July 1977

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SHAME AND PUBLIC DEPENDENCY: A LITERATURE REVIEW

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ABSTRACT

All research related to under-utilization of income maintenance programs as well as to their impact on recipients has discovered the presence of stigma. A survey of the pertinent literature points out that much is known about stigmatization but that social welfare has been slow to incorporate this knowledge in any attempt to reduce the destructive effect of stigma on program users. Both liberal and radical reform measures are proposed as remedies.

Being dependent on charity has long carried with it a stigma. It is commonly "known" that the receipt of public aid induces feelings of shame and loss of face in many recipients. However, Titmuss has only recently identified the issue of how to incorporate poor people, especially non-whites, into our societies, and to transfer more resources to them without also generating shame or stigma as one of the major challenges to the formulation and administration of social policy.

The identification of stigmatization as problematic has kindled a renewed interest in its implications, both in the United States and Britain. From this heightened concern has recently come empirical research. The stigmatization of public welfare recipients and the role of stigma as a deterrent to public welfare participation have both been examined. All known research related to the stigmatization of utilizers has found that significant numbers of them do feel stigmatized. In the research which examined the role of stigma as a deterrent, evidence was discovered that stigma deters potentially-eligible individuals from participation in needed programs. Thus, the issue raised by Titmuss has been legitimated by research. The work done, however, has been modest.

The Titmuss call has also been responded to by theory builders. The following section of this paper will review recent theoretical contributions to the general area. The purpose of this review will be
to demonstrate the importance of understanding stigma and its effect on utilizers (actual or potential) of social welfare services.

The stigma effect is of profound significance to social workers, social work educators, and other social welfare providers. Since our programs are stigmatizing, either advertently or inadvertently, policy changes in program implementation are called for. The liberal points of view call for modifications within the present delivery system, the radical for new systems. Both will be examined in the final section.

Theoretical Considerations

General Theory: The stigma effect can be defined as the loss of face, dignity, self-respect, and/or social acceptance which occurs as a result of exposing a personal blemish or handicap. For our purposes, the blemish is poverty or economic dependency.

A more general definition of stigma encompasses a wider scope. The word was introduced by the ancient Greeks. It was used by them "... to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier." The stigma, cut or burned into the body, labeled the bearer a blemished person. He was to be avoided. Although other layers of meaning, especially psychological ones, have been attached, the reference of the concept has not changed significantly. Until recently, there has been little systematic study of those social conditions which may create the stigma effect, just as there has been only limited interest in clearly defining the concept itself.

The publication in 1963 of Erving Goffman's Stigma: Notes on the Management of Spoiled Identity was a major step toward remedying such deficiencies. According to him:

While the stranger is before us, evidence can arise of his possessing an attribute that makes him different from others in the category of person available for him to be, and of a less desirable kind—in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma, especially when its discrediting effect is very extensive; sometimes it is also called a failing, a shortcoming, a handicap. It constitutes a special discrepancy between virtual and actual social identity.

The possession of a stigma is, according to this definition, paradoxical. That is, does the stigmatized individual assume his
differentness is already known, or does he assume that his stigmatiza-
tion is not known by others, is not visible to them? The first situ-
ation describes the situation of the "discredited," the latter the situ-
ation of the "discreditable." 7

Goffman lists three types of stigma: (1) abominations of the body; (2) blemishes of individual character, perceived as weak will, domineering or unnatural passions, treacherous and rigid belief, and dishonesty; and (3) tribal stigma of race, nation, and religion. 8 Those who possess blemishes of individual character are apt to be regarded as social deviants. Their rank could include, among others: prostitutes, drug addicts, delinquents, criminals, bohemians, gypsies, carnival workers, hobos, winos, show people, full-time gamblers, beach dwellers, homosexuals, and the urban unrepentant poor. 9 Following Goffman's logic, additional categories would be radicalized students, hippies, unwed mothers, the unemployed, or public aid recipients.

To compensate for their stigmatized condition, those with a stigma have five possible courses of action:
1. They may agree that they fall short of what they ought to be and surrender in shame.
2. They may attempt to correct what they see as the reason or cause of their failing.
3. They may attempt to "pass" as normal. This is a method chosen by many. Goffman points out that because there are great rewards in being considered normal, almost all persons who are in a position to pass will deliberately do so on some occasion.
4. They may attempt to "cover," to make a strenuous effort to keep their stigma from appearing serious, even though it is revealed.
5. They may attempt to align themselves with others, to affiliate. This alliance may be with normals, with those whom they resemble, or with those who are seen as more stigmatized than they.

