

# STIGMATIZATION PROCESSES IN SOCIAL WORK

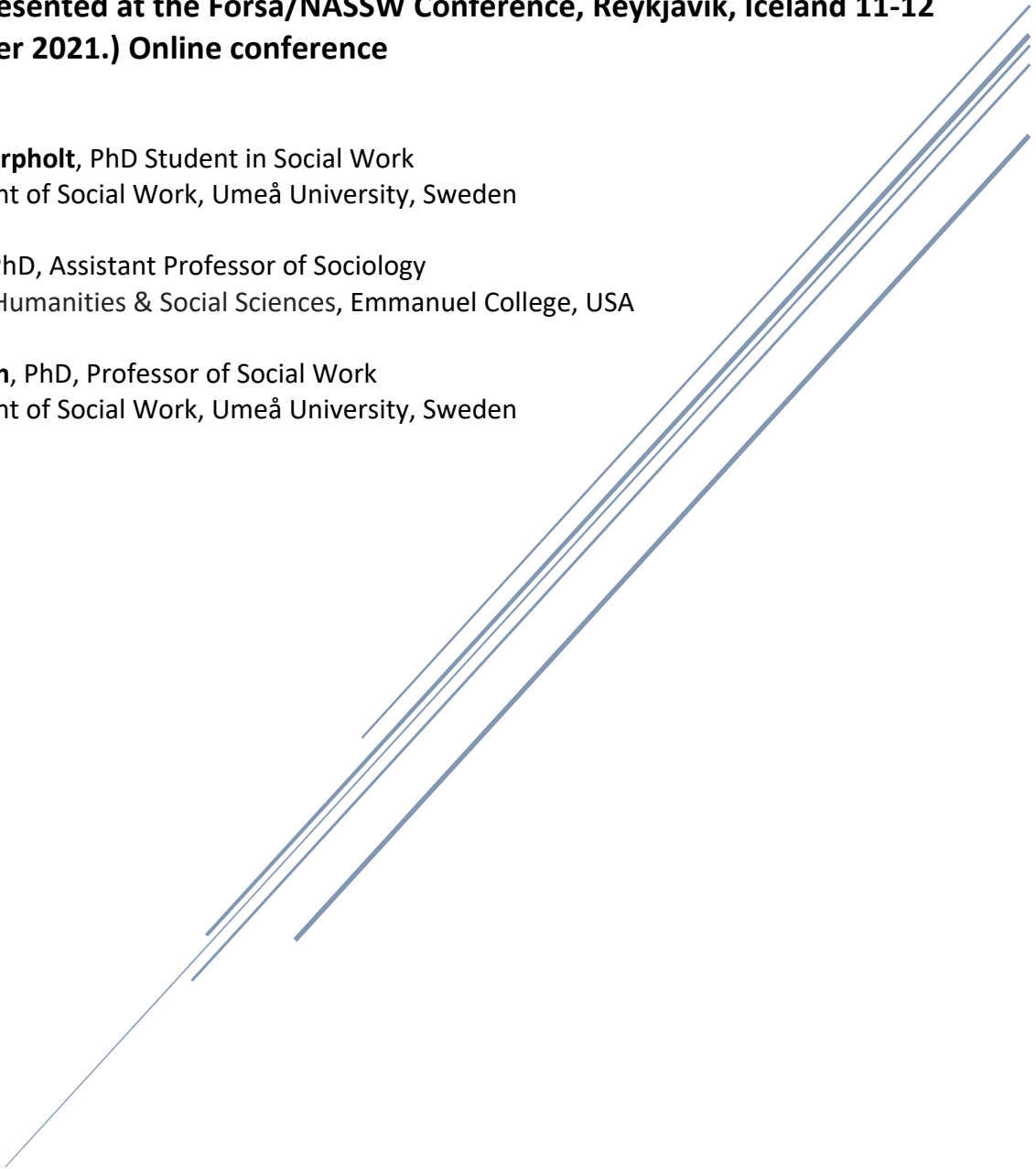
a comparative study of social workers in the social services  
in Sweden and the United States

**Paper presented at the Forsa/NASSW Conference, Reykjavik, Iceland 11-12  
November 2021.) Online conference**

**Camilla Carpholt**, PhD Student in Social Work  
Department of Social Work, Umeå University, Sweden

**Ivy Krull**, PhD, Assistant Professor of Sociology  
School of Humanities & Social Sciences, Emmanuel College, USA

**Björn Blom**, PhD, Professor of Social Work  
Department of Social Work, Umeå University, Sweden



# Stigmatization processes in social work – a comparative study of social workers in the social services in Sweden and the United States

