for the creation of clinics and community-based treatment centers (Grob, 1996). NIMH administrators worked particularly hard during the 1950s and 1960s to persuade elected officials, public health practitioners and a variety of professional organizations of the importance of community-based approaches and the need for greater funding. In 1963, Congress passed the Community Mental Health Centers Act, which provided federal grants for the construction of mental health centers and laid out the required services to be offered at each center. Subsequent amendments from 1965 to 1980 made it difficult to exercise oversight and the NIMH’s grant making authority was limited in the 1980s as President Reagan converted federal grant programs into block grants (Stockdill, 2005). The NIMH enjoyed significant autonomy in its early years, strongly influencing national mental health policy, yet the narrative of

community-based treatment so critical to the agency's creation could not withstand the challenges of the 1980s. As government became increasingly decentralized and a fractured group of stakeholders advanced competing definitions of mental illness, the storylines that allowed the NIMH to enjoy significant autonomy were no longer persuasive.

The important similarities and differences between the NEA and the NIMH allow me to explore my discourse analytic approach in distinct policy areas, enabling me to focus on the ways in which narratives in grant-making agencies operate within very different policy contexts.

Methodology

This study utilizes process tracing which “attempts to identify the intervening causal process – the causal chain and causal mechanisms – between an independent variable (or variables) and the outcome of the dependent variable” (George and Bennett, 2005, p.206). Process tracing is well suited to probing theory in scenarios with complex causality and multiple interaction effects. As in writing a legal brief, conducting a criminal investigation, or simply writing a convincing historical analysis, inferences are verified with multiple pieces of qualitative evidence to develop a persuasive argument.

Using both primary and secondary sources, each case study includes an extensive historical review of the establishment of the agency to uncover the predominant narratives prior to the agency's establishment and the storylines employed to advocate for or argue against the agency's creation. Each proceeds with a review of the agency's development during the Cold War in an effort to identify the agency's movement along a continuum of autonomy and then tracks narrative development against the agency's movement along the continuum.

The existing literature provides a variety of useful indicators of autonomy including budget and staff size or the ability to control the scope of the organization. This study explores how actors activate certain storylines at critical decision points affecting the following indicators:

- The agency's establishment and continued existence, particularly in the face of potential downsizing or elimination,
- The agency's budget,
- The agency's leadership, specifically the selection and confirmation of political appointees,
- An expansion or limitation of the agency's scope of services, particularly when under threat from similar, rival agencies, and,
- Legislation, executive orders or administrative procedures affecting the agency or advanced by the agency, particularly those affecting its grant programs and the independent review panels entrusted with distributing grant funds.

Using these indicators to identify periods of significant autonomy for each agency, I analyze the storylines employed at critical decision points leading up to, during, and after those periods to identify common themes.

The text is the primary subject of observation in this research. As Tupper (2008) explains, "texts are the spoken or written instances of language-in-action through which discourses are manifested, the concrete linguistic structures in which social understandings and ideologies are embedded" (p. 225). This research draws on secondary sources to understand the overall context in which the agency operates and uses primary texts for the critical discourse analysis including congressional testimony, presidential commentary on the agencies in question, statements made

by agency officials, grant program descriptions and application materials, and other publications as the key texts for analysis.

Once periods of relative autonomy are identified together with their predominant storylines, I use the understanding of how narratives function as causal drivers described above to analyze the following in the texts:

- How actors elicit emotional responses and characteristics of group membership to activate the listeners desire to belong,
- How actors connect emotional responses to policy problems and their preferred solutions,
- How actors draw on the broader Cold War discourse to make the case for their preferred solution,
- How constituencies come together around shared storylines, and,
- How actors transfer storylines across and among different constituencies to advance autonomy, specifically:
 - The extent to which those in decision-making positions rely on agency officials and/or established coalitions for their expertise in a specific policy arena, and
 - The extent to which those in decision-making positions adopt themes and patterns of language advanced by the agency and these coalitions at key decision-making points.

Finally, this research concludes with an analysis of shared storyline elements across the two cases. This final phase invites further testing in additional Cold War cases, but may also provide a better understanding of how storylines remain persuasive across time periods, even to the present day.

Limitations

As with any scholarly endeavor, this research has several limitations. Case study designs suffer from poor external validity, limiting the author's ability to draw broad conclusions. To control for this limitation, I focus on a specific agency function – the provision of grants-in-aid - at a particular time period. Further, as an exploratory study, these two cases selected will serve as a means of further developing a new approach to the study of bureaucratic autonomy rather than aiming to generalize across a broad range of agencies or predict the factors that will lead to future autonomy.

In addition, case study research is often criticized for eliciting selection bias. My initial intrinsic interest in the NEA provides a foundation for exploring my conceptual framework. I proceeded with selecting my second case by probing several agencies with substantial extramural programs created during the Cold War that clearly defined the audience to be served and employed independent review panels to select projects for funding. The NIMH presents an intrinsically interesting case, but also is sufficiently similar to the NEA to draw out similar themes across cases and develop hypotheses for wider application. These cases are not intended to be illustrative of how storylines operate at all agencies. Rather, they are meant to provide a foundation for exploring my conceptual framework and to raise questions that can be explored through additional case study research. For example, they may inform future study of counter-factual cases that may have multiple, competing storylines at play limiting autonomy.

The specific cases also present some important limitations. Despite some overlap in time periods, these two agencies were established and grew during very different moments in the Cold War. The focus on military superiority via science and technology directly after WWII slowly evolved to Johnson's Great Society and a desire for cultural superiority by the 1960s and 1970s.

These contexts are critical to the establishment and growth of each organization. Moreover, while there was widespread disagreement over whether the federal government should be supporting the arts, there was little opposition to supporting a variety of agencies advancing science and technology during the Cold War. This contributed to the proliferation of institutes at the NIH compared to the relatively limited expansion of arts and cultural programs. Finally, the NIMH is part of a larger, highly influential organization and includes an intramural research program in contrast to the NEA as a smaller, independent agency with a more limited scope.

Bureaucratic autonomy research has long presented a series of limitations as well. To date, the study of bureaucratic autonomy has been retrospective, and it has been difficult to assess whether agency leaders were consciously attempting to achieve greater autonomy for their organizations. This research addresses this limitation by examining primary sources from each agency and understanding how political leaders in that time period framed their agency.

This research examines how an agency as a whole exercised autonomy, but one cannot help but attribute much of an agency's success to leadership. Can we say that the agency deflected criticism and pursued its goals, or is it perhaps more accurate to say that the agency director or chairman, through his or her personal reputation, became relatively autonomous? An examination of each agency across a variety of leaders helps to address this limitation, but leadership also plays an important role in this discourse analytic approach by studying how agency leaders strategically use storylines to influence autonomy via their positions of authority and legitimacy, their ability to clearly and consistently define the agency's goals and tasks, and their ability to employ storylines at strategic times and within the appropriate context of the policy process. Additionally, the extent to which a leader's preferred storylines are repeated helps to uncover how storylines influence policy decisions.

Discourse analysis as a method also has limitations. Jones and McBeth (2010) convincingly argue that post-structuralist approaches are largely qualitative, inductive, and difficult to falsify or replicate (p. 339). Although this work is not focused on hypothesis testing, as Jones and McBeth advocate in their framework, it does seek to develop a new theoretical approach to bureaucratic autonomy that can be empirically tested in subsequent research. The challenge is convincingly connecting the storylines identified to greater or lesser agency autonomy, which I address by focusing on storylines employed at key decision-points in the agency's development and the extent to which storylines are repeated by political elites with decision-making power.

Finally, archival research has inherent limitations. Texts such as congressional testimony or personal papers can shed light on a given time period, yet the researcher is dependent on what is recorded in the official record or what personal documents are retained and archived. Without being present for each conversation or being part of the context in which a story is unfolding, it is impossible for the researcher to say with certainty that other causal factors are not in play. To control for these limitations, archival research requires that the researcher access a wide variety of primary and secondary documents, paying careful attention to how he/she is selecting texts for study to control for bias. In this study, I begin by accessing several secondary sources for each case to provide a historical overview of the agency and the period under study. I then identify texts linked to key decision points affecting an agency's autonomy, such as appropriation hearings or testimony on proposed legislation. I supplement these sources with personal papers from agency leaders to balance more formal records with informal notes and correspondence. Archival research is limited by the availability of sources, and correspondence, memos and other internal agency documents were difficult to access for both of the cases

studied. Nonetheless, this research relies on a broad array of primary and secondary sources to draw conclusions while acknowledging that other causal factors or even competing storylines may have existed and influenced autonomy that are not captured in available texts.

Many of these challenges are intrinsic to the study of bureaucratic autonomy and discourse analytic methods, and I do not wish to suggest that this research in any way “solves” these significant conceptual difficulties. Rather, it aims to enhance public administration’s understanding of how narrative operates within the policy process and the ability of agencies to use narrative to exercise autonomy.

Organization

Chapters 2, 3 and 4 of this study provide a review of the existing bureaucratic autonomy literature followed by a discussion of discourse analysis in theory and practice and finally research design. Chapters 5 and 6 focus on National Endowment for the Arts and the National Institute for Mental Health respectively. The final chapter provides conclusions and suggestions for future research.

Chapter 2: Literature Review

Introduction

This chapter provides a general overview of the literature relevant to this study. Public administration scholars have long been interested in questions of administrative discretion and the relationships between bureaucratic agents and their political principals (see for example, Whittington & Carpenter, 2003; Huber & Shipan, 2002; Waterman, Rouse & Wright, 1998; Hammond & Knott, 1996; 1971; Wood and Waterman, 1993; Woolley, 1993; Wilson, 1978). A focus on administrative discretion broadly and the tools with which political superiors control agency actors is outside the scope of this research. Rather, this review focuses specifically on how scholars have applied theories of bureaucratic autonomy to specific cases, indicators of agency autonomy over time, and what scholars have discovered about how actors build and exercise autonomy.

Before reviewing the relevant literature, it is important to note that this study does not pass judgment on the merit of bureaucratic autonomy. It does not seek to characterize autonomy as good, bad or otherwise; or to pass judgments on the agency actors who seek autonomy and how they choose to do so. Whatever one's feelings about the appropriateness of bureaucratic power, public administration scholars have convincingly argued that bureaucrats play a significant role in shaping public policy and determining its outcomes (Kaufman, 2001). They engage in legislative activity by promulgating regulations; engage in judicial activity by applying laws and regulations to specific organizations and individuals; and engage in executive activity by hiring and managing the significant public labor force that implements policy. Americans can easily share stories of the horrors of excessive red tape and speak passionately about the bureaucracy as a threat to democracy, yet they might just as easily point to the agency experts

whose innovation and leadership introduced new and effective policy ideas. We may be uncomfortable with the idea of unelected public servants exercising their power – indeed even bureaucrats may feel uneasy seeing themselves as powerful political players (Baum, 1983) – but the reality of their significant influence remains, and it allows scholars to continue asking questions about how and to what extent that power impacts public life. This study focuses on how actors use narrative to advance autonomy and leaves judgment of those actors, their narratives, and the merit of their autonomy to future scholarly assessment.

Bureaucratic Autonomy Defined

Decades before the concept of bureaucratic autonomy was developed, Long (1949) argued that the simple delegation of authority from political superiors to the administrative agency via legislation or executive order is insufficient to accomplish policy objectives or to allow administration to be devoid of politics. The survival and growth of the agency and the successful completion of agency tasks is contingent upon the administrative organization's ability to pursue and attain the power to act. This pursuit of power is coupled with a desire for independence, which Emmerich (1971) contends is a “unique characteristic of administrative behavior” (p. 17). As such, agencies seek sufficient power to pursue policy goals in the ways that they deem appropriate independently of the preferences of political superiors.

Bureaucratic autonomy gives agencies greater capacity to pursue policy goals in innovative ways, allowing them to be active participants not only in program implementation, but also often in shaping legislation itself (Carpenter, 2001). Downs defines autonomy as “the capacity of an agency to change the agenda and preferences of politicians and the organized public” (Yesilkagit, 2004, p. 531). Potoski and Woods (2001) note that autonomy is based on the

degree of influence an agency has in a given policy area, while Meier (1980) suggests that agencies have attained autonomy when they can make decisions that affect the distribution of societal values. Finally, Carpenter (2010, 2001) and Roberts (2008) see autonomy as the extent to which agencies can pursue their own policy goals independent of, or sometimes in defiance of, political superiors. This study adopts the Carpenter and Roberts definition.

Some studies of autonomy differentiate between formal, and informal or real autonomy. Yesilkagit (2004) argues that formal autonomy stems from the agency's creation, when the executive delegates authority to the agency to implement policy. Taratoot and Nixon (2011) suggest that the enabling legislation for an agency determines the degree of this formal autonomy based on the level of detail and the extent of the oversight provisions included in the legislation. Similarly, McCubbins, Noll and Weingast (1987) suggest that the legislature can significantly constrain formal autonomy by strategically designing bureaucratic structure and process to favor certain constituencies.

Beyond formal autonomy, Yesilkagit (2004) contends that agencies undergo a process of transformation and habituation in the first several years, during which they seek to clarify ambiguities in the enabling legislation, to interpret their mission and define their key tasks, and to interact with political actors and build constituencies. An agency's formal autonomy defines the kinds of decisions an agency may make and to whom it must report those decisions, but real autonomy emerges from this process of habituation. It is the extent to which the agency has a distinctive area of competence, a clear and supportive constituency, and undisputed jurisdiction over its function, services, and goals (p. 531). Real autonomy does not necessarily reflect the agency's formal autonomy. In certain political, economic or social circumstances, political

superiors may wish to constrict an agency from using its formal autonomy while in others the agency may act with far greater independence than its formal autonomy would suggest.

The Autonomy Continuum

Scholars generally agree that autonomy develops over time and that an agency may move along a continuum of autonomy, enjoying a greater or lesser degree of freedom to exercise its preferences over the course of its history. No agency is entirely autonomous. Congress, the President, the courts, media and interest groups each have tools for constraining agency action, and the broader political, social and economic environment can drastically influence an agency's position along the continuum. Autonomy is therefore relative to other agencies within a given context.

Carpenter's (2001) study of autonomy at several agencies between 1862 and 1928 provides a useful illustration of this continuum, discussing relatively autonomous agencies like the United States Department of Agriculture (USDA) compared to agencies with limited relative autonomy such as the Department of the Interior (Figure 2.1). He chronicles the transformation of the USDA from a servant of American farmers to a scientific authority with considerable policymaking power based on the leadership of Gifford Pinchot and Harvey Wiley. During their tenures, they created networks of supporters with strong faith in the USDA's unique expertise. In the area of food and drug purity, for example, Wiley built relationships with diverse, politically powerful constituencies capable of advocating on his department's behalf, leading to his role in drafting the 1906 legislation that further expanded the power of his department. These achievements are all the more impressive when compared to the same time period at the Department of the Interior, where the agency was incapable of effectively using the authority it

was initially given through reclamation policy to make the western United States more suitable for agriculture and development. The department's poor reputation among political elites due to mismanagement and cost overruns was compounded by its inability to build coalitions of supporters. The result was limited autonomy at a time when other agencies were taking advantage of Progressive Era faith in the bureaucracy.

The Department of the Interior case during this time similarly illustrates an agency's movement along the continuum over the course of its existence. Starting with significant formal autonomy in the application of reclamation policy, the Department of the Interior's incompetence caused political leaders to exercise increasing oversight and control over time, resulting in further movement along the continuum towards limited autonomy. Finally, the examples indicate the extent to which certain departments within an agency can build and exercise autonomy. Carpenter's focus on middle managers and department heads shows the extent to which leadership further down an agency's chain of command can exercise influence over policy given the department's specific scope of work and expertise. An agency may overall have a certain level of autonomy with its specific departments being more or less autonomous given their unique capacities and the salience of their work to the policy agenda.

Limited relative autonomy

Significant relative autonomy



Figure 2.1: Carpenter's Progressive Era Case Studies along the Continuum of Autonomy

Indicators of Autonomy

Empirical studies agree on the existence of both formal and real autonomy, but tend to differ on indicators of autonomy and the degree to which autonomy may be measured. According to Meier (1980), at the most basic level agencies exercise autonomy when they have resources and when they have discretion over the use of those resources. All agencies implement policy, propose new policy initiatives, and clarify legislative intent, but they differ in their relative autonomy based on their ability to draw resources from their environment and to exercise discretion over the use of those resources. For example, Meier argues that both the Social Security Administration (SSA) and the National Institutes of Health (NIH) successfully draw resources from Congress and the president, but the NIH has substantially more discretion over how those resources are used, giving it greater autonomy.

To test his hypothesis, Meier measures the relative autonomy of 127 government agencies by examining each agency's budget and personnel growth between 1970 and 1976, its dependence on the appropriations process, permanent authorizations as a percentage of the budget, and the level of budget detail required in reports to Congress. Drawing on the work of Francis Rourke, Meier then establishes a series of independent variables influencing these indicators including expertise, clientele support, qualifications of agency leadership and employee turnover. He finds that agency leadership and employee turnover do affect the agency's ability to obtain resources but have little affect on their level of discretion, thus having a limited impact on autonomy. Conversely, clientele support and expertise have a major impact on agency autonomy because Congress and the president give greater discretion to agencies with broad constituent support and technical knowledge in the policy field.

Choi, Cho, and Wright (2004) use a survey of 95 different state-level agencies to look at two dimensions of autonomy: (a) institutional based on organizational characteristics, and (b) perceptual based on the views of individual administrators. They measure the institutional dimension by examining the frequency of contact between the governor and top agency leaders and whether the governor appoints agency leaders. They measure perceptual autonomy by asking administrators to reflect on the degree of influence the governor has over the agency head. They also study an agency's reliance on federal aid and interaction with other policy actors including interest groups. They find that infrequent contact with the governor and reliance on federal aid leads to higher levels of autonomy.

Taratoot and Nixon (2011) examine the charter statutes of each federal agency created since 1946 to suggest that the longer a statute, the lesser an agency's relative autonomy. They assume that longer, more detailed statutes are more constraining, and seek to determine whether agencies are given broader authority via shorter statutes, when created under a unified government when the executive and legislative branches are controlled by the same party, a divided government, or a quasi-divided government. They find that statutes enacted under divided government are 48% longer than those created under unified government, indicating a greater number of oversight measures. Yet they also find the degree of conflict between actors within the legislature as a greater effect on statute length than conflict between the legislative and executive branches.

The scholars above offer several useful indicators of autonomy as a distinct topic of study. Kim (2007) expands the scholarly discussion by suggesting that indicators of bureaucratic autonomy can exist simultaneously with indicators of political responsiveness in his study of the Occupational Safety and Health Administration (OSHA). Drawing on Hammond and Knott

(1996), Kim adopts a multi-institutional approach to autonomy. He contends that autonomy exists when an agency leader can adopt a new policy option without being reversed by Congress or the president, so-called veto players. Policy options are constrained by the interactions among veto players, and agency leaders can exercise autonomy within the confines of the players' generally accepted policy options, defined by Kim as "equilibrium policies." The bureaucracy's political responsiveness can be observed when agency leaders must adjust the range of equilibrium policy choices based on the changing preferences of veto players over time. To test his hypotheses, Kim studies whether changes in the preferences of veto players influence OSHA enforcement behavior; whether policy conflict among the veto players affects the variability of OSHA regulatory action; and whether the veto players' acceptable policy options are mediated by the salience of OSHA issues. He finds that in an environment of disagreement among veto players, agencies can exercise relative autonomy within the boundaries of acceptable policy options. The presence of political influence does not mean the absence of bureaucratic autonomy, and vice versa. Rather, autonomy is contingent on the range of policy options considered acceptable and the degree of preference divergence among veto players, with wider divergence allowing for a greater number of policy options among which agency leaders may choose.

These studies are useful in identifying the key characteristics of bureaucratic autonomy and the factors affecting an agency's ability to exercise autonomy. They do not generally probe how autonomy develops and how administrators go about building greater autonomy.

Theoretical approaches to the development of bureaucratic autonomy generally fall into two broad categories: those that argue autonomy emerges from the agency's primary function as it

relates to task-specificity, and those that argue autonomy is contingent on the agency's ability to develop a reputation for effectiveness among both the principals and the constituencies it serves.

Task-Based Approaches to Bureaucratic Autonomy

Task-based perspectives emphasize how an agency's mission leads to and maintains task-specificity and often use law enforcement and national security agencies as examples. James Q. Wilson (1989) explores task-based autonomy broadly. He notes that autonomy stems from a relatively undisputed jurisdiction; agencies can achieve autonomy by emphasizing tasks not performed by rival agencies and by fighting any agency seeking to overlap jurisdictions. Highly autonomous agencies have a coherent set of tasks that provide the units with strong and distinctive senses of mission and that allow them to fend off rivals.

In addition, Wilson's (1989) typology of agencies relies on the ability to observe outputs and outcomes to predict degrees of autonomy. Procedural agencies in particular, which have easily observable outputs but more elusive outcomes, can realize increased autonomy. Because outcomes are hard to observe, Congress often grants procedural organizations broad authority and relies on experts within the organization to develop the necessary standards for effectiveness. This gives agencies significant autonomy by allowing them to define policy goals and the means for evaluating performance.

Scholars including Theoharis (1992), Roberts (2008), and Wilson (2006) have applied this approach to the study of specific federal and state agencies. Theoharis (1992) chronicles the development of the Federal Bureau of Investigation (FBI) from its earliest form within the Department of Justice in the early twentieth century to its rapid increase in size and influence through the 1940s. By the 1950s, the FBI had become a critical, highly autonomous agency

focused on investigating the plans, membership and supporters of organizations suspected of engaging in subversive activities (p. 101). The FBI had broad authority from both Congress and the president, in part due to the desire for secrecy concerning the range and kinds of intelligence collected by the agency.

Theoharis focuses specifically on the FBI's wiretapping authority. From 1934 to the passage of the Omnibus Crime Control and Safe Streets Act of 1968, wiretapping of any kind was illegal. Yet a 1940 directive from President Roosevelt, long kept secret, authorized FBI wiretapping within specific parameters to be set by the attorney general. As the program evolved under J. Edgar Hoover's leadership, the FBI carved out even broader wiretapping authority, capitalizing on limited oversight by the attorney general and on its ability to provide valuable intelligence on political rivals to the White House. The Roosevelt directive provided an important opening which FBI officials exploited by making the case for the important and secretive nature of its work and the potential benefit of its broad authority to political actors.

Roberts (2008) similarly argues that the FBI and the Central Intelligence Agency (CIA) have gained and maintained autonomy because the nature of their missions requires them "to perform tasks that are so urgent, secretive, and forceful that they cannot be anticipated by law" (p. 1). This exercise of executive authority extends from the distinctive expertise required to carry out their missions and the vague legal mandates governing security agencies. Tasks that employ tools of secrecy, information control and force make it difficult for Congress to oversee these agencies and judge their effectiveness. Mark Wilson's (2006) study of the Quartermaster's Department during the Civil War traces the origins of this task-based approach to the military, arguing that the unique expertise and education of mezzo-level military leaders, combined with the sheer size of the administrative tasks to be carried out, led to substantial autonomy.

Potoski and Woods (2000) approach task-based autonomy from a slightly different perspective. Analyzing state clean air agencies, they suggest that autonomy stems from the extent to which legislators impose restrictions on how agencies can carry out their tasks. Much like Yesilkagit's formal autonomy, Potoski and Woods suggest that administrative procedures imposed by political superiors can limit autonomy and influence the role that both governmental and nongovernmental actors play in agency action. They define two types of administrative procedures relevant to state clean air agencies that place restrictions on how those agencies implement policy: 1) policy analysis procedures that reduce autonomy by requiring the agencies to evaluate costs and benefits in accordance with a pre-set formula before the adoption of new policies and regulations, and 2) consultation procedures that reduce autonomy by requiring the agencies to consult with external environmental groups on regulations before adoption. In each case, it is not the nature of the tasks as Theoharis, Wilson and Roberts suggest, but the extent to which legislators carefully prescribe how those tasks are carried out that can enable or limit autonomy. Potoski and Woods' findings provide empirical support for Taratoot and Nixon's (2011) hypothesis that longer statutes limit autonomy by including more restrictions on how agencies must operate. Interestingly, they find that requiring regulations to be evaluated by external groups creates constituencies of supporters or detractors capable of influencing political actors to limit or grant agency autonomy, a key requirement of the reputation-based perspectives discussed below.

Reputation-Based Approaches to Bureaucratic Autonomy

In contrast to task-based perspectives, reputation-based autonomy argues that agencies achieve autonomy by developing and maintaining strong constituencies that make it politically

difficult for elected officials to challenge agency decisions. Carpenter (2001) suggests that autonomy stems from three conditions prevalent in varying degrees: 1) political differentiation wherein agencies have preferences that differ from those of the actors that control them, 2) development of organizational capacity allowing agencies the ability to act upon their preferences efficiently and effectively, and 3) political legitimacy so that politicians and citizens believe that agencies have the capacity to act effectively, a belief that springs from the agency's reputation for carrying out objectives with expertise and efficiency.

Reputation-based perspectives often, though not always, stress the importance of leadership at the mezzo level, particularly bureau or division chiefs deemed to be decisive actors in organizational change processes (Carpenter, 2001). Although members of Congress, presidents and other political elites develop an understanding of an agency's capacity through repeated interaction, it is these middle managers that push for greater administrative discretion, build networks of supporters, and advance a particular organizational culture (Carpenter, 2001, p. 19).

Carpenter points to Harvey Wiley's success in creating significant autonomy at the United States Department of Agriculture (USDA) by building strong and influential constituencies as head of the Division of Chemistry. Wiley's own background and that of the employees in his bureau convinced experts in science, business and agrarian organizations that the USDA had the capacity to effectively implement pure food and drug legislation, thereby convincing Congress to grant it broader authority.

Other scholars within the reputation-based approach focus less on middle managers and more on the ways in which leaders at varying levels take advantage of the changing political environment to clearly articulate the agency's mission. Roberts (2006) chronicles how the

Federal Emergency Management Agency (FEMA) was able to resist efforts to expand its mission by building a reputation as the primary disaster management agency. Director James Lee Witt took advantage of FEMA's poor reputation following Hurricane Andrew in 1992 and the growing professionalization of the emergency management field to define the agency's mission as focused on conventional disaster relief rather than national security or counter-terrorism.

D'Almeida and Klinger (2008) also study FEMA, applying Carpenter's framework to suggest that Witt built autonomy by proactively conveying information to Congress and the broader public in a way that gave his agency greater legitimacy, and that he did so in a political environment that discouraged excessive oversight. The large number of committees – 5 Senate committees and 21 House committees – charged with oversight combined with a relatively equal balance of power between Republicans and Democrats led to fragmented oversight and a general aversion by political elites to overly scrutinize the actions of a trusted agency charged with helping Americans at their time of greatest need (pp. 299-300). Witt's frequent, proactive communications with Congress further built the agency's reputation for trustworthiness and responsiveness that discouraged excessive oversight.

These examples only hint at how precarious an agency's reputation can be and the importance of leadership at varying levels to forge autonomy. They also give leadership a privileged and isolated position, assigning the ability to exercise autonomy to a single individual or select group without probing whether these individuals purposely pursued autonomy, and if so, how they may have capitalized on their position within a changing political environment. Most importantly, as in the case of FEMA, the studies suggest that agency communication is critical to building autonomy, a notion that moves the scholarly discussion toward analyzing the content and influence of those communications.

Towards a Discursive Approach

Daniel Carpenter's more recent publications inadvertently shed light on the significant role of discourse in building autonomy by arguing for the central importance of reputation, particularly for building autonomy at regulatory agencies. Carpenter and Krause (2012) define organizational reputation as "a set of beliefs about an organization's capacities, intentions, history and mission that are embedded in a network of multiple audiences." (p. 26) Because audiences are multiple and agencies are often highly complex, an agency may advance an image that is far less complicated than its reality and seek to create a different kind of reputation among different kinds of audiences or at different periods of time. They imply that agency leaders actively frame a reputation for their audiences, inviting scholars to pursue a deeper investigation of how those leaders do so through the application of discourse analytic methods.

In his extensive examination of the Food and Drug Administration (FDA) in *Reputation and Power* (2010) Carpenter argues that reputation builds from a variety of sources including the agency's expertise and technical knowledge, assessments of its performance, and ethical behavior. But in an effort to demonstrate how the FDA's reputation for effectiveness has given it significant political power, Carpenter actually offers, I would suggest, a demonstration of how actors actively and strategically framed the agency's purpose and tasks through narrative to build a reputation for effectiveness. If, as Carpenter believes, reputation is a set of beliefs about an organization, then narratives likely play a critical role as the articulation of those beliefs and as a way of spreading them to influential constituencies and political superiors.

For example, in his explanation of the factors leading to the passage of the Federal Food, Drug and Cosmetics Act of 1938 Carpenter recounts the FDA's role in the sulfanilamide tragedy of 1937. Here, the FDA stepped in quickly and efficiently to clear shelves and medicine cabinets

of an elixir responsible for the deaths of 73 individuals. FDA officials demonstrated their capacity as a trusted protector of American people from drug adulteration and ‘quackery’. Interestingly, Carpenter concludes that the FDA gained authority in the 1938 statute not so much by its actions, but through careful framing of the tragedy by FDA officials. He describes in detail how officials emphasized certain aspects of the episode over others, highlighted specific kinds of ‘victims’, and developed a clear causal story. They similarly claimed that the tragedy could have been avoided had the FDA had the authority to run simple and inexpensive tests on the elixir prior to its distribution. In this instance, Carpenter claims, the framing was deliberate and highly effective in building the FDA’s reputation as a protector.

Similarly, Carpenter presents a lengthy discussion of the rise of clinical pharmacology as a profession and the influence of that profession on the FDA’s development from 1944 to 1961. He talks in depth about the prominent academics that later took leadership positions at the FDA, and he expounds on the role their expertise and individual reputations played in allowing them to significantly overstep their statutory authority via the new drug review process. Here, Carpenter focuses on a narrative expressed over and over again by the FDA that conflated its identity as protector with its emerging role as a gatekeeper through new drug review. Rhetoric and informal rulemaking allowed the FDA to move beyond assessing the safety of new drugs to questions of efficacy. This subtle shift allowed the agency to impose its own view of proper, responsible drug trials on pharmaceutical companies as it scrutinized everything from testing methods to the qualifications of scientists associated with the drug’s development. All the while, officials were careful to take advantage of considerable statutory ambiguity over their role in questions of efficacy. This allowed officials to continually deny such a role while simultaneously requiring pharmaceutical companies to provide substantial evidence of a drug’s efficacy.

Most importantly for this study, Carpenter's chapter on the FDA's fight to maintain its reputation during the 1980s and 1990s underscores the importance of storylines as units of analysis by demonstrating the ways in which storylines remain salient over time even as they take on a different connotations within evolving agency narratives. FDA officials built and maintained autonomy in the first part of the twentieth century by advancing two storylines: 1) the FDA as the protector of the American people from "quackery" and, 2) the FDA as a gatekeeper ensuring both drug safety and efficacy. These storylines were largely woven together into a narrative emphasizing the agency's overall role as the trusted, expert organization. By the 1980s and 1990s, the growing concern over cancer and the emergence of AIDS introduced a sense of urgency into the discourse that suggested that Americans not only needed safe, effective drugs, but that they needed them quickly. Suddenly, as Carpenter argues, the FDA's moral reputation for acting quickly to save lives was as important, if not more so, than its technical reputation (p.395). As terminal diseases, cancer and AIDS created a group of patients who had nothing to lose in using experimental drugs, a reality compounded by the notion that the causes and disease mechanisms of various forms of cancer and AIDS were largely unclear, demanding fast, widespread action from researchers to thwart "a monstrous tidal wave of death" (p. 393). This new discursive environment required the FDA to adjust its overall narrative to respond to the new sense of urgency while maintaining the storylines that had been so successfully employed to build its autonomy.

In its orientation to new cancer treatments, the FDA emphasized its protector storyline, particularly in its stance on Laetrile, a "natural" alternative remedy to chemotherapy believed by its proponents to be toxic to malignant cells, leaving healthy cells undamaged. In an effort to accelerate clinical trials and ultimate approval, proponents argued that the review of new drugs

by the FDA should be more flexible and rapid for those with a potentially significant impact on a terminal disease. Believing that the FDA's opposition to Laetrile came from its desire to support the "cancer establishment" of companies producing chemotherapy treatments, Laetrile proponents advanced a narrative of the FDA as an agency of heartless bureaucrats. The agency held firm in its stance against Laetrile, framing it as a black market drug whose smugglers were making profits off of the ill with no evidence of its efficacy. The battle over Laetrile made its way to the Supreme Court, where FDA attorneys convincingly argued in *Rutherford v. the United States* (1975) that limiting agency authority over Laetrile would set a dangerous precedent that could extend to "all drugs no matter how toxic or ineffectual" (p. 422). To protect the public, particularly to protect the ill who are most desperate and therefore most vulnerable, the FDA had to have the authority over the testing, approval and distribution of all drugs, no matter how grave the need for new treatments. As Carpenter describes, the court adopted the FDA's logic and narrative "to the point of duplication" in its unanimous decision supporting the agency (p. 423).

In dealing with the onset of HIV/AIDS, however, the FDA deemphasized its strict protector role in favor of a trusted, flexible partner seeking to balance the need for new anti-retroviral drugs quickly with the desire to ensure safety and efficacy. Carpenter argues that AIDS activists initially accused the agency of unnecessarily stalling review of potentially life-saving treatments, but the FDA responded through policy by accelerating drug approvals and through narrative by emphasizing their pharmacological expertise and commitment to drug safety. FDA officials invited members of AIDS advocacy organizations to serve on advisory committees and comment on agency functions. They similarly worked with buyers' clubs, organizations providing treatments to AIDS sufferers, to ensure that their products were safe. Far from raiding

clubs and acting as a kind of police force, FDA inspectors worked collaboratively with the clubs to oversee distribution activity without being obstructionist. By framing the agency as a trusted partner eager to bring its expertise to bear to ensure AIDS sufferers were getting the most safe and effective drugs possible, the FDA managed to alter the prevailing narrative from one that blamed the agency for unnecessary delays to one that saw delays as the result of underfunding. The storyline of the FDA as gatekeeper remained persuasive, but the new narrative shifted the blame to Congress thereby diffusing agency criticism and creating outspoken constituencies advocating on its behalf.

Carpenter's chronicle of the FDA's history suggests that actors both consciously and unconsciously frame their agency's purpose, tasks, expertise and effectiveness in manners that aim to expand their influence and build greater autonomy. The FDA's actions and rhetoric in working with cancer and AIDS treatments specifically demonstrate the extent to which agency actors emphasize certain storylines or aspects of agency identity to achieve and maintain autonomy, even in the face of criticism. When applied broadly to reputation-based perspectives, Carpenter's recent work suggests that the ability of the agency to build and maintain a reputation stems from its ability to tell a convincing story about why it should be given expansive powers. It also depends on an audience being receptive to and participating in that story so that the process of storytelling is interactive and meaning is developed through interaction between the agency's own narratives and a broader public.

Finally, while Carpenter focuses on agency reputation, I would suggest that the discursive approach he hints at here is equally applicable to task-based perspectives, particularly in probing not just the nature of an agency's mission and tasks but how, during the process of habituation (Yelikagit, 2004), actors consciously or unconsciously define tasks through narratives. The

extent to which actors both inside and outside of the agency adopt its articulation of its mission and tasks - and the tools or resources it deems necessary to carry out those tasks - can also help us to understand how the agency develops a reputation for effectiveness and draws together constituencies of supporters. In this sense, a discursive approach to bureaucratic autonomy can help bridge existing perspectives in the literature.

Summary

This review provides an overview of bureaucratic autonomy literature to date and the more recent work of Daniel Carpenter, widely respected in this area of research, whose work on the FDA invites a deeper discussion on the role of narratives and storylines in building and maintaining autonomy. To date, discourse analysis has not been formally applied to the bureaucratic autonomy literature with Carpenter's recent work on the FDA as the only example of how such an approach might relate to existing task and reputation-based perspectives. Chapter 3 outlines the theoretical foundations of discourse analysis and its application to the policy arena to explain how a discourse analytic perspective might enrich scholarly understanding of bureaucratic autonomy.