Goffman's work covers other dimensions of stigma as well. It is important in that it develops insight about the sociological implications of stigmatization and its effects on individuals.

This insight echoes one of another decade and with a different focus. In 1958, Hughes examined the sociology of work and came to a similar conclusion about its stigmatizing potential. He said:

Every occupation is not one but several activities; some of them are the 'dirty work' of that trade. It may be dirty in one of several ways. It may be simply physically disgusting. It may be a symbol of degradation, something that wounds one's dignity. 10
But what makes such work dirty or stigmatizing? It is not the work or task itself that stigmatizes the janitor. Rather, it is the tenant who is the source of the janitor's discomfort. That which is disgusting about his work is related to the estimation of him and his work by the other actors in his work drama.\footnote{11}

Thus, the blemish is social in significance. Poverty or blindness or homosexuality is not a curse or stigma in and of itself. Rather, it is the evaluation of others that produces the stigmatizing effect, the "spoiled identity." That evaluation and its receipt is the result of an interactional process. The intra-personal effect depends on a social judgment, transmitted by others to the person being stigmatized.

Stigma confrontation is a new concept, recently introduced by Humphreys.\footnote{12} It is relevant to this discussion. Adding to the ideas of Goffman, Humphreys explains the militancy of certain oppressed (stigmatized) groups during the 1960's. He labels such militancy, or politicization, as stigma confrontation, movements to confront society with a refusal to internalize the negative connotations of the stigma. He suggests two modes:

1. Stigma conversion: the emerging from a stigmatized condition as a transformed creature, one characterized by the development of political or ideological strength.\footnote{13}

2. Stigma redemption: the claiming of moral dividends as a side-product of enduring deprivation by demanding reparation for suffering endured.\footnote{14} According to Humphreys, this is a method long used by the economically disadvantaged, especially in Appalachia and the rural South. The National Welfare Rights Organization in the 1960's, seen in this perspective, was an exercise in stigma confrontation.

The final contribution impinging on this coverage of the literature of general stigma theory is that of Burton Weisbrod. His ideas, though largely untested, are significant in that he introduces the notion of variable stigma costs, or the possibility of gradations of stigma being experienced by persons accepting benefits from incremental aid programs for which they are eligible.\footnote{15}

At a most general level, the approach suggests that a change in the stigma cost will change the quantity of welfare aid demanded, as will a change in the magnitude of benefits. It also suggests that tradeoffs are possible; there may be a decrease in the stigma cost that will have the same impact on program utilization--the number of eligible persons who actually participate in the program--as will a particular increase in the amount of benefits.\footnote{16}

It is Weisbrod who shifts attention from the untested general stigma theories to the researchable relationship between variable stigma
costs and utilization of public aid programs. In seeking a new and better understanding of the incremental role played by stigma in the field of social welfare, his efforts link general theory with utilization behavior.

**Social Welfare:** In even the most primitive societies, exchange systems exist. They are the means by which members of a society interact or barter over the transfer of goods, money, status, knowledge, prestige, and the like. All exchanges are not identical. According to Titmuss, a distinction must be made between the grant, the gift, the unilateral transfer, and the mutual exchange or bilateral transfer. The former he views as occurring in the social market, the latter in the economic market.17

Robert Pinker, a contemporary British sociologist, says:

All social services are systems of exchange. Their central problem regarding conflict and discord is the problem of equivalency, because the relationship between a giver and a receiver is always inherently an unstable and unequal one. While a minority of people go so far as to make vocations out of either service or dependency, most of us prefer a measure of equivalency in our relationships. 18

Pinker's description of social services (non-market health, housing, educational, income maintenance, and personal social service provisions) as exchange systems is a landmark contribution to social theory. It opens the intellectual door to clarifying why social services are, indeed, stigmatizing. In the unequal relationships he refers to, givers may seek to enhance, to self-aggrandize themselves, at the expense of the receivers, who are apt to feel resentment and degradation--that is, stigmatization--as a result of the inherent imbalance in the system of exchange.19

Pinker takes into account the fact that demands for social welfare appear to increase in industrialized societies despite the fact that people learn to feel revulsed because of their dependency.20 He maintains that this can be explained by the fact that, although stigma may interfere with social welfare utilization, basic needs (hunger and shelter) often regulate the behavior of the individual more than do cultural control systems. Even though few people starve in today's industrialized societies, the fear of hunger may cause the poor to apply for assistance in spite of the stigma which may be applied.