Chapter 3: Conceptual Framework

Introduction

This chapter provides a general overview of discourse analysis theory and its application to public affairs. Discourse analytic approaches arose in response to rationalist, technical orientations to understanding the social world in an effort to explore how individuals and groups develop shared understandings of given issues to affect change (see, for example, Outshoorn, 2002; Taylor, 2004; Lejano, 2006; Tupper, 2008; Zittoun, 2009). Drawing on the fields of literature, psychology, and philosophy, critics of the rationalist model argued that facts and reality itself were social constructions and that social institutions were simply constructs of people or groups in society structured to maintain the status quo and the role of the powerful (Berger & Luckmann, 1966; Lejano, 2006). The claim that reality was subjective further implied that all interpretations of meaning were equally valid, thereby challenging the classical model that sought to objectively identify the best or correct interpretation of reality.

These critics similarly explored how reality is constructed, drawing substantially from linguistic theory to advance the idea that individuals, groups and institutions use language to develop and share meaning. The real world emerges from the creation and sharing of meaning among and between actors. The following is a brief review of the theoretical foundations of discourse analysis followed by a discussion of its application to public administration and policy.

Theoretical Foundations of Discourse Analysis

Like advocates of social construction, linguistic theorists rejected the notion that language was representative of a true, objective nature. Ferdinand de Saussure asserted that language is “a system of signs expressing ideas” and that those systems require an underlying

structure or langue, linguistic rules and practices, that allow individuals to speak meaningfully to one another (Kress, 2009, p. 30). Of particular significance to the development of discursive approaches to social life was Saussure's contention that the sign, the combination of a concept with the sound that signifies it, takes on meaning based on its opposition to or identification with other signs. Claude Lévi-Strauss applied Saussure's structuralist approach to the study of social phenomenon, most notably in his work on totems and myths. He further emphasized the relational nature of language by drawing attention to the play of differences and the boundaries between binary oppositions (Strinati, 1995).

While Saussure and Lévi-Strauss were interested in language as an abstract system of signs, ordinary language philosophers called for an investigation of language as lived reality, embedded "in the struggle and ambiguities of everyday life" (Maybin, 2009). These conceptions value human agency and creativity and open up the possibility for richer discussions of the interactive nature of language in social institutions. Mikhail Bakhtin's work, developed while living in Stalinist Russia, emphasized language as a site of social struggle wherein language is always ideological, whether in the state-sanctioned discourses of politics or the everyday conversations of individuals. Further, language is always influenced by its history of use. Bakhtin asserted that language is always half someone else's and does not become our own until we populate it with our own intentions. John Austin, like Bakhtin, emphasized the context in which language creates meaning. His concept of felicity conditions underscores the importance of context by suggesting that language has force within certain conventional contexts. Language carries varying degrees of force capable of influencing decisions and action depending on whether it is uttered by the proper person, in the proper setting, at the proper time (Potter, 2009). For example, the force of using the word "guilty" is dependent on who utters it. The foreman of a

jury pronouncing someone guilty in a court of law has far different consequences than if your brother claims you're guilty of cheating at checkers.

Each of these theorists privileged human intentionality, believing that individuals construct and are conscious of their intentions. Yet Jacques Derrida and Michel Foucault, arguably the most significant contributors to the practice of discourse analysis, reject this and claim that humans both construct and are constructed by language. Individuals are not capable of standing at the center of or outside of language. Rather, social life is created by and through language. In rejecting a logocentric world, Derrida's deconstructionist approach expands upon Saussure's emphasis on language as relational, drawing attention to the differences between concepts and the construction of boundaries between binary oppositions. He focuses on the importance of the negative or oppositional term in understanding the positive term. As such, one cannot conceive of self without simultaneously conceiving of other. The concept of presence requires also the concept of absence, and the recognition of privileged viewpoints requires the existence of those that are marginalized (Campbell, 2007). The project of deconstruction as an approach is to analyze those distinctions by revealing their social constructions. Uncovering the underlying assumptions of a given viewpoint allows for its displacement or disruption and consideration of alternative viewpoints.

It is not hard to see how such an approach could be applied to the study of public policy in which policymakers often highlight differences between various policy alternatives to persuade constituents and build coalitions of support. Similarly, organizations seek to expand their sphere of influence and/or fend off rival agencies by highlighting their unique ability to carry out tasks effectively in contrast to alternative organizations. Language simultaneously expresses and constructs these boundaries.

Like Derrida, Foucault sought to uncover the underlying assumptions of dominant social discourses in areas such as the penal system and mental illness. His analyses pay close attention to the social, political, and economic contexts of the period and those actors in roles of authority advancing the dominant discourse. By reflecting on how and why certain ways of thinking and discursive practices come to dominate a discourse, Foucault aims to identify the seeds of resistance within that discourse (Howarth, 2010; Mills, 2004).

Foucault's Genealogical Approach to Discourse

Foucault is most often cited for his understanding of the ways in which actors and institutions both exercise power and are controlled by it, an approach useful for studying how actors seeking greater autonomy construct and are constructed by narratives. His scholarship may be generally split between his archeological and genealogical approaches. The earlier writings, including *Archaeology of Knowledge* published in 1969 see discourses as “autonomous systems of scientific statements” (Howarth, 2012; p. 49) and seek to uncover the rules of formation that make certain ways of thinking or acting possible in a given period. Foucault’s later works, exemplified by his volumes the *History of Sexuality*, adopt a genealogical approach that seeks to explore the historical emergence of discursive formations with a particular emphasis on power relations and the ways in which certain discourses are excluded while others dominate and discipline human subjects.

These two periods are not mutually exclusive or oppositional, but linked by certain themes including problematization, wherein the researcher identifies an issue in the present and seeks to question and explore its emergence. Problematization involves reflecting on and accounting for how certain ways of thinking and practices come to be conceived of in a

particular way. Importantly, Foucault does not suggest that the technique of problematization denies the existence of the real, that is, it does not deny that mental illness, crime, and homosexuality do exist. Rather, he asserts that these concepts do not carry meaning or significance outside of discourse, and that discursive structures make such concepts appear real and significant. Problematization then allows the researcher to explore how these structures operate, and, in particular, how certain discourses come to be accepted as true or false. The concept of problematization operates slightly differently in the archaeological and genealogical approaches, but may be seen as a common thread in Foucault's work that reflects his concern with how human subjects are formed through discourse.

Foucault's later work focuses on the relationship between power and knowledge and adopts a normative stance that seeks to expose plays of power and uncover the seeds of resistance already embodied in dominant discourses (Howarth, 2010). The technique of problematization in the genealogical approach takes on a radical historicization of discourse, seeking to uncover the historical emergence of particular discourses and underscoring how meaning and truth are constructed within and contingent upon particular historical contexts. He rejects the present as predetermined and sees discourses as strategic elements operating within fields of power (Howarth, 2010). Power and knowledge are linked so that power relations advance particular dominant understandings that constitute knowledge while knowledge similarly constructs power relations. For Foucault, knowledge refers to how one understands the world around him, which is influenced by history and by current social and economic environments that define for individuals a limited set of conceptions of the world. Texts are the products of these power-knowledge relationships (Mills, 2004).

In addition, the problematization of subjectivity becomes a crucial aspect of Foucault's genealogical approach, which seeks to expose the ways in which power and knowledge construct and advance dominant discourses that in turn construct subject-positions. Power is conceived of as the ability to produce desirable subjects as defined by the dominant discourse (Foucault, 1977). Problematization becomes a technique for investigating how discourses construct the subject through practices of normalization carried out within and through institutions. For example, Foucault's famous excerpt on the Panopticon in *Discipline and Punish* exemplifies the ways in which the institution of the prison normalizes prisoners' conduct by creating the impression of constant surveillance (Foucault, 1977). While prior to the modern period and the birth of the prison this process took place in the public square with punishment being carried out through torture, the advent of the prison exemplifies Foucault's notion of bio-power and the desire to regulate the behavior of subjects as potentially productive members of the population.

It is not only the discursive formations of discipline and education that construct subjects, but also practices of the self incited by discourses such as self-mastery and recognition. By recognizing a degree of agency on the part of the subject, Foucault demonstrates the ways in which power is diffuse, internalized and omnipresent and therefore carries with it the possibility for resistance (Howarth, 2010). Finally, his investigation of the role of institutions in the genealogical approach allows for a better understanding of the relationships between the discursive and the nondiscursive embodied in his concept of the *dispositif*, an ensemble of discourses, practices, institutions, laws and the like that allow the genealogist to trace the emergence of particular discourses and practices (Mills, 2004; Howarth, 2010).

Foucault's genealogical approach complements the assumption in this study, based on Long (1949), that agency actors seek out the power to implement policy and pursue the agency's

mission. In so doing, I suggest that actors use discourse to both construct and justify power relationships, and that these relationships form the basis of knowledge within a particular policy area. In Foucault's conception, discourses are instruments of conflict used to influence a subject's thinking and behavior. By setting up binary oppositions – for example, freedom of expression vs. government censorship in the arts - the discourse aims to compel the subject to take a side and to act in a way that advances that position. Put another way, by placing policy positions in competition with one another, actors use discourse to build greater cohesion amongst supporters and to position them in opposition to groups advancing a counter-narrative.

Scholars have used Foucault as the basis for examining discursive coalitions that serve as important constituencies to advance a particular policy position (Hajer, 1995), but the ability of discourses to influence particular policymakers, and thereby the institutions in which they create and carry out policy, has not been as extensively explored. Drawing on Foucault, this study of bureaucratic autonomy suggests that persuasive narratives motivate political decision-makers to adopt the power relationships embodied within that discourse into their very understanding of the policy area, so that their definition of the policy problem and the range of appropriate solutions are dependent upon those power relationships. Actors seeking greater agency power and independence advance narratives that position their agency's tasks, mission, and capacities in a desired, dominant position. By tracing the historical emergence of the dominant discourse, examining how the agency's narrative fits within that discourse, and accounting for the institutional positions of the actors adopting and advancing the narrative, we may have a better understanding of how actors use narrative to build and maintain autonomy.

Discourse analysis in practice has drawn on all of the theoretical traditions described above to varying degrees. The examples in the following section demonstrate the application of

discursive perspectives to policy formation, and introduce the definitions of narrative, storyline and element adopted in this study of the National Endowment for the Arts and the National Institute of Mental Health.

The Practice of Discourse Analysis

The importance of context, the unfinished and relational nature of language, and its inherent play of differences, has influenced the work of numerous scholars seeking to uncover the underlying assumptions, values, and power relationships embodied in social life (see for example Dewey, 1927; Latour, 1987; Fischer, 2003; and Fairclough, 2003). These perspectives contend that social institutions are constructed through discourse and that the study of linguistic structures including sentence structure, tone, and word selection can reveal social understandings and ideologies (Tupper, 2008).

As these new approaches to the social sciences emerged, so too did a variety of definitions of discourse. Howarth (2000) notes that practitioners of discourse analysis broadly define the term, with some focusing on a conversation between individuals or a single phrase and others believing that discourse constitutes the entire social system. For Tupper (2008), discourse “refers to language as a social practice, or how language functions to establish identities, social relationships, and systems of knowledge and belief” (p. 224). Fairclough, a well-known scholar of discourse analysis and social research (2003), defines discourse more broadly as an element of social life. These conceptions generally share the sense that discourse is the use of language developed socially to produce and disseminate meaning. They are deeply influenced by Foucault’s emphasis on language as both enabling and constraining social action and upholding or changing social relationships and power dynamics.

In the study of public policy making, Zittoun (2009) provides a useful translation of the theoretical underpinnings of discourse analysis into both normative and empirical research by applying a discursive approach to the study of policy change. He argues that policy change is not an objective item to be studied, but the result of how actors understand a policy problem and identify change through the construction and deconstruction of policy statements. Discursive approaches have attempted to reintroduce the participant into policy dynamics and to understand “the production of policy change discourses as an essential element of public action” (74). He assumes that actors try to influence other actors to transform policy, and that discourse is the primary means of doing so. Discourse makes it possible to connect actors to policy by seeing how they put policy into words, and to observe how actors come to agreements. Discourses serve as instruments of conflict that identify competing policy solutions and provide the impetus for action, such as the passage of legislation, the creation of a new agency or a change in how the beneficiaries of a policy are defined. Finally, discourses serve to stabilize or transform policy, based on the extent to which actors adopt and repeat policy statements, or produce different ones. Zittoun’s argument for understanding policy change as a discursive phenomenon may be equally applied to the study of public agencies wherein actors use discourse to enhance and maintain agency autonomy. Specifically, actors use discourse to influence decisions affecting key indicators of autonomy. They attempt to persuade broad constituencies of supporters together with those political superiors in decision-making positions to grant an agency greater autonomy.

For scholars employing discursive approaches to policy issues, the text is the primary subject of study. As Tupper (2008) explains, “texts are the spoken or written instances of language-in-action through which discourses are manifested, the concrete linguistic structures in which social understandings and ideologies are embedded” (p. 225). Fairclough (2003) defines

text broadly to include written and printed works such as articles along with transcripts of spoken conversations or interviews as well as television programs or advertisements that employ words, images and sound.

The analyst can employ a variety of methods following the selection of a given text or set of texts, and examples abound in the literature from relatively broad analyses intent on identifying key themes to careful examinations of syntax and word selection. Lejano (2006) notes that macroscopic perspectives draw on literary interpretation techniques to identify the main narratives within a given policy situation. In her analysis of the 1980-1982 Medfly Controversy in California, Roe (1989) argues that in situations of ambiguity, such as the implementation of competing methods of medfly extermination, policy stories can help the analyst determine how policymakers and their constituents are framing the issue and assessing risk. Roe identifies two overarching narratives in the controversy and their methods of argumentation, concluding that the significant asymmetry between the narratives demonstrated key differences in how their respective followers conceived of the problem and provided opportunities to study how these narratives shifted to build consensus.

Other approaches draw more heavily on the fields of semiotics and linguistics, examining word selection and how words are a system of signs given meaning only in comparison to others. Bacchi (2004) employs this approach in her examination of affirmative action and the ways in which the predominant policy narrative assumes the fairness of equal opportunity and requires that the targets of affirmative action policies receive “preferential treatment” in order to succeed, thereby characterizing these policies as charity doled out by the privileged to the underprivileged. She argues convincingly that when phrases such as “preferential treatment”

dominate a given discourse, they profoundly affect conceptions of agency on the part of individuals and can constrain debate and collective action.

Other authors probe a text at multiple levels to uncover the extent to which certain themes and values are embedded in a given discourse. Taylor's (2004) evaluation of educational reform in Queensland probes three documents by looking at their overall narrative structure, their grammatical and semantic features such as tone and mood, and their vocabulary and use of metaphor. She identified overarching themes in the documents such as an emphasis on change and the pressures of globalization. She notes that the texts are often declarative, framing the narrative as a problem-solution statement and using buzz words such as "knowledge economy" to underscore public education's impacts on economic health and global competition.

All of these perspectives emphasize the centrality of context in discursive approaches and explore, to varying degrees, the power relationships that construct understandings of a given policy problem and the range of potential, appropriate solutions in a given context. Scholars employing critical discourse analysis closely follow the work of writers like Fairclough (2003) by performing a detailed examination of how language relates to other social processes and "works" within power relationships (Taylor, 2004) — that is, how texts construct and reinforce the status quo, promote and inhibit social change, and assign individual agency in the policy process. For example, Taylor's analysis of educational reform texts in Queensland reveals that neo-liberal ideals of education as central to economic reform dominate social democratic discourses emphasizing citizenship and more active roles for parents and educators in reform efforts. The government as an institution, not individual participants in public education, is given agency to advance reform efforts. By disseminating these kinds of conclusions, she argues,

policy activists can push for more socially democratic reforms to ensure that parents and teachers are not marginalized during the implementation process.

Tupper (2008) similarly argues that a Canadian eighth-grade drug education manual reinforces the dominant “war on drugs” discourse with fear-based approaches to drug prevention touting the health effects of drug abuse and significant prison sentences for offenders. He notes that such discourses discourage young people from thinking critically about drug use and may in fact have the opposite effect intended by policymakers as young people see their friends use drugs without the harsh consequences spelled out in the manual. As with Taylor’s analysis, the aim here is to reveal the underlying power relationships and biases of the current policy in order to push for change.

Many of the examples above refer to a specific discourse as the unit of analysis, but still other scholars have broken down discourses into various component parts, sometimes focusing on stories or narratives, or delving still further into themes, patterns, tags or storylines (See for example, Boal & Schlutz, 2007 and Toal, 2002). Often, scholars use different terms to refer to the same component while others have introduced truly distinctive understandings of those components. The following section defines the components of discourse used in this study, most notably Toal’s (2002) conception of storylines, which are the primary units of analysis in the case studies that follow in chapters five and six.

Narratives and Storylines

For the purposes of this research, I define discourse as the patterns of language, both written and spoken, developed socially, between and among individuals to provide meaning to a given context. A discourse may consist of a variety of communications, from visual

representations to written or spoken stories that advance a particular understanding of the world. Within public policymaking discourses, narratives serve as coherent and sequential understandings of a particular policy problem, its causes and its proposed solutions. Following Ewick and Silbey (1995) narratives appropriate past events and characters, place events in a temporal order, and feature situations and characters that are related to one another and to an overarching structure. They further argue that narratives can be the object of social science inquiry, the method of inquiry, or the result of inquiry. In addition, Jones and McBeth (2010) and Stone (2002) suggest that narratives also include common characters such as heroes or villains and that policy narratives have a moral that leads the listener to a preferred solution.

Jones and McBeth (2010) also make a useful distinction between structuralist and poststructuralist approaches to discourse analysis. Structuralist approaches look for common structural components within and across texts while poststructuralist approaches look at human interpretations of narrative and seek to uncover hidden ideologies and assumptions (p. 332). They convincingly argue that most discourse analysis scholarship falls into the poststructuralist domain, with scholars probing how narratives are produced through social action and function to constitute identities and issues.

While the lines between these two approaches are fluid, this study of bureaucratic autonomy also falls into the poststructuralist framework following the work of Dodge, Ospina and Foldy (2005), among others. These authors argue that narrative inquiry as a form of interpretivist research focuses less on predicting behavior and more on interpreting intention and meaning in context. Applied to public administration, they argue, narrative inquiry focuses on the stories people tell in public institutions, thereby illuminating the diverse dimensions of administrative and policy problems. Like Ewick and Silbey, they see narratives as “discrete

units” that address some kind of social action, reflecting the context in which that action took place and proceeding in a sequential order (p. 289).

They further differentiate between three broad approaches to narrative inquiry and their application to public administration. First, narrative may be seen as a medium of expression created and used by individuals to convey meaning. Scholars employ this “narrative as language” approach to understand the way actors make sense of and frame particular policy issues (p. 291). A second “narrative as knowledge” approach probes the ways in which actors use stories to generate and pass on knowledge (p. 292). Each of these perspectives assumes, like Saussure and Levi-Strauss, that people are purposeful and intentional social agents that create and use stories to convey meaning and communicate knowledge. A third approach, and the one adopted in this research, sees “narrative as metaphor” (p. 293). Drawing on Foucault, this approach suggests that narrative is a symbol of the deep structures of meaning. It assumes that people are socialized into certain understandings of the world, and that the focus of analysis should be on uncovering implicit shared meanings and the values inherent within them. This helps the researcher to understand how narratives reflect, construct and reinforce power structures, and to then deconstruct those structures and offer alternative conceptions.

Again, the lines between these approaches are often blurred, with scholars emphasizing the importance of context and the constitutive nature of narratives while at the same time emphasizing a leader’s intentionality in telling and retelling a persuasive story. Dawson, Farmer and Thomson’s (2011) study of six health care centers in Scotland chronicles changes to the provision of maternity services in remote locales and the different narratives of the change process that emerged from midwives, politicians, the media and local communities. As change occurs, different narratives are scripted to make sense of that change and reflect competing

viewpoints. These stories simultaneously explain past events, shape understandings of the present, and influence how change unfolds in the future. As such, they are powerful tools for enacting or thwarting change. The authors suggest that the context in which stories are told, the person or institution advancing the narrative, and the extent to which others retell that story, affect its persuasiveness and effectiveness as a driver toward policy change. Further, the existence of multiple, competing narratives opens up the possibility for alternative policy solutions while underscoring the difficulty of identifying one, comprehensive approach to complex policy issues.

Significantly, Dawson et al. emphasize the sometimes incomplete nature of narratives and the importance of probing the narratives underlying themes and elements. Narratives introduce a familiar and digestible format for the audience by placing events and actors into temporal order, while storylines are the threads of those narratives, answering the who, what, where, why and how questions of a given phenomenon (Toal, 2002). Storylines provide the basic themes of a narrative, begin to define relevant characters, and help the audience to categorize phenomenon in a way that allows them to understand a policy problem and identify an array of solutions. Storylines need not follow a sequential order or assign clear causality, thereby making them a kind a precursor to a more complete narrative. They are woven together to produce a coherent, albeit fluid, narrative. Storylines will be the focus of this research, particularly the ways in which storylines are woven together to influence autonomy in a Cold War context.

In his examination of the United States response to the war in Bosnia in 1992, Toal (2002) contends that policy narratives are composed of numerous storylines defined as “sense-making organizational devices tying the different elements of a policy challenge together into a reasonably coherent and convincing narrative” (617). In Toal’s study storylines advanced by

U.S. political leaders made sense of the chaos of the Bosnian conflict by defining it as a “humanitarian crisis” warranting the provision of aid rather than a “genocidal war” prompting military intervention. As he demonstrates, storylines signal the reader/listener to categorize and understand policy issues in a particular way and to respond accordingly.

Further, storylines draw people together into discursive coalitions (Hajer, 1995), groups of individuals with shared ways of seeing and reasoning that can become powerful forces in the policy process. Coalitions define a policy problem in a self-serving manner that often is vague enough to draw together a broad range of supporters, but specific enough to be remedied by a limited number of possible solutions. Hajer chronicles the emergence of a sustainable development coalition within environmental politics that advanced storylines defining the earth as a “resource” and pollution as an “externality” of growth. The coalition advanced a narrative resulting in regulatory regimes in the United Kingdom and the Netherlands that focused on remedial rather than preventative solutions to pollution.

Finally, storylines can share particular elements that aid in pulling them together into a coherent narrative or pitting them against one another to compete for dominance. Elements are the common themes and patterns of language within and across storylines that increase an agency’s ability to act autonomously. This research explores in its conclusion the elements of storylines at the National Endowment for the Arts and the National Institute of Mental Health to see whether storylines across agencies share similar elements. For example, the notion of expertise plays a powerful role in advancing an agency’s reputation for effectiveness (Carpenter, 2011). In possessing technical expertise in a given field, agency actors can often have a more nuanced and complete understanding of a policy issue than the layperson or the elected official. In this sense, storylines are effective when they digest that technical information into a format

with which a policymaker may take action and when the storyline makes a convincing case for the agency’s ability to understand that complicated technical information and present the best solutions. Following Austin’s notion of felicity conditions (Potter, 2009), a storyline is convincing when it comes from a trusted source with the authority and expertise to speak, and when that utterance is made in the proper context and at the proper time. Thus agent expertise becomes an important element of the storyline, particularly when expertise is deployed at times and in contexts critical to an agency’s autonomy-building, such as at an appropriations hearing.

Table 3.1 provides a summary of the terms used in this research.

Table 3.1 Description of Terms

Discourse: The patterns of language, both spoken and written, developed socially to provide meaning to a given context.
Narrative: Coherent understandings of a particular policy problem, its causes and potential solutions operating within a larger discourse.
Storylines: Sensemaking organizational devices tying the different elements of a policy challenge together into a reasonably coherent and convincing narrative.
Elements Affecting Autonomy: Common themes and patterns of language within and across storylines that increase an

Summary

This review of the theoretical origins of discourse analysis and its application to the study of public policy provides an overall framework for the research design described in the next chapter. I suggest that the primary research question of how agency’s build and maintain autonomy may be answered by closely analyzing the discourse surrounding each agency’s policy area, its component narratives and storylines, and the elements of those storylines operating

within and across agencies. Figure 3.1 provides a model for understanding how storylines influence decision-making to construct narratives that are persuasive within the dominant discourse. Following a “narrative as metaphor” approach, this study aims to provide a historical review of the dominant discourse and the ways in which actors consciously and unconsciously use storylines to advance an agency’s position along a continuum of autonomy.

Figure 3.1 The Relationship of Storylines to Narrative and Discourse



Chapter 4 – Research Design

Introduction

This chapter describes the case study methodology employed in this study, including case selection and the approach to data collection and analysis. This research explores how agencies build, maintain, or lose autonomy. It asks how actors use narrative to influence an agency's position on the continuum of autonomy and whether storylines influencing autonomy share common themes or elements across different agencies within a given time period. These questions will be explored using a case study design that analyzes the overall discourse surrounding each case's policy area, the narrative associated with each case, the storylines woven together to form that narrative, and specific elements of each storyline. While this research focuses on various components of discourse – narrative, storyline, and element – it pays particular attention to storylines and the ways in which they serve as carriers of persuasive messages to build and maintain autonomy.

Exploring Causal Mechanisms Through Case Studies

As Gerring (2007) suggests, the selection of a particular research design requires weighing a variety of trade-offs together with factors such as data availability, causal complexity, and the predominant methods employed within the field of study. To date, studies of bureaucratic autonomy (see for example, Carpenter, 2001, 2010; and Roberts, 2008, 2006) employ case studies to develop thick descriptions of the agencies under examination and their place along a continuum of autonomy. Similarly, scholars employing discourse analytic methods

use case study methodology to develop deep and nuanced understandings of a given discourse. (see for example Tupper, 2008; Taylor, 2004; Toal, 2002; Hajer, 1995)

Advocates of case study research (Gerring, 2007; Bennett & Elman, 2006; George & Bennett, 2005; Stake, 1995; Yin, 1989) note that the approach is particularly well suited to theory-building and hypothesis-generating pursuits. For George and Bennett (2005), case study designs are widely applicable to a variety of questions and theoretical approaches, allowing the researcher to better explore the behavior of individual actors and decision-making processes, each highly applicable to the study of bureaucratic autonomy. The exploratory nature of case study research lends itself well to a shift in the social sciences away from positivist approaches aimed at prediction toward approaches interested in causal mechanisms and the identification of a causal pathway between independent and dependent variables. This research on bureaucratic autonomy is well suited to a case-study design because it aims to develop a richer understanding of how storylines serve as causal mechanisms, carrying key messages that influence a policymaker's decision and the effect of that decision on an agency's autonomy.

George and Bennett (2005) define causal mechanisms as “ultimately unobservable physical, social, or psychological processes through which agents with causal capacities operate, but only in specific contexts or conditions, to transfer energy, information, or matter to other entities” (p. 137). Salmon (2006) differentiates between knowledge that is descriptive, communicating that something has happened, with knowledge that is explanatory, communicating why something has happened. He argues that exploring causal mechanisms allows researchers to go beyond mere description to open the black box of social phenomena, revealing the inner workings in a way that provides explanatory knowledge. Drawing on Salmon, Roy Bhaskar and James Mahoney, George and Bennett contend that causal mechanisms can be

activated in specific contexts to generate an outcome, and that explanatory knowledge is generated when we observe how an entity, such as a particular policymaker or policy decision, changes after the intervention of a causal mechanism.

Importantly, these scholars recognize that causal mechanisms operate within highly complex contexts and can operate in relation to or in spite of other mechanisms (George & Bennett, 2005). To operationalize studies of causal mechanisms in a way that recognizes this complexity, both Gerring (2007) and George and Bennett (2005) emphasize process tracing, an approach that has gained increasing recognition among scholars working in political science and international relations, and that seems particularly compatible with this study's research objectives. Process tracing "attempts to identify the intervening causal process – the causal chain and causal mechanisms – between an independent variable (or variables) and the outcome of the dependent variable" (George and Bennett, 2005, p. 206). It is well suited to probing theory in scenarios with complex causality and multiple interaction effects. When applied to a single case, process-tracing can uncover alternative paths to the observed outcome, and when applied to multiple cases, it can help the researcher to identify similar causal paths that may be operating in different cases, leading to the development of new theories and testable hypotheses.

Gerring (2007) argues that process tracing allows for a high degree of internal validity. As in writing a legal brief, conducting a criminal investigation, or simply writing a convincing historical analysis, inferences must be verified with multiple pieces of evidence to develop a persuasive argument. Evidence may be qualitative or quantitative in process tracing, and as in Skocpol's (1979) study of social revolutions, the researcher must weave together these different pieces of evidence into a convincing narrative of causality, walking the reader through a series of steps to reach the outcome under study.

Of particular importance to my study of autonomy is the close link between process tracing and historical analysis. Process tracing begins with a detailed historical narrative that chronicles an outcome and how it came about. Many scholars take the method a step further by turning that narrative into a more analytical causal explanation, some advancing a relatively simple, linear causal explanation, and others examining more complex causality where multiple conditions or variables converge to produce a given phenomenon (George and Bennett, 2005). This latter approach fits well with a discourse analytic approach, particularly one following Foucault's genealogical work, which aims to document the historical emergence of a discourse and the varied factors leading to its dominance or rejection. Following the 'narrative as metaphor' orientation described in Chapter 3, this study aims to understand how storylines serve as causal mechanisms leading toward greater or lesser autonomy through a careful analysis of the historical and institutional contexts in which a narrative is advanced. It will draw on multiple pieces of evidence to understand how storylines converge in the right context to influence decision-makers and in turn the agency's relative autonomy. To that end, this study will apply process tracing to the study of two cases: The National Endowment for the Arts (NEA) and the National Institute of Mental Health (NIMH), agencies created during the Cold War whose primary mission is the provision of grants-in-aid.

Gerring (2007) defines a case as a spatially delimited phenomenon (a unit) observed at a single point in time or over some period of time (p. 18). A case study, he suggests, is an intensive study of a single case where the purpose of that case – at least in part – is to shed light on larger class of cases (p. 20). As with any method, a case study approach offers a variety of trade-offs and limitations that must be fully acknowledged in the research design. Given the small number of cases examined in a case study design and therefore the limited representativeness, case

studies suffer from poor external validity. As such, authors seeking to draw conclusions beyond the individual case often limit their analysis to a particular type of case to give greater legitimacy to their findings (Gerring, 2007; George & Bennett, 2005). This research limits the analysis to two agencies created during a particular historical time period, the Cold War, and to a particular agency type, those whose primary mission is to provide grants-in-aid in their given fields of interest.

The limited external validity of case studies is balanced by their strong internal validity as causal relationships are more easily observable with a deeper, more focused analysis and close attention to context (Gerring, 2007). Such depth is particularly well coupled with data collection methods such as content or discourse analysis that require an intensive study of word usage, tone, and patterns of language within given social, political, historical and economic environments.

Case Selection

As referenced in the Introduction, case selection is a critical to pursuing one's research objective and must be related to and emerge from the research questions (George and Bennett, 2005). Following Stake (1995), researchers may pursue cases they find intrinsically interesting and develop research questions and theory from those cases. My interest in my initial case, the National Endowment for the Arts, arose from a desire to probe how the Endowment identified its funding priorities. It became apparent quickly that the National Council on the Arts (NCA), a panel of experts identifying projects worthy of funding, had a substantial amount of discretion over how funds were distributed despite facing significant criticism over its decisions as the Endowment developed. Yet, the Endowment's budget and scope continued to increase through

the 1970s and 1980s, enhancing its influence and relative autonomy (Binkiewicz, 2004). This initial exploration invited a more thorough study of the role of storylines in building and maintaining autonomy at the NEA.

Established in 1965, the National Endowment for the Arts (NEA) is “an independent federal agency that funds and promotes artistic excellence, creativity, and innovation for the benefit of individuals and communities” (National Endowment for the Arts, 2013). In print and web-based publications, the agency has described itself as a supporter of “excellence in the arts...bringing the arts to all Americans, and providing leadership in arts education” (National Endowment for the Arts, 2009). The National Council on the Arts (NCA) advises the Chairman of the Endowment, a political appointee, on grant funding, leadership initiatives, and overall policies. The NEA Chairman also serves as chairman of the NCA.

The NCA came into existence a full year before the Endowment itself, and its earliest members included modern sculptor David Smith, musician Leonard Bernstein, and actor Gregory Peck. Though the original NCA did not include political leaders, it now includes six Congressmen who serve as ex-officio members advising the 18-member Council. Since its inception, the Council has had considerable influence over the NEA, advising on applications for federal grant funds recommended by advisory panels; developing guidelines outlining funding categories, objectives, and eligibility; advancing leadership initiatives and partnership agreements with other agencies; providing guidance on agency budget levels, allocations, and funding priorities; and advising on policy directions involving legislation and other issues of importance to the overall advancement of the arts nationally (National Endowment for the Arts, 2013b). Just a few short years after the Endowment’s establishment, the NCA established numerous advisory panels to review grant applications in particular arts disciplines and make

recommendations for funding to the full Council, significantly expanding the number of people advising the Endowment on its funding priorities and decisions.

From the Endowment's establishment until the early 1980s, the agency grew substantially, expanding its programs and influence in the arts community while resisting calls from Congress for greater transparency in its decision-making and greater oversight of advisory panel membership (Binkiewicz, 2004; U.S. Senate Committee on Labor and Welfare, 1969). Between fiscal year 1970 and fiscal year 1977, the agency's budget grew from just \$8.2 million to \$123.5 million, and advisory panel members numbered over 400 (Bauerlein and Grantham, 2009). Private arts supporters, state arts agencies, and political leaders spoke enthusiastically of the NEA and its leadership, warning Congress against excessive interference into agency practices and lauding its support of elite arts institutions such as the American Ballet Theatre (Binkiewicz, 2004). During this period, the NEA could be characterized as having considerable bureaucratic autonomy, with a broad but well-understood mission and strong constituencies of supporters actively lobbying Congress and the President for greater funding and more expansive agency powers. It was not until 1989, when Congress discovered that funds were directly and indirectly used to support works deemed obscene by several conservative legislators and religious leaders, that the Endowment's sustained growth and significant discretion were challenged (Bolton, 1992). The NEA's rapid development, challenges to its autonomy, and the persistence of the agency's creation narrative in the face of significant challenges make this agency appropriate for analysis.

Researchers compensate for a case study design's poor external validity by studying a particular type of phenomenon rather than attempting to draw broad conclusions across a wide array of cases. To limit the scope of this inquiry, I am focusing on agencies created during the

Cold War that have as a substantial part of their mission the provision of grants-in-aid. While the Cold War spans over four decades, progressing through a variety of social, political, and economic contexts, the narrative of American exceptionalism and the need to demonstrate both military and cultural superiority to combat communism remained strong throughout.

The proliferation of agencies created during the Cold War offers a wide variety of cases from which to choose, yet of particular interest are those agencies created to encourage American people and institutions to pursue paths that would enhance the country's position as a world leader. Indeed, the federal government believed it had a substantial role to play in encouraging American innovation by investing in the very best artists, scientists, health care providers, and others, to secure the country's global economic, military and cultural dominance against the threat of communism. For many artists, scientists, and educators, private funding was not sufficient to support innovative work, necessitating government support. Furthermore, while states provided some support to these endeavors, there was a shared sense following World War II that a national standard for American achievement needed to be set to effectively defeat the communist influence (see for example, Binkiewicz, 2004; Mazuzan, 1994).

The second case examined in this research is the National Institute of Mental Health (NIMH), which offers sufficient similarities to the NEA to draw conclusions about a particular type of agency worthy of study. Both the NEA and the NIMH were created during the Cold War and have as a significant focus of their mission the provision of grants-in-aid to professional organizations, such as universities or research facilities, deemed to share and enhance the agency's view of quality art and mental health care respectively. Both agencies were created under unified Democratic Party control of the federal government. In both instances, Congress

granted broad authority in the enabling legislation, and both the NIMH and the NEA employ independent review panels with the required expertise to evaluate applications for funding.

Further, each agency in the time periods selected advanced a clear definition of the individuals it aimed to serve. In the case of the NEA, the professional artist exhibiting in major museums or performing at elite venues was deemed the harbinger of American cultural expression and therefore worthy of public support. For the NIMH, individuals suffering from mental illness, particularly illness resulting from exposure to military combat, were deemed worthy of public funding that allowed them to be treated within their communities. Each agency sought to redefine populations previously marginalized in the public policy process to fit with a discourse of American cultural, scientific and military superiority. These similarities will help to control for variables including historical time period, basic agency tasks, and the structure of decision-making for grant funding. Additional external factors such as the political, social and economic environments in which each agency was created and operated will be considered as part of the storyline analysis.

The NIMH was established with the National Mental Health Act of 1946 and began operating in 1949. It now stands as one of twenty-seven institutes and centers at the National Institutes of Health and is dedicated to transforming “the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure”. It pursues its mission through “innovative thinking” to “ensure that a full array of novel scientific perspectives are used to further discovery in the evolving science of brain, behavior, and experience” (National Institute of Mental Health, 2013, para. 2-3). The National Advisory Mental Health Council (NAMHC) advises the Institute on all policies and activities relating to the conduct and support of mental health research, training and programs carried out by the

NIMH. Peer review committees perform initial reviews of grant applications and make recommendations for funding to the NAMHC (National Institute of Mental Health, 2013b).

The NIMH's first director, Robert H. Felix, helped to broaden the agency's definition of mental illness and to turn attention toward an individual's overall mental health (Kelly, 2005). During his tenure from 1946 to 1964, the NIMH grew substantially going from a budget of \$50 million in 1959 to \$189 million by 1964 (Grob, 1996, p. 380).

As with other institutes at the NIH, the NIMH includes both an intramural research program and an extramural program providing grants to a variety of research institutions and individuals throughout the country. This study will focus on the NIMH's extramural program. From its founding, the NIMH focused on providing grants for research relating to the cause, diagnosis and treatment of psychiatric disorders; providing fellowships and institutional grants to train mental health personnel; and providing grants to states for the creation of clinics and community-based treatment centers (Grob, 1996). Like the NEA's efforts to enhance its influence and autonomy, NIMH administrators worked hard during this period to persuade Congress, Presidents Kennedy and Johnson, and a variety of professional organizations of the importance of community-based approaches and the need for greater funding. In 1963, Congress passed the Community Mental Health Centers Act, which provided federal grants for the construction and staffing of mental health centers and laid out the required services to be offered at each center. Subsequent amendments from 1965 to 1980 attempted to reflect the preferences of a rapidly growing set of constituencies, each focused on unique aspects of mental health such as substance abuse or stress disorders. By the time Ronald Reagan assumed the presidency, with an emphasis on smaller government, the NIMH had lost much of its ability to control such a complex set of constituencies or to effectively oversee the activities of community mental health

centers. The NIMH's grant programs were subsequently reorganized in the form of block grants to states, causing the institute to lose much of its autonomy (Stockdill, 2005). The NIMH enjoyed significant autonomy in its early years, strongly influencing national mental health policy, yet unlike the NEA, the narrative of community-based treatment so critical to the agency's creation could not withstand the challenges of the 1980s. As government became increasingly decentralized and a fractured group of stakeholders advanced competing definitions of mental illness, the storylines that allowed the NIMH to enjoy significant autonomy were no longer persuasive to decision-makers. This key difference between the NEA and the NIMH will provide an important departure point for this research in understanding how narratives become and remain persuasive and what factors influence that narrative's ability to remain relevant across different political, social and economic contexts.

In addition to the differing ability of each agency's narratives to remain persuasive in the face of challenges, there are other key differences between the NEA and the NIMH that must be acknowledged and explored in this study. Despite some overlap in time periods, these two agencies were established and grew during very different moments in the Cold War. The focus on military superiority via science and technology directly after WWII slowly gave way to Johnson's Great Society and a desire for cultural superiority by the 1960s and 1970s. These contexts are critical to the establishment and growth of each organization. Moreover, while there was widespread disagreement over whether the federal government should be supporting the arts, there was little opposition to supporting a variety of agencies advancing science and technology during the Cold War. This contributed to the proliferation of institutes at the NIH compared to the relatively limited expansion of arts and cultural programs. Finally, the NIMH is part of a larger, highly influential organization and includes an intramural research program in

contrast to the NEA as a smaller, independent agency with a more limited scope. These key differences will be acknowledged and explored in the storyline analysis of each case.

Finally, the histories outlined above suggest initial periods of higher relative autonomy followed by a subsequent loss of autonomy. Of critical importance to understanding the discourse surrounding a given agency and an actor's ability to develop persuasive arguments for greater autonomy within that discourse is a close examination of the agency's creation narrative advanced when the enabling legislation was passed. The creation narrative demonstrates how policy elites initially framed each agency and provides a baseline for understanding how actors adjusted the narrative to remain persuasive over time. The storylines surrounding the agency's establishment will be a substantial focus of each case study.

Data Collection & Analysis

Both the NEA and NIMH case studies begin with a historical review of the establishment of the agency, uncovering the predominant narratives in each field of interest prior to the agency's establishment and the storylines employed to advocate for or argue against the agency's creation. Attempting to study autonomy over time is challenging given the multitude of contextual factors and historical narratives influencing an agency. While it is impossible to take into account all of these factors or provide an exhaustive recounting of narratives in existence prior to the Cold War, each case study seeks to understand the baseline narratives surrounding the arts and mental health before turning to the agency's creation story, particularly the themes employed and repeated to justify its establishment.

As discussed in Chapter 1, evidence of increased or decreased autonomy is manifested in an agency's budget, the administrative procedures governing its activities, its ability to control

the scope of its mission, and its ability to create and maintain constituencies of support. For the purposes of this research, I am interested in how political elites activated storylines at critical decision points related to these areas in an effort to enhance autonomy or protect against its loss.

These include the extent to which storylines were activated during decision-making concerning:

- The agency's establishment and continued existence, particularly in the face of potential downsizing or elimination,
- The agency's budget,
- The agency's leadership, specifically the selection and confirmation of political appointees,
- An expansion or limitation of the agency's scope of services and its ability to fend off rival agencies that may affect that scope, and,
- Legislation, executive orders or administrative procedures affecting the agency or advanced by the agency, particularly those affecting its grant programs and the independent review panels entrusted with distributing grant funds.

For analysts employing discursive approaches to policy issues, the text is the primary subject of observation. This research will use a variety of texts to determine each agency's position on a continuum of autonomy at critical decision points and the extent to which storylines influenced movement along that continuum following these decisions. As Tupper (2008) explains, "texts are the spoken or written instances of language-in-action through which discourses are manifested, the concrete linguistic structures in which social understandings and ideologies are embedded" (p. 225). Fairclough (2003) defines text broadly to include written and printed works such as articles along with transcripts of spoken conversations or interviews as well as television programs or advertisements that employ words, images and sound.

The specific texts chosen for this research include primary sources such as congressional testimony, presidential commentary on the agencies in question, statements made by agency officials, and publications issued during the time periods under study such as annual reports and budget requests. I also analyze secondary accounts of these agencies to expand my understanding of their unique contexts and identify additional primary sources for analysis.

To analyze these texts, this study uses discourse analysis to examine the ways in which language positions and privileges people and institutions in certain roles (Mills, 2004; Fairclough, 2003; Howarth, 2000). It seeks to uncover the underlying power relationships in agency storylines and to investigate how the Cold War discourse, used by agency leaders, creates for decision-makers a set of acceptable policy solutions that can enhance and maintain agency autonomy or lead to its decline.

Using discourse analysis as a method requires a multi-layered approach that first seeks to draw out the primary message of a text and place it within a given genre or context, such as a public speech or promotional piece, to better understand the position of the author and the context in which he/she communicates. Subsequent analysis then draws out the predominant themes, underlying assumptions and patterns of language, paying close attention to vocabulary, tone and sentence structure. Finally, the analyst asks critical questions of the text, probing how it positions certain individuals or institutions relative to one another, how it utilizes binary oppositions to create and sustain meaning, and how it aims to persuade the listener/reader. The analysis is both intuitive and iterative, with assumptions and themes emerging within and across texts. As in other interpretive approaches, the analyst must reflect on and control for his/her own assumptions as well.

In performing a discourse analysis of texts for each case, this study aims to draw out the predominant storylines influencing autonomy and elements of those storylines that might be shared across cases. Critics of discourse analysis research claim that as a method it fails to successfully connect the narratives employed by agency actors with institutional or policy change. Hajer (1995) attempts to overcome this challenge by exploring how discursive coalitions use stories to persuade others and institutionalize their preferred policy discourse. The story's plausibility, trust in its source, and the extent to which it relates to the listener's existing identity affect the persuasiveness of the story and the subsequent acceptance of the discourse. Jones and McBeth draw on Riker (1986) to suggest that narrative analysis must look specifically at how narratives influence the kinds of decisions that political actors make on a given policy issue, particularly those in positions of power who wield greater authority to bring about policy change or solidify the status quo.

As outlined in Chapter 1, this research draws on the work of Hajer, and Jones and McBeth, as well as Westen (2007), Lakoff (2002), and Boal and Schultz (2007) to suggest that narratives work in five interrelated ways to influence decision-makers and affect agency autonomy:

- Narratives trigger emotional responses and reflection on individual values,
- Narratives help to categorize and particularize policy problems,
- Narratives draw people together into discursive coalitions capable of action,
- Narratives are mechanisms of socialization that attract and assimilate individuals into a particular policy viewpoint.

- Narratives serve as heuristics, enabling policymakers, most importantly those in positions of power, to define a policy problem and select among a variety of solutions

Given this framework, the textual analysis will seek to uncover the themes and patterns of language within storylines that move an actor from an initial emotional response through a process of understanding the policy problem and potential solutions and advancing that understanding to decision-making contexts that influence agency autonomy.

To do so, I draw specifically on Toal's (2002) concept of grammar, which refers to the ways in which storylines categorize and particularize a situation in his conception of geopolitical reasoning. Storylines seek to resemble other policy phenomena to frame the issue within a given arena of meaning already understood by the reader/listener. Yet, they simultaneously suggest that that same issue is unique and requires a specific, individualized solution. The grammar demonstrates exactly how a storyline achieves this by addressing a set of questions needing answers in the political arena including how the policy situation is being described, from where the threats or problems are emerging that must be addressed, who must address them and why, and how causation is assigned. This analysis modifies Toal's grammar somewhat, merging the causation and situation description aspects of his framework and giving greater emphasis to how political elites are suggesting the issue be addressed in policy. I further add in my analysis of each case some thoughts on how the storylines impact the NEA's ability to build and maintain autonomy.

Conclusions about how storylines influence autonomy must be drawn from the examination of many, varying texts to uncover common themes and patterns. In looking within and across texts, I aim to discover:

- How actors elicit emotional responses and characteristics of group membership to activate the listeners desire to belong,
- How actors connect emotional responses to policy problems and their preferred solutions,
- How actors draw on the broader Cold War discourse to make the case for their preferred solution,
- How constituencies come together around shared storylines, and,
- How actors transfer storylines across and among different constituencies to advance autonomy, specifically:
 - The extent to which those in decision-making positions rely on agency officials and/or established coalitions for their expertise in a specific policy arena, and
 - The extent to which those in decision-making positions adopt themes and patterns of language advanced by the agency and these coalitions at key decision-making points.

Finally, in answering each of these questions, this research must be mindful of context. Texts of appropriations or nominations hearings, for example, are of critical importance to agency autonomy and each have their own sets of institutional norms and standards that influence decision-makers. To that end, the analysis will explore not just the historical development of a narrative, but also the position of the actors engaging with that narrative in a given text relative to one another and to the overall institutional structure in which decisions influencing autonomy are carried out.

Summary

Using both primary and secondary texts, this study will employ process tracing and discourse analysis to gain insight into how actors use narratives to influence agency autonomy at the National Endowment for the Arts and the National Institute of Mental Health. The aim is to develop theory that can be initially explored through Cold War agencies distributing grants-in-aid, and that can be used to develop testable hypotheses in future research.

Chapter 5: The National Endowment for the Arts

I am convinced that a very different approach is needed, a different means of defining our cultural goals. It seems to me that “elitism” can indeed mean quality, can indeed mean “the best”—that is a proper dictionary meaning for the word. And “populism” I would suggest can mean “access.” Access to the arts all across the land.

Livingston Biddle, Jr.
Chairman, National Endowment for the Arts
U.S. Senate Committee on Human Resources
November 2, 1977 (p. 19)

Introduction

The National Endowment for the Arts (NEA) is “an independent federal agency that funds and promotes artistic excellence, creativity, and innovation for the benefit of individuals and communities” (National Endowment for the Arts, 2013a, para.1). After nearly two centuries of resistance to public funding for the arts, Congress and President Lyndon Johnson came together to establish the Endowment in 1965 by framing artists as the harbingers of American cultural superiority in a Cold War context, demonstrating through their work the nation’s acceptance for and celebration of freedom of expression and diversity.

From the Endowment’s establishment until the early 1980s, the agency grew substantially, expanding its programs and influence in the arts community while resisting calls from Congress for greater transparency in its decision-making. President Johnson established the National Council on the Arts (NCA) a full year before the NEA, and entrusted it with effectively judging artistic quality and with distributing funds on the government’s behalf to support and sustain that quality. Today it provides overall guidance on the NEA’s policies and programs and consists of 24 members including prominent artists and arts administrators as well as six members of Congress. It also relies on numerous advisory panels in specific disciplines and

program areas to develop funding guidelines, review and recommend grant recipients, and advance leadership initiatives (National Endowment for the Arts, 2013b). The NCA's members have engendered trust among key constituencies including prominent intellectuals, wealthy private contributors, and artists themselves, ensuring that only the best American art would be funded, and that such art would be judged on its artistic merits without fear of government censorship. They set a national standard for artistic achievement while allowing amateur and emerging artists to enjoy support at the state and local levels, thereby constraining access to limited federal dollars while advocating for the arts broadly. This intellectual and artistic population was exactly the constituency the federal government sought to impact: a group previously intrigued by socialist politics that was turning back toward American capitalist values and exercised considerable influence in the battle against communism both at home and abroad (Binkiewicz, 2004). The NEA's chairpersons, together with the NCA and advisory panels, worked to increase the agency's prominence and place it firmly within a Cold War discourse advocating American exceptionalism, resulting in steady budget increases throughout the 1970s, expanded programs, and resistance to repeated attempts to limit its authority and make its decision-making processes more transparent.

During this period, the NEA could be characterized as having considerable bureaucratic autonomy. It was not until 1989, when Congress discovered that funds were directly and indirectly used to support so-called obscene works that the Endowment's sustained growth and significant discretion were weakened (Bolton, 1992). This chapter examines the establishment and growth of the NEA from 1965 through 1996. Using congressional testimony, published histories, agency publications, and presidential statements, I identify a narrative of American cultural superiority and two prevailing storylines influencing autonomy: a storyline of quality

and a storyline of access. The Endowment relied on the emerging narrative of cultural superiority that undergirded Johnson's Great Society to help bring it into being, but it also profoundly influenced the evolution of that narrative by helping to define the types of cultural expression capable of demonstrating superiority on an international stage. I contend that the NEA's use of the narrative, developed through the storylines of quality and access, contributed to its growing autonomy in the 1970s and saved it from elimination in the 1990s. The case thus serves as a helpful example of how storylines serve as causal drivers toward greater relative autonomy or protect against its loss. It also provides a context for studying the interactive and fluid nature of discourse. Storylines carry messages critical to developing the agency's mission and reputation for effectiveness, but that mission and reputation can also affect the content and persuasiveness of the storyline over time, suggesting that the causal relationship between discourse and autonomy is highly complex.

That these storylines continue to appear in more recent Endowment publications and programs suggests that they are a core part of its mission, sense of identity, and institutional memory.

Public Support for the Arts Prior to the NEA

The federal government has struggled with its role in promoting American arts and culture since the earliest years of the nation. American puritanical roots combined with a desire to separate themselves from the class-based societies of Europe lead American lawmakers to place support for the arts in the domain of the private sector. Yet, from paintings commissioned from John Trumbull for the capitol building to Theodore Roosevelt's executive order establishing a Council on Fine Arts "to advise on structural, design, and esthetic (*sic*) issues

regarding public buildings, bridges, parks, and sculpture” in the capitol, the federal government did participate in enhancing America’s cultural landscape through patronage of the arts and design (Levy, 1997, p. 41).

Cowen’s (2006) analysis of American arts funding provides a useful summary of the direct and indirect subsidies that federal, state and local governments have provided both before and after the creation of the Endowment. It argues that U.S. policy has been most effective in supporting the arts via indirect subsidies including the charitable deduction for arts donors, tax-exempt status for arts organizations and even support of the arts via funds for higher education. These subsidies have allowed governments at all levels to support the arts while avoiding judgments of artistic merit, an issue that political leaders have wrangled with throughout the Endowment’s history. Nonetheless, such subsidies can be blunt and ineffective instruments for supporting the arts. Today, just two percent of charitable donations benefit arts institutions and favorable tax treatment largely fails to raise the profile of the arts in communities or celebrate their contributions to public discourse (Cowen, 2006, p. 40). This study is interested in direct subsidies for the arts, primarily through the federal government’s establishment and ongoing support of the NEA both as a means of providing financial resources and as an instrument for demonstrating American cultural superiority in a Cold War context.

Direct subsidies for the arts prior to the Endowment were haphazard, ranging from early commissions like John Trumbull’s 1817 paintings commemorating the Revolutionary War to the creation of the Smithsonian Institution in 1846 to display artifacts related to science, history and the arts. This is not to suggest that the founders did not have an appreciation for the arts. Indeed, from the nation’s founding, rhetoric links the pursuit of American democracy with the freedom to enjoy cultural activities. John Adams writes:

I must study politics and war, that my sons may have the liberty to study mathematics, philosophy, geography, natural history and naval architecture, navigation, commerce and agriculture in order to give their children the right to study painting, poetry, music and architecture (Binkiewicz, 2004, p. 12).

This quote captures early America's overall orientation to the arts as a pleasant pastime but not essential to the nation's political and economic stability. The arts were largely a matter of private interest unrelated to the larger project of advancing this new democratic enterprise. Alan Howard Levy summarizes the sentiment poignantly when writing, "Culture and the arts assumed a place not unlike the Indians – noble, disposable, best left to state, local, and private authority" (Levy, 1997, p. 17).

Nearly a century later the arts had made only moderate gains in national importance. The 1893 Chicago World's Fair and resulting civic beautification efforts piqued interest in the arts in the late nineteenth and early twentieth centuries. That the arts could help improve the appearance of the nation's cities and contribute to public life was generally accepted, but who should make aesthetic decisions was a question of considerable concern. Shortly before leaving the presidency, Theodore Roosevelt established by Executive Order a Council on Fine Arts "to advise on structural, design, and esthetic (*sic*) issues regarding public buildings, bridges, parks, and sculpture" in the capitol. Though President Taft supported the idea, he abolished the Council arguing that an act of Congress, not an Executive Order, was the appropriate means of setting up such a body. Considerable congressional debate followed over legislation creating a Federal Commission of Fine Arts and the appropriate budget and congressional oversight. Some were concerned over the make-up of the Commission and the "gentleman of leisure" charged with making judgments of aesthetic quality. Others questioned the taste of Commission "experts" and the potential for the organization to become a bureau or department, enlarging the government

unnecessarily and creating a Ministry of Culture (Levy, 1997, pp. 41-45). Despite such opposition, Congress authorized the Commission.

The Commission carried out artistic projects within Washington D.C., but a national arts program did not take shape until Franklin D. Roosevelt's New Deal, under which the Works Progress Administration's programs in Writing, Theatre, Music, and the Visual Arts provided funding for struggling artists. The programs had varying impacts on the quality and advancement of their respective art forms, and were generally characterized as unemployment relief, with artists having to prove their financial need before receiving funding (Cowen, 2006). Nonetheless, at their peak the WPA programs represented a massive investment in the arts, employing 40,000 artists and commissioning 1,371 works including public murals, theatre, musical compositions and works of literature. The WPA and related programs funded visual arts projects by individuals that would later become celebrated parts of American art history including Jackson Pollock, Mark Rothko, Willem de Kooning, Jacob Lawrence, and Thomas Hart Benton. Works of literature by John Steinbeck, Robert Frost, and Zora Neale Hurston were similarly funded via the WPA's Federal Writers Project.

The WPA was a highly decentralized and indiscriminate set of programs that funded anyone who claimed to be an artist in need, regardless of their training or artistic quality. Art produced in the programs was to be both accessible and communicative to the general public, giving rise to accusations of censorship and government stifling of creative expression (Levy, 1997). In 1939, Congress significantly cut the WPA budget in response to concerns over radical, subversive artists (Wyszomirski, 1988).

As relief measures, the WPA's programs did not last, nor did their work inspire widespread agreement over federal support for the arts. Yet they did exemplify the American

tendency to use the arts for nonartistic purposes such as unemployment relief and later as a foreign policy tool during the Cold War. For example, in the 1940s and 1950s, the U.S. State Department borrowed or purchased works of art to hang in government buildings, particularly embassies, in an effort to demonstrate American artistic excellence. Immediately following World War II, America controlled cultural life in places like Austria, Germany and Japan, overseeing the presentation of all films, theatre and musical productions in an effort to quell anti-American sentiments and counteract Soviet propaganda glorifying communism. These cultural outreach programs brought leading American performers all over the world at government expense, and promoted emerging and uniquely American art forms such as jazz and modern dance (Cowen, 2006). These efforts remained largely out of the public eye, but exemplified the focus on American cultural superiority that would form the ideational basis for the Endowment's creation. During the 1950s, several Congressional efforts to establish a national arts policy failed, and, though President Eisenhower encouraged the creation of a national cultural center in Washington (later the Kennedy Center for Performing Arts), his support for the arts was generally weak.

Lack of agreement between the executive and legislative branches on the degree to which the government should support the arts and be involved in judging artistic quality thwarted efforts to develop a national arts policy. The eventual creation of the National Endowment for the Arts was contingent upon strong support from both Congress and the President, achieved through the careful framing of artists as exemplary of American exceptionalism and of American arts institutions as in a state of absolute crisis. While the WPA had produced many of the artists who would come to embody American artistic achievement in this narrative, the decentralized and indiscriminate nature of its programs led commentators to believe that the program did little

to advance the overall quality of American art by funding anyone who called themselves an artist (Binkiewicz, 2004). They advocated instead for a much more elite interpretation of quality art by the 1950s focused on well-established, professional arts institutions. Table 5.1 summarizes the overarching discourse of American exceptionalism, the narrative of cultural superiority, and storylines of quality and access discussed in this chapter.

Table 5.1: Discourse, Narratives, Storylines at the National Endowment for the Arts

Description of Terms	Case of the NEA
<p>Discourse: The patterns of language, both spoken and written, developed socially to provide meaning to a given context.</p>	<p>Discourse of American Exceptionalism: A Cold War discourse aimed at thwarting the spread of communism, both internally and externally, by demonstrating the exceptional and superior nature of the American democratic regime.</p>
<p>Narrative: Coherent understandings of a particular policy problem, its causes and potential solutions operating within a larger discourse.</p>	<p>Narrative of Cultural Superiority Through Freedom of Expression: To thwart the spread of communism, America must demonstrate its cultural superiority through support for American artistic achievement made possible by the freedom of expression afforded in a democratic society.</p>
<p>Storylines: Sensemaking organizational devices tying the different elements of a policy challenge together into a reasonably coherent and convincing narrative.</p>	<p>Quality:</p> <ul style="list-style-type: none"> • Professional artists and elite arts institutions are struggling financially and need public funding to maintain and enhance the artistic achievement necessary to demonstrate cultural superiority. • Government is incapable of judging artistic achievement effectively and would stifle freedom of expression necessitating the National Council on the Arts (NCA), a panel of private experts capable of judging quality. <p>Access:</p> <ul style="list-style-type: none"> • All Americans should have access to the nation’s very best artists • With the advent of a federal arts agency, artists of varying talent will seek access to limited federal funding necessitating mechanisms to most effectively distribute limited resources • The NCA and its sub-panels must be given the freedom to judge artistic quality without fear of government interference.

The following section chronicles the storyline of quality that helped to establish the NEA and to grow its influence up to and through the culture wars. Unlike the storylines relating to the National Institute of Mental Health discussed in the next chapter, this storyline was remarkably consistent and straightforward across the differing political and economic contexts in the NEA's history, perhaps because it relied on an existing, well-coordinated constituency that advocated strenuously to keep federal funds flowing while keeping federal policymakers at arm's length.

A Storyline of Quality: Defining the Art Worthy of Public Funding

Beginning in the mid-1950s, the storyline of quality emerged among arts advocates and political officials who identified a decline in private support for the arts that was leaving professional performing arts organizations in crisis. Most significantly, the Rockefeller Panel, a group of art patrons, administrators and educators under the direction of John D. Rockefeller III, conducted a study of the state of the performing arts in America from 1958 to 1961. The panel included several members who would serve as central players in the development of the NEA's programs and policies, most significantly Nancy Hanks, who served as staff to the panel and would later become the NEA's most celebrated chairperson. The final report, *The Performing Arts: Problems and Prospects*, was a sobering account of the financial health of the arts that called for federal funding by referencing the narrative of cultural superiority:

We are beginning to see [the arts] as the culmination of other achievements - the attainment that in the end gives a society its hope for a lasting place in history and its people the chance for the fullest freedom and happiness... Our democratic institutions guarantee his [the artist's] legal right to speak freely, and our tradition of concern for civil liberties insures him of defenders when that freedom is challenged - as it still so often is (Rockefeller Panel, 1965).

The introduction of the report, from which this quote is drawn, frames public support for the arts as a natural extension of the American democratic project. It defines cultural achievement as the ‘culmination’ of centuries of work to provide economic and political stability, and it points to the nation’s central value of freedom of expression as the very foundation of artistic life. In this sense, the panel is not asking the government to launch a new, unprecedented initiative, but instead to see public support for the arts as the next logical phase in America’s exceptional history.

Published not long after John F. Kennedy’s assassination, the report also took advantage of the nation’s desire to fulfill the vision of the late president. The panel aligned itself with the Kennedy administration’s contention that the public sector must work to improve American quality of life as an effective and critical counterbalance to communism, and it suggested that the arts were an essential aspect of that effort (Saunders, 2005). August Heckscher, Special Consultant on the Arts to President Kennedy, articulated the administration’s view as follows, “The United States will be judged and its place in history ultimately assessed – not alone by its military and economic power – but by the quality of its civilization” (Binkiewicz, 2004, p. 55).

The Rockefeller Panel report had a tremendous impact on the developing narrative of cultural superiority and the storylines of both quality and access that played such a critical role in the Endowment’s autonomy. It was explicit in its desire to study only professional arts institutions, and its concern for the financial viability of the professional artist would form the core of the storyline of quality. In a section entitled “Poverty for the Professional” the report lays out the “miserable income” of the professional artist who is often ineligible for Social Security and unemployment benefits and who must rely on outside employment not connected with the arts to survive. “Quality of performance is inevitably subjected to severe strains as a result of this

vicious cycle of inadequate pay and limited opportunity” (Rockefeller Panel, 1965, p. 17). This quote captures the focal, persuasive element of the storyline: America must have art of the highest quality to demonstrate its cultural superiority over its communist rivals, yet quality is drastically compromised when the professional artist struggles to find adequate funding, training, and opportunity to present his work.

Discursive coalitions formed quickly around the role of the arts in improving quality of life and combating communism; some advocating for substantial public support for the arts, others believing such support would politicize the arts and limit artistic freedom, and still others suggesting that the arts should continue to rely on private support alone (Binkiewicz, 2004). The narrative of cultural superiority through government support for the arts was challenged by a variety of counter-narratives as well. Representative George Dondero of Michigan saw the arts as a sinister force serving as propaganda for communism and undergirding a ‘Red cultural monopoly’ across the globe (Binkiewicz, 2004, p. 23). Dondero’s rhetoric was extreme and largely rejected by his congressional colleagues, but members did express concern over government imposing standards that would limit freedom of expression. The Rockefeller Panel report made clear that private support was insufficient to guarantee the health and vitality of arts institutions, though the notion that the arts required both public and private support was an important part of the Panel’s conclusions and would remain an important part of the NEA’s development as well (National Endowment for the Arts, 2000).

Texts documenting debate over public funding for the arts and the establishment of the NEA illustrate how discursive coalitions formed around shared definitions of artistic quality and to advance the NEA’s authority and build autonomy. Toal (2002) argues that storylines have a distinctive grammar or set of building blocks that define and specify a policy problem and draw

together discursive coalitions. This grammar provides a description of the policy situation and provides answers to the who, what, why, where and how questions of a policy problem by defining the problem or threat and arguing for a specific solution. Table 5.2 draws on and modifies Toal's concept of grammar as described in chapter 4, outlining the storylines of quality and access at the NEA and providing representative texts advanced by political elites in support of the agency's growing authority from 1965 to 1980.

The Rockefeller Panel and emerging coalitions gave public support for the arts a sense of urgency it had not previously enjoyed and placed it squarely on the national policy agenda in the early 1960s. With prominent arts organizations struggling to survive, political elites converged around a storyline of quality, one that identified significant threats to American cultural achievement at home and abroad and defined roles for the public sector and private partners in addressing those threats.

Table 5.2: Storylines of Quality and Access at the NEA

Grammar of Storylines	Storyline of Quality	Storyline of Access
<p>Situation Description – How are the relevant actors describing the policy situation?</p>	<p>Professional arts institutions are struggling financially and need assistance to enhance the artistic achievement critical to demonstrating American cultural superiority in a Cold War context.</p> <p><u>Representative Text:</u> <i>“To fulfill its educational mission, achieve an orderly continuation of free society, and provide models of excellence to the American people, the Federal Government must transmit the achievement and values of civilization from the past via the present to the future and make widely available the greatest achievements of art.”</i> (National Foundation for the Arts and Humanities Act of 1965, 20 U.S.C. §951.11)</p>	<p>With the advent of a federal arts agency, artists and arts institutions of varying talent will seek access to limited funding. The National Council on the Arts (NCA) must be given the freedom to judge artistic quality and provide Americans with access to great art without fear of government interference.</p> <p><u>Representative Text:</u> <i>“I am convinced that a very different approach is needed, a different means of defining our cultural goals. It seems to me that “elitism” can indeed mean quality, can indeed mean “the best”—that is a proper dictionary meaning for the word. And “populism” I would suggest can mean “access.” Access to the arts all across the land.”</i> Livingston Biddle, Jr. Testimony to the Senate Committee on Human Resources. (1977, p.19)</p>
<p>Where – From where are there real or perceived threats necessitating a given policy solution?</p>	<p>Threats to American cultural superiority - demonstrated via artistic production - are both external (Soviet Union) and internal (amateur art)</p> <p><u>Representative Text</u> <i>“I introduce this bill with a greater sense of urgency derived from increasingly sharp cultural competition abroad which the United States faces from the Soviet bloc countries.”</i> Senator Jacob Javits, 1963 (Binkiewicz, 2004, p.66)</p>	<p>Threats to the NCA’s ability to do its job come from excessive government oversight and rival agencies including state and local arts agencies.</p> <p><u>Representative Text:</u> <i>“We fully recognize that no government can call artistic excellence into existence. It must flow from the quality of society and the good fortune of the Nation. Nor should any government seek to restrict the freedom of the artist to pursue his calling in his own way. Freedom is an essential condition for the artist, and in proportion as freedom is diminished so is the prospect of artistic excellence.”</i> Comments concerning the proposed National Foundation for the Arts and Humanities, President Lyndon B. Johnson (1965a, para. 6)</p>

<p><i>So what? – What is at stake in this situation for the U.S.?</i></p>	<p>Only the ‘best’ art, defined as that produced by professional artists and arts institutions, is capable of demonstrating cultural superiority. Funding mediocrity would be a waste of public dollars.</p> <p><u>Representative Text:</u> <i>“Perhaps an even greater danger of support by any level of government is the encouragement of mediocrity. If public funds for the arts were spread among all arts organizations regardless of quality... then improvement in the quality of arts would be negligible – no matter how much is spent.”</i> Rockefeller Brothers Panel (1965, p. 145).</p>	<p>If the NCA is encumbered by government interference, it will not effectively judge quality, lose the support of important arts constituencies and do nothing to advance artistic achievement.</p> <p><u>Representative Text:</u> With the participation of the NCA artists “no longer seemed threatened” by “the danger that government interference could lead to the stifling of creativity or to political control” Deputy Chairman Michael Straight, 1974 (Wyszomirski, 1987, p. 208)</p>
<p><i>Who? – Who are the relevant actors and what is their role?</i></p>	<p>The government must fund artistic achievement by professional artists while allowing for freedom of expression, but government is not qualified to judge artistic quality. Experts from elite arts institutions can and should be entrusted with this responsibility.</p> <p><u>Representative Text:</u> <i>“And Government – as representative of all the people – should always play a role in stimulating our people. First, and most important, it can leave the artist alone... Secondly, the Government can offer direct encouragement... Third, we can create an atmosphere for the arts to thrive.”</i> President Lyndon Johnson, Remarks at the White House Festival of the Arts (1965c, para. 6-7)</p>	<p>The NCA and regional sub-panels charged with distributing NEA funds are private citizen partners. Information about individual members or the grant review process should be kept tightly controlled, even to the extent of withholding such information from elected officials.</p> <p><u>Representative Text:</u> <i>“The panelists are advisory in nature. The pressure put on individuals who are members of a public panel is very great, and these people would be plagued with problems from all over. It seems to me that I would have to consult with each panelist on his or her willingness to submit to this pressure.”</i> Nancy Hanks’s comments on making the names of peer review panels public. (Senate Committee on Labor and Public Welfare, 1969, p. 11)</p>

<p>How? – How are the relevant actors suggesting we address the situation described?</p>	<ul style="list-style-type: none"> • A government agency will provide the necessary funding and demonstrate the US commitment to its cultural production. • The agency will entrust the NCA, a panel of experts, with judging artistic quality to identify the ‘best’ American art. <p><u>Representative Text:</u> <i>“So this great Nation...is looking to this handful of extremely talented individuals, looking to you as representatives of all fields of the arts, for ways in which the Government can maintain and can strengthen an atmosphere which will permit the arts to flourish and to become a part of everyone’s life.”</i> President Lyndon Johnson, Remarks at the Swearing In of Members of the National Council on the Arts (1965b, para. 13)</p>	<ul style="list-style-type: none"> • Government interference must be limited – access to information about the NCA should be tightly controlled • Amateur or emerging artists can be supported via state, local or private contributions but access to federal dollars should be limited to only the best artists as defined by the NCA • The best artists are those affiliated with long standing arts institutions or prominent art forms <p><u>Representative Text:</u> The objectives of the NEA as articulated by Chairman Nancy Hanks, <i>“to assist our major arts institutions to improve artistic and administrative standards and to provide greater public service”</i> and <i>“to provide support that encourages creativity among our most gifted artists or enhances the ability of the whole field to raise its standards.”</i> Nancy Hanks, Clark Lecture, Scripps College, 1972 (Saunders, 2005, p. 610)</p>
<p>Impact on Autonomy – How does the grammar of these storylines contribute to the agency’s ability to exercise autonomy?</p>	<ul style="list-style-type: none"> • Government separation is built into the design of the agency via the NCA. The storyline assumes that the government is incapable of judging quality and therefore ensuring proper outcomes and mission fulfillment. • Elite artists and arts institutions form a strong constituency that is politically active. • Expertise allows the agency to build a reputation for effectiveness among these constituencies. 	<ul style="list-style-type: none"> • Limited access to information about the NCA allows it to operate independently of and even in defiance of political elites and to convince those artists seeking funding that there is no fear of censorship • Keeping access to funding limited ensures quality and pleases a constituency of elite, vocal arts supporters. • The NEA’s support for state arts agencies and its desire to set a national tone allows it to build a strong constituency at the state and local level.

A significant threat to American cultural superiority came from overseas, particularly via cultural exchange programs that brought renowned Soviet dance companies, symphony orchestras, and operas to U.S. audiences eager to see the talents of the Bolshoi Ballet and other celebrated performers. The U.S. State Department was active in sending American touring companies and works of visual art to Eastern European and South American countries to demonstrate cultural achievement in a democratic society, but many arts advocates and political leaders felt that much more could be done. Nelson Rockefeller, for example, was committed to cultural exchange programs in Latin America during his time as President of the Museum of Modern Art in New York believing that developing countries must understand that, “their best interests and opportunity for the future are identified with our country and our way of life” not with the Soviet Union (Binkiewicz, 2004, p. 20).