Not only does Pinker describe social services as exchange systems, thereby explaining their stigmatizing function, but he also offers the unilateral model to further clarify the relationships between exchanges,
social services, and stigma. To this model, he adds three qualifications, intended to add to the understanding of the differential roles of stigma in social welfare: depth, time and distance.21

1. Depth: the intensity with which the recipients regard their stigmatization or are made to feel it. Different social statuses attract different degrees of stigma. Those who are seen as receiving restitution for earlier services or those who are viewed as apt to offer a future service tend to be assigned higher statuses and would feel less stigma.

2. Time: the longer the persons will be in a dependent position, the more likely they are to redefine themselves in terms of the stigma.

3. Distance: the more socially distant the possible recipients are from the givers, the less are they likely to receive. Caste systems and the confining of people to institutions both increase social and spatial distance, thereby reducing the likelihood of effective social service administering.

Pinker's model has great utility for social welfare. It views social services as unilateral exchange systems, thus explaining the function of stigma: to create feelings of obligation, inequality, and guilt in users and, in the long run, to inhibit service utilization. The model also hypothesizes about differential stigma impacts, introducing the opportunity for empirical investigation. Most important, stigma is removed from the abstract and placed in sociological juxtaposition to social welfare utilization. Pinker's exchange system theories supplement Goffman's notions about the interactional nature of the process of stigmatization.

The work of Matza makes further connections between stigmatization and social welfare. His concern is with the eradication of disreputable poverty, which he sees as a profound challenge. He states,

When demoralization has set in, when the poor become disreputable, our deficiencies are of capacity and knowledge as well as of will. The disreputable poor may be considered--indeed, they may be defined--as that limited section of the poor whose moral and social condition is relatively impervious to economic growth and progress. 22

The disreputable poor are difficult to define, according to him. They are not the "worthy poor," those deemed "deserving and morally acceptable. They are not the routine "welfare poor." They are the "hard core," further yet along on a continuum of disrepute. They possess the "moral defects of demoralization and immorality."23 These are the unique blemishes of the disreputable poor.

Obviously, the disreputable poor are the seriously stigmatized poor. Matza points out that inherent in all conditions of poverty is
Matza suggests several categories of disreputable poor, including:
1. The dregs: persons born into poverty but left behind by upwardly-mobile populations.
2. Newcomers: recent arrivals, including both migrants and emigrants.
3. Skidders: those who have fallen or slipped from higher social classes.
4. The infirm: those made disreputable by age, injury or illness.24

Excessive stigmatization, or the persistent demeaning of the poor, contributes to the process of pauperization, which terminates in disreputable poverty. The final result of that process is when the disreputable poor develop the same views of themselves as society has of them: outcasts, unworthy, denigrated, and failures. At that point, they make final adaptation to their condition.25

It is at this juncture that the works of Coffman, Pinker, and Matza converge. Coffman has described the process, Pinker the sociological rationale, and Matza the possible outcome or end result. Stigma is the common thread. The loss of face brought on by economic dependency, socially reinforced and functionally employed to maintain class and social discrepancies, results in disreputable poverty or pauperization.

It has been stated already that stigma has long been a concern of social welfare providers, many of whom are wittingly or unwittingly involved in the process of stigmatization themselves. Stevenson's recent analysis of England's unsuccessful struggle to reduce stigma in its social welfare efforts serves as an example. That analysis stresses the intractability of stigma in the face of reform efforts. Her point is clear: The improbability of this (reduction in stigmatization of claimants) taking place reflects society's unwillingness to accept fully and unequivocally the responsibility of the stranger to support the weaker or, indeed, to agree a definition [sic] of 'weaker,' with the possible exception of the elderly.26

The radical analysis of social welfare in a capitalist society is germane to this discussion. That analysis views social welfare services as contributing to the maintenance of the societal status quo, as
social control devices, serving the interests of a corporate ruling class. Stigma in this analysis is one means by which social discrepancies are perpetuated. Blemished individuals somehow "deserve second-class status." They do not generate feelings of compassion and concern in the non-stigmatized segments of society. They are sapped of energies which might enable them to collectively and individually work to alter their stigmatized status. Indifference and social isolation are tolerated. The process of stigmatization blunts the need for change and renders inactivity acceptable.

Positive approaches are required to alter this process. Negative sanctions reinforce that which they are ostensibly intended to combat. It requires little awareness of social welfare history to conclude that positive approaches have been rare. What has been commonplace have been those activities which have frequently made intolerable the receipt of public aid. Whether the intent of such policy is deliberate or not, those taking assistance have been rendered non-citizens. Stigma has served the function of maintaining socioeconomic inequality.