This desire for more robust cultural exchange programs was overshadowed, however, by concerns for America’s ability to send the highest quality work overseas. Equal to the threat of admired Soviet artists was the threat of amateur American artists whose work failed to achieve a level of renown necessary to prove cultural superiority on an international stage. The Rockefeller Panel strongly warned against government support that failed to recognize this threat:

Perhaps an even greater danger of support by any level of government is the encouragement of mediocrity. If public funds for the arts were spread among all arts organizations regardless of quality...then improvement in the quality of arts would be negligible – no matter how much is spent (Rockefeller Panel, 145).

This is an important component of the storyline as it not only positioned the work of professional artists as critical to cultural superiority, but it also denigrated the work of the amateur whose mediocrity presented a true danger to America’s global dominance. The growing distinction between elite and amateur art forms would serve as a justification for many of the

Endowment's policies and procedures and shows up repeatedly in texts from the years leading up to the agency's establishment. For example, President Kennedy emphasized the professional artist, without whom the spirit of the amateur artist and the audience would not be served, when establishing his Advisory Council on the Arts in 1963, "I emphasize the importance of the professional artist because there is danger we may tend to accept the rich range of amateur activities which abound in our country as a substitute for the professional" (Kennedy, 1963, June 12, para.8). He saw the function of this council, a precursor to the National Council on the Arts, to study and recommend policies to address issues including the lack of employment opportunities for professional artists and the need for a living wage for performers in professional symphonies, operas and dance ensembles. Despite the breadth of amateur performances available across the country, Kennedy lamented the fact that "children are growing up who have never seen a professionally acted play" (para. 6). These comments reflect the distinction made early in public statements from political elites between amateur arts useful insofar as they filled American leisure time, and the professional arts capable of competing with well-funded European companies. In proposing programs and policies for public support, the storyline suggested, the federal government must recognize and act upon this distinction to meet the goals of federal support within a Cold War context.

This sentiment was echoed even more forcefully before a special subcommittee on the arts and humanities of the Senate Committee on Labor and Public Welfare when considering the NEA's establishment in 1965. In a prepared statement, Frederick O'Neal, President of the Actor's Equity Association quotes August Hecksher in saying:

Art is a matter for professionals. It requires training, discipline and the most unflagging dedication...The activities of Sunday painters, amateur actors, weavers, wood workers, musicians, etc...all have their value. They are part of the constructive use of leisure time but they do not obtain, except in the

most exceptional of cases, the level of true art. The line between the professional and the amateur, between the artist and the audience, is one which any first rate culture must maintain (U.S. Senate, Subcommittee on the Arts and Humanities of the Committee on Labor and Public Welfare, 1965, p. 245).

O'Neal then argues that the legislation before the committee does not draw these lines clearly, and that mechanisms must be put in place to ensure that funds are used to support the professional artist and not for "activities which may serve the requirements of therapy or recreation, but do little for art" (p. 245). This quote, together with Kennedy's comments above, betrays the idealized view of the artist also characteristic of this storyline. The professional artist pursues his art as if it were a calling, not simply a hobby or leisure activity. He is deeply aware of how his work reflects upon both himself and his country, and he would dedicate himself to work that makes his nation proud if only he had the resources and opportunities. This view of the artist would persist throughout much of the NEA's early history and also helps to explain how public outrage during the culture wars discussed later in this chapter presented an opportunity for conservative political and religious leaders to openly oppose public funding for the arts.

The distinction between amateur and professional assisted the process of categorization for lawmakers who struggled to comprehend the breadth of a proposed federal funding program, yet it also raised questions on how to define professional vs. amateur in policy. The testimony referenced above includes numerous exchanges in which the witnesses and Congressmen attempt to understand the distinction. For example, Mr. O'Neal and Senator Claiborne Pell engage in an exchange over the draft legislation's provisions concerning fair wages for professional artists and the extent to which the government should support amateur performances that may be in competition with professional performers seeking a fair wage. Mr. O'Neal contends that university performances, where the audience and performers are primarily students or those affiliated with the university, should be considered amateur productions in competition with

professional artists when tickets are sold (pp. 251-253). Senator Pell provides numerous examples in an attempt to better understand O’Neal’s position, from a Georgetown performance where there is a modest charge for a performance on campus to a piece at Catholic University where tickets are sold to the public. The exchange is convoluted and demonstrates the extent to which the legislation itself, and by extension Congress, was incapable of clearly defining the distinction between amateur and professional.

This created a crucial opening for Endowment supporters to introduce measures for both formal and informal autonomy that addressed the concerns of O’Neal and his peers. Formal autonomy is derived from the agency’s creation when Congress, through the enabling legislation, delegates authority to the agency. Informal autonomy emerges from a process of habituation in which the agency clarifies ambiguity in the enabling legislation by defining its mission, tasks and relationships with superiors and constituencies (Yesilkagit, 2004). The amateur vs. professional aspect of the storyline of quality allowed for perhaps the most critical component of the Endowment’s autonomy to develop both formally and informally: reliance on a council of private citizens “engaged professionally in some phase of the arts” that could monitor the state of the American art world and recommend funding priorities, policies and programs (Kennedy, 1963, June 12, para. 2).

Here, expertise and government separation figure prominently in the storyline as this council of experts was given a substantial role, entrusted with speaking on behalf of the federal government to set a standard for and advance artistic quality in a manner that encouraged artistic freedom while ensuring that only the best professional works received support. The consequences of leaving the judgment of quality to political leaders or bureaucrats were, according to the storyline, disastrous. Government would no doubt quash the innovation of

America's most talented artists and allow for American artistic production to become identified with mediocrity (Rockefeller Brothers, 1965).

The resulting National Council on the Arts (NCA) played a critical role in defining the NEA's goals and desired outcomes and building the agency's reputation for effectiveness. Originally created in 1964, the NCA is composed of professional artists, museum directors, theater producers, and other arts experts and intellectuals appointed by the president. Though founded before the NEA proper, its powers were defined largely through the agency's enabling legislation, establishing a key aspect of the agency's formal autonomy. Essentially, the NCA would provide a buffer against government intrusion by advising the NEA's chairperson on what projects should receive federal support and in what amounts. The chairperson could not commit NEA funds without approval from the NCA or without authority expressly delegated by the NCA to the chairperson for grant requests under a certain dollar amount.

Among the Council's earliest members were actor Gregory Peck, composer Leonard Bernstein, and modernist sculptor David Smith. As the Endowment's programs grew, the NCA established multiple advisory panels charged with reviewing applications and making recommendations to the full Council. The earliest meetings were held at the estate of the Biddle family - ancestors of third NEA Chairman Livingston Biddle - where it could carry out its work in private without public interference (Binkiewicz, 2004). In June 1965, just three months before signing the NEA's enacting legislation, President Johnson outlined the distinct roles of professional artists and the federal government that allowed the NCA to operate in such a cloistered environment:

No people can afford the neglect the creative minds among it. They enrich The life of the Nation. They reveal the farthest horizons of man's possibility. And Government – as representative of all the people – should always play a role in stimulating our people. *First, and most important, it can leave the*

artist alone (emphasis added)...Secondly, the Government can offer direct encouragement...Third, we can create an atmosphere for the arts to thrive (Johnson, 1965a, para. 6-7).

The notion that the government would leave the artist, and by extension the NCA, alone while providing much needed financial support and encouragement eased concerns over government funding for the arts among competing discursive coalitions that still valued private support alone. The NEA's enabling legislation adopted the storyline of quality by giving the NCA and its Chairperson, who also served as Chairman of the Endowment, broad authority to establish and carry out programs of grants in aid to individuals or organizations of exceptional talent as defined solely by the NCA. The distinctive expertise necessary to carry out this charge combined with an expressed desire on the part of Congress and the executive branch to distance themselves from how exactly that charge would be carried out, allowed for considerable informal autonomy to develop as well.

Specifically, the storyline of quality, interpreted for the Endowment through the NCA, convinced artists and arts organizations that public funding would not preclude them from freely expressing themselves, an argument that proved important to the agency's ability to develop its reputation as an effective advocate. In 1969, Chairman Roger Stevens declared that the "bugaboo of government control of the arts" had been killed while in 1974 Deputy Chairman Michael Straight reported that artists "no longer seemed threatened" by "the danger that government interference could lead to the stifling of creativity or to political control" (Wyszomirski, 1987, 208). By building a reputation for considering the quality of artistic achievement without government interference, the NEA was able to mobilize both major institutional arts communities and more localized arts groups in support of expanding the agency's budget and authority all with the promise of benefiting the arts as a whole. For example, in 1971, a diverse

array of arts advocates wrote letters, sent telegrams, made phone calls, and paid personal visits to their representatives in Congress to nearly double the agency's budget from \$16 million to \$31 million at a time when most other agencies were experiencing budget cuts (Wyszomirski, 1987).

In fact, the 1970s were a period of substantial growth for the NEA under the keen leadership of Chairman Nancy Hanks and her use of the storyline of quality in her relationship with President Nixon. From 1969 to 1977 the Endowment's budget grew by 1200 percent and its staff grew by nearly 600 percent. The number of grant applications received grew from 2,000 to 20,000 while grants awarded rose from 589 to over 4,000 (Wyszomirski, 1987, pp. 207-208). Hanks was a smart, politically savvy leader by all accounts, and this growth was due in no small part to her experience and expertise broadly, yet scholars point specifically to her ability to make a clear case to the administration about the importance of the Endowment to American culture broadly and to the administration's priorities specifically. The Endowment's ability to increase its budget during this period provides a useful example of how the storyline operated to expand its autonomy.

Early in her tenure, Hanks set securing the president's support for reauthorization of the NEA and budget increases over the next four years as a goal. She enlisted in her efforts several key members of the Nixon administration who could convince the president that funding the arts was good politics, particularly at a time when he was being widely criticized for the Vietnam War. They made their case by drawing on the storyline's contention that professional artists and institutions played an important role in strengthening America's reputation abroad and in presenting to a global audience the benefits of living in a free, democratic society. Their approach was to appeal to Nixon's political priorities and to have him adopt the storyline of quality as his own to demonstrate to Congress the importance of the arts and also to demonstrate

to arts organization's the fledgling agency's ability to effectively advocate on their behalf. Leonard Garment, head of the White House Office of Cultural Affairs and Charles McWhorter, a former Nixon aide and later member of the NCA, worked closely with Hanks to lobby for substantial increases to the NEA's budget early in Nixon's term believing he could demonstrate as president "a deep personal concern with improving the quality of living here at home and his determination to present a better image of America abroad" (Binkiewicz, 2004, p. 159). William Safire, a Nixon-administration speechwriter and campaign aide in 1960 and 1968, would recall how Hanks and Garment employed a kind of tag-team approach with Hanks providing the "artistic arguments" and Garment placing those arguments within Nixon's own political priorities (Bauerlein & Grantham, 2009, p. 37). In his 1989 Nancy Hanks Lecture on Arts and Public Policy, Garment reflected on this period to explain that Nixon's support for the arts

did not come about just because the powers that be suddenly changed their minds one morning and decided it was time to give culture the respect it deserved. Nor did it happen mainly because President Nixon was persuaded of the concrete political benefits that support for the arts would bring him. More important was that Richard Nixon knew the extent to which the Vietnam War had turned America into two mutually hostile camps. The president wanted for his own an issue that would not divide his audience into sympathetic hawks and hostile doves. It was more an effort to soften and survive than divide and conquer, but this was the reason my arguments found favor (Bauerlein & Grantham, 2009, pp. 37-38).

At a time when even Nixon had explicitly asked the Office of Management and Budget to significantly reduce expenditures, he supported doubling the Endowment's budget because the arts were a source of national pride that could present a unified image of American democratic life. Of even greater importance to this research is how Nixon then justified greater support for the NEA to Congress and the public by adopting the key elements of the storyline. In a December 1969 statement to Congress, Nixon based his budget recommendation on the "acute

financial crisis in which many of our privately-supported cultural institutions now find themselves” and the need to “provide some measure of support to hard-pressed cultural institutions, such as museums and symphony orchestras, to meet the demands of new and expanding audiences” (Nixon, 1969, para. 5, 12). He then went on to repeat the storyline’s idealized view of artists who “give free expression to the American spirit as they illuminate, criticize, and celebrate our civilization” (para. 18) and claimed that “America has moved to the forefront as a place of creative expression. The excellence of the American product in the arts has won worldwide recognition” (para. 19).

Not only had the Endowment secured in its early years broad authority for the NCA to support the nation’s best artists and institutions without government interference, but Nixon’s comments illustrate how the agency had proven that it could successfully position the arts among the top priorities of American political leaders and thus secure greater resources for arts institutions and individuals. Following Daniel Carpenter’s emphasis on the substantial role of reputation in developing autonomy, this helped the NEA to develop a reputation among arts supporters that would prove essential throughout its history.

Examples abound in congressional testimony of just how well respected the NEA had become by the mid-1970s. During the 1975 hearings to amend and extend the National Foundation on the Arts and Humanities Act of 1965, the NEA’s enabling legislation, professional arts organizations and state arts commissions spoke glowingly of the Endowment’s impact, even as Congress questioned some of its funding priorities. Robert Brustein, Dean of the Yale School of Drama captured the spirit of these hearings when testifying:

The National Endowment for the Arts, with its wise leadership, good organization and expert panels, is one of the few American institutions that has managed to command the respect and support of its constituency at a time when growing cynicism is dominating the national mood. It is

for this reason, as well as its devotion to excellence in an age of mediocrity, that I strongly recommend to this committee that its life be extended indefinitely and its appropriations vastly increased (U.S. Congress, Joint Hearings of the Subcommittee on Select Education and the Subcommittee on Arts and Humanities, 1975, pp. 343).

Dean Brustein's comments skillfully include elements of the storyline of quality to explain the Endowment's impact, specifically its expert panels and its dedication to excellence amidst mediocrity. He also draws attention to an issue of concern to Congress, growing cynicism over the ability of government institutions to serve citizens. The text uses the storyline of quality to elicit an emotional reaction amongst Congressmen concerned with their legitimacy among their own constituents. In so doing, Dean Brustein makes it difficult for political superiors to question what has become in his mind the lone example of the positive impact that Congress can have through federal investment.

The storyline of quality, with its emphasis on the importance of professional arts organizations, a state of financial crisis in the art world, and the ability of high-quality work to advance America's reputation in a Cold War context was critical to establishing formal autonomy through the NCA. It also allowed the Endowment to develop a high degree of informal autonomy by building a reputation for effectiveness, specifically for its ability to win high-level political support while simultaneously keeping government out of judgments of artistic quality. A second complementary storyline also emerged in the Endowment's early history that would have an even greater impact on the agency's ability to combat increased criticism and to significantly expand its constituency of supporters beyond elite institutions. I refer to this as a storyline of access, one that defined the role of the federal government's support for the arts in relation to that of state and local governments, defined citizens as arts consumers rather than participants, and dictated the extent to which the public and Congress could oversee the agency

by successfully resisting calls for access to critical information about how it carried out its mission.

A Storyline of Access: Private Partners and Arts Consumers

Toal (2002) and Hajer (1995) focus their analyses on competing storylines within a given policy area, yet a narrative may also consist of multiple, complementary storylines that share common elements while helping to define different aspects of a policy problem. The storylines of quality and access reinforce one another in the NEA's narrative of cultural superiority, but emphasize certain aspects of that narrative more dramatically and become more salient as the agency evolves. The storyline of access emerged shortly after the Endowment's establishment as public officials and the larger art world sought to more thoroughly define the relationship between the federal government providing tax dollars to support the NEA and the private panelists given the discretion to spend those dollars. If the storyline of quality helped establish a separation between these entities, then the storyline of access helped observers to understand what that separation should look like in practice both in terms of the kind of institutions able to access resources and the extent to which the decision-making process would be transparent to Congress and the public.

The distinction between professional and amateur artists was a prime consideration as the agency's top leadership developed grant programs and procedures. August Heckscher, considered the architect of federal arts support under Kennedy, envisioned a European-style program in which the government would support national theaters, orchestras and operas, and his vision manifested in the agency's earliest years (Bauerlein & Grantham, 2009). Grant making from 1966 to 1969 at the agency has been described as improvised and arbitrary, with the NCA

and Chairman Roger Stevens applying their personal tastes to the agency's review of applicants (Wyszomirski, 1987). The NEA awarded its very first grant of \$100,000 to the American Ballet Theatre, described by Vice President Hubert Humphrey's as a "national treasure" that had been saved from "extinction" by the members of the NCA (National Endowment for the Arts, 2000, p. 12). Other grants soon followed to the Martha Graham Dance Company and the Joffrey Ballet in support of touring companies that could provide audiences with access to great works of American art. During these early years, the NCA through the Endowment also established the American Film Institute, the Theatre Development Fund and funding streams for grants in architecture, visual arts, music, literature, public media and education. Members used their connections with private individuals and foundations to secure additional funds, including matching grant relationships with the Rockefeller Foundation and the J.M. Kaplan Fund (National Endowment for the Arts, 2000). In these early years, the Endowment was establishing through its grant making its identity and standards of practice, defining with the substantial involvement of NCA members the agency's mission and tasks, all with the promise that Congressional oversight would be minimal.

The NEA defined its purpose in a manner that plainly stated its preference for professional, elite art and its desire to raise the overall quality of American art to advance the nation's cultural reputation. During a lecture at Scripps College in 1972, Hanks articulated this preference when outlining the NEA's core objectives "to assist our major arts institutions to improve artistic and administrative standards and to provide greater public service" and "to provide support that encourages creativity among our most gifted artists or enhances the ability of the whole field to raise its standards" (Saunders, 2005, p. 610). Hanks's comments reflect a stringent hierarchy of artistic quality in which the work of major arts institutions such as

museums, operas and symphonies were deemed more worthy of funding than smaller, community-based institutions or more localized art forms such as craft and folk music.

They also reflect how the agency developed a storyline that defined access in two related ways. First and foremost, access for the NEA meant making the nation's "most gifted artists" more widely accessible to American and international audiences. It placed Americans in the role of passive consumers who through exposure to the arts could live a more fulfilling and enlightened life that would benefit them individually while demonstrating the superiority of democratic culture more broadly. Related to this was a second conception of access that saw the federal government as giving the very best artists greater access to funding opportunities while leaving to state and local arts councils the task of supporting and promoting less well-known, community-based artists. These dual conceptions of access helped the NEA to make the case for greater funding by promoting access to great art as essential to each American's quality of life while also fending off claims of elite bias by suggesting that access to federal dollars should be limited, with state, local and private funders charged with picking up the slack in areas outside the NEA's focus.

Criticism over the NEA's penchant for funding elite institutions and artists emerged as early as 1969 during the nomination hearings for Nancy Hanks. Members of Congress suggested that it gave unfair preference to urban performing arts institutions and abstract visual artists and that it privileged artists from the East and West coasts over those in the Southern portions of the country. Chairman of the Senate Committee on Labor and Public Affairs, Ralph Yarborough of Texas, questioned nominee Hanks on the Endowment's creation of panels in the East, Midwest, and West to advise on the distribution of grants to individuals. He noted that of the sixty grants

distributed to individuals in 1966 all went to these regions, and he suggested that the South and Southwest had been blacklisted (U.S. Senate, Committee on Labor and Public Welfare, 1969).

To be fair, even prior to the Endowment, the federal government's few forays into public support for the arts had elicited calls of regional and stylistic bias. In the 1950s, the State Department regularly hung Abstract Expressionist paintings by Rothko and Pollock in Latin American and African embassies as lessons in free artistic expression for the developing world. As one commentator contends, by making abstract art exemplary of American democracy, the government was saying to its communist rivals, "We're so free, we even put up with this" (Levy, 1997, p. 95). It is important to acknowledge, however, how very different the political and social context was by 1969, when the Civil Rights and other social justice movements were calling greater attention to the needs of minority communities, many of which were expressing their struggle through the arts. Moreover, while the works of Rothko and Pollock were considered at the cutting edge of the international arts community in the early 1950s, entirely new art forms had emerged both in the United States and abroad in the 1960s in reaction to a rapidly changing, increasingly materialistic culture.¹ The Endowment could ignore these cultural and political changes only at its peril. It needed to present itself as a supporter of these emerging forms of art in order to maintain its legitimacy in the arts world, but also to do so in a way that did not alienate the professional institutions and political superiors who supported it.

Under Hanks's leadership, the Endowment responded to these changes through a storyline that sought to expand the agency's scope by giving new artists and art forms greater

¹ By the late 1960s, emerging art movements including Pop Art, hyperrealism, and postmodern architecture were developing in reaction to decades of dominance by modern artists, many of whom were American. Significantly these new movements were a critique of America's rapidly growing consumer culture and sought to destabilize widely held assumptions about what constituted art and architecture worldwide. For the purposes of this research, it is important to note how these critiques presented a far less idealistic picture of American society than political elites would like, and they required the Endowment to think critically about how it could support works receiving international acclaim that flew in the face of one of its core reasons for being: the demonstration of American cultural superiority.

access to funding, but doing so in a way that ensured these recipients remained under the control of the Endowment and somewhat marginalized from its central identity and priorities. The comments by Yarborough and his congressional colleagues must have remained with Hanks long after she was confirmed, for she embarked almost immediately on a campaign to strengthen state arts agencies, expand the geographic reach of NEA funding, and include under the agency's umbrella programs in arts education and expansion arts. Her approach has been described as providing "art for all Americans" and she spoke of this desire in terms that kept artists, citizens, and political superiors largely satisfied with the Endowment (Bauerlein & Grantham, 2009, p. 36).

A December 1969 *New York Times* article chronicling a day early in Hanks' tenure demonstrates how carefully she walked the line between established institutions and a desire by both the president and Congress to expand access to funding. Hanks commented, "a great orchestra or a fine museum is a natural resource, like a park. It must be maintained. I believe this and so does the National Council on the Arts. But what about the money?" Speaking at a staff meeting she then asked, "If Congress can be persuaded to increase our appropriation, where do we make our big push, the orchestras or the museums? And what about other arts institutions?" Later reviewing a list of panelists for a new music advisory panel, she comments on the need for representation outside of New York, and follows that up with a discussion on whether or not the Endowment should be funding orchestras in financial peril (Taubman, 1969, p. 12). The article reflects just how subtly the NEA's narrative had shifted in a changing environment. Quality was still defined as elite institutions, most specifically orchestras and museums, yet by questioning whether they should be looking at other institutions or whether the Endowment should support orchestras that had gotten themselves into such dire financial conditions, she introduced a

storyline of access in which the Endowment had the power to move beyond its original understanding of its mission to approve or deny funding to a variety of different kinds of agencies. The Endowment remained a kind of wise benefactor, bestowing funds on institutions that were not established or showing tough love to those that could not manage their finances, and this text also gave readers a sense that the new chairperson was willing to make some changes.

Hanks similarly characterized the NEA's role in her efforts to fend off rival agencies by incorporating their concerns into the Endowment's own mission. During her nomination hearing, Senator Yarborough called Hanks's attention to Senate bill 1591 establishing the American Folklife Foundation, widely considered to be a kind of third leg to work in tandem with the National Endowment for the Arts and the National Endowment for the Humanities (U.S. Senate Committee on Labor and Public Welfare, 1969). Hanks agreed that the development of folk arts in the United States should be highlighted and the diversity of American art forms celebrated, but she saw the separate creation of a Folklife Foundation as a threat to Endowment resources. Support for a separate foundation launched a kind of turf war that both threatened Endowment funding and had the potential to heighten perceptions of the Endowment as an elitist institution. Hanks addressed the threat by successfully establishing a Folks Arts Program within the Endowment in 1974 (Binkiewicz, 2004). Similarly, during the Endowment's 1975 reauthorization hearings, Hanks expressed her concerns about legislation to establish a separate endowment for museums. The need for the legislation, Representative John Brademas of Indiana explained, was to provide support to museums of all kinds in the arts, sciences, and history that do not currently have a central home in the federal structure. Hanks responded by saying:

We have always assumed that museums of science, history and art are museums and cultural institutions serving their country...In New York, where you have

just come from, those institutions are not broken out between the arts, sciences and history. They are all served by the New York State Council on the Arts...As you know, our legislation includes museums without a limitation as art museums. We have interpreted museums as museums. I am very concerned, and I think questions should be raised about the establishment of a separate organization (U.S. Congress, Joint Hearings of the Subcommittee on Select Education and the Subcommittee on Arts and Humanities, 1975, pp. 24-28).

Hanks went on to provide data on the number of grants awarded through the museum program and how the NCA was closely studying the needs of museums of all kinds, believing that they could be further supported if Congress increased the NEA's appropriation. Hanks's comments reveal her use of the storyline of access to dissuade Congress from establishing a rival agency. She underscored the Endowment's broad definition of museums, giving museums of all types access to both funding and to power via the Council's own discussions and research. She further used state arts agencies as a model to suggest that separate legislation for museums would not follow the predominant structure of funding seen at other arts agencies. The underlying message characteristic of this storyline is that broad access to federal funding should be given to individuals and institutions, but that the NEA should be the agency charged with providing that access.

This particular battle would be one where Hanks was not persuasive enough, for the Museums Service Act was passed in 1975 and the Institute for Museum Services established as part of the overarching National Foundation for the Arts and Humanities with its own National Museum Services Board created in 1976. Still, Hanks was successful in incorporating under the endowment's umbrella several new programs and new institutional relationships with state and local entities using the same themes. Beginning in 1971, the NEA provided grants to state and territorial arts agencies (including the District of Columbia, American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands) and established the Expansion Arts Program to provide

funding to community-based arts organizations, and to inner city, rural and tribal communities (Bauerlein & Grantham, 2009). By the early 1980s, the Endowment also included the Inter-Arts Program to support artist colonies and inter-disciplinary art projects and a program to support local arts agencies (National Endowment for the Arts, 2000).

The creation of separate programs, as opposed to integrating these art forms into already established programs, continued to generate complaints of elite bias such as the Expansion Arts Program to support art made for and by racial and ethnic minorities. Minority art was marginalized, excluded from consideration in established programs such as the Visual Arts Program, where it would be considered with the work of more established modernist artists (Binkiewicz, 2004).

The examples above indicate a counter-narrative emerging in the Endowment's early history of an elitist agency whose definition of artistic achievement was both narrow and antiquated. In response, Endowment administrators, members of Congress and Presidents Johnson and Nixon continued to advance a narrative in which the NEA, with the NCA and its sub-panels, were delegated the authority of judging artistic quality. Although individual political leaders, or the public at large, might not agree with that definition, it was essential that the government give the NEA latitude in order to avoid claims of censorship that would undermine the narrative of artistic freedom so important in the Cold War. The NEA enjoyed considerable autonomy by having broad discretion to define which regions, artistic styles, institutions and individuals could gain access to public funding. They were also able to simultaneously limit access to information about how that discretion was exercised. Both Hanks and her successor, Livingston Biddle, characterized members of the NCA and its sub-panels as private citizen partners and hesitated when asked by members of Congress to make the names of sub-panel

members public. Hanks underscored the advisory nature of the panels and the tremendous pressure placed on members of public panels that might discourage broad participation (U.S. Senate Committee on Labor and Public Welfare, 1969).

The NEA's ability in the 1970s to fend off claims of bias and the creation of rival agencies, and to keep the names of panel members and grant review procedures relatively quiet, all while continuing to expand the agency's scope and budget, demonstrate its high degree of autonomy. Although the 1960s and 1970s saw a broad expansion of acceptance for alternative forms of artistic expression, the most outspoken and influential constituencies remained traditional arts institutions and supporters and the NEA's leadership worked diligently to develop a reputation for effectiveness among these constituencies. Perhaps even more importantly, NEA leaders realized that for many of the political superiors they sought to influence, these new forms of artistic expression were becoming a threat to America's message of cultural superiority. Emerging artists were openly questioning the status quo in the arts world and in political decision-making more generally, and while difference of opinion was to be celebrated in a democratic culture, it could also give the outside world the impression that Americans were divided against themselves. To maintain and expand its funding, the NEA aligned itself with Nixon's desire to expand access to the arts but also to avoid political or critical aesthetics. Nixon saw engagement with proper forms of cultural expression as an important way of promoting "real American youth" as opposed to the radical anti-war protesters seen on college campuses (Binkiewicz, 2004, p. 173). It is here that the storylines of both quality and access get more complex for the Endowment, for they simultaneously advocate for broader access to funding for new and different organizations while being careful to make accessible only those art forms deemed appropriate by the NCA for Americans, particularly its impressionable youth. The

storylines depended on the assumption that America was divided between artist and audience, with the artist being a professional capable of enlightening his passive audience and the job of the Endowment being to make the professional's work more widely accessible. This relationship was captured in numerous texts that positioned access to the arts as essential to building a good "quality of life" for all Americans. Nixon wrote in 1969:

The attention and support we give the arts and the humanities – especially as they affect our young people – represent a vital part of our commitment to enhancing the quality of life for all Americans. The full richness of this nation's cultural life need not be the province of relatively few citizens centered in a few cities; on the contrary, the trend toward a wider appreciation for the arts and a greater interest in the humanities should be strongly encouraged, and the diverse culture of every region and community should be explored (Nixon, 1969, para.3).

Here Nixon contends that Americans will fulfill Jefferson's famous concern for the "pursuit of happiness" in the Declaration of Independence by pursuing a high quality of life, and that access to great art was important to that endeavor. The term "quality of life" begins to appear more frequently in relation to the arts and persists even today when discussing the impact of the arts on economic and community development.

Hanks and her staff picked up on this new theme believing it was their job to "put a program into a political context" (Wyszomirski 1987, p. 214). They implemented Nixon's vision for improving quality of life through the expanded programs described above and by promoting the development of state and local arts commissions. The NEA's enabling legislation called for a percentage of its funding to be distributed to state arts agencies, many of which were developed in the late 1960s and modeled on the NEA's process of employing expert review panels to make grants. While allowing for more localized funding, the relationship ensured that the national standards of artistic excellence defined by the NEA were broadly maintained at all levels. State arts agencies became important advocates for the NEA, particularly for increasing its budget.

Testimony during the 1975 reauthorization, for example, included numerous leaders of state agencies applauding the NEA, noting that it did far more than fund programs but also provided a stamp of approval that attracted private donors and modeled effective leadership. In a letter written to Senator Pell in support of the Endowment, Arthur Early, Director of the Cleveland Area Arts Council wrote:

I know first hand something of the contribution these [arts] organizations are making to the quality of life in Northern Ohio; the struggle each experiences constantly in maintaining adequate funding, and the tremendous impact the NEA has had on the local scene, not only as a potential source of funding, but also in the important area of leadership and morale (U.S. Congress, Joint Hearings of the Subcommittee on Select Education and the Subcommittee on Arts and Humanities, 1975, p. 442).

The active role of state and local arts agencies also allowed the President and Congress to justify increased federal appropriations by pointing to the increasing state, local and private dollars that were resulting from the NEA's work. Speaking in 1971 at the Annual Conference of the Associated Councils of the Arts, President Nixon remarked "governments at all levels see this [arts funding] not only as a responsibility, but also as an opportunity, for there is a growing recognition that few investments in the quality of life in America pay off so handsomely as the money spent to stimulate the arts" (Nixon, 1971, para. 6).

The close relationship between Nancy Hanks and the Nixon administration certainly gave form to the storyline of access, with its emphasis on improving quality of life, but it remained a key part of the NEA's narrative through the late 1970s and early 1980s. In a 1977 joint resolution authorizing President Carter to organize a White House Conference on the Arts, members of Congress believed "that concern for the quality of life in the United States requires constant dedication, planning, and reflection on the state of the arts of the Nation" (U.S. Congress, Joint

Hearings of the Subcommittee on Select Education and the Subcommittee on Education, Arts and Humanities, 1977, p. 3).

This text suggests that members of Congress had come to accept the idea that access to great art was important to American quality of life, but the testimony in support of the resolution contained in it the seeds of the NEA's fall from grace during the culture wars, as the definition of access became convoluted. Gradually, access had become more than simply the ability to see a great performance or painting, but to be able to appreciate and comprehend that work. Here, the storyline of quality seems to have re-emerged among constituencies of professional arts organizations and state agencies that struggled to express to Congress their concern that in making the arts broadly accessible, particularly via television and popular media, they were somehow losing quality. James Backas, Executive Director of the American Arts Alliance framed the key issue as follows, "We must make the distinction between making art accessible by making it available to as many people as possible, and making art accessible without watering it down" (p. 62). Put more colorfully, Peter Hero of the Oregon Arts Commission testified:

If we begin to believe that art which pleases most is best – and there is always that danger when the numbers game gets fully underway – we can surely expect art to be affected by it, and when art becomes as immediately accessible and inoffensive as a tuna sandwich, the sandwich might then be the better bet (p. 473).

Chairman Livingston Biddle and his colleagues at the NEA responded to this concern by returning more fully to the storyline of quality and to an early vision of the NEA as a partnership between the public and private sectors. Bauerlein and Grantham define the focus of the NEA during this time as follows (p. 55):

There were three essential provisions for progress in the cultural life of the nation:

- Responsibility should be primarily based on private and local initiatives;
- A comprehensive restriction on federal interference in the determination of

- NEA grantees, which Biddle defined as “a provision basic to freedom of expression and the creative spirit of the arts,” should be in place;
- The Endowment must be guided by a council of private citizens.

Biddle’s famous remark, quoted at the outset of this chapter, that it was the job of the NEA to provide “access to the best” demonstrates how entrenched the storyline’s of quality and access had become by 1977. The storylines successfully fostered the NEA’s growth by limiting funding to only the “best” art forms and by limiting government interference with the private experts who regularly defined “best” for the agency. To stave off claims that the NEA’s grant making was biased or secretive, the storylines touted the NEA’s mission to provide Americans with access to great art — even if they could not access information about how or why that art was funded. Minority communities could gain access to museums or attend the theater, but they had difficulty securing federal funding for their own work within the Endowment’s most prestigious grant programs, settling instead for separate programs like the Expansion Arts Program. Regions without strong museums or performing arts venues could gain funding to establish such institutions; yet money for their locally produced crafts was the responsibility of state and local arts councils.

Access to the best had become the ticket to significant autonomy for the NEA with a vocal and supportive constituency of professional arts organizations and state arts agencies, increasing appropriations from \$2.5 million in 1966 to \$158 million in 1981, and an expanding scope of grant programs well beyond the orchestras and museums Hanks spoke of in 1969. Along with other federal agencies, the Endowment experienced modest budget cuts in 1982 and 1986, but generally maintained its reputation as a respected, well-functioning agency. During the 1980s, it gradually expanded its purview to focus on arts education, working more closely with state arts agencies and community foundations to support smaller organizations, and publishing

numerous studies on America's growing artistic resources (National Endowment for the Arts, 2000). Francis Hodsoll, appointed chairman of the NEA by President Reagan in 1981, was an attorney and career public servant who emphasized the importance of private support for the arts more so than his predecessors, but the idea that the federal government should support high quality work and make it accessible to increasingly diverse audiences remained important parts of the NEA's narrative throughout the 1980s (Hodsoll, 1984).

The following section briefly discusses the culture wars of the 1990s when the Endowment experienced a decline in autonomy as a result of its funding of obscene works of art. In the words of Peter Hero, Andres Serrano's *Piss Christ*, indirectly funded by the Endowment, was no "tuna sandwich," and yet the storylines of quality and access managed to remain persuasive in the face of public outrage and to save the agency from complete elimination.

Quality and Access in the Culture Wars

While NEA administrators and the Congressional Arts Caucus managed to head off any significant cuts to the NEA's budget during the Reagan administration, a massive controversy erupted in 1989 when a \$15,000 grant from the Southeast Center for Contemporary Art (SECCA) in Winston-Salem, North Carolina, an organization that had received NEA grant support, was used to display Serrano's *Piss Christ* depicting a crucifix submerged in a container of the artist's urine. Even though the NEA's support of Serrano was indirect, Senators Alfonse D'Amato of New York and Jesse Helms of North Carolina immediately attacked the agency calling the work "a despicable and deplorable piece of vulgarity" and urging the Endowment to review its award procedures to prevent similar abuses of taxpayer dollars (Bolton, 1992, pp. 29-30).

The incident was immediately followed by uproar over work by photographer Robert Mapplethorpe exhibited at the Philadelphia Institute of Contemporary Art (ICA) with the support of a \$30,000 NEA grant. The exhibit, *Robert Mapplethorpe: The Perfect Moment*, honored the artist who had recently died of AIDS and included graphic, homoerotic images.

The controversies led to amendments to the Endowment's enabling legislation concerning indecent art in both the 1990 appropriations and reauthorization bills and to considerable debate over whether Congress could introduce content restrictions for NEA grant programs. The amendments prohibited the NEA from funding obscene projects similar to the legal definition of obscenity decided by the Supreme Court in *Miller v. California* and cut \$45,000 from the NEA budget (Moen, 1997). While the amendments left the NEA relatively unscathed from a budget perspective, the agency treaded very lightly in the early 1990s, requesting grants awarded for questionable projects before the amendments went into effect be returned and requiring grantees to sign a decency pledge promising not to produce obscene works with government funding. The pledge was eventually eliminated following a successful challenge in court, but the entire affair would prove challenging to the NEA's autonomy (Bolton, 1992).

The impact of the culture wars was felt throughout the 1990s as the NEA became increasingly politicized. The NEA budget reached its zenith in 1992 followed by sharp budget cuts in the following years. In that same year, Congress increased the percentage of NEA funds to be distributed to state and local agencies from 20% to 35%, further limiting the agency's discretionary grant making. In 1995, Congress initiated plans to eliminate the agency entirely and placed strict prohibitions on its grant making by eliminating grants to individual artists with the exception of Literature Fellowships and ending seasonal or operating support grants entirely.

Similarly, in 1997 Congress restructured the National Council on the Arts by reducing its size and requiring six members of Congress to serve as *ex-officio* members for two-year terms (National Endowment for the Arts, 2000).

The culture wars caused policymakers on both sides of the aisle to lose confidence in the NEA's expertise and capacity to support the arts for the benefit of the public at large. During the Reagan administration, the agency increasingly focused its attention on encouraging greater private support for the arts. Initiatives to secure private funding via community foundations and to leverage federal dollars with greater investment by state and local agencies simultaneously weakened the NEA's role as a primary arts funder while strengthening the agency's reputation as a catalyst for artistic support and creative production. The Serrano and Mapplethorpe scandals called this reputation into question as artists and art supporters alike doubted the agency's ability to set a high standard for the kind of art worthy of funding, a critical rationale for the agency's founding twenty-five years earlier. The counter-narratives prevalent in the debates of the 1950s and 1960s claiming that federal support would impede the quality of America art re-emerged as the NEA lost its reputational uniqueness (Carpenter, 2001). No longer was it distinctively positioned to judge and support American artistic excellence. Seeing an opportunity for greater state funding, state arts agencies supported increased decentralization and greater investment in indigenous rather than elite interests (Moen, 1997). Artists and arts advocates sharply criticized Chairman John Frohnmayer for buckling under government pressure to institute reforms to grant making policies and procedures that limited artistic freedom. New York theater director Joseph Papp denounced Frohnmayer as "out-Helmsing Helms" when it came to undermining the agency while other artists believed that the NEA could no longer be trusted to represent their interests (Bauerlein and Grantham, 2009). Even the majority of the NEA's supporters in Congress were

lukewarm about the agency, willing to vote for mild content restrictions and budget cuts to send a message and avoid harsher legislative action.

Yet, despite the loss of reputation-based autonomy and a weakening of the separation between the NCA and Congress, the storylines of quality and access were actively employed in the early 1990s with relative success. Agencies assume different positions along a continuum of autonomy, and I contend that a storyline can be an effective causal mechanism for not only moving an agency toward greater autonomy, but also protecting against substantial losses. The NEA no doubt moved along the continuum toward lesser autonomy during the 1990s, but the texts below suggest that the storylines helped the agency to defend itself against an even greater loss, saving it from complete elimination and allowing the NCA to be reformed, but not entirely eliminated, as well.

During Senate debate over the 1989 Helms Amendment prohibiting funding for indecent or obscene artwork, Senator Edward Kennedy reiterated the storylines of quality and access, focusing on the elements of expertise and government separation so critical to autonomy:

When Congress instituted the Endowments, it wisely assigned the review and assessment of program grants to professionals in the arts community who can accurately weigh the relative merits of individual applicants. It was a conscious effort at that time to separate the review process from political interference (Cited in Bolton, 1992, p. 79).

Senator Kennedy went on to suggest that despite recent controversy over the Serrano and Mapplethorpe works, there would have been “persistent and chronic controversy” during the NEA’s history without the peer review system. Senators Howard Metzenbaum, Claiborne Pell and Timothy Wirth similarly spoke about the dangers of Congress legislating a moral code on the value of artworks, suggesting that congressional judgment of artistic quality and appropriateness would limit artistic freedom, elicit claims of censorship, and undermine the

professional, peer review process that had made the NEA successful (Bolton, 1992). In the 1990 reauthorization hearings that occurred not long after the Helms Amendment was passed, Senator John Chafee echoed these same sentiments when he described the NEA as an exemplary agency and urged the Congress to not judge its legacy by a few grants that escaped scrutiny:

Let's let the fires of originality burn. Sure there will be some singeing, but I think it's a risk worth taking if we want American creativity to shine. I don't think we want to see "safe" art – that of the lowest common denominator - become the only art supported by the NEA. The NEA has helped our arts programs flourish. That is what it was created to do. And it is working (U.S. Congress, Senate Subcommittee on Education, Arts and Humanities, 1990, p. 69).

These texts embody the sentiment of the Congressmen and witnesses who supported the NEA. Even those who agreed that the Serrano and Mapplethorpe works were obscene recognized the dangers of government censorship and the importance of the arts to quality of life. The NEA was seen as a catalyst for American creativity with peer review programs that were working, despite these two controversial examples.

The report of an Independent Commission established in 1990 and charged with reviewing the NEA's grant making procedures summarized the role of the Endowment in a new, increasingly polarized political environment:

Publicly funded art . . . should serve the purposes which Congress has determined for the Endowment. It should be chosen through a process that is accountable and free of conflicts of interest. . . . Insuring the freedom of expression necessary to nourish the arts while bearing in mind limits of public understanding and tolerance require unusual wisdom, prudence, and most of all, common sense...making decisions about awarding grants to the arts is not an objective activity, subject to quantitative measures or improved by formulaic prescriptions. Professional expertise, aesthetic discernment, and an awareness that federal funds are being expended—all these qualities are essential to the successful grant making by the NEA (Bauerlein and Grantham, 2009, p. 105).

The Independent Commission reconfirmed the government's commitment to freedom of expression while suggesting that publicly funded art must be held to a different standard than art

supported by private funds. Public funds required greater attention to grant making procedures that were fair and transparent and required the agency to serve all of the nation's people, not just its artists. The language is somewhat vague, making clear that Congress was acknowledging that it was not the role of the Endowment to define what is obscene or offensive, and yet it had to be mindful that the artistic tastes of the average taxpayer were not necessarily those of the art connoisseur.

Although the commission made some specific recommendations, the agency was left with a broad and uncertain mandate to inspire American creativity within reason, whatever that might be. In an agency where it was already difficult to demonstrate clear outcomes to ensure accountability, such language made it all the more challenging for administrators to prove the agency's effectiveness. In the context of the 1960s and 1970s when political superiors looked to the arts as a source of national pride, such uncertainty presented an opportunity for autonomy. But, in the conservative revolution of the mid-1990s, that uncertainty left the agency open to attack. From 1995 to 1997, efforts to dismantle the agency continued under the leadership of House Speaker Newt Gingrich and Senator Jesse Helms. The Endowment survived, but was severely weakened with significant reductions in its budget and a far more limited scope for its grant making (Bauerlein and Grantham, 2009). The narrative of cultural superiority had certainly lost much of its persuasiveness, resulting in a significant loss of autonomy. Yet, it is also important to acknowledge that the storylines of quality and access continued to be advanced by the NEA's constituents with some success, most notably in defeating calls for the Endowment's elimination and in keeping the NCA and the peer review panels largely intact.

Summary

The NEA provides a useful case for studying the role of storylines in applying and building and maintaining bureaucratic autonomy in a Cold War context. After nearly two centuries of resistance to a national arts policy, elected officials agreed to fund arts programs, believing that the free expression of American artists was crucial to proving cultural superiority. The storyline of quality underscored the need for a separate body of experts to set the direction for the NEA without government interference, creating a structural separation between the agency and government oversight. This allowed NCA members to define how the agency would pursue its mission and its standards for success in an environment where outcomes were vague and difficult to measure. That the Endowment's goals of providing access to great art and leadership in arts education were elusive did not matter significantly to the many politicians and arts supporters who believed the expertise of the NCA and NEA staff would ensure that the agency was fulfilling its mission.

The storyline of access defined the relationship between the government and the agency more specifically, making it difficult for political officials to get information on how grants were being awarded for fear of being accused of interference or even censorship. The NEA's leadership deflected accusations of elite bias or a lack of transparency by gradually expanding its programs in accordance with emerging art trends. By introducing programs in folk art and expansion art, for example, the agency fended off potential rivals and competing discursive coalitions in a way that retained the agency's commitment to professional artists and institutions producing the "best" American art.

Coherent tasks and reputation also reinforced one another during the culture wars of the 1990s when the NEA lost considerable autonomy by losing its reputation for effectiveness

among politicians and the arts community. Yet, the storylines of quality and access remained persuasive as the agency's supporters continued to articulate the necessity of separate peer review panels and the inability of elected officials to judge artistic achievement. This suggests that in studying storylines as causal mechanisms, the question is not just whether or not they had an impact on decisions affecting autonomy, but also to what degree. It is difficult to prove a counterfactual, and therefore difficult to suggest that the NEA would have been shut down if not for the use of these storylines in the mid-1990s. The texts quoted suggest that political leaders, from Senator Kennedy to the Independent Commission, still felt that the storylines were compelling, particularly their focus on preserving freedom of expression by engaging private experts in the judgment of artistic quality.

Quality and access, so critical to the Endowment's founding remain a core part of its culture and discourse, and continue to in some degree to shape its strategic vision. Dana Gioia, NEA Chairman from 2003-2009, reported on the agency's progress to Congress in 2007, writing: "The Arts Endowment's programs now reach into every corner of our nation — bringing the best of the arts and arts education to the broadest and most varied audiences" (Gioia, 2007, para. 4).

Chapter 6: The National Institute of Mental Health

“We as a nation have long neglected the mentally ill and the mentally retarded. This neglect must end, if our nation is to live up to its own standard of compassion and dignity and achieve maximum use of its manpower.”

President John F. Kennedy
Special Message to the Congress on Mental Illness and Mental Retardation
February 5, 1963

Introduction

The National Institute of Mental Health (NIMH) is dedicated to transforming “the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure” (National Institute of Mental Health, 2013a, para. 2). One of twenty-seven institutes and centers at the National Institutes of Health, the NIMH was created to advance a national mental health policy focused on research related to the cause, diagnosis and treatment of psychiatric disorders; training mental health personnel through fellowships and institutional grants; and awarding grants for the establishment of clinics and treatments centers focused on prevention, diagnosis and treatment of psychiatric disorders (Grob, 1996).

Prior to the 1940s, mental health policy in America was the purview of the states, which housed the ill in large, ineffective institutions with limited personnel, few of whom had formal training in psychiatry. For many states, mental institutions accounted for the single largest welfare expense in the 19th century (Grob & Goldman, 2006; Grob, 1994a; Grob, 1994b; Brown 1985). The energy to develop a new vision for the treatment of the mentally ill came after World War II when psychiatrists witnessed firsthand the effects of warfare on soldiers and experienced the successful treatment of those soldiers within their units. They began to believe that they were

uniquely capable of identifying the social and environmental factors that optimize mental health and prevent mental illness (Grob, 1996).

This belief, together with scathing accounts of the conditions in state mental hospitals and a growing faith in American innovation and scientific discovery, created the space for a new approach to mental health in the United States. The National Mental Health Act of 1946 provided for the creation of the NIMH and it was established in 1949 as one of the earliest institutes at the NIH. Led by founding director Robert Felix, NIMH officials crafted a vision for mental health treatment within communities that would reshape not only the treatment of the mentally ill, but also the delivery of healthcare in the United States broadly.

This chapter examines the NIMH's establishment and rise to prominence through the 1960s, culminating in the passage of the Community Mental Health Centers Act of 1963 and subsequent amendments that expanded the program in accordance with the agency's vision. During this period, the NIMH built and maintained significant bureaucratic autonomy, exercising considerable influence over legislation, requiring extensive control over its grant programs that far exceeded those of other institutes at the NIH, and amassing a powerful constituency that spanned all fifty states and major mental health advocacy organizations.

Using oral histories, congressional testimony, personal papers, and presidential statements, I identify a narrative of scientific superiority that sought to apply the scientific method to treating mental illness and improving the overall mental health of Americans, and two prevailing storylines influencing agency autonomy: a storyline of mental health and a storyline of community care. I contend that these storylines helped to shape the NIMH's strategies while also evolving with them, enabling the agency to play a central role in the development of health care legislation through the 1960s. I then examine how these storylines became a part of an ever-

broadening NIMH vision for a new model of health care delivery. This vision led to tensions with the Nixon and Reagan administrations, budget cuts, and the NIMH's inability to control a fracturing constituency, ultimately resulting in a decline in autonomy in the early 1980s.

Like the case of the NEA, this case provides insight into how storylines carry key messages affecting decisions that enhance or limit autonomy. This case also sheds light on how storylines function as causal mechanisms within a much larger and more complex policy arena. Emerging from World War II, policymakers focused their attention on applying American scientific innovations to the development of a national health program that could treat and even eradicate diseases of all kinds, both physical and mental. Throughout the thirty-five year period studied here, the storylines of mental health and community care were developed and redeveloped simultaneously with the NIMH's own strategies and new policy initiatives. The causal relationship is neither direct nor linear as storylines and autonomy become mutually reinforcing through the NIMH's history in way that is more nuanced and complex than at the NEA.

Mental Health Care In the United States Before the NIMH

In colonial and early America, communities viewed care for the mentally ill as the responsibility of one's family or the local community, grouping those with mental illness together with the poor, widows, orphans and other dependents. Historians of the period acknowledge a sense of social responsibility to care for those in need, but note that care was strictly limited to local residents and to the provision of basic necessities rather than any form of psychological treatment. Lunatics, idiots or distracted persons were a concern to the broader community insofar as they presented a threat to safety and security or were a drain on public

coffers. For example, as early as the 1600s, Massachusetts had several statutes requiring that local communities provide for those distracted persons without family, including their financial welfare and general safety (Foley and Sharfstein, 1983; Grob, 1994a).

Throughout the seventeenth and eighteenth centuries, it was widely believed that insanity was the result of divine intervention, preordaining the afflicted to life as an outcast from society. Communities could provide basic care, but did not believe that they could in any way influence or reverse God's plan. As towns and cities grew, private institutions gradually replaced care for the ill in the family home. They were initially housed together with the poor, the aged, and the infirm in almshouses or hospitals, but by the late 1700s, colonial leaders recognized the need for separate institutions (Grob, 1994a).

The ideas of European physicians who advanced "moral treatment" for the insane had also made their way to America by this time and advocated for a move away from theological explanations of mental illness and toward the notion that insanity could be cured (Foley and Sharfstein, 1983, p. 5). In France and England, the mentally ill were removed from so-called madhouses into hospitals where a more humanitarian approach suggested that the ill could be fully cured with kind treatment and a decent environment. Dr. William Battie of England wrote in 1758, that insanity "was as manageable as many other distempers, which are equally dreadful and obstinate, yet are not looked upon as incurable...and such unhappy objects ought by no means to be abandoned, much less shut in loathsome prisons as criminals or nuisances to society" (Grob, 1994a, p. 25).

In the United States moral treatment coincided with rapid industrialization, leading to the belief that insanity was a reaction to the pressures of rapid social change and that removing the individual to a more serene environment could eventually return him/her to a normal, productive

life (Foley and Sharfstein, 1983; Grob and Goldman, 2006). From this belief, the notion of an asylum was born. These institutions were funded by a combination of private contributions, public subsidies, and fee-for-service arrangements. Each was indigenous to its local surroundings, yet all were deeply influenced by a belief in each individual's free will, and they sought to abolish those policies and institutions that bound individual action (Grob, 1994a).

By the second quarter of the nineteenth century, asylums administered by the states gradually replaced private hospitals and almshouses. At the same time, a small group of physicians formed the Association of Medical Superintendents of American Institutions for the Insane and began publishing the *American Journal of Insanity*. Led by Dorothea Dix, the Association lobbied state legislatures to expand asylums and move the insane out of jails and into proper treatment facilities that were both more humane and more cost effective. Dix personally oversaw the establishment of thirty-two asylums throughout the country. In an 1843 petition to the Massachusetts state legislature, she wrote, "I come as an advocate of the helpless, forgotten, insane, idiotic men and women; of beings sunk to condition from which the most unconcerned would start with real horror; of beings wretched in our prisons and more wretched in our almshouses" (Grob, 1994a, p. 46). Ironically, reformers a century later would employ the same arguments and passion to condemn the very asylums Dix created and pave the way for a new federal policy and the NIMH's community approach.

As this brief summary suggests, the early history of American mental health policy, extending through much of the 1800s, was characterized by gradual formalization, moving away from local community controls and toward state operated asylums. This coincided with an evolving belief that mental illness was the result of environmental factors, not divine law, and that the ill could be treated and cured in the proper institutional setting. Yet, no sooner were new

asylums built than they became significantly overcrowded, deteriorating into warehouses rather than treatment centers, and crippling state budgets. State Care Acts passed in the first decade of the 1900s forced localities to release mentally ill persons from jails and place them in state asylums. By the 1930s, over 500,000 Americans, nearly one in seventeen, were institutionalized. State hospitals were costing \$200 million per year yet spending as little as 76 cents per day, per patient. Asylums serving over 6,000 patients had just 14 doctors and 41 nurses on staff, requiring many patients to be regularly restrained while others were required to work in the asylum preparing food and attending to other patients (Brown, 1985; Deutsch, 1948). The deplorable state of mental institutions was chronicled in the 1930s and 1940s in works like Albert Deutsch's *The Shame of the States* and Mary Jane Ward's *The Snake Pit*. Interestingly, for Deutsch these inhumane conditions did not indicate that asylums were in and of themselves ineffective or that mental health care had not advanced in some measure. He lauded new therapies such as electroshock therapy while colleague and fellow reformer Milton Greenblatt celebrated lobotomy as a major advance in the treatment of mental illness, despite the lack of evidence supporting the effectiveness of either of these treatments (Brown, 1985).

Indeed, mental health policy both before and after the creation of the NIMH is characterized by its 'jump first, ask questions later' approach. Whether it be the creation of large public asylums in the 1800s, new and often punitive therapies in the 1930s, or even the emergence of community mental health centers in the 1960s, administrators and policymakers alike made decisions more on the basis of an idyllic image of mental health care than empirical evidence. One can certainly debate the consequences of such an approach for the mentally ill, particularly the chronically and severely ill (see for example, Brown, 1985; Mechanic, 1987; Grob, 1994a; Grob and Goldman, 2006), but what is clear as we explore the NIMH's narrative is

that this longtime willingness to advance major mental health care reforms in the absence of evidence created substantial opportunities for the NIMH's administrators to build and exercise autonomy. Scathing reports of state asylums captured public attention at the same time that post-World War II Americans were celebrating scientific and military achievement and developing a strong faith in federal action. The discourse of Cold War America was taking shape, leading policymakers to decisions that reinforced the idea of American exceptionalism and the superiority of democratic ideals, particularly in the realm of health care. Table 6.1 summarizes the overarching discourse of American exceptionalism that emerged during the Cold War and the discourse of medical and scientific superiority that led to significant federal investments in biomedical research and the creation of numerous new programs and agencies, including the NIMH. It also summarizes the key components of the mental health and community care storylines examined in this chapter.

The next section will explore how the aftermath of the World War II created an ideal environment for an emerging group of professionals, trained in public health, to advance a new definition of mental health in America and to live up to America's "full capacity to wage war on illness and disability throughout the land" (Eisenhower, 1955, para.5). The storyline of mental health would prove to be the NIMH's most important tool to develop a supportive constituency that could advocate on the agency's behalf and grow its autonomy.

Table 6.1: Discourse, Narrative, Storylines at the NIMH

Description of Terms	Case of the NIMH
<p>Discourse: The patterns of language, both spoken and written, developed socially to provide meaning to a given context.</p>	<p>Discourse of American Exceptionalism: A Cold War discourse aimed at thwarting the spread of communism, both internally and externally, by demonstrating the exceptional and superior nature of the American democratic regime.</p>
<p>Narrative: Coherent understandings of a particular policy problem, its causes and potential solutions operating within a larger discourse.</p>	<p>Narrative of the Scientific and Medical Superiority of the United States: Emerging from a WWII belief that science and technology could solve social problems, the narrative emphasizes the application of scientific research and training to preventing and curing mental illness <u>and</u> to improving overall mental health of all citizens.</p>
<p>Storylines: Sensemaking organizational devices tying the different elements of a policy challenge together into a reasonably coherent and convincing narrative.</p>	<p>Mental Health:</p> <ul style="list-style-type: none"> • Psychiatrists stationed with units in WWII saw the effects of stress and environment on soldiers as well as successful treatment of mental illness within the unit, leading to new understandings of the causes of mental illness and redefining the American image of the mentally ill. • Every American should have the opportunity to develop a personality and character sufficient to deal with the stresses that life imposes upon him and to become a productive member of society through effective diagnosis, treatment and cure. • Psychiatry is an essential medical field capable of both treating mental illness and of improving the mental health of the community through a continuum of local services. <p>Community Care:</p> <ul style="list-style-type: none"> • State mental hospitals are inhumane institutions that provide inadequate treatment of mental illness and do nothing to promote prevention. • Community mental health centers can provide a continuum of care capable of preventing mental illness and of returning the mentally ill to their communities to become productive citizens. • Bypassing the states and focusing on a federal policy via community mental health centers would improve overall mental health, be more cost-effective than investment in state mental hospitals, and enable the country to better address emerging health issues such as alcohol and drug abuse.

The Storyline of Mental Health

The National Mental Health Act of 1946 was written in large part by Dr. Robert Felix, the founding director of the NIMH, whose influence over the culture, decision-making processes, and operations of the agency cannot be overstated. A fifth generation physician, Felix attended medical school in the late 1920s and early 1930s, just as the reprehensible conditions of state mental institutions were gaining publicity. Working with patients suffering from depression, Felix first developed his understanding of the environmental causes of mental illness, “I saw a kind of patient, which was not just made up of schizophrenics, but were so many situational reactions – the kind of thing which has it’s (sic) roots in the community” (Felix, 1975, p.19). Felix began working for the Public Health Service (PHS) in 1931 where he grew increasingly convinced that mental illness was rooted in the psychological stresses brought on by everyday life, and that the mentally ill could be treated and cured.

While Felix fought passionately for this broader understanding of the causes and treatment of mental illness, it was not until World War II that those outside the field of psychiatry recognized the need for a national approach to healthcare in general and to mental illness in particular. With thousands of soldiers returning from service, the national political agenda turned its attention in 1945 to the care of veterans and to lessons learned during the war. In a special message to Congress recommending a national health program, President Truman noted that five million male registrants between the ages of 18 and 37 were examined and deemed unfit for military service due to physical or mental defect. “The people of the United States received a shock when the medical examinations conducted by the Selective Service System revealed the widespread physical and mental incapacity among the young people of our nation” (Truman, 1945, para. 4). The NIMH’s establishment was part of a flurry of efforts in the

years immediately following the war to address this crisis in American health. Over the next three decades, Truman and his successors would also call for the construction of more hospitals and medical schools, greater access to services for women and children, funding for research into the treatment and prevention of disease, and the introduction of private insurance to protect against the substantial financial burden of illness.

Though created in 1946, the NIMH did not receive an appropriation until 1949. The enabling legislation was vague and struggled to define the role of a federal agency in a policy arena dominated by state action. Felix and his colleagues were passionate about mental health and the potential of their institute to develop an innovative approach to treating and even curing mental illness, yet they faced an uphill battle to position their institute as a central player in advancing the national health policy agenda and to secure the resources and discretion it needed to fulfill its mission.

At its founding, the NIMH could count among its constituents the mentally ill and the psychiatrists who treated them. The ill could not advocate on their own behalf, let alone on the NIMH's, and psychiatrists lacked credibility among political decision-makers amidst public outrage over the conditions of state mental hospitals (Grob, 1994a). Felix and his colleagues recognized quickly that they needed to build respect for their profession while also developing a larger, more effective constituency. The storyline of mental health emerged from this desire.

Drawing on President's Eisenhower's concern over the significant scope of nation's health crisis, the NIMH sought to break down the dichotomy between sick and well and to introduce the concept of mental health. This storyline positioned mental illness as a national crisis, but also gradually expanded the scope of the problem to move beyond the plight of those diagnosed as "ill" to a focus on the overall health of the American psyche as critical to a

productive community. With so many soldiers returning home from service, NIMH administrators began in the immediate post war years to expand their constituency by using the American soldier to redefine mental illness and to communicate its scope and expense.

Speaking to the Brief Psychotherapy Council in October 1946, just three months after the National Mental Health Act was signed into law, Felix capitalized on the favorable image of soldiers when saying, “The large numbers of psychiatrically disabled veterans have brought home to many families the painful realization that under stress people – not strange, or unknown individuals, but people like one’s husband, brother or fiancé – can and do break down” (Felix, 1946, p. 1). Felix’s statement demonstrates how this new storyline positioned the valiant, young American soldier as a symbol of American superiority and of the American family, making him a far more persuasive symbol of the need for mental health investment than the anonymous, hopeless madman who could be locked away in a state institution.

In his 1952 testimony before the House Committee on Appropriations, Surgeon General Dr. Leonard Scheele also underscored the significant expense of mental illness to the military:

Out of almost 2 million in veterans hospitals in 1949, about one-fourth were neuropsychiatric patients. In that year, the Veterans Administration paid out about \$23,000,000 per month for neuropsychiatric disability out of total pensions of about \$85,000,000 per month, and that did not include the cost of operating beds for mental patients at Veterans Administration hospitals (U.S. Congress, House Committee on Appropriations, 1952, p. 400).

By using veterans to redefine mental illness, NIMH supporters were able to move the beneficiary of mental health investments from a deviant to a respected community member. They echoed Truman’s concern over the “widespread physical and mental incapacity” of young people who should have been a symbol of America’s health and promise, and saw the scope of mental illness as a national crisis that threatened America’s reputation as a global leader.

Numerous texts from the period articulate this crisis by stating that American scientific superiority would be compromised if the nation failed to apply itself to the dignified treatment of the mentally ill and to ensuring the mental health resources necessary for each person to be a productive citizen. In his message to Congress recommending a health program, President Eisenhower emphasized the implications of America's health crisis, "For half of mankind, disease and disability are a normal condition of life. This incalculable burden not only causes poverty and distress, and impedes economic development, but provides a fertile field for the spread of communism" (Eisenhower, 1955, para. 38). Other texts of the period do not explicitly reference the threat of communism, but they do couple mental health with economic development and restoring the afflicted to a productive member of society. For example, speaking in favor of the NIMH's 1960 budget proposal, Dr. Francis Braceland of the American Psychiatric Association testified before Congress arguing:

There is little point in pouring billions of dollars into the sky-rocketing science of the physical universe unless we match it with what is needed to achieve and maintain a population of people sound enough in mind and body to cope successfully with the problems brought about by the sudden sweeping changes affecting the world in which we live. Today, more than ever, we need to give attention to the mental health of the nation (Braceland, 1959, pp. 17-18).

Dr. Braceland's remarks indicate how the storyline positioned mental health as both a scientific and humanitarian endeavor, seeking to give it prominence among policymakers already investing in biomedical research while also linking mental health to the nation's desire to demonstrate to the world the benefits of living in an open, caring, democratic society. In this sense, the storyline successfully moved the listener from an emotional desire to care for the less fortunate, to categorizing the problem as one of national identity in Cold War context, creating for policymakers a greater sense of urgency to act.

The storyline's focus on developing productive citizens appears frequently in the NIMH's early history to justify specific strategies and policy initiatives. In 1955, Congress took up debate of the Mental Health Study Act, a resolution calling for the development of a national mental health program that improved recruitment and training of personnel, offered strategies for the diagnosis and treatment of mental illness, and examined the medical, psychological, social and economic factors affecting mental health (Grob, 1994a). Dr. Winfred Overholser, Superintendent of St. Elizabeth's Hospital, a federal mental health facility, spoke in favor of the proposed study, "It is not only a question of emptying the hospital or reducing the load, and not only of restoring the patient to his family, but making him again a productive unit in society" (U.S. Congress, House Subcommittee on Health and Science of the Committee on Interstate and Foreign Commerce, 1955, p. 16). Similarly, in his address to Congress in February 1963, a portion of which is quoted at the beginning of this chapter, President Kennedy ushers in what is arguably the NIMH's greatest period of autonomy by emphasizing the ability of community mental health centers to help the nation to "achieve the maximum use of its manpower" (Kennedy, 1963, para. 70).

The notion of the community mental health center as the only place capable of both treating mental illness and transitioning the patient from life in an institution to life as a productive taxpayer will be discussed at length in the coming sections. Yet, as we explore specifically how the NIMH used the storyline of mental health to build autonomy, it is critical to understand the extent to which the field of psychiatry saw the NIMH as its opportunity to regain prominence within medicine and to shed the negative perception of mental health professionals so long associated with state institutions. From its very inception, the NIMH advanced a narrative that saw the trained, mental health professional as the only person capable of

appropriately and effectively treating mental deficiencies. This sentiment extended far beyond the belief discussed earlier in this chapter that psychiatrists were responsible for successfully diagnosing and treating soldiers during World War II. The field came to believe that in the midst of rapid social change, psychiatrists alone were capable of identifying the social and environmental factors that optimize mental well-being and prevent illness (Grob, 1994a). At the NIMH, Felix and his colleagues focused primarily on psychiatry, but also saw a role for psychologists, social workers, nurses and occupational therapists. They also downplayed the role of general physicians, clergy, or teachers in fostering mental health in order to strengthen their argument for greater investment in professional education and training programs (Weiss, 1990). In his 1946 remarks to the Brief Psychotherapy Council, Felix characterizes the sentiment of NIMH administrators at the time, “The opportunity is here for psychiatry to transform the public’s concept of it as an esoteric art serving a relatively few people to that of a trusted science serving the many” (Felix, 1946. p. 19). So committed was the NIMH to advancing mental health by strengthening the field of psychiatry that Weiss describes the agency in its earliest years as having a ‘missionary quality’ (p. 183).

The post-war narrative of American scientific achievement created an environment in which the public and policymakers alike believed that science and technology could be used to solve social problems. A strong biomedical lobby advocated for increased investments in scientific research and training programs meant to ensure the healthy and productive citizens characteristic of a superior, democratic society. In this context, the storyline of mental health redefined the public’s image of the mentally ill, refocused attention on overall mental health as a key to a productive citizenry, and positioned psychiatry as essential to addressing the nation’s mental health crisis. The storyline carried key messages that helped to justify the NIMH’s early

focus on training and fellowship programs, and enabled it through those programs to build a constituency of supporters that could advocate for increases to its scope and budget and later support its key policy initiatives.

The following section looks more closely at how this storyline affected the NIMH's ability to implement policy in accordance with its vision, positioning it at the very center of mental health innovation and laying the groundwork for a separate but related storyline of community care (Grob, 1994a; Weiss, 1990; Bloom, 1977).

Developing a Constituency of Storytellers

Despite increasing public attention to the deplorable conditions of state mental institutions, Congress made clear at the NIMH's establishment that the states would remain the providers of mental health care, not the NIMH, nor was it to regulate the quality of care or pay for individual treatment programs (Weiss, 1990). Within this context, it was critical to the NIMH's future autonomy that it develop a strong, supportive constituency of professionals that would influence Congress to expand the scope of the agency beyond these limited parameters. Following Carpenter (2001) autonomy is contingent upon political legitimacy so that politicians and citizens believe that agencies have the capacity to act effectively, a belief that springs from the agency's reputation for carrying out objectives with expertise and efficiency. To develop this legitimacy, the agency must have a constituency sufficient to evaluate the agency's expertise and effectiveness. Austin's concept of felicity conditions (Potter, 2009) suggests that the constituency must be able to speak with authority to the political superiors making the decisions that affect autonomy. Felix and his colleagues recognized that to build this kind of constituency, the NIMH had to become a partner in service delivery for the states, it had to become a trusted

source of basic and applied research that served mental health professionals, and it had to train a generation of new professionals who could both practice in accordance with the agency's vision and ensure a level of quality that the NIMH could not establish or regulate on its own.

This early period during which the NIMH was developing its identity and priorities demonstrates the complexity of storylines as causal drivers toward greater autonomy. As the texts below will indicate, it is difficult to discern whether the mental health storyline led the NIMH to pursue these strategies or whether the strategies helped to make the storyline all the more persuasive to political superiors. Rather, strategy and storyline were developed at the NIMH simultaneously, evolved over time, and were mutually reinforcing. It is clear, however, that administrators and NIMH supporters employed this storyline during critical decision points to advance both formal and informal autonomy, from initial decisions on where to house the agency, to efforts to expand its budget and scope.

In crafting the National Mental Health Act, Felix demonstrated his mastery of the policy and organizational dynamics so important to the agency's autonomy (Grob, 1994b). The concept of a national mental health program began as an initiative of the Division of Mental Hygiene in the Public Health Service, and many onlookers expected that the new institute would continue to fall entirely under the PHS. This placement would position the NIMH as a service provider with the primary responsibility of distributing federal funds. Yet the larger health narrative was emphasizing a comprehensive approach to health care that advocated for investment in research and improved diagnosis and treatment. In a 1941 speech, Watson B. Miller, Deputy Administrator of the Federal Security Agency, emphasized this more comprehensive view when speaking about mental health:

Nevertheless, through continued research, through education of the professions and the public, and through well-planned programs, we are moving toward final

conquest of tuberculosis and venereal diseases...the techniques of diagnosis and treatment of mental disease are not so specific, so precise as in other conditions that prey upon the national strength. But the principle is the same. A program for civilian mental health should be founded upon the same concept – early diagnosis and prompt treatment (Felix, 1946, p. 382).

In his comments to Congress recommending a comprehensive health program in 1945, President Truman similarly characterized as major concerns both the “grossly uneven and unsatisfactory” (para. 19) distribution of physicians to deliver services nationwide and “the special need for research on mental diseases and abnormalities...for early diagnosis and to prevent mental breakdown” (para. 35).

Both of these texts make the case for a new, integrated approach to combating mental illness. Felix recognized that for the NIMH to grow, it had to demonstrate its ability to fit into this comprehensive vision, to touch upon each of the initiatives advanced by political leaders rather than be identified with a single initiative. In this sense, a strong research mission together with training programs would ensure long-term alignment of his agency with the President’s vision and with a powerful biomedical lobby in Congress. He successfully convinced the Surgeon General that the agency should be placed within the NIH and went about trying to convince the NIH that the NIMH would be an asset to its research agenda, even offering an initial \$10 million of his new institute’s limited funds toward the cost of the NIH’s Clinical Center currently under development (Felix, 1975, p. 55). Aspects of the NIMH’s work continued to be administered by the PHS, most notably the provision of training grants to public and nonprofit educational institutions, but Felix’s maneuverings allowed it to be considered part of the powerful and growing NIH upon its establishment. The NIMH’s positioning within the NIH while straddling other agencies like the PHS would be a constant source of controversy that often challenged its autonomy, with various programs being moved to different federal agencies,

particularly from the late 1960s through the 1980s. Yet in these early years it provided the basis for the institute to build a diverse constituency and to spread the mental health storyline outside of Washington to new audiences via its research and training programs.

The development of this constituency proceeded on multiple fronts including first and foremost funds to grow the nation's supply of mental health professionals. In a 1960 report to Director Felix chronicling NIMH training grants, Assistant Director Dr. Kenneth Endicott noted that the NIMH had by that year reached its goal of having the "primary responsibility for the national supply of mental health manpower" (Endicott, 1960, p. 13). As early as 1949, the NIMH was investing significant sums in fellowships and training programs and exercising considerable control over how medical schools and other recipient organizations could utilize NIMH funds. NIMH staff members invited proposals, kept close contact with grantee institutions, fostered conferences amongst key program directors from each of the recipient schools, and worked with grantees to set very specific goals for the expansion and improvement of programs in psychiatry, psychology, social work and nursing (Endicott, 1960).