Implications

The receipt of social welfare benefits carries with it a stigma. The status of recipients, therefore, is inherently degrading. Being dependent upon society places one in an unequal relationship, one in which the donor is superior to the recipient. The obvious solution is to change the balance of such a relationship. However, the stigmatizing of recipients has persisted tenaciously. Despite periodic cries for reform, along with the identification of stigma as a culprit, social policies related to public dependency have changed only with the greatest effort.

Pinker maintains that the approach suggested by many social welfare liberals (universal social service programs, which make services available to all) is not necessarily the vanguard of reform. According to him, universal programs will not necessarily be any more effective than residual (selective) programs in combatting stigma because neither attacks the basic problem, which is society's reluctance to enter into bilateral relationships with dependent individuals. Universalism and selectivity are "academic perceptions of social reality" which do not correlate highly with the attitudes of the greater society, including recipients.

Meanwhile, the effect of stigma on recipients (described in its extreme by Matza) as well as its effect as a deterrent to potential recipients is unchecked. Sizable numbers of eligibles refuse to apply for benefits, preferring a marginal existence to public loss of face.
Others, unable to resist, receive benefits at the risk of disreputability.

The liberal solution to this situation is to modify existing programs, to reduce the stigma potential. Thus, "benefits by right," the humanization of bureaucracies, the separation of income aid from counseling services, the reorganizing of social services are offered as remedies. These modifications are not, of course, to be denigrated. Their intent is to soften the stigma impact. Yet they do little to alter the attitudes of society at large. They do not change the basic inequality inherent in the unilateral relationships of one-sided giving and receiving. Thus, their ability to ameliorate the stigmatizing impact of our major programs may be minimal.

Radical solutions call for structural alterations. Two are suggested for consideration.

1. Out of Humphreys come the stigma confrontation tactics. In these approaches, the disenfranchised or the stigmatized are assisted in their quest for reputation through collective action. Stigma can be overcome through politicized group activity. Thus, welfare recipients would be encouraged to form or participate in a National Welfare Rights Organization, homosexuals in a liberation movement, former convicts in a convicts' rights organization. Out of mutual concern and organization comes the power to force society to re-examine its attitudes or to capitulate, regardless of attitudinal shifts. These and other consciousness-raising movements are proliferating in this society at present; unfortunately, social welfare practitioners are not generally favorable to or intimately involved with them.

2. Out of the stigmatizing propensity of the means test (the chief target of the universalists) comes the need to abolish the means-tested public aid delivery system and to replace it with another, Pinker notwithstanding. The latent functions of public welfare have already been pointed out by Piven and Cloward and others; their goal is the destruction of the present system. The new system, perhaps a negative income tax or a family demogrant, would make a given amount of income available to all, regardless of need. Benefits would be provided mechanically. A depersonalized approach would be stressed, with little to no personal interaction between donor and donee. Local discretion would be minimized; financing would be based on a progressive income tax. Administration (including benefit levels and other standards) would be federalized. The need for a small residual program would persist. However, the bulk of public dependency could be handled according to new rules.
Stigmatization can be reduced, but only if the necessary structural changes are made. Because of the omnipresence of inequality in unilateral systems of exchange, interactions which generate indebtedness and obligation, new structures are called for. An active role in stigma elimination tactics for social welfare seems indicated if the re-structuring of the delivery system or the invention of another is to occur.30


6Ibid., pp. 2-3.

7Ibid., p. 4.

8Ibid., pp. 4-5.
9Ibid., pp. 143-44.


11Ibid., pp. 50-51.


13Ibid., p. 142.


16Ibid., pp. 1-2.

17Titmuss, "The Subject of Social Administration," *Commitment to Welfare*, op. cit., p. 22.


19Pinker's exact words are important: "Our major premise is akin to a psychological proposition, namely, that in systems of exchange it is always less prestigious to receive than to give. The main hypotheses put forward in the model are that a significant proportion of citizens draw a sharp distinction between the welfare roles of 'giver' and 'receiver'; that exchange relationships in the public welfare sector are more stigmatizing than those pertaining in the private sector; but that all such exchange relationships are inherently stigmatizing in so far as they involve common cultural and biological factors defining and relating to dependency in industrial societies." Ibid., p. 170.

20Ibid., p. 168.

21For Pinker's review, see Ibid., pp. 170-75.

23 Ibid., p. 620.

24 Ibid., pp. 644-54.


26 Stevenson, op. cit., p. 19.

27 Pinker, op. cit., p. 166.