The rapid growth and success of the training programs became a critical argument in the NIMH's efforts to expand its budget and to enhance its reputation by using the storyline's key themes to persuade policymakers. For example, in Felix's July 1946 talk before the National Committee on Mental Hygiene, he positioned psychiatrists as medical specialists and emphasized the need for psychiatric training in medical education more broadly:

It takes a mature and tough personality to be attracted to a specialty that is shown to operate under the overwhelming handicaps in our large, overcrowded understaffed public institutions. The presence in medical schools of modern, well-operated clinical facilities, and the development of courses in the curriculum that integrate psychiatric principals into all phases of medicine, would give to the student a realization of the need for knowledge of the subject, and the proper understanding of the field (Felix, 1946, p. 384).

References to a lack of trained personnel to ‘battle’ the nation’s crisis of mental illness, and use of the word ‘specialty’ or ‘professional’ when referring to mental health workers appeared frequently in Congressional testimony in the early 1950s as the NIMH was building its constituency and its reputation. The training programs were specifically celebrated as an example of the NIMH’s unique ability to enhance the nation’s capacity to combat mental illness and ensure a productive citizenry. For example, in congressional debate over the 1953 appropriations for the PHS and the NIH, Representative Edward J. Sittler of Pennsylvania lamented the scale of the nation’s mental health crisis and argued:

In order to enable the practicing physician to be more proficient in treating all illnesses funds are being made available to strengthen basic mental health instruction in 42 of the nation’s 81 recognized medical schools...From the facts I have given you, it is obvious that mental illness is the greatcrippler of lives which might otherwise be productive and useful. In the final analysis, the strength of a nation lies in the minds – the genius and the everyday abilities – of its people. It is our duty to help conserve and protect this precious resource. Let us therefore appropriate the funds the National Institute of Mental Health needs to carry forth its battle against mental disease (Rep. Sittler, 1952, pp. 2859-2860).

Sittler’s remarks illustrate how the lines between illness and health had been blurred at this point to make the case for increased investment in professional training programs. The storyline had redefined the mentally ill patient as anyone suffering emotional stress, not just the insane deviant. In so doing, advocates could characterize mental illness as a crisis not only by alluding to the hundreds of thousands of patients who were already institutionalized, but also by implying that hundreds of thousands more Americans could end up in these reprehensible facilities without an increased emphasis on maintaining mental health through investment in prevention, diagnosis and treatment. It is important to reflect here on just how ambitious the storyline, and NIMH officials, were becoming even in these early years. Beyond its original intention of rebuilding respect for the profession of psychiatry, Felix and his constituents were suggesting

that the nation's mental health crisis was so dire that it required medical professionals in all specialties to have mental health training, and that the NIMH was the institution capable of providing and supporting this training. These arguments helped the Institute to secure budget increases through the 1950s, from just \$4.5 million in 1948 to \$12 million by 1954, to \$60 million in 1960 and \$106 million by 1962 (Weiss, 1990).

Ultimately, the training programs would serve as a critical form of indoctrination for the constituency of professionals who would later advance the NIMH's most significant mental health initiative, the community mental health center. Recognizing the need to create a common vision amongst a field of mental health providers that had been largely fractured before 1946, the NIMH exercised substantial, oftentimes excessive, control of how training and fellowship funds were spent. Institutes at the NIH provided support to individuals through fellowships or post-doctoral positions and grants to institutions to support undergraduate and graduate programs. Typically, the specific institute would award the grant and allow the recipient institution to determine the number of students who would benefit and the level of stipend support available for its students. The NIMH, on the contrary, specifically instructed the recipient institutions on the number of students to be supported by the grant and the level of compensation for each, regardless of the institution's own standards or needs. Furthermore, as Assistant Director Endicott noted, while other NIH institutes focused solely on training for teaching, research and clinical medicine, the NIMH was the only institute to insist on training for physicians to go into practice. Finally, the NIMH established a series of regional offices early in its development to better reach out to its grantees throughout the country, a model that other institutes found strange and even inappropriate.

In his 1975 interview with Eli Rubenstein, Felix recalled the extent to which the NIMH was seen as an outsider at the NIH that “didn’t play by the rules” (Felix, 1975, p. 61), an indication that it was able to act with autonomy despite criticism. He is quick to add that other institutes began to see the NIMH as a threat, “Yes, we were too successful. We were winning people away, or at least they were coming out and talking to us from other institutes because they saw better success” (p. 63). Felix does not describe what he means by success in this context, but he does surmise that other institutes felt threatened by the extent to which NIMH personnel saw themselves first as mental health professionals and secondly as funders. This created, he suggested, a much closer connection between the NIMH and the professional associations that served as important advocates for the agency to Congress, the president and the broader public.

Whatever the opinion of colleagues at other institutes, it did not take long for the NIMH to become exactly as Endicott had argued, the primary source of the nation’s mental health manpower. By 1962, every major medical school department of psychiatry had received NIMH funding (Endicott, 1960). From 1950 to 1960, the number of practicing psychiatrists increased from 5,500 to 13,000 or 236%, while the number of practicing physicians over the same time period increased by just 25%. In 1946, just one-third of accredited nursing programs offered psychiatric training, while by 1960 all did. Finally, from 1950 to 1960 the social work profession overall grew by just 40%, while the number of psychiatric social workers grew by 240% (Weiss, 1990, p. 184). Such substantial increases in mental health personnel were both an indication of the NIMH’s growing autonomy and a means of growing that autonomy even further. Despite rumblings from peers at the NIH, the agency was able to successfully grow its training programs without interference from the NIH Director or Congress. Furthermore, the NIMH’s investment was developing individual mental health advocates and fostering important relationships with

institutions that were becoming increasingly reliant on NIMH funding for the ongoing survival of their graduate and undergraduate programs. These constituents would carry the NIMH's values with them into practice and would provide political legitimacy by vouching for the agency's expertise and effectiveness before its political superiors.

In addition to grants to medical schools, the NIMH began early in its history to exercise influence over state policymakers via grants-in-aid to establish and improve mental health services. In the spirit of the National Mental Health Act, the NIMH could not assume oversight or responsibility for state programs, but it could provide incentives to the states to pursue reforms or develop alternatives to state mental institutions. The 1946 Act required that each state designate a mental health authority to develop a plan for how federal funds could be used and to serve as a liaison to the NIMH. Just a year later, every state and territory had acted, and the NIMH sent representatives to each of these authorities to provide professional guidance to improve state policies and practices. Together with these relationships, the NIMH's ten regional offices across the country created strong ties to mental health associations and state officials alike (Grob, 1994a).

As in its orientation to national policy, the NIMH's advice to states emphasized the need for greater training for mental health personnel and research to advance diagnosis and treatment of mental illnesses. This was particularly palpable during hearings on the Mental Health Study Act of 1955 before the House Subcommittee of the Committee on Interstate and Foreign Commerce. Although the NIMH would eventually reject much of the final report, *Action for Mental Health*, published in 1961, the work authorized under this legislation formed the basis for NIMH proposals that were adopted by the Kennedy Administration and led to its greatest legislative victory, passage of the Community Mental Health Centers Act of 1963. Describing

the NIMH and its work with the states during these hearings, Felix and Secretary of Health, Education and Welfare Oveta Culp Hobby emphasized that grants to states had assisted in providing technical assistance to local mental health providers to treat patients who might otherwise be institutionalized, and they touted NIMH training grants as a means of addressing the significant lack of trained personnel in mental hospitals. They then called on Congress to fund new pilot research programs for improved management and treatment of patients within institutions, an expansion of the scope of NIMH's grants that would strengthen its influence over the kind of care provided by the states. Representatives from numerous professional organizations testified in support of this expansion including the American Psychiatric Association (APA) and the American Medical Association (AMA), two organizations well respected by Congress whose members had benefited from NIMH training programs, fellowships and research grants. Mike Gorman, Executive Director of the National Mental Health Committee (NMHC), an organization boasting 45 governors as honorary members, noted that the NMHC believed there was "ample authority" in the National Mental Health Act of 1946 for these new programs and welcomed the NIMH's expansion into this area (U.S. Congress, House Subcommittee of the Committee on Interstate and Foreign Commerce, 1955, p. 41).

Close ties with professional organizations and the state agencies also paid off in February 1954 when the Council of State Governments held the National Governor's Conference on Mental Health defined effective mental health programming by adopting the NIMH's emphasis on treatment and research. In his testimony Mike Gorman recounted the findings of the conference. After hearing statistics on the significant cost of state institutions, the 48 governors prepared a 10-point program for reform that echoed the key components of the NIMH's own priorities. Gorman quotes the 10-point program as follows:

Training and research in the field of mental health are essential elements of effective mental health programs. The serious accumulation of patients and costs can only be reduced by discovering new knowledge and new methods of treatment, and by adequate training and development of mental health personnel (U.S. Congress, House Subcommittee of the Committee on Interstate and Foreign Commerce, 1955, p. 36).

Following the national conference, a series of regional conferences developed reports along the same lines that were shared with Congress. In summarizing the view of the NMHC and state policymakers, Gorman encouraged the subcommittee to pass the Mental Health Study Act by echoing key elements of the mental health storyline:

We need to find out why we are unable to attract into psychiatry the thousands of young people so desperately needed. We need to find out why the treatment of mental illness has somehow become isolated from the general stream of American medicine (U.S. Congress, House Subcommittee of the Committee on Interstate and Foreign Commerce, 1955, p. 42).

As these examples demonstrate, by 1955 the NIMH successfully constructed a powerful constituency using the mental health storyline consisting of:

- Thousands of new medical personnel trained under the extensive oversight of NIMH administrators,
- State policymakers anxious to utilize the NIMH's research and training programs as a means for better, more cost effective treatments in state institutions, and
- Professional organizations such as the NMHC, APA and AMA that saw the NIMH as a way to advance the reputation of psychiatry after decades of negative publicity.

Early in the NIMH's development, these constituencies helped to increase the NIMH's budget and expand its scope to exercise greater influence over mental health treatment at the state level. They formed a highly unified discursive coalition that was able to socialize new members via training programs and to advance policy positions that strengthened the NIMH's central position

in national health policy discussions. Narrative in this context helped to form the NIMH's early strategies for developing a constituency, but also to be significantly strengthened by those strategies. By broadening the scope of the nation's mental health crisis, the storyline created a need for professionals capable of handling that crisis, helping to justify the training and fellowship programs and giving the NIMH the ability to closely monitor those programs. Their rapid success made the storyline all the more persuasive to policymakers as it was then advanced by well-respected professional organizations and state leaders who could vouch for the Institute's expertise and effectiveness.

Most significantly, these early efforts formed the basis for the NIMH's 'bold, new approach' via community mental health centers. The storyline of community care originated along with the mental health storyline at the NIMH's establishment, but would grow in emphasis in the late 1950s and early 1960s. This storyline would eventually enable the agency to exercise significant control over the development of new mental health policy and to expand its scope still further to areas such as the treatment of substance abuse and to federal entitlement programs.

The Storyline of Community Care

By the early 1950s, the NIMH's narrative adopted a more prominent and passionate storyline in calling for a move away from isolated state institutions and toward community-based care. For the NIMH, the link between the community and the agency was always seen as a critical component of its work. Using the public's distress over mental hospital conditions as a means for building autonomy, the NIMH pursued two parallel policy tracks: technical assistance grants and research programs aimed at improving conditions in state mental institutions, and expansion of community-based services to provide care within a patient's own community

(Grob, 1994a). The latter strategy represented for Felix and his colleagues at the NIMH the true solution to addressing the nation's mental health crisis, yet they also realized that to position the NIMH in total opposition to the states was to isolate an important and powerful constituency. Instead, the storyline of community care was specific enough to be seen as a new, innovative approach to healthcare delivery, yet broad enough that it appealed to both those who believed there was still a place for state institutions and those who sought to close institutions all together. In an address to the National Rural Health Conference in 1963, Felix summarized the NIMH's basic orientation to community care:

It is really quite simple. Mental patients get sick in the community and it is to the community that they must return when they are well enough to leave the hospital. They become ill among their families and friends and co-workers, and it is to these or similar relationships that they must return and adjust if they are going to be really well again. When we send them off to a strange, huge place, far from everything and everybody, we usually only make it harder for them to get well. It is comparable to cutting the umbilical cord and neglecting to tie it (Felix, 1963, p. 3).

In this text, Felix is careful to maintain a place for hospitals in the continuum of care, but also characterizes them as isolated and even counter-productive to a patient's recovery. The storyline of community care evolved from the late 1940s through the 1970s, but can be characterized by three key themes:

- State institutions are inhumane. They provide inadequate treatment for the mentally ill and do nothing to promote prevention.
- Mental health clinics and general hospitals within a patient's community can provide a continuum of care capable of preventing severe mental illness and of quickly returning the patient to a productive life, and,
- Bypassing the states and focusing on a federal policy improves overall mental health, is more cost effective, and better addresses emerging crises such as drug and alcohol abuse.

The storyline of community care emerged as a critical feature of the NIMH's narrative during testimony concerning the Mental Health Study Act where several witnesses and members of Congress focused the discussion directly on mental institutions and the promise of community care. During the testimony of Winfred Overholser of St. Elizabeth's Hospital, a mental institution and close research partner of the NIMH, Representative Martin Dies, Jr. of Texas commented:

I had occasion, some years ago, to study some of the mental institutions in Texas, to visit them, for a special reason, and up until recently, they were more like prisons than health institutions. As a matter of fact, the treatment of patients was so poor that it was wholly inadequate in many instances – well I will not use the word – that anyone who had a relative or a dear one in that condition was compelled to put them in a private institution at enormous expense (U.S. Congress House Subcommittee of the Committee on Interstate and Foreign Commerce, 1955, p. 14).

Representatives Dies's comments are characteristic of others lamenting conditions in mental hospitals as he draws on elements that were persuasive in both the mental health and community care storylines. When alluding to one's family or 'dear one' as being held in a prison with inadequate care, he draws on a redefinition of the mentally ill as not only human, but someone's loved one. He further highlights concerns raised by Presidents Truman and Eisenhower in their own healthcare agendas when talking about the enormous expense of illness to a family, an issue also of great concern to states spending as much as 35% of their budgets on inadequate institutional care. This statement is all the more significant given its context, spoken during the testimony of a mental institution administrator, albeit one with close ties to the NIMH. Instead of defending his institution, Dr. Overholser's response emphasizes the importance of the proposed mental health study for both determining how institutions can be improved via applied research and how the ill could be better treated within the local community.

This storyline was instrumental to the passage of the Mental Health Study Act and formed an important part of its implementation through the Joint Commission for Mental Illness and Health (JCMIH), which carried out the study and produced its final report. The report also holds an interesting place in the history of the NIMH and is worthy of more detailed description as it relates to the agency's growing autonomy. The JCMIH approached their nation-wide study with four goals:

- To study the medical, psychological, social, economic and cultural factors that relate to the cause of mental illness,
- To discover, develop and apply appropriate methods for diagnosis, treatment, care and rehabilitation,
- To evaluate and improve the recruitment and training of personnel, and,
- To conduct a national survey and develop a comprehensive national program for mental health care.

The JCMIH was dominated by medical professionals intent on reintegrating psychiatry into general medical practice. It was chaired by Jack R. Ewalt, Commissioner of Mental Health in Massachusetts, and included representatives from the American Psychiatric Association, the American Medical Association, the Veterans Administration, the Council of State Governments, and the NIMH, among others (Grob and Goldman, 2006). Between 1955 and 1960, the JCMIH held hearings that focused attention on mental health and collected within one body the major constituencies supporting radical change in mental health care in the United States.

The JCMIH's final report, *Action for Mental Health*, was published to coincide with President Kennedy's inauguration and emphasized the idea so central to the NIMH's narrative that the human minds of Americans were the country's greatest resource (Ewalt, 1979; Grob,

1994a). It presented a broad vision for a national mental health policy that had something for every constituency, yet failed to offer a concrete legislative agenda or to even prioritize its recommendations for policymakers. Within its broad vision, the report stressed environmental approaches to mental illness, advocated for investment in basic research and greater recruitment and training of mental health professionals, called for intensive treatment of the mentally ill in community clinics, general hospitals and state mental institutions, and proposed the creation of a full-time clinic for every 50,000 persons in the population. It also made an ambitious call for increased financial investment, largely by the federal government, to double expenditures for mental health services in the next five years and triple them within ten years (Ewalt, 1979; Grob, 1994a; Grob 1994b; Grob and Goldman, 2006; Torrey, 2013).

Although the report included many recommendations that aligned well with the NIMH's own priorities, the Institute's leaders and key constituents were quick to criticize it. Philip Sapir of the NIMH's Research Grants and Fellowship Branch called the report "pedestrian, platitudinous, rehashes of previous statements, half-truths or untruths" and "so incredibly bad that there seems almost no point in making specific criticisms" (As quoted in Grob & Goldman, 2006, p. 32). Generally, NIMH administrators found the report far too broad to be useful, and believed that it focused too much on treatment for the severely mentally ill and not enough on the prevention of mental illness or the maintenance of mental health.

For all the criticism heaped on the JCMIH report, the NIMH used the attention it received to make a strategic move toward greater autonomy and call attention to the community care storyline. Just as the JCMIH report was to be published, the NIMH was aggressively developing its own set of recommendations for the incoming president. In December 1961, President Kennedy formed the Interagency Task Force on Mental Health that included representatives

from the Bureau of the Budget, the Department of Labor, the Veterans Administration and the Council of Economic Advisors. By all accounts, however, the task force was driven by a small group of NIMH insiders led by Felix and Stanley Yolles. Falling in line with the NIMH's own policy priorities, the Task Force recommended two strategies in 1962, one focused on developing new policies in state institutions and a second focused on community-based care, treatment and rehabilitation that would make it possible for the state mental hospital as it was then known to disappear entirely (Grob, 1994a; Grob & Goldman, 2006).

Yolles recalls in his interview with Rubenstein how the concept of the community mental health center seemed to snowball during those months in late 1961 and 1962. Together with all of the NIMH's top officials, Yolles recognized that the agency was advocating for an entirely new approach to mental health care delivery, proposing 2,000 centers throughout the country that would not complement, but fully replace state mental institutions.

And I said... "What happens with the patients until the Centers take over?" That was the conundrum. And at that point we said, "Well, we want to have demonstrations or something." And we filled in the blank with that but, I have 'a recollection of . . . fairly strong of having this sort of suddenly hit me, that here we have been proposing this major thing, and then that we would have 2,000 or whatever it was, by such and such a date, and then it dawned on me, "What do we do until they take over?" Because we were talking in very bold terms in the very beginning there, that we would do away with all the mental hospitals (Yolles, 1975, May 1, p. 15).

Yolles acknowledges that key questions on how such a massive program would be implemented, including his question above of how patients would transition from hospitals to community centers, were left unresolved in the final legislation. The interview is often difficult to follow. Rubenstein was a former colleague of Yolles at the NIMH involved in many of the discussions that Yolles recounts in the interview. Their exchange includes references to individuals or situations that were known to Yolles and Rubenstein but not defined for the

reader, and yet what is palpable is how frenzied the atmosphere was as the legislation was taking shape. Yolles and his colleagues were meeting with the administrators of the Hill-Burton Act and others from the Bureau of the Budget, making concessions to advance the legislation and talking strategy on how to approach key legislators. The emphasis was on making the case for this new approach and securing the funding to construct and staff centers, but the specific details on how the centers would function were either negotiated as compromises to advance the concept or simply ignored entirely. As many researchers of the period argue, the months leading up to the NIMH's most significant legislative achievement and the massive deinstitutionalization movement were based more on an idealistic vision than any evidence that the approach would actually work (Brown, 1985; Mechanic, 1987; Grob, 1994a; Grob 1994b; Grob and Goldman, 2006; Torrey, 2013). The tone of Yolles's interview supports this claim.

Despite a lack of evidence, the storyline of community care became by 1962 the very core of its policy priorities and the basis for its key functions over the next two decades. The speed with which the storyline was adopted by President Kennedy, Congress and constituents nationwide was truly remarkable, influenced no doubt by a Cold War rhetoric that was becoming increasingly concerned with not only demonstrating scientific superiority but also cultural superiority over communist regimes. As Grob (1994a) convincingly argues, this period was defined by an increasing desire for the patient to actively participate in the conditions and nature of his/her treatment, a sentiment that echoed the discourse of freedom and democracy contrasted with the authoritarianism and apathy of the Soviets (p. 227).

On February 5, 1963, President Kennedy articulated the vision that Yolles and his colleagues at the NIMH had constructed. His address to Congress hit all the major elements of the community care storyline, criticizing the states and mental institutions and sharing a belief in

the promise of community care. He argued that mental hospitals... “have been shamefully understaffed, overcrowded, unpleasant institutions from which death too often provided the only firm hope of relief (para. 6), and that with community mental health centers “reliance on the cold mercy of custodial care will be supplanted by the open warmth of community concern and capability” (para. 12). Kennedy then proposed several specific policy initiatives emerging from the NIMH’s heavy influence on the Interagency Task Force including greater investment in developing mental health manpower, improving existing facilities together with the states, and creating community centers that could provide a continuum of services, from diagnosis to treatment and rehabilitation. Although Kennedy’s remarks, and the NIMH’s own policies, advocated for ways to improve institutions, the true intent of these new community centers was clear and would become a driving force behind the storyline’s rapid adoption: community care was to replace the cold institutions that had become the embarrassment and the financial burden of the nation. Kennedy’s address served as a key moment for the NIMH, associating the institute’s approach with a young, new leader who promised change. Felix, Yolles and their colleagues used Kennedy’s remarks as a springboard for growing the institute’s autonomy to new heights, yet the storyline would also prove to be its greatest liability as the next two decades unfolded.

Table 6.2 uses Toal’s concept of grammar to summarize how the mental health and community care storylines identified the policy problem, key threats, and the role of the Institute. Representative texts provide the reader with the themes and word choices that appear frequently at key decision points affecting autonomy, most notably the need for a bold new federal approach to addressing the crisis of mental health that state institutions were so poorly handling on their own.

Table 6.2 The Storylines of Mental Health and Community Care at the NIMH

Grammar of Storylines	Storyline of Mental Health	Storyline of Community Care
<p>Situation Description – How are the relevant actors describing the policy situation?</p>	<p>World War II military recruitment and the treatment of soldiers within their units taught us that anyone can suffer from mental illness and that isolating the ill from their families is counterproductive to treatment and rehabilitation.</p> <p><u>Representative Text:</u> <i>“The large numbers of psychiatrically disabled veterans have brought home to many families the painful realization that under stress people – not strange, or unknown individuals, but people like one’s husband, brother or fiancé – can and do break down”</i> Dr. Robert Felix, NIMH Director, Speaking to the Brief Psychotherapy Council in October 1946. (Felix, 1946, p. 1).</p>	<p>Keeping the ill within the community, where they have access to a continuum of services to move them from diagnosis to treatment and rehabilitation, is the most effective way to address the nation’s mental health crisis.</p> <p><u>Representative Text:</u> <i>“It is really quite simple. Mental patients get sick in the community and it is to the community that they must return when they are well enough to leave the hospital. They become ill among their families and friends and co-workers, and it is to these or similar relationships that they must return and adjust if they are going to be really well again. When we send them off to a strange, huge place, far from everything and everybody, we usually only make it harder for them to get well. It is comparable to cutting the umbilical cord and neglecting to tie it.”</i> Dr. Robert Felix, NIMH Director, Address to the National Rural Health Conference, September 1963. (Felix, 1963, p. 3).</p>
<p>Where – From where are there real or perceived threats necessitating a given policy solution?</p>	<p>Inadequate conditions in state mental hospitals threaten the United States’ ability to fulfill its full potential, and to demonstrate both its scientific and cultural superiority.</p> <p><u>Representative Text</u> <i>“There is little point in pouring billions of dollars into the sky-rocketing science of the physical universe unless we match it with what is needed to achieve and maintain a population of people sound enough in mind and body to cope successfully with the problems brought about by the sudden sweeping changes affecting the world in which we live. Today, more than ever, we need to give attention to the mental health of the nation.”</i> Dr. Francis Braceland, American Psychiatric Association, testifying before Congress in support of the NIMH’s 1960 budget. (Braceland,</p>	<p>State mental hospitals are inhumane and do nothing to prevent mental illness or enhance mental health.</p> <p><u>Representative Text:</u> <i>“I had occasion, some years ago, to study some of the mental institutions in Texas, to visit them, for a special reason, and up until recently, they were more like prisons than health institutions. As a matter of fact, the treatment of patients was so poor that it was wholly inadequate in many instances – well I will not use the word – that anyone who had a relative or a dear one in that condition was compelled to put them in a private institution at enormous expense.”</i> Representative Martin Dies, Jr. of Texas during testimony concerning the Mental Health Studies Act, March 1955. (U.S. Congress House Subcommittee of the Committee on Interstate and Foreign Commerce, 1955, p. 14).</p>

	1959, pp. 17-18).	
<p><i>So what? – What is at stake in this situation for the U.S.?</i></p>	<p>A new national policy must provide for the humane treatment of the mentally ill and apply U.S. scientific expertise to enhancing overall mental health if the U.S. is to differentiate itself from other nations and ensure the productivity of its workforce.</p> <p><u>Representative Text:</u> <i>“For half of mankind, disease and disability are a normal condition of life. This incalculable burden not only causes poverty and distress, and impedes economic development, but provides a fertile field for the spread of communism.”</i> President Dwight D. Eisenhower in his Special Message to the Congress Recommending a Health Program, January 1955. (Eisenhower, 1955, para.38).</p>	<p>The federal government must advance a bold, new approach that provides comprehensive, community-based services to replace the ineffective, overcrowded and expensive state institutions that have become the embarrassment of the U.S. health care system.</p> <p><u>Representative Text:</u> <i>“In closing I would like to state that any funds that the Congress appropriates to implement the President’s program should not be considered as funds to aid the mentally ill and mentally retarded only. In this situation we can honestly state that the giver, the people of the country, will profit more than the receiver, those of our members who will benefit directly from these new services. The very act of seeing that we provide adequately for these needs in itself will contribute immeasurably to the self esteem and pride in ourselves and our country.”</i> Dr. V. Terrell Davis, Director of the Division of Mental Health and Hospitals in New Jersey and Vice President of the National Association of State Mental Health Program Directors testifying in support of the Community Mental Health Centers Act (U.S. Congress Senate Subcommittee on Health of the Committee on Labor and Public Welfare, 1963, p. 139).</p>
<p><i>Who? – Who are the relevant actors and what is their role?</i></p>	<p>Trained medical professionals, particularly psychiatrists educated in the public health paradigm, are the only ones capable of the effective diagnosis and treatment of mental illness and of providing citizens with the tools to ensure their ongoing mental health in a rapidly changing world.</p> <p><u>Representative Text:</u> <i>“The opportunity is here for psychiatry to transform the public’s concept of it as an esoteric art serving a relatively few people to that of a trusted science serving the many.”</i> Dr. Robert Felix, NIMH Director, Speaking to the Brief Psychotherapy Council in October 1946. (Felix, 1946. p. 19)</p>	<p>The states have proven themselves incapable of providing adequate care through state-supported mental institutions. Now, the federal government must provide substantial financial resources for the construction and staffing of community mental health centers</p> <p><u>Representative Text:</u> <i>“Merely pouring Federal funds into a continuation of the outmoded type of institutional care which now prevails would make little difference. We need a new type of health facility, one which will return mental health care to the main stream of American medicine and at the same time upgrade mental health services.”</i> President John F. Kennedy in his Special Message to Congress on Mental Illness and Mental Retardation, February 1963. (Kennedy, 1963, para.20).</p>

<p>How? – How are the relevant actors suggesting we address the situation described?</p>	<p>The federal government, through the creation and ongoing support of the NIMH, must invest in training and education to increase and strengthen the nation’s mental health manpower, to advance research into the causes of mental illness, and to develop strategies for improved diagnosis and treatment.</p> <p><u>Representative Text:</u> <i>“From the facts I have given you, it is obvious that mental illness is the greatcrippler of lives which might otherwise be productive and useful. In the final analysis, the strength of a nation lies in the minds – the genius and the everyday abilities – of its people. It is our duty to help conserve and protect this precious resource. Let us therefore appropriate the funds the National Institute of Mental Health needs to carry forth its battle against mental disease.”</i> Representative Edward J. Sittler of Pennsylvania speaking in support of the NIMH’s 1954 budget. (Rep. Sittler, 1953, pp. 2859-2860).</p>	<p>Through federally-funded grants administered by the NIMH, 2,000 community mental health centers will be established nationwide providing a series of essential services for both inpatient and outpatient care to address a wide range of mental health needs and return the patient to a productive role in society.</p> <p><u>Representative Text:</u> <i>“...as his needs change, the patient in such a center will move quickly from diagnosis to treatment, from inpatient to outpatient status, from sheltered workshop to industry.”</i> Anthony Celebrezze, Secretary of Health, Education and Welfare testifying before Congress in support of the Community Mental Health Centers Act. (U.S. Congress Senate Subcommittee on Health of the Committee on Labor and Public Welfare, 1963, p. 18).</p>
<p>Impact on Autonomy – How do these storylines contribute to the agency’s ability to exercise autonomy?</p>	<ul style="list-style-type: none"> • The NIMH exercises significant authority over undergraduate and graduate training and fellowship programs. • These training programs, together with mental health advocacy organizations anxious to position psychiatry as a critical medical specialty form a powerful constituency. • Expertise and a close connection to constituencies via grant programs and regional offices allow the institute to build a reputation for effectiveness. 	<ul style="list-style-type: none"> • States must submit plans to the NIMH for the establishment of community mental health centers before funds are awarded to local centers. • The NIMH establishes the essential services of community mental health centers and provides technical assistance to ensure that the services are being delivered. • The existing expertise and services at the centers are also seen as capable of providing services for the treatment for emerging mental health issues including alcohol and drug abuse, thereby expanding the agency’s scope as policy priorities evolve.

Constructing and Staffing a Bold, New Approach

The 1960s were a period of rapid change for the treatment of mental illness. Psychotropic drugs were allowing schizophrenics and other severely mentally ill patients to live relatively normal lives. In 1965, Medicare and Medicaid transformed the mental health landscape with their inclusion of psychiatric benefits. Many scholars argue that it was these innovations, and not the community mental health centers advanced by the NIMH, that catalyzed deinstitutionalization in the United States when the population of patients in mental hospitals decreased from 560,000 in 1955 to just 115,000 by the mid-1980s (Mechanic, 1987). These scholars have the benefit of retrospect, however, for when one considers the discourse of the period it becomes evident that the NIMH's community mental health centers were seen by administrators and policymakers alike as the key to emptying overcrowded hospitals and solving the nation's mental health crisis. A key indicator of autonomy is the agency's ability to influence legislation. This demonstrates the respect political superiors have for its expertise in the policy area and their trust in its ability to carry out policy objectives effectively. The community care storyline helped the NIMH to advance its vision for mental health treatment and to play a central role in the development and implementation of a major new health care initiative.

President Kennedy's remarks in February 1963 elevated the key elements of a powerful community care storyline to the national policy agenda, marginalizing state institutions and promising a bold, new approach to mental health care despite little evidence to support its effectiveness. The storyline is advanced and repeated most dramatically throughout discussion of the Community Mental Health Centers Act of 1963 and in subsequent amendments to that legislation, which marked the NIMH's most significant policy achievement and significantly expanded its authority and resources. The original bill called for an increase in funding for

fellowship and training programs, greater investment in research, federal support of 45% to 75% of construction costs for new community mental health centers, short term grants covering 75% of staffing costs at those centers, and increased funding to state mental institutions until the new centers could be established (Toth, 1963). It defined a community mental health center as “a facility providing services for the prevention or diagnosis of mental illness, or care and treatment of mentally ill patients, or rehabilitation of such persons” residing in or near the community in which it is located (U.S. Congress Senate Subcommittee on Health of the Committee on Labor and Public Welfare, 1963, p. 7).

From the original authorization of funds to construct new community facilities in 1963, to amendments in 1965 and 1970 that added staffing grants and increased the duration of federal support, the NIMH was at the center of it all, not only advancing the policy agenda, but also positioning itself as the only agency capable of distributing funds and overseeing their use in local communities. Where the Hill-Burton Act provided national subsidies for the construction of state hospitals, this new legislation largely bypassed the states, creating a direct connection between the federal government and community centers, and failing to include state mental hospitals as a component of the continuum of care available to patients (Grob and Goldman, 2006). States were required to develop plans for construction in local communities, but those plans were to be approved by the NIMH and funds were then granted to local organizations to carry out the plans.

This period marks the height of the NIMH’s autonomy illustrated by a dramatic increase to its budget. To its 1962 appropriation of \$106 million, Congress added with this legislation an additional \$150 million in 1963 for grants for community mental health centers, followed by significant increases in subsequent years (Weiss, 1990). The NIMH was also given authority

through the Department of Health, Education and Welfare to review and approve state plans for center construction before grants funds could be awarded, and for establishing the key functions of community mental health centers and their compliance with those functions. In short, the NIMH's efforts from 1946 to 1963 to build constituencies of supporters and raise mental health to the national policy agenda had paid off, and Felix's early vision for community care was to be adopted and tested. Testimony over the Community Mental Health Centers Act demonstrates the extent to which a broad range of constituents had adopted the community care storyline to make the case for legislation that would significantly expand the NIMH's scope and autonomy.

In his March 1963 remarks before the Senate Subcommittee on Health of the Committee on Labor and Public Welfare, Secretary of Health, Education and Welfare Anthony Celebrezze set the tone for the three days of testimony on the Community Mental Health Centers Act. He began his comments emphasizing the significant cost to the states of treating the mentally ill, and he positioned community mental health centers as a more effective and less costly alternative. Echoing President Kennedy's remarks, he describes state mental institutions as places for "quarantining the mentally ill, not treating them" and details the preventative, diagnostic, therapeutic, and restorative services of community mental health centers (CMHC). Like others to follow him, Celebrezze argued that the CMHC would offer a continuum of care for the patient, "as his needs change, the patient in such a center will move quickly from diagnosis to treatment, from inpatient to outpatient status, from sheltered workshop to industry" (U.S. Congress Senate Subcommittee on Health of the Committee on Labor and Public Welfare, 1963, p. 18). The Secretary's remarks included all the major elements of the community care storyline, disparaging state institutions - and by extension state policy in general - as outdated and backward, and defining mental illness as a national health problem solved by a national policy solution. His

language places the patient on a journey from diagnosis to recovery, returning him to a productive life.

Despite the legislation's assumption of the superiority of community-based treatment over state hospitals, many state mental hospital representatives adopted the community care storyline to speak in favor of the legislation. Dr. V. Terrell Davis, Director of the Division of Mental Health and Hospitals in New Jersey and Vice President of the National Association of State Mental Health Program Directors, argued that state institutions had failed to incorporate "tried and true methods of American medicine." He pointed to small mental health committees working in counties throughout New Jersey as evidence of the success of a community-based approach and described grants provided by the NIMH as a beacon for transforming mental health services in his state. He concluded with his fervent belief that CMHCs would enhance national pride:

In closing I would like to state that any funds that the Congress appropriates to implement the President's program should not be considered as funds to aid the mentally ill and mentally retarded only. In this situation we can honestly state that the giver, the people of the country, will profit more than the receiver, those of our members who will benefit directly from these new services. The very act of seeing that we provide adequately for these needs in itself will contribute immeasurably to the self esteem and pride in ourselves and our country. It has been said that man cannot live by bread alone. It will be a tarnished victory to win the race to the moon but still have to explain to the world our failure to adequately utilize the knowledge we have to care for the mentally ill and mentally retarded (p. 139).

Dr. Davis's testimony underscores how the community care storyline fit within a larger narrative that emphasized faith in America's ability to apply its superior scientific knowledge to social problems.

Over three days of testimony on the Community Mental Health Centers Act, there were some brief moments of hesitancy over both the scale of the federal government's financial

commitment proposed in the legislation and the potential impact on municipal budgets. Grace Gurisic, Mental Health Vice Chairman of the Committee on Health and Education of the National Association of Counties admitted that the Act would put added stress on counties and localities as the federal government would be supplying only a partial subsidy for center construction. Yet, she also repeated the storyline's core belief that the CMHC's would result in both superior care and in lower costs in the long run:

For a vast majority of our mentally ill citizens, the treatment that can be maintained through these community health centers is not only clinically, morally and psychologically preferable, but in the long run should result in diminishing the demand on our financial resources (p. 173).

She also urged Congress to authorize support for staffing grants as well as center construction. Staffing grants would not make it into the 1963 legislation, but were later added in 1965.

With the support of Secretary Celebrezze, state and local constituencies, Felix gave his own testimony with his characteristic confidence, if not arrogance, in the NIMH's approach and the promise of community care. He celebrated the commitment of Congress to supporting the NIMH's programs and suggested that the Community Mental Health Centers Act was the culmination of that support. He declared that the legislation would cut the population of mental hospitals in half in just 20 years, and said, "I wish to God that I could live and be active for 25 more years, because I believe if I could, I would see the day when State mental hospitals as we know them today would no longer exist" (p. 191). His testimony is brief, yet the faith that the subcommittee's members have in his leadership is clear. They ask no questions about the legislation specifically, and Chairman Lister Hill and his colleagues applaud the NIMH and Felix as having a transformative influence on mental health policy.

The overall tone of the three days of testimony was positive, if not celebratory, as mental health professionals touted the legislation and community-based care as the result of decades of work to bring mental health to the forefront of national policy and to end the shameful practices of state institutions. The NIMH as an organization, and Felix individually, had built a reputation for effectiveness. They had reached a point where they were not only able to define and carry out the Institute's mission and tasks without interference, but also to drive the development of new mental health legislation that was seen as critical to the nation's overall health policy goals. The storyline of community care formed the basis for the legislation and became increasingly persuasive as more and more mental health professionals and political leaders expressed their support for the Act. The legislation then allowed the NIMH to gain autonomy along other key indicators, including increases to its budget and the ability to exercise oversight over health care delivery in state and local facilities, an expansion of its scope beyond that envisioned in its enabling legislation. The storyline of community care may be seen as a causal driver toward greater autonomy by carrying the key messages that helped to pass the community mental health centers legislation. In turn, the legislation increased the NIMH's power and authority.

In the months following the 1963 hearings, Felix and his NIMH colleagues also continued to promote the new centers. In a talk before the National Democratic Women's Club Luncheon in May 1963, Felix summarized the president's remarks and the proposed community mental health centers before saying, "As Director of the NIMH, as a psychiatrist, and as a private citizen, I know that this will work (emphasis in original)" (Felix, 1963, May 16). Felix's remarks are indicative of a transition in the texts concerning mental health beginning in 1963 and evolving over the next several years. Initially, Felix strongly associated himself and the NIMH with the new centers, banking on his individual reputation as much as that of his agency. Yet, he

was also careful to frame the program as the president's mental health program, not his own or the institute's, so that he was seen as a key supporter but not the architect of the new approach. Presidential commentary through the 1960s also incorporated this view, focusing on the centers themselves and not the NIMH. Initially, distancing the community mental health center from a specific agency and framing it as a national health innovation was a positive one, particularly with the enthusiastic support of the Kennedy and Johnson administrations as well as Congress. Over time however, as demands on the centers became more confused and expansive and presidential support waned, the NIMH's absence from the storyline would make it difficult for the agency to adapt the storyline to new circumstances and to thereby maintain its autonomy.

The Community Mental Health Centers Act was signed into law on October 31, 1963. Upon signing the bill, President Kennedy thanked Congress for their leadership saying, "The mentally ill and the mentally retarded need no longer be alien to our affections or beyond the help of our communities" (Kennedy, 1963, October 31, para. 9). No sooner did the NIMH begin to work with states on their plans and develop regulations for funding construction than Congress took up amendments to the Act, most significantly to include support for staffing the centers. Just one week after signing his landmark Medicare legislation, President Johnson signed the amendments into law. His remarks repeat the community care storyline and also emphasize the pride Americans should feel when, in the midst of pressures around the world, they are taking care of their most vulnerable:

And I think it is a very fine commentary on the Congress and on this country that with all the responsibilities which we must meet around the world, that our society is still able and willing to show compassion for the mentally ill...So I feel that every American can and should take pride in being part of a system that is so devoted and dedicated to justice and decency, and to just plain old-fashioned simple goodness (Johnson, 1965, para.14 and para.17).

By the time Congress was considering another round of amendments in 1970, the NIMH had begun to implement the new legislation with mixed results in a broader political and social environment that was rapidly changing, and not to the Institute's benefit. The community care storyline and the basic concept of the community mental health center would remain persuasive and assist the Institute's efforts for greater funding and longer term investment in CMHCs in 1970, but the constituencies the NIMH had worked so hard to unify were becoming increasingly fractured, and the connection between national and local agencies so lauded in debate over the 1963 legislation was proving difficult to sustain. The following sections document the decline of the NIMH's autonomy through 1981 resulting from, in part, an expanding definition of mental health and community care that caused the narrative of America's superior treatment of the mentally ill to collapse under the weight of its own expectations.

Social Activism Rises and the Administration's Support Wanes

By 1970, the powerful biomedical lobby that had pumped money into medical research and helped to expand the NIH with new institutes for neurological diseases, microbiology, allergies and infectious disease, and children and human development, had lost much of its power (Grob, 1994a). Although the NIH continued to lead the nation's efforts to determine the causes and cures of countless diseases, various reorganizations affected its institutes, particularly the NIMH. In 1967, the NIMH was unsuccessful in its efforts to avoid reorganization. It was separated from the NIH and raised to bureau status in the PHS, a move that raised its profile in some respects but also separated the grant making and research functions it had fought hard to align since 1949 (National Institutes of Health, 2014). By 1969, the priorities of President Nixon, pressures from the Vietnam War, the retirement or loss of key legislators like Lister Hill and

John Fogarty, and alleged mismanagement of funds by NIH officials all weakened support for the NIMH by key policymakers.

Felix retired from his position as director in 1964 and was succeeded by Stanley Yolles. Still, he continued to be active in promoting the NIMH and mental health policy more broadly, and the change in tone of his comments between 1965 and 1969 on these issues provides a sense of how dramatically the landscape had changed. Speaking as Dean of the St. Louis University School of Medicine in April 1965, Felix presented an almost utopian view of the federal government's role in health care. He claimed that "health is a right" and that "just as the citizen can demand protection from assaults on his person or property by individuals, he can demand protection against assaults by disease agents" (Felix, 1965, pp. 1-2). He argued that the federal government has worked to provide for all essential elements of health services and that as it continued to fulfill its role, Americans would enjoy greater access to health insurance coverage, more facilities designed to meet all the health needs of a community, and a return to family-type practice. His remarks reflect a growing movement within psychiatry towards consideration of the patient's social, political, and economic environment in diagnosis and treatment, including an increasing concern over the mental health challenges specific to the poor and minorities. The overall social activism of this period, including the Civil Rights Movement and Johnson's War on Poverty, no doubt added this new dimension to mental health care. Speaking to the American Psychopathological Association in 1967, NIMH officials argued that, "The success of a mental health program is no longer simply the function of the clinical skills of the program staff; the success of a program is equally dependent on skills in coping with, and adapting to, and sometimes even changing the local political, social, and economic environment" (Grob and Goldman, 2006, p. 44).

This new, community psychiatry was gaining popularity among mental health constituencies throughout the 1960s and 1970s, but Felix's comments in 1968 reflect waning support for the NIMH specifically and for medical research more broadly. Speaking at the APA Council Planning Conference in December, Felix advised the Association on its legislative program. He suggested that the APA "tactfully but nevertheless aggressively interject itself into the decisionmaking process" in public policy (Felix, 1969, p. 2). He chronicled how the NIMH had exercised its influence, positioning itself to be consulted by the Secretary of HEW on any legislation related to mental health, building relationships with organizations well respected by Congress, and having staff members well versed in the legislative process. He was also quick to comment on the 1967 reorganization of the NIMH and further efforts in 1968 to subsume other NIMH functions within the Health Services Administration (part of the PHS). He noted that such efforts resulted in "a slow but steady erosion of autonomy and flexibility" (p. 9). He urged the APA to protect the NIMH's autonomy by actively and vigorously supporting a resolution by the National Advisory Mental Health Council to allow the NIMH to function as an independent administrative unit within the Department of Health, Education and Welfare at the same level as the NIH and the PHS, thereby positioning it as a peer, not a part of, these two institutions. Just three years after celebrating the federal government's expansive efforts to care for the health of its citizens, Felix's tone was defensive, even desperate, as he instructed the APA on how to advance its legislative agenda while simultaneously asking for its influence to protect the NIMH.

The longstanding support the NIMH and health agencies generally had enjoyed since the end of the war was dissipating under the Nixon administration, and constituencies like the APA and other mental health advocates had to work harder to maintain the momentum created in 1963 with the Community Mental Health Centers Act. They continued to advance the storyline of

community care to advocate for greater and longer term funding, but they also drew on the social activism of the period to further expand definitions of mental illness and health, and to thereby expand the services and benefits of community mental health centers. Appropriations hearings on the CMHC Amendments of 1970 and 1971 capture growing tensions between the community care storyline as it began to expand and the Nixon Administration's tepid support amidst the stresses of the Vietnam War. Specifically, the hearings demonstrate how key policymakers and constituencies continued to support the overall concept of community mental health centers but also how disappointed they were in their slow progress. In relation to the NIMH's autonomy, these texts reveal how administrators altered the community care storyline to keep the CMHCs relevant in a changing political landscape, and where lawmakers chose to place the blame for the slow progress and increasing cost of CMHCs. Though the NIMH's autonomy was no doubt in decline, the community care storyline seems to have slowed that process, at least somewhat, before a more precipitous loss of autonomy in the late 1970s.

By the time Congress was considering the extension of the Community Mental Health Centers Act and several amendments in late 1969, the dream of 2,000 centers nationwide was still a distant proposition. According to Creed Black, Assistant Secretary of Legislation for the Department of Health, Education and Welfare, 376 centers had received some level of funding, but just 175 were considered operational. Speaking on behalf of the Nixon administration, Black outlined the proposed amendments including an extension of staffing support and an increase in the federal share of construction and staffing costs as well as expanded services for alcoholics and substance abusers. Black devoted the majority of his testimony to the need for these new centers to expand their services to deal with the nation's emerging drug and alcohol problem. Using the same language that persuaded policymakers to pass the 1963 legislation, Black argued:

Preventative and curative services for drug abusers and alcoholics must be part of a comprehensive mental health system and should not lead to separate facilities and services. The mental health center model is an ideal one in which to integrate facilities and services for alcoholism and drug abuse. Centers are structured to respond to the needs of their respective communities – the place where persons suffering from these disorders live and to which they will return. The coordination of mental health and social services in the centers provides treatment that allows treatment which can be tailored to fit patients' needs and allows for natural progression through inpatient treatment, gradual return to the community by partial care systems and long-term, follow-up services (U.S. Congress, House Subcommittee on Public Health and Welfare of the Committee on Interstate and Foreign Commerce, 1969, p. 22).

Just as HEW and the NIMH had done six years earlier in advocating for CMHCs in treating traditional forms of mental illness such as schizophrenia, Black underscored their ability to provide a continuum of care that would return the abuser to his/her community smoothly and quickly. The notion that the ill would not be isolated from their community, but quickly reintegrated remained persuasive. Indeed, positioning CMHCs as the appropriate place for diagnosis and treatment of alcoholism and substance abuse was a strategic move that reflected Nixon's own priorities (Nixon, 1969) and those of many members of Congress, yet it was not without question or controversy both in terms of its potential financial cost and whether it might be better to provide separate facilities for drug and alcohol abuse. The debate reflects the extent to which the storyline of community care was evolving with changing social and political priorities by expanding the range of individuals who could benefit from community-based care. It was not however, successfully convincing listeners that existing community mental health care centers were meeting the increased demand for services.

Subcommittee members and other witnesses were conflicted over the inclusion of services for drug addicts and alcoholics during both the extension and amendment hearings. Representative James Hastings of New York, for example, pointed to the success of separate

facilities in both New York and California to suggest that CMHCs may not be the most appropriate venues for substance abuse treatment. NIMH Director Yolles responded, “For far too long we have had the policy, much like that for the mentally ill, of moving the drug addict out of site and out of mind to large institutions away from the community from which he comes and away from his friends and relatives” (U.S. Congress, House Subcommittee on Public Health and Welfare of the Committee on Interstate and Foreign Commerce, 1969, p. 42). He also argued that mental health professionals agreed that the services needed for treating drug and alcohol addiction were identical to those already in place for treating the mentally ill.

While this seemed to appease Rep. Hastings, witnesses from many of the key constituencies on which the NIMH depended were divided on the issue of expanding the scope of the centers. Dr. James Sussex of the American Psychiatric Association argued that expanding the services to include different types of patients would compromise the treatment available to the severely mentally ill, requiring them to compete for limited services:

One recalls philosophically that it was fundamentally important to the idea of a community mental health center that it be comprehensive, in the sense that it treats all comers, without discrimination as to diagnosis, as well as other things. This I feel is far from being realized at this point in time. The centers as now funded cannot cope with massive problems such as alcoholism and drug abuse, or with large numbers of children, who sometimes present unique types of problems (p. 93).

Each of the witnesses clearly supported the concept of the community mental health center, and reiterated the key components of the storyline that rejected large institutions in favor of a comprehensive set of community-based services.

This study argues that narratives influence autonomy by moving the listener from his/her initial emotional response through a process of categorization and particularization of the problem and ultimately toward a preferred solution that enhances autonomy. Through that

process, the narrative identifies the key actors, particularly those who will benefit from the preferred solution and the institutions or agents capable of implementing the solution effectively. The debate above suggests that the community care storyline continued to elicit an emotional response, and to convince listeners that the policy problem should be defined as inadequate treatment due to removing patients from their families and placing them in large, state-run institutions. Yet by the late 1960s, the definition of the patients who would benefit from community care had expanded significantly to include children, those suffering from drug and alcohol addiction, and individuals dealing with the normal stresses of everyday life. The NIMH eagerly adopted and advanced this expanded definition, but failed to make the case that the centers, which had been slower to develop than initially anticipated, were capable of effectively serving this expanded group of patients. Indeed, the storyline's initial emphasis on comprehensive services for the mentally ill was exploited by skeptics as evidence that the centers were no longer the only policy solution for such a substantial mental health crisis. Dr. Sussex of the APA captured the questions that were emerging. Could these centers truly provide effective, comprehensive care for patients with such differing emotional problems? Could they do so with limited funding, especially when the Vietnam War was placing greater demands on federal coffers and the centers were developing at a far slower pace than initially anticipated?

I do not want to suggest that the storyline of community care was no longer persuasive. On the contrary, the NIMH was able to expand its scope to include drug and alcohol abuse services because the storyline was still convincing to the majority of policymakers. However, by raising concerns and asking questions about the centers' ability to meet such broad demands, the constituencies that had been so unified behind the NIMH were beginning to fracture. They were

no longer presenting a unified, positive opinion of the agency's ability to carry out its tasks effectively and efficiently.

Ultimately, limited funding was provided to include services for drug abuse and alcoholism in the NIMH's 1970 appropriations. The National Institute for Alcohol Abuse and Alcoholism was established within the NIMH in 1970 and an institute for drug abuse was established within the NIMH in 1972.² Significantly, it was not the impassioned plea for expanded services that preserved the NIMH's influence, but the belief from legislators and witnesses alike that the centers would be developing more quickly and state institutions emptying out more dramatically were it not for the federal government's severe underestimation of the funds needed to support the centers. This was mentioned repeatedly in the extension and amendment hearings, and again in the 1971 appropriation hearings. Witnesses pleaded with the committee to extend staffing support beyond the initial 51-month period, and to increase the proportion of federal support for both construction and staffing. Representatives from rural centers, such as Alex Portz of the Appalachian Mental Health Center in West Virginia, argued that state and local matching dollars were simply not available in rural, impoverished areas like his, and yet the need for services to deal with the mental stresses of living in poverty was particularly acute (U.S. Congress, U.S. Congress, House Subcommittee on Public Health and Welfare of the Committee on Interstate and Foreign Commerce, 1969). Mike Gorman of the National Committee Against Mental Illness provided numerous examples of local communities willing to increase local taxes to support centers, but still falling short as the Nixon administration proceeded to "emasculate" community mental health centers with budget

² In 1974, the National Institute for Drug Abuse (NIDA) and the National Institute for Alcohol Abuse and Alcoholism (NIAAA) became separate institutes under the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), which also included the NIMH. In 1992, the ADAMHA was dissolved through the ADAMHA Reorganization Act (P.L. 102-321) and the research components of the NIAAA, the NIDA and the NIMH moved back under the NIH (National Institutes of Health, 2014).

restrictions and efforts to remove authority from the NIMH and transfer it to the states (U.S. Congress, Senate Subcommittee on Health of the Committee on Labor and Public Welfare, 1969, p. 54).

These texts demonstrate that the NIMH's reputation remained strong enough to maintain its autonomy and to focus blame for the slow development of the centers on insufficient funding, not the NIMH itself. Still, the NIMH faced significant challenges in trying to keep their constituency unified while dealing with waning support from the Nixon administration. Upon signing the 1970 amendments into law, Nixon expressed his reservations about several of the provisions, specifically that the amendments allowed the National Advisory Mental Health Council, significantly influenced by the NIMH, to retain its approval authority over every construction and staffing grant awarded. He also noted that the amendments moved away from his desire to consolidate federal grant programs with its new grant categories for services for children and consultative grants (Nixon, 1970). The NIMH managed to maintain its authority with the 1970 amendments, but the administration's intention to remove that authority had become clear. As a result, Stanley Yolles resigned as Director of the NIMH in 1970 claiming that the administration was abandoning the mentally ill.

The NIMH would experience a turbulent decade following the 1970 amendments, filled with successes that expanded the impact of community mental health centers and provided newfound support from President Carter, as well as budget challenges, reorganizations, and an overexpansion of the scope of mental health care. NIMH administrators were able to maintain enough of a reputation to continue to exercise influence over centers and to expand their scope through much of the 1970s, but its constituents were now beginning to co-opt the storyline of

community care to meet their specific needs, some of which were not conducive to maintaining the Institute's high degree of autonomy.

Nixon's comments when signing those 1970 amendments into law foreshadowed the ultimate decline of the NIMH's autonomy under the Reagan administration when the Mental Health Systems Act was repealed and the rehabilitation and treatment functions of the NIMH and institutes for alcohol and drug abuse were consolidated into a single block grant to be administered by the states (National Institutes of Health, 2014).

Declining Autonomy in an Age of Decentralization

The 1970s were a tumultuous time for the U.S. federal government. From the War in Vietnam to the Watergate scandal, the public's confidence in the federal government was severely shaken and significant reforms were put in place affecting the power of Congressional committees and seeking to better navigate the relationship between the legislative and executive branches. Nixon's comments on the 1970 amendments to the CMHC Act were characteristic of emerging efforts to devolve greater authority to states when it came to federal grant dollars. The mental health care landscape was also continuing to change, and the NIMH's autonomy was increasingly dependent on the success of CMHCs and whether it could use the growing deinstitutionalization movement to its advantage.

President Ford continued his predecessor's attacks on CMHCs. He vetoed a routine extension of the Community Mental Health Centers Act in 1974 and managed to impound funds being used to run the centers on an emergency basis while Congress was debating the extension in 1975. Ford's veto was eventually overridden, but the resulting legislation added new required

services and changed the funding scheme to require centers to apply more frequently for funds (Brown, 1985).

In addition to the changes affecting CMHCs, the NIMH continued to face threats to its autonomy via budget cuts and reorganization. In 1969, the NIMH's budget for training grants was \$120 million, but by 1976 it had shrunk to just \$85 million. In 1978, the NIMH's power was further weakened when it was merged with the National Institute of Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism into the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). Upon taking office, the ADAMHA's founding director, Gerald Klerman, fired NIMH director Bertram Brown, the last member of the NIMH's original leadership under Felix (Brown, 1985, p. 56).

Amidst a loss of trust in the federal government, it is difficult to pinpoint exactly why policymakers were making such significant changes to the NIMH. Still, it was becoming increasingly difficult for the NIMH to position itself or CMHCs as the drivers of positive changes in mental health care. This was due, in part, to the fact that the NIMH had been such an effective advocate in the early 1960s for a variety of health policy initiatives, most significantly Medicare and Medicaid. The Institute's ambitious agenda of placing itself at the center for national health policy, not just mental health policy, proved to be a double-edged sword as some programs unaffiliated with the NIMH became far more effective mechanisms for deinstitutionalization than community mental health centers. From 1955 to 1965, the inpatient population of state hospitals declined by just 15%. In the succeeding decade, that would jump to 59%, due in large part to the creation of Medicare and Medicaid and their inclusion of psychiatric benefits (Grob and Goldman, 2006). Prior to 1965, state institutions housed many elderly patients who were suffering from dementia and the effects of advanced age. By 1977,

14% of Medicaid funds supported the elderly in state institutions, but 53% of funds supported the elderly in nursing homes, essentially shifting patients, and thus expenses, from state-run institutions into nursing homes supported by federal entitlement programs. Grob and Goldman (2006) describe this period in mental health policy by chronicling an evolving distinction between treatment and care:

Treatment was subsumed under a decentralized medical and psychiatric service system that served a varied and diversified client population. Care, by contrast, increasingly came under the jurisdiction of a series of federal entitlement programs which presumed that income maintenance payments, access to treatment, housing and food stamps would enable disabled persons to live in their communities (p. 58).

Their analysis captures a critical weakness in the community care storyline, which did not differentiate between treatment and care, or between the daily stresses of life and the needs of the severely mentally ill. Critics of mental health policy and the NIMH repeatedly point out that by expanding the definition of mental illness to include stresses brought on by the broader environment, the NIMH and policymakers were abandoning the severely mentally ill, those who, despite major advances in mental health treatment, truly needed quality care. Whether in institutions, community mental health centers, general hospitals, or even in private homes, these patients needed consistent, long-term care, yet the community care storyline focused on a patient's movement from diagnosis toward a productive life, implying that with effective treatment, the patient could be cured. It did not articulate a strategy for those needing ongoing care, nor did it set clear standards for success within CMHCs after they were built. The NIMH required certain basic services with CMHCs, but lacked the administrative structure to evaluate those services effectively. As a result, local centers were subject to the pressures of their communities to provide services that dealt with personal problems such as divorce or substance

abuse, while the needs of severely and chronically ill patients were left unmet (Grob and Goldman, 2006; Brown 1985).

Policymakers and previously supportive constituencies were beginning to realize that the policy problem identified decades earlier – housing the ill in isolated, inhumane institutions – was being solved via entitlement programs as much, if not more so, than by the NIMH’s own programs. This demonstrates the multiple, interrelated, and sometimes competing roles that storylines can play. Throughout the 1960s, the NIMH used the storyline of community care with great success to develop and advance policy initiatives such as the Community Mental Health Centers Act and Medicare and Medicaid. The NIMH was indeed at the center of these initiatives, being consulted by policymakers on a variety of health programs, not all of which were under NIMH control. Yet, the ability of storylines to affect policy is different from their ability to affect agency autonomy. To enhance autonomy, the storyline must make the case for policies that bring the agency greater resources, authority and reputation. Medicare and Medicaid did none of these things for the NIMH. If anything, the success of these programs led supporters to question whether community mental health centers were meeting their ultimate goal of emptying institutions at all, further contributing to the NIMH’s fracturing constituency and waning support from political superiors in the 1970s.

By 1977, President Carter had recognized that the changes to mental health policy made in the 1960s and 1970s had not benefitted the severely and chronically mentally ill as they had originally intended to do. His own commitment to the needs of the mentally ill and retarded, and that of his wife Rosalynn, led him to establish the President’s Commission on Mental Health shortly after assuming the presidency. As Grob argues in his 2005 article on the Commission, the name itself reflected the discursive shift from a focus on mental illness to mental health. About

twenty years earlier, the Joint Commission on Mental Illness and Mental Health had been focusing on the needs of the severely mentally ill, but by 1977, the focus was squarely on mental health, a term sufficiently vague to include constituencies of all kinds with a variety of conflicting demands (p. 429-430).

The Commission was asked to produce a report focused on two broad themes: 1) the necessity of fulfilling the federal government's commitment to community mental health services, and 2) the need for new strategies to serve the chronically disabled (Grob and Goldman, 2006). It was tasked with developing a broad but unified approach to providing appropriate treatment for the severely ill and for those suffering from general emotional stress, and to determine the cost of such a system and the proper role of the federal government within that system. Rosalynn Carter served as the honorary chairperson, while the official chairperson was Thomas E. Bryant, President of the Drug Abuse Council. The Commission consisted of twenty members appointed by an ad hoc committee. Members of Congress and mental health constituencies submitted more than one thousand names for consideration, spanning professional, racial, and ethnic constituencies. In contrast to the JCMIH, Bryant did not want the Commission dominated by psychiatrists, and emerging national interest on issues like race, gender and ethnicity drove the selection process.³

More than two-dozen task panels consisting of about fifteen members then carried out the actual work of the Commission. They focused on issues as diverse the scope of mental health problems, the unique mental issues of minorities, the needs of Vietnam War veterans, and even

³ The process also reflected a growing anti-professional streak within healthcare captured by Senator Edward Kennedy in his remarks at the National Institutes of Health in 1978. He warns researchers that the age of biomedical research as "the favored child of Congress" has ended and that the American people are demanding greater involvement, asking researchers to undertake medical research that is more directly related to social needs. While still a priority, biomedical research must "accept the family rules like all other beneficiaries of the federal budget" (Kennedy, 1978, pp. 2-4).

the role of the media in promoting mental health. The Commission also held four public hearings that featured a very wide array of speakers, focusing on issues often far removed from the needs of the severely mentally ill. Grob (2005) suggests that the breadth of the task panels and of the testimony at these public hearings resulted in a vague agenda for the Commission. The members generally agreed that CMHCs were beneficial and that their focus should remain on deinstitutionalization, but they did not focus on the needs of any one group nor did they distinguish between mental health problems that were medical in nature, such as schizophrenia, and those that were societal, such as sexism or racism.

The task panel reports and the specific assessment of CMHCs reveal how the mental health and community care storylines had become by this time widely accepted, providing a foundation for understanding a range of health issues that could be solved through a variety of new and existing policies. In their broad application they failed to offer specific strategies that could draw together and mobilize a constituency behind the NIMH to maintain or enhance its autonomy (Grob, 2005). Instead their breadth created the space for competing discursive coalitions to emerge and exploit the storylines for their own benefit. In the NIMH's early years of growth, the public shared a collective definition of the patient as a mentally ill person who without proper treatment would languish in a state mental institution. By the late 1970s, the patient could be anyone from the traditional mental health patient to the rural West Virginian suffering from the stresses of generational poverty to the urban black woman combating sexism and racism. Without a shared sense of who was being served by mental health policy, it was difficult for Commission members and policymakers to use the storylines as heuristics to identify the policy problem and an appropriate solution, and even more difficult for agencies like the NIMH to identify themselves as the institutions capable of providing those solutions. In addition,

a critical aspect of the early community care storyline – that scientific research and training could be applied to social needs – was vanishing as the public began to question the applicability of scientific research to their daily lives. The NIMH was largely unable in these years to advance new initiatives, focusing instead on trying to keep CMHCs open and to preserve what little research and training money and authority it had (Grob, 1994a; Brown, 1985).

The Commission delivered its final report to the president in April 1978. A task force within the Department of Health, Education and Welfare was charged with turning the report into a series of coherent policy recommendations resulting in the Mental Health Systems Act of 1980. Upon transmitting the proposed legislation to Congress, President Carter said, “The proposed Act charts a new course for mental health care which promises comprehensiveness, flexibility and innovation. For the first time in the history of federal involvement with mental health care, a true, performance-based partnership would be created between the federal and state governments” (Carter, 1979). The legislation preserved the importance of community mental health centers while giving them more flexibility in expending federal dollars. It also advocated for greater investment in research. In short, it restored some funding to the NIMH for research and training while also diminishing the institute’s control over community mental health centers by providing greater authority to both the states and to local communities. The Act was signed into law in October 1980, just a month before Carter lost the 1980 presidential election to Ronald Reagan.

The Mental Health Systems Act maintained a role for the federal government and continued many of the programs and priorities that the NIMH had initiated, but the Institute was no longer at the very center of policy development and implementation. The heavy-handed control characteristic of the NIMH’s early training grant programs and later its oversight of

community mental health centers was largely stripped away, replaced by a greater role for the Department of Health and Human Services (formerly HEW) at the federal level and for state and local agencies. Even the degree of autonomy the NIMH maintained via the legislation was short-lived, however. The Act was repealed in 1981 as part of the Omnibus Budget Reconciliation Act that also consolidated the treatment programs of the ADAMHA (of which the NIMH was a part) into a single block grant administered by the states. President Reagan's efforts to shrink the size of government entitlement programs also limited the federal government's support for mental health prevention and treatment.

Following the 1981 repeal, the NIMH continued to pursue its goals of research, training and treatment for mental illness, but the substantial power that Felix and his colleagues exercised from 1946 to 1967 was now gone. In 1994, the NIMH, NIDA and the NIAAA were moved back under the NIH and the ADAMHA was dismantled. The NIMH later undertook reviews of both its intramural and extramural research and training programs and expanded public participation in its work. In the last decade, legislation has focused much of the NIMH's attention on the study of autism, and both the American Recovery and Reinvestment Act and the Affordable Care Act have given the NIMH resources and direction for its research programs. No longer the outcast of the NIH or the favored child of Congress, the NIMH continues to pursue its mission and to believe in the critical importance of mental health diagnosis, treatment and cure, but it no longer enjoys the degree of autonomy it did in the post-War era.

Summary

This chapter has sought to chronicle the NIMH's rising autonomy through the mid-1960s and its eventual decline by 1981. By examining how NIMH administrators, policymakers and

key constituents adopted the storylines of mental health and community care to advance a new vision for the treatment of mental illness, we might better understand more broadly how agency administrators use narrative to enhance autonomy. For the NIMH, an expanded definition of what constituted mental illness and mental health via the mental health storyline, together with a strongly held belief that patients must be cared for in their own communities and returned to a productive life via the community care storyline, allowed the agency to exercise considerable influence in the mental health arena and to situate itself prominently in a broader national discussion of health care research, delivery and cost. Yet this case also demonstrates how complex the causal role of storylines can be and the multiple and sometimes competing roles that they play to influence agency autonomy. Both storylines developed together with the NIMH's priorities and policy initiatives, helping to define and to justify the NIMH's interpretation of its tasks and mission. The key role of the storyline of mental health was to develop a powerful constituency of supporters that could advocate for greater funding, a more significant role for the agency in working with the states, and eventually a new approach to care via community mental health centers. In this sense, the storyline's primary task was to advance autonomy via the creation of an influential discursive coalition, and it was successful in doing so through the 1960s.

The community care storyline, however, served multiple functions including advancing autonomy at the NIMH and making the case for a new community-based health care more broadly. During the 1960s, these two roles complemented one another, allowing for the passage of the Community Mental Health Centers Act and, through that legislation, greater autonomy for the NIMH. The dual roles of the storyline began to diverge in the 1970s, particularly with the slow pace of CMHC development, in two important ways. First, as the definition of mental

health broadened still further to include the effects of social and environment factors on well-being, the NIMH's constituency began to question whether the slowly developing centers could handle increased demands. This led to an increasingly fractured constituency that used the community care storyline to meet a variety of needs, not all of which advanced the NIMH's agenda. Secondly, the NIMH's use of the storyline to advocate for policy initiatives not carried out by the Institute, most notably Medicare and Medicaid, had serious consequences for autonomy as these programs became even more successful than community mental health centers at spurring deinstitutionalization. Both the mental health and community care storylines were influencing policy development, but not always for policies that specifically enhanced the NIMH's reputation or autonomy. If anything, they had grown so broad that they complicated the policy landscape and made it increasingly difficult for the NIMH's own constituency and for policymakers to see the NIMH as a central player in advancing health policy goals. By the time President Reagan was calling for greater decentralization, the NIMH no longer had a constituency that shared its definition of the agency's tasks and mission or that believed strongly in the agency's ability to carry out that mission effectively. It was unable to prevent policy changes that resulted in a decline in autonomy.

The following chapter will outline my findings on the role of discourse in building and maintaining autonomy in the Cold War era using both the NEA and the NIMH, specifically how this research has helped to develop new understandings of the role of narrative in building autonomy while also raising several questions worthy of future reflection.

Chapter 7: Summary and Conclusions

Introduction

Following Long (1949), this study has assumed that administrators seek the power to effectively implement policy and fulfill their agency's mission, pursuing what is known in public administration literature as bureaucratic autonomy. The agency is the locus of policy implementation, and the manner in which authority is delegated to administrators within legislation can result in significant formal autonomy. This study has also assumed that administrators seek out through a process of habituation greater authority, beyond the language of the legislation, to define and pursue agency tasks and to influence the overall policy environment, resulting in what Yesilkagit (2004) refers to as informal or real autonomy.

Bureaucratic autonomy has been defined here as the ability of an agency to influence the policy agenda; to influence legislation and how a policy problem and prospective solutions are defined; to influence policy implementation by defining those worthy of its benefits; and to assume a central role in setting the strategic direction of policy as it evolves. To date, bureaucratic autonomy literature has fallen into two primary categories: an autonomy based on task-specificity dependent on the agency's ability to develop a coherent mission and set of tasks unique unto itself (see for example Roberts, 2008; Theoharis, 1992; Wilson, 1989), and an autonomy based on reputation in which the agency develops a supportive constituency based on reputation for efficiency and effectiveness (see for example e.g., Roberts, 2006; Carpenter, 2010; 2001).

This study has aimed to expand upon the existing literature through a discourse analytic approach to how agencies build, maintain, or lose autonomy. It has asked how administrators use narrative to influence an agency's position on a continuum of autonomy. While no agency is

entirely autonomous, I have suggested in this work that administrators can expand an agency's autonomy or prevent its decline by using narratives that are persuasive for political superiors, employed in the right context and at the right time.

To develop this theoretical approach, this study examined two agencies established during the Cold War whose primary function is the distribution of federal grants-in-aid: the National Endowment for the Arts (NEA) and the National Institute for Mental Health (NIMH). The discourse of American exceptionalism developed following World War II was both a celebration of the nation's military superiority in that conflict and a means of demonstrating the supremacy of democracy amidst communist threats both at home and abroad. The NIMH, established in 1946, and the NEA, established in 1965, advanced their autonomy by developing storylines that were persuasive in a Cold War context, positioning each as a critical component of the nation's ability to demonstrate its superiority scientifically and culturally.

This chapter summarizes the findings of these two case studies including evidence of a rise and decline in autonomy at each, the ways in which their respective narratives and storylines influenced autonomy, and reflections on commonalities and differences between these agencies. It also suggests avenues for future research that can enrich our understanding of how agencies build autonomy in changing political, social and economic contexts.

Evidence of Autonomy at the NEA and the NIMH

The bureaucratic autonomy literature has employed numerous methods for determining whether and to what extent an agency can be considered autonomous. For the purposes of this research, autonomy is indicated by the circumstances of the agency's establishment, particularly formal mechanisms for building autonomy via independent grant review panels; the agency's

continued existence in the face of elimination or downsizing; changes to the agency's budget over time; an expansion or reduction of the agency's scope of programs; the reputation of the agency's leadership; and the agency's influence on legislation, executive orders or procedures related to the scope and nature of its grant making.

Table 7.1 summarizes these indicators for the NEA and the NIMH, chronicling evidence of high relative autonomy and of declining autonomy. These two cases suggest that agencies move during their lifetimes along a continuum of autonomy, with periods of relatively high autonomy indicated by budget increases, substantial influence over legislation, or an expanding scope of service, to periods of declining autonomy during which political superiors exercise greater oversight that may result in budget cuts, changes in scope or leadership, or simply a waning reputation for effectiveness on the part of the agency.

Table 7.1: Key Indicators of Autonomy at the NEA and the NIMH

Indicators of Autonomy	National Endowment for the Arts 1965-1995	National Institute of Mental Health 1946-1981
Mechanisms for formal autonomy such as organizational structure or the creation of advisory councils	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • The creation and significant authority of the National Council on the Arts, a panel of private citizens entrusted with expending federal dollars to support the arts • The creation of advisory panels to the NCA and successful efforts on the part of the NEA to keep their identities and activities private <p>Indicators of a decline in autonomy:</p> <ul style="list-style-type: none"> • Restructuring of the NCA in 1997, reducing its size and including six members of Congress as ex-officio members • Elimination of grant programs resulting in the reduction and reorganization of advisory panels in the mid-1990s 	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • Primary placement of the NIMH within the NIH, identifying it with both research and service delivery • The National Advisory Mental Health Council and sub-panels charged with reviewing and approving grant applications, heavily influenced by NIMH administrators <p>Indicators of a decline in autonomy:</p> <ul style="list-style-type: none"> • A desire to change the NIMH's structure as early as the 1940s, brought to fruition from 1967 to 1992 with the movement of key programs to the Public Health Service
Agency's continued existence in the face of downsizing, reorganization or elimination	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • The NEA emerged from the 1990 reauthorization and appropriations hearings with just \$45,000 cut from its budget and mild content restrictions • The NEA survived repeated attempts to eliminate it from 1995 to 1997 <p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> • Conservatives called for the NEA's elimination from 1995-1997 • Several grant programs were eliminated or reorganized in the 1990s and the NCA's membership was reconfigured to include congressional members 	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • The NIMH's research functions remained with the NIH despite the placement of other NIMH programs from 1967 to 1992 with the Public Health Service <p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> • Portions of the NIMH were subsumed in the PHS from 1967 to 1992. • In the 1980s, the Reagan administration created block grant programs to the states that decreased NIMH authority
Changes to the agency's budget	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • Budget increases throughout the 1970s, including a near doubling of its budget in 1971 from \$16 million to \$31 million at a time when other federal agency budgets were being cut 	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • Moderate budget increases from 1946 to 1962 • Substantial budget increases with the passage of the Community Mental Health Centers Act of 1963

	<p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> Moderate budget cuts in the mid-1980s followed by more severe cuts beginning in 1992 	<p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> Throughout the 1970s funds were authorized but not appropriated at the same levels by Congress In 1981, President Reagan consolidated ADAMHA treatment programs into a single block grant to the states
<p>The reputation and authority of the agency's key leadership</p>	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> NCA members were comprised of prominent artists and arts administrators who enjoyed a high level of trust in the arts community and among intellectual elites Nancy Hanks had a strong reputation in the arts community through her involvement with the Rockefeller Panel, and during her tenure as Chairperson was well respected by political superiors and the NEA's constituencies <p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> Members of Congress questioned the judgment of NCA members, particularly during the culture wars, and called for the disclosure of advisory panel membership The NEA's constituencies denounced Chairman John Frohnmayer in the early 1990s for bending to government pressure with the so-called decency pledge 	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> Robert Felix was a highly respected psychiatrist trained in public health who was trusted by the psychiatric field and by Congress Felix, Yolles and colleagues were architects of key pieces of legislation including the Community Mental Health Centers Act NIMH leaders built a reputation for accessibility and effectiveness through their regional offices and training programs <p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> As the CMHC Act of 1963 was gaining prominence, NIMH leaders consciously advanced the program as the President's, not the NIMH's. Agency leaders were no longer at the very center of the policy agenda, making it more difficult for the agency to influence its increasingly fractured constituency Stanley Yolles resigned as NIMH Director in 1970 due to a lack of support from the Nixon administration.

<p>Expansion or reduction of the agency's scope of services</p>	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • Under the leadership of Hanks, the agency expanded its relationship with state arts agencies and created several new programs such as the Expansion Arts Program of 1971 • The NEA successfully defeated efforts to create a separate Folklife Foundation and a Folk Arts Program was created at the NEA in 1974 <p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> • The NEA was unable to defeat the creation of a separate Museum Services program • Following the culture wars, grants to individuals, seasonal and operating grants, and other programs were eliminated by Congress, and the proportion of NEA funds to be distributed directly to the states went from 20% to 40% 	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • The NIMH created training and technical support programs that increased their influence over service delivery in state mental institutions • Despite criticism from other NIH institutes, the NIMH exercised heavy influence over how training and fellowship grants were implemented at undergraduate and graduate institutions • The Community Mental Health Centers Act gave the NIMH the authority to oversee center construction and operation • Services for drug and alcohol addiction were included within CMHCs and the NIAAA and the NIDA were originally created within the NIMH <p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> • NIAAA and NIDA were eventually raised to equal status with the NIMH under the ADAMHA • In 1981, President Reagan consolidated ADAMHA treatment programs into a single block grant to the states
<p>Legislation, executive orders or agency procedures affecting the agency's grant programs and procedures</p>	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • The NCA was given broad authority to design and implement the NEA's grant programs in the 1965 enabling legislation without government interference <p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> • The Helms Amendment introduced vague language prohibiting the funding of obscene or indecent works of art • The Independent Commission's report included similarly vague recommendations asking the agency to use "common sense" when making grant decisions 	<p>Indicators of high relative autonomy:</p> <ul style="list-style-type: none"> • Robert Felix wrote the National Mental Health Act establishing in the NIMH in 1946 • The legislation gave the National Advisory Mental Health Council broad authority over grant making decisions • NIMH staff were the architects of the Community Mental Health Centers Act of 1963 and of subsequent amendments expanding its scope to include staffing grants and services related to drug and alcohol abuse

	<ul style="list-style-type: none"> The NEA's grant programs, the NCA and advisory panels were reorganized in the mid-1990s to allow for more transparency in the grant review process 	<p>Indicators of a decline in relative autonomy:</p> <ul style="list-style-type: none"> NIMH staff exercised considerably less influence of the Mental Health Systems Act of 1980, which was repealed in 1981 The Omnibus Budget Reconciliation Act of 1981 consolidated some of the NIMH's grant programs into a block grant, weakening its authority over its extramural grant programs
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The NEA enjoyed high degrees of both formal and informal autonomy from its founding in 1965 through the 1970s. During this time, Congress entrusted the National Council on the Arts (NCA), a panel of experts capable of judging artistic quality, with distributing federal dollars in a manner that supported the very best professional artists and institutions. The agency's increasing budget, combined with its expanding scope of grant programs and its reputation as a trusted advocate for arts organizations demonstrate the Endowment's considerable autonomy during this time. Moreover, the agency successfully responded to claims of elite bias and calls for greater transparency of its advisory panels, showing that it was able to act separate from and even in defiance of Congress during this period. Subsequent budget cuts, limits to its scope of grant programs, and criticism from previously supportive constituencies indicate a decline in autonomy in the 1990s.

The NIMH experienced similar periods of high relative autonomy followed by a sharper decline under the Reagan administration. NIMH administrators were heavily involved in crafting the National Mental Health Act establishing the institute and exercised considerable influence over how grant dollars were spent for graduate and undergraduate training, particularly when compared to other institutes at the NIH. Modest budget increases from 1949 to 1962 were followed by much more substantial increases with the passage of the Community Mental Health Centers Act, legislation also largely written by NIMH administrators. Subsequent amendments enhanced the scope of this legislation and the NIMH's authority over the provision of staffing grants and programs for drug and alcohol abuse. With the advent of community mental health centers came greater demand from diverse constituencies for their services, specifically for services that could help citizens deal with the stresses of everyday life and the consequences of poverty, racism, sexism and other societal factors. The NIMH's reputation for effectiveness

during this time declined as constituencies became increasingly fractured and community mental health centers struggled to stay open and to meet essential service requirements. Continued reorganization of the institute combined with the repeal of the Mental Health Systems Act and consolidation of programs into block grants indicate that the NIMH had lost considerable autonomy by the early 1980s.

These cases demonstrate the speed with which autonomy may be built or lost. The NEA gradually expanded its scope and influence during the 1970s. Despite modest budget cuts, the agency still enjoyed considerable autonomy in the 1980s, yet the culture wars were a moment of crisis resulting in a rapid decline in autonomy, brought on by mistrust from constituents and political superiors, and vague language that made it difficult for the agency to define its tasks. The NEA case may be characterized, therefore, by a steady move toward greater autonomy followed by a sharp decline that had lasting impacts on its programs and reputation.

Conversely, the NIMH's autonomy grew more rapidly as the result of major pieces of legislation, most significantly the Community Mental Health Centers Act, which placed the agency at the very center of implementing a massive new system of health care delivery. Its decline in autonomy was more gradual however, the result of emerging and fractured constituencies that complicated the policy landscape by introducing new policy problems such as substance abuse, and making it more difficult for the NIMH to fund and manage the comprehensive set of mental health services envisioned for the centers. Though outside the scope of this study, these two cases suggest that Baumgartner and Jones's (1993) concept of punctuated equilibrium, applied most often to understand the policy process, may also be useful in understanding changes in relative autonomy as well, with events like the passage of the Community Mental Health Centers Act or the controversy surrounding the Serrano and

Mapplethorpe works as catalysts toward greater or lesser autonomy at the NIMH and the NEA respectively.

This summary makes clear that both the NEA and the NIMH enjoyed both formal and informal forms of autonomy during the time periods examined for each. They similarly moved along the continuum of autonomy during this time, enjoying periods of substantial relative autonomy, followed by periods of decline. The following section explores how narratives served as causal drivers in these cases to impact each agency's movement along the continuum.

Narratives as Drivers Toward Autonomy

Narratives serve as causal drivers by influencing decisions that allow for greater autonomy. They operate in five interrelated ways:

- Narratives trigger emotional responses and reflection on individual values,
- Narratives help to categorize and particularize policy problems,
- Narratives draw people together into discursive coalitions capable of action,
- Narratives are mechanisms of socialization that attract and assimilate individuals into a particular policy viewpoint.
- Narratives serve as heuristics, enabling policymakers, particularly those in positions of power, to define a policy problem and select among a variety of solutions

This study has focused on storylines as the units of analysis, defined as sensemaking organizational devices tying the different elements of a policy challenge together into a reasonably coherent and convincing narrative. Following Toal (2002), storylines have a distinctive grammar that defines the policy situation, outlines the real and perceived threats that

must be addressed through its solution, and answers the who, how and why questions of a policy issue. Storylines are the essential building blocks of narratives that carry the key themes, terms and phrases that influence decision-making.

Each case study provides numerous examples of how administrators, policymakers, and constituents employed storylines at key decision points affecting autonomy such as reauthorization and appropriation hearings or debate over new legislation or amendments. Table 7.2 summarizes how these storylines fit with the five interrelated roles of narratives to influence political superiors, both consciously and unconsciously, as they were making decisions.

Table 7.2: The Interrelated Roles of Narratives at the NEA and the NIMH

Ways in which narratives influence decision-making	National Endowment for the Arts 1965-1991	National Institute of Mental Health 1946-1981
Narratives trigger emotional responses and reflection on individual values	<ul style="list-style-type: none"> • The storyline of quality appealed to America’s sense of national pride following World War II and characterized its great arts institutions as in a state of crisis needing to be saved • The storyline of access emphasized that the arts were not just for the benefit of urban elites but were essential to the rich quality of life that all Americans deserved 	<ul style="list-style-type: none"> • The storyline of mental health redefined the image of the mentally ill, characterizing them as one’s family member deserving of dignified treatment • The storyline of community care drew on public outrage over deplorable conditions in state institutions to advocate for community-based facilities
Narratives help to categorize and particularize policy problems	<ul style="list-style-type: none"> • Both storylines positioned support for arts as key to demonstrating America’s dominance over communist regimes by giving all Americans access to the very best artists and institutions • Both storylines emphasized the professional artist and the need for private citizen partners capable of judging the kind of art worthy of public funding 	<ul style="list-style-type: none"> • Both storylines defined mental health as a national health crisis requiring federal intervention • The community care storyline suggested that patients could be returned to a productive life if they were treated in their communities close to their families
Narratives draw people together into discursive coalitions capable of action	<ul style="list-style-type: none"> • The storyline of quality mobilized a constituency behind budget increases and an expanding scope of services because members believed the NEA represented the unique interests of professional artists • The storyline of access depended on state arts agencies, who received a percentage of NEA funding 	<ul style="list-style-type: none"> • The storyline of mental health underscored the need for trained professionals, allowing the NIMH through its training programs to literally train a generation of supporters sympathetic to its view of mental health treatment and prevention • In broadly defining mental health new coalitions developed over concerns with substance abuse and the societal and economic factors that influence well-being

<p>Narratives are mechanisms of socialization that attract and assimilate individuals into a particular policy viewpoint.</p>	<ul style="list-style-type: none"> • Both storylines positioned the NEA as setting a national standard for artistic achievement that served as a model for state and local arts agencies • The storyline of quality emphasized that the government was incapable of judging artistic quality and needed private citizen partners to make such decisions without government interference. Political elites were socialized into thinking that oversight of funding decisions would result in claims of censorship 	<ul style="list-style-type: none"> • Both storylines were critical to the NIMH’s strategies for developing a constituency and assimilating it to the NIMH’s views. They formed the basis for training programs for professionals, for the NIMH’s relationships with regional offices and state institutions, and for setting the essential services of community mental health centers.
<p>Narratives serve as heuristics, enabling policymakers to define a policy problem and select among a variety of solutions</p>	<ul style="list-style-type: none"> • Positioning support for the arts as part of the larger Cold War narrative helped to define support for the arts as a tool in defeating communism – thus worthy of federal investment through grants-in-aid– rather than as a European-style ministry that would dictate cultural expectations • As with federal investments in science via the National Science Foundation or medical research via the NIH, grants-in-aid would be distributed via an independent board of professional experts, the National Council on the Arts rather than by policymakers • The storyline of quality helped policymakers to understand the scope of the proposed arts program by referring to ‘quality’ artists and arts institutions such as the American Ballet Theatre, thereby limiting federal support to professional organizations and leaving support of amateur arts and crafts to state, local and private contributions 	<ul style="list-style-type: none"> • Both storylines, in redefining mental health and advocating community care, saw isolation from the community as a policy problem with community centers as the solution. This was used as a heuristic during discussions of how to treat emerging issues such as drug and alcohol abuse or societal factors influencing mental health, serving as a rationale for expanding community mental health center services to meet these needs.

Scholarship on both the theory and practice of discourse analysis emphasizes the relational and interactive nature of language, so that storylines are both shaped by and give shape to an issue. Dodge, Ospina and Foldy (2005) discuss narrative as metaphor, working to construct and reinforce identities, situations, and power structures. By examining distinctive decision-making points affecting autonomy, we may see how the storylines helped to define power relationships that resulted in greater autonomy. For example, the NEA's storyline of quality clearly defined the beneficiaries of federal funding as professional artists and not amateurs, going so far as to see amateur artists as a threat to American cultural superiority. This helped to justify the power given to the National Council on the Arts to award federal funds without government interference. Similarly, the storyline of community care at the NIMH advocated for community-based treatment as the antithesis of the state institutions that had become an embarrassment to the United States. This helped policymakers to justify significant expenditures in a policy area typically left to the states, and later helped the NIMH to include drug and alcohol treatment within the community centers it oversaw. These examples demonstrate how storylines utilize opposition as a means of advancing agency power, whether positioning the amateur artist in opposition to the professional or framing failed state mental health policy in opposition to a new federally funded approach.

Works by Schneider and Ingraham (1993), Ewick and Silbey (1995), and Jones and McBeth (2010), among others, have convincingly argued that narrative helps to socially construct policy winners and losers. By identifying heroes and villains and telling a story where the characters deal with cause and effect, narratives help policymakers to make decisions about who is worthy of benefit or punishment or what kinds of solutions will have an impact on a policy problem. In relation to autonomy, narratives help policymakers to make decisions that can

advance relative autonomy by positioning the agency as capable of rewarding the winners or punishing the losers if given the power to do so. Yet the NEA and NIMH cases suggest that narrative operates in more complex ways as well. Bacchi (2004) reasons that successful discourse analysis examines how ideas and concepts are framed over time. Beyond specific decisions that affect autonomy, one must look at how narratives evolve together with strategy, policy, and agency reputation, all of which simultaneously strengthen the persuasiveness of the narrative. In this sense both cases illustrate how very difficult it is to suggest that narratives and storylines cause autonomy. Rather, they interact with strategy, policy and reputation in ways that can enhance both task and reputation-based forms of autonomy.

Of these two cases, the NEA is perhaps the more straightforward when it comes to seeing exactly how the storylines of quality and access influenced autonomy and were in turn strengthened by it. Elements of the storyline of quality had existed prior to the NEA's establishment, primarily the conviction that government should not and could not be involved in judging artistic quality. Though the federal government did support the arts through a variety of programs prior to the 1960s, such as the WPA, this concern thwarted efforts to create a national arts program akin to those seen in Europe. By the time President Kennedy assumed office, however, the storyline had become a critical component of the larger narrative of cultural superiority, wherein America needed to demonstrate the superiority of a democratic culture by emphasizing freedom of expression. The arts were essential to making this case, and yet many of the country's very best arts institutions were in a state of financial crisis, incapable of providing the resources necessary to nurture creative expression.

The storyline of quality contributed to a high degree of formal autonomy to the NEA through the National Council on the Arts (NCA), which created a clear separation within the

enabling legislation between the government charged with funding the arts and the NCA charged with selecting the art worthy of that funding. It also nurtured informal autonomy through the ways in which the NEA chose to define its mission and tasks and to build its reputation. Given the discretion to fund the very best of American art, the NEA advanced a strategy that developed funding streams in traditional art fields such as literature, dance, and the visual arts; strategies that also looked to powerful private foundations as partners in funding elite, urban institutions. In addition to shaping and justifying the NEA's strategic vision, the storyline was essential to the agency's reputation, first among an existing constituency of elite artists and institutions who were willing to advocate for increases to its scope and budget, and later among state and local arts institutions who saw the NEA's financial support, though limited, as a stamp of approval for their own community-based works. As the agency's budget, scope and reputation grew, the storyline of quality became all the more persuasive. The NEA had grown in stature to the point where even during the culture wars, Senator Kennedy and his colleagues heralded its expert advisory panels as the key to the agency's success, the very same panels who had directly or indirectly funded the Serrano and Mapplethorpe works (Bolton, 1992). The storyline remained persuasive in part because of the track record of success it had helped to create.

The storyline of access worked closely with quality, particularly during the 1970s, based on a dual conception of access that both advocated for greater access for all Americans to the very best art and yet also clearly defined the kinds of institutions able to access federal funding. In many ways, we may consider this storyline to be an avenue for avoiding the kind of confusion seen at the NIMH with its community care storyline. Whereas the NIMH's ambitious storyline positioned community mental health centers as the solution to a variety of ailments, thereby granting broad access to any constituency capable of relating itself to mental health, the NEA's

storyline of access was careful to set an ambitious national agenda but within that define a more limited role for itself. According to this storyline, it was to set a national tone for artistic quality and provide a model for funding that could be adopted by other public and private funders. This allowed the NEA to carefully and strategically control its expansion over time in response to emerging art forms, rather than having to react by quickly absorbing within its programs all the constituencies that demanded its services.

At the NIMH, the storyline of mental health developed in tandem with its early strategies of advancing research, developing a constituency of professionals through training programs, and expanding its influence over the states. Unlike the storyline of quality at the NEA, the storyline of mental health did not exist in any substantial way prior to the NIMH's establishment. Certainly, the reformers of the early twentieth century advanced the idea of mental hygiene and the notion that chronic stress could lead to mental illness, but the key elements of the storyline which redefined the image of the mentally ill focused on creating productive citizens, and saw psychiatrists as having the necessary skills and expertise to address the nation's mental health crisis, did not exist prior to the NIMH's creation. Instead, the findings suggest that the NIMH was created as part of immediate postwar concerns over the physical and mental well-being of Americans, but the vague language of the legislation provided little guidance to the agency on developing the federal government's role in a policy area still largely left to the states. The NIMH used the storyline of mental health, and later of community care, to carve out a much larger role for the federal government than policymakers initially envisioned, and to position the NIMH as a central player in a larger national health agenda. As such, the storyline was used to develop, but also to justify, the NIMH's strategies and to build a constituency of supporters that could help the agency to achieve its vision.

The storyline of mental health served as a causal driver toward greater autonomy by significantly expanding the range of individuals in need of diagnosis and treatment. It framed mental illness as a disease that could affect the soldiers returning home after war and one's loved ones, emphasizing the substantial scale and financial cost of the crisis. It also claimed that America needed trained psychiatric professionals to deal with such a substantial problem. This allowed the NIMH to grow its training and fellowship grants and to exercise extensive oversight over those grants even in the face of criticism from other institutes. In supporting thousands of psychiatrists, nurses, and social workers, and closely overseeing how these individuals were trained, the NIMH was constructing a discursive coalition that was benefitting from and adopting the NIMH's narrative, a coalition that would then advocate for the Institute's unique approach to health care via community mental health centers. Causality is not direct with the storyline as a cause and the training programs or coalition as the effects. Rather, like discourse itself, causality is interactive and complex in this case. Strategy and storyline were developed simultaneously and worked to reinforce one another.

Ultimately, one cannot fully explain what causes autonomy without access to the back room conversations, personal and political relationships, or other ephemeral actors that may influence how administrators and policymakers act to advance an agency's mission and goals. Moreover, as discussed in Chapter 1, archival research is limited in its ability to access all of the relevant texts or conversations influencing causality, and it is impossible to know whether other factors or even storylines existed to influence autonomy that are not reflected in the texts. These cases make clear, however, that narratives operate in complex ways to affect individual decisions and the larger and longer-term context in which the agency operates.

Narratives as Carriers of Agency Decline

Drawing on Foucault, this study of bureaucratic autonomy suggests that persuasive narratives motivate political decision-makers to adopt the power relationships embodied within that discourse into their very understanding of the policy area, so that their definition of the policy problem and the range of appropriate solutions are dependent upon those power relationships. Foucault also posits that narratives carry within them messages that can destabilize power relationships and fracture discursive coalitions (Howarth, 2010), resulting in a loss of autonomy by scarring agency reputation or making it difficult for the agency to define its mission and tasks clearly. The NEA and NIMH cases suggest that the seeds of resistance can emerge suddenly or more gradually, advanced by existing coalitions that may lose faith in the agency, as with the NEA, or by emerging coalitions that co-opt storylines for their own purposes, as at the NIMH.

For example, the storyline of access expanded the NEA's coalition of supporters beyond elite arts institutions to state and local arts agencies and emerging and minority artists by suggesting that the arts of all kinds enhanced American quality of life. In this context, the NEA's role was to set a national standard for artistic excellence by funding the very best arts institutions and by serving as a model for and partial funder of state and local arts councils. Director Arthur Early's comments on behalf of the Cleveland Area Arts Council demonstrate the extent to which these broader constituencies looked to the NEA for funding and for "leadership and morale" (U.S. Congress, Joint Hearings of the Subcommittee on Select Education and the Subcommittee on Arts and Humanities, 1975, p. 442).

Within both the quality and access storylines, expertise was a critical theme. The narrative of cultural superiority as a means of building the autonomy was successful so long as

the Endowment's constituency and political elites trusted that it had the necessary expertise to judge and advance quality. Prior to the culture wars, there was little discussion about what was actually meant by expertise beyond a general familiarity with the needs of professional arts institutions. Did it refer to the Endowment's knowledge of and support for what was cutting edge in the arts world? Did it refer to its ability to advocate on behalf of new and different forms that highlighted freedom of expression, or did it refer to its knowledge of the kinds of arts that the average American found interesting and accessible?

The culture wars raised those questions in an abrupt and shocking way that led the Endowment to fight for its very existence by instituting measures like the decency pledge. In this chaos, state and local arts agencies began to doubt the leadership they had come to rely on and saw an opportunity for greater funding to come directly to them. Meanwhile, individual artists and institutions believed that even if the Endowment possessed the expertise to advocate for emerging forms of expression, it was not willing to use it, bending instead to the whims of conservative politicians who sought to reduce the arts to their lowest common denominator. Reputation-based autonomy declined as constituents began to doubt the agency's effectiveness, and task-based autonomy declined as it struggled to define how to fund high quality art that was accessible to all the people.

The NEA's loss of autonomy was rapid, resulting from a crisis that fractured a previously cohesive coalition. At the NIMH, loss of autonomy was more gradual, the result of the NIMH's ambitious goal to assume a central position in all areas of health, even those beyond mental health. The storylines of mental health and community care also emphasized expertise, believing that all medical professionals should have some training in psychiatry and that trained professionals could provide adequate measures for prevention, diagnosis, treatment and cure at

the community level for a variety of ailments including drug and alcohol abuse. Moreover, the NIMH framed itself as having expertise in both research and service delivery, making it the ideal agency to implement massive changes in mental health policy. In many ways, the success of these storylines was also the catalyst for the agency's decline. By the 1960s, NIMH officials were consulted on a broad range of health policy issues and actively inserted themselves into discussions about third party health insurance and entitlement programs. In advocating for Medicare and Medicaid, the agency could not foresee how quickly these programs would lead to the rapid deinstitutionalization that community mental health centers were designed to facilitate. Unlike with CMHC's, the NIMH was not at the center of administering entitlement programs and did not reap the reputational benefits when they succeeded. If anything, the ability of Medicare and Medicaid to transfer patients from state institutions to nursing homes caused the NIMH to lose the political uniqueness so critical to building a constituency of supporters capable of advocating for greater autonomy.

Similarly, the NIMH had an extensive and idealistic vision of what community mental health centers could provide. Spurred by the NIMH, the definitions of mental health and mental illness were so broad as to become almost meaningless when it came to implementing and overseeing specific center activities. Swayed by the demands of their communities, centers provided services for individuals dealing with separation and divorce, issues such as juvenile delinquency and children's health, and substance abuse. These issues were not the same ones that would empty state institutions, a key goal of the centers. The breadth of demands placed on centers meant that a significantly higher investment by the federal government was needed over a longer period of time to ensure success. Rather than focusing on an initial set of services that centers could provide effectively, the NIMH expanded its requirements for essential services in

an attempt to coalesce emerging constituencies around its vision. The difficulty that President Carter's Commission on Mental Health had in selecting members, let alone in developing a clear set of strategies to improve mental health services (Grob, 2005), demonstrates how difficult it had become by the late 1970s for the NIMH to control competing constituencies concerned with issues as broad as social justice, severe mental illness, drug abuse, health in the media, and children's health, among others. The weight of the storylines' expectations and the real financial costs of trying to fulfill those expectations, had become far too heavy, and played right into the hands of the Reagan administration which sought to shrink the size and influence of the federal government, and particularly federal grant programs. Unlike the NEA, this process was gradual. Instead of placing the agency at the center of a crisis, the NIMH's importance to the national policy agenda seemed to fade as it became subsumed in a cacophony of voices advocating for improved and expanded community health care.

Finally, reflected in the decline of autonomy at the NEA and the NIMH is Bakhtin's claim that language is always half someone else's, given meaning through a process of interaction or even conflict (Potter, 2009). To effectively advance autonomy, the agency, its constituencies, and policymakers interact through narrative to develop a shared understanding of what is meant by terms such as quality or community care and to voice their support for those concepts. Hajer (1995) suggests that discursive coalitions form when the narrative defines those concepts specifically enough to develop a sense of shared identity among coalition members yet vaguely enough to draw together a broad group of people.

The NEA case suggests that events such as the culture wars can threaten that shared understanding by forcing the narrative to be more specific, making it a locus of conflict that can fracture the coalition. New or competing discursive coalitions are able to take advantage of the

conflict to disrupt the power relationships that support autonomy. For the NEA, the Serrano and Mapplethorpe controversies forced the agency and its supporters to more specifically define what they meant by quality. For professional artists and institutions, this meant absolute freedom of expression, but for policymakers quality art was something more palatable, something of which the general public could be proud to associate with American creativity. This process created the space for critics like Helms to challenge the Endowment's autonomy by questioning the very notion that the arts were worthy of taxpayer support and to advocate for budget cuts or the elimination of specific grant programs (Bolton, 1992).

Conversely, the NIMH case suggests that pressure to broaden a coalition's shared understanding of concepts may also threaten autonomy. Community mental health centers were established based on a shared understanding of what was meant by mental health care, namely the provision of services to individuals who might otherwise be institutionalized in state facilities. Concerns over social justice and the rise of illicit drug use created an opening for new constituencies to adopt the storylines of mental health and community care to meet their own needs, resulting in a much broader, more costly, and difficult to manage definition of community care. This made it difficult for the centers or the NIMH to fulfill their missions effectively and to maintain a positive reputation amongst such a broad constituency.

Discourse analytic approaches are sometimes criticized for devolving into relativism, suggesting that if everything is socially constructed, we have nothing of value to learn from studying phenomenon like bureaucratic autonomy through this lens. The analysis above that narratives may lead to agency decline by defining concepts both too narrowly and too broadly might elicit this same criticism. However, these cases suggest that during periods of high relative autonomy, administrators can and do advance narratives that strike the right balance, drawing

together and motivating discursive coalitions to build autonomy. In future research, scholars may uncover during those periods common themes like expertise and government separation that help narratives resist pressures to become too specific or too broad, and to thus contribute to the maintenance of high degrees of autonomy.

This study has offered insights on how narrative affects autonomy through specific decisions as well as through a broader, interactive process with the agency and its audiences. The following section describes some additional reflections and considerations for future research based on the complexity of the causal relationship between narrative and autonomy.

Additional Considerations and Reflections for the Future

A primary focus of this study has been to identify common themes across the two cases that contribute to each agency's journey along the continuum of autonomy. The theme of expertise has already been discussed and figures prominently in these two cases, as well as other studies of autonomy (see for example Carpenter, 2001; 2010). Administrators build the agency's reputation by demonstrating that they have the knowledge and ability to carry out their missions effectively. For both the NEA and the NIMH, expertise was equated with the idea of the 'professional' whether it be the professional artist who makes a living via his craft or the trained medical professional who has the necessary credentials to diagnose and treat mental illness. Furthermore, these professionals were contrasted with amateurs to bolster the persuasiveness of the storylines. For the NEA, amateur artists who pursued their work for leisure represented a threat in the narrative of cultural superiority. For the NIMH, local teachers, clergymen, and law enforcement officers could be important partners in community-based mental health programs, but they needed to be properly educated and assisted by psychiatric professionals to be effective.

This emphasis on professionalism justified the broad authority of the National Council on the Arts as well as the NIMH's extensive investment in and oversight of training and fellowship programs, each critical to agency autonomy.

Both cases also emphasized the concept of government separation, though in distinctly different ways. For the NEA, the storyline of quality emphasized the need for a structural separation between political superiors and grant making via the NCA and advisory panels, resulting in both formal and informal autonomy. The NIMH did rely on the National Advisory Mental Health Council for review and approval of individual grants, but the Council did not figure as prominently in the agency's storylines. Instead, the notion of government separation manifested in the NIMH's desire to separate itself from the backward practices of state mental institutions which had been the providers of mental health care for well over a century.

Moreover, Felix argued in his 1975 interview that the NIMH was more effective than its fellow institutes because NIMH officials saw themselves first as mental health professionals and then as federal government funders (Felix, 1975). This degree of separation allowed them to build trust among medical schools and associations who became important advocates for the institute. Future research should focus on whether the themes of expertise and government separation are prevalent in other agencies. Carpenter's (2001) focus on agencies created at the turn of the twentieth century or Roberts (2006) work on FEMA suggest that these themes extend beyond the Cold War era, contributing to autonomy across a variety of time periods and policy areas.

The NEA and the NIMH also raise further questions about autonomy as it relates to the nature of constituencies. The NEA was established with the support of an existing constituency of artists and arts institutions. Though not well coordinated, the constituency was sympathetic to the notion that professional arts institutions were in a state of crisis and had connections with

political officials and private funders, making them ideal for mobilization behind the Endowment. They proved to be important advocates for increasing the agency's scope and budget, but they also came to the table with the expectation that the Endowment would always represent their interests. When it failed to do so following the culture wars, this constituency was quick to criticize the NEA and its leadership.

The NIMH, in contrast, had no such constituency to draw on at its founding. It could count among potential supporters the mentally ill and their families and the psychiatrists working in state institutions, two groups that lacked the ability to advocate effectively for themselves, let alone for a new federal agency. The NIMH invested considerable time, funding and energy in molding a group of supporters that shared its public health orientation to mental disease. This group proved essential to passage of the Community Mental Health Centers Act, but it also expanded beyond the NIMH's control by the 1970s. Further research should more thoroughly explore how narratives build and mobilize discursive coalitions, particularly whether and how agencies utilize existing coalitions or seek to create new coalitions capable of influencing autonomy.

The role of agency leadership has long been a topic of study and a source of tension within the bureaucratic autonomy and discourse analysis literatures. Case studies of autonomy often focus on the agency's relative autonomy under a particular leader or set of leaders whose own personal reputation enhances or limits that of the agency. The NEA and NIMH cases are no different in this respect. It is difficult to tease out how storylines operate separate from those who advance them, and discourse analysis as a conceptual approach emphasizes the importance of who is speaking as much as what is being said. Much of the success of these agencies can and should be attributed to Nancy Hanks at the NEA and Robert Felix at the NIMH. This calls for an

even greater exploration of the relationship between leadership and narrative. At the NEA, Nancy Hanks was essential to putting the storylines of quality and access into practice, particularly through her creation of new grant programs. Yet even after her retirement, NEA chairpersons were central figures in the agency's narratives and were closely identified with the agency's success or failure. Artists criticized the Endowment broadly during the culture wars, but also John Frohnmayer specifically for allowing government interference via the Helms Amendment.

Similarly, Robert Felix was highly respected in his field before the NIMH's creation, and his reputation as a mental health professional and as a savvy political thinker propelled the institute to prominence. Interestingly, with President Kennedy's 1963 remarks to Congress on a new mental health program, Felix began to consciously remove both himself and the NIMH from the community care storyline. The new community mental health centers were part of the president's health program, not the NIMH's, and in Felix's estimation this helped advance the policy (Felix, 1975). Yet, as support declined under Nixon and Ford, there no longer seemed to be a champion, whether an agency or an individual, for community care. Whereas the NEA and its leadership are mentioned by name in relation to the culture wars, even when their support was indirect, the NIMH is hardly mentioned in Congressional debate or presidential commentary on community mental health centers, and its leadership even less so. It would be instructive to study other cases to determine whether agency autonomy is affected by how closely its programs and policies are identified with the agency or its leaders, or how prominently those leaders figure in the content of the agency's narrative, not just its delivery.

Finally, in describing autonomy at the NEA and the NIMH, it is important to acknowledge their relative scope and size as an indicator of their prominence when it comes to

federal government priorities and expenditures. By the NEA's establishment in 1965, the NIMH had been actively pursuing its mission for over fifteen years and oversaw a budget of over \$250 million. The NEA's budget in its founding year was just \$2.5 million and reached its zenith in 1992 at \$175 million. Although budget is certainly not the only indicator of an agency's importance to national policy, these stark differences suggest that the NIMH had more resources at the height of its autonomy, and perhaps much more to lose when autonomy declined. The NIMH was part of a complex national health policy discussion that included everything from biomedical research to third party insurance coverage to the advent of Medicare and Medicaid. It was seen as crucial to demonstrating scientific superiority, made tangible to the world through breakthroughs in military technology, space exploration, advances in pharmaceuticals, and quicker diagnosis and treatment of mental and physical disease. Moreover, following Wilson's typology (1989), the NIMH's outcomes were relatively easy to measure via a decline in the number of mental institution patients and duration of stay, for example, than outcomes at the NEA. For the NEA, the concept of demonstrating cultural superiority was much more subjective, dependent on the artistic preferences of international audiences and the elusive claim that American society was more fully committed to artistic achievement than its communist rivals because it believed in freedom of expression. Future research should probe the relative importance of the agency under study to the overall priorities of political leaders as indicated by the proportion of the federal budget, the number of hearings held in addition to the content of those hearings, and coverage in popular media, among other measures. This will help the reader to better understand the larger context in which the agency is advancing its narrative and how an agency's prominence on the national policy agenda serves to enhance or challenges the persuasiveness of its narrative.

Conclusion

Autonomy emerges from an administrator's desire to set the course for his/her agency, and this study makes clear that language is an impressive and complex tool for fulfilling that desire. The findings support the utility of a discourse analytic approach to bureaucratic autonomy. Administrators at both the NIMH and the NEA consciously and unconsciously used storylines to influence policymakers at critical decision points affecting autonomy. The findings do not suggest the storylines cause autonomy, but rather that they serve as carriers for the key messages that make autonomy possible.

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