Camilla Carpholt, Björn Blom & Ivy Krull

## Introduction

In many occupations, a worker's well-being, their ability to perform their job, and how they perform are impacted by how the worker perceives their own job status. In this context, status denotes the extent to which work is perceived as important in the world, mentally stimulating, or a means to provide them with a sense of satisfaction or reward. Research has identified that education level, income, and the perception of power to influence decision-making all serve to determine the status of an occupation (Ulfsdotter Eriksson, 2006). How the status of work is experienced by the workers may, in turn, depend on how the surrounding society views the work role as well. Occupations with high status such as judges, pilots and lawyers have the potential to strengthen a person's professional identity and self-esteem, which can be central to being able to conduct the job properly. A positive work identity can promote factors such as commitment, motivation and perseverance. In an occupation with low status, the opposite might occur. Having a job that others look down on can negatively affect the worker's health and self-image, as well as that individual's work performance. This can happen, for example, in occupations such as cleaners, waitresses and garbage collectors (Ulfsdotter Eriksson & Flisbäck, 2011). A negative view of an occupation can take the form of a stigma, which in short means that individuals or groups are downgraded by other groups in society because of some attribute (Ashforth & Kreiner, 2014; Goffman, 1963/1990; Jary & Jary, 1995). This "downgrade" is a negative social meaning or stereotype placed upon individuals or groups, which serves to limit a person's ability to perform positively in a specific role (Coleman, 1986; Goffman, 1963/1990).

Prior research has shown a relationship between low status occupations and the risk of stigma in human services organizations. Findings indicate that this can partly be attributed to jobs being low-paid and/or women-dominated (Ulfsdotter Eriksson, 2006). Additional factors include work that is considered low status or physically, socially or morally "dirty" (Ashforth & Kreiner, 2014). In this group we find social workers, assistant nurses, addiction counsellors and preschool teachers. Social workers, in particular, also work with persons who tend to be low-valued compared to the general population. This means that the view of the social work profession tends to be negative in itself, but it is also affected by the nature of the work task and the groups being served. Nevertheless, social workers are regarded as a key profession in most welfare states, as they perform tasks that are highly important for individuals in crisis and society at large.

It is reasonable to presume that social workers and other human services professions which work in a role that is stigmatized are adversely affected by it. This is supported by previous research on occupational status and identity (Ulfsdotter Eriksson, 2006; Ulfsdotter Eriksson & Flisbäck, 2011). However, previous research on stigma mainly focuses on clients and patients experiences. Findings highlight the role of negative attitudes toward the profession and its clients in the broader society, as well as negative attitudes among professionals. There are, to

our knowledge, only a few studies relating to stigma among social workers (e.g. Ashforth & Kreiner, 2014), which makes this research all the more important for the field.

This paper concentrates on social stigma among social workers within the social services. Better understanding of this issue is important for policy and practice, since stigmatized social workers will likely negatively affect clients and the social work profession, i.e. poorer quality of interventions (poorer encounter, adverse relations, less qualified efforts, less assistance etc.) and poorer quality of results (more and prolonged suffering, higher costs, relapse, etc.). Knowledge about social stigma among social workers is also of scientific importance since we know little about the experiences, mechanisms and consequences of stigma within this group of professionals.

We argue that it is relevant to compare social stigma among social workers in different types of welfare states since it enable us to discuss how values, social policies and institutions might influence the stigmatization processes. We have chosen Sweden and the United States, since these countries represent two extreme types of welfare regimes – according to Esping-Andersen's (1990) oft-used model – which can help us to discuss significant differences in those contexts.

The aim of this paper is to investigate how social workers within the social services in different welfare state contexts (Sweden and the U.S.), comprehend social stigma in their work. The aim is specified in four questions:

- 1) How do social workers in the social service field perceive their society's view of social work?
- 2) What does society's view of social work mean for social workers' self-perception?
- 3) How do social workers perceive their society views of social service *clients*?
- 4) What does society's view of *clients* mean for social workers' work?

In the next two sections we present a brief literature review and the theoretical frame of reference.

## Literature review

The literature review presents previous research organized in three themes: 1) Stigma among clients, 2) Social workers' work with stigma, and 3) Stigma among social workers.

### Stigma among clients

Ryan-DeDominicis (2020) highlights how individuals who are homeless are negatively affected by the shaming that society, the social worker and the homeless themselves have about people who are unhoused. As a result, these individuals are less likely to seek or receive services that can help them change their situation. To get past the stigma surrounding homelessness, Ryan-DeDominicis argues that social workers need to be aware of how the homeless person experiences their contact, in order to create the conditions for change. Scheyett (2005) stresses stigma as a major barrier for people with mental illness in their daily life. The author describes the obstacles that society's stigmatization of people with mental illness entails for the individual, and how it affects social work and social workers. Varas-

Díaz et al. (2005) highlights stigma among people living with HIV/AIDS and the consequences the stigma creates for these individuals.

Spicker (2011) takes a historical and a social policy view on the concept of stigma. He explores the concept from both social work and welfare perspectives. The author argues that understanding stigma is important when studying social administration in order to create an understanding of people in need of social services. The author claims that stigma in social services is more associated with clients and users of its services than the organization and the profession itself. Pinker (2017) discusses stigma from an American perspective linked to the welfare state and social work. He argues that the American society has a stigmatizing view of people who utilize social services, but that the clients' need for support outweighs it.

### **Social workers work with stigma**

Kayama and Haight (2014) examined stigma among parents of children with relatively mild cognitive and behavioral disabilities. These parents are sensitive to how others view their child's disability, which can lead to the parents not seeking or receiving help. To overcome the stigma among parents, teachers have been educated by social workers to consider the role of the stigma felt by these parents in their approach to teaching the parents strategies for supporting their children. Byrne (2000) focused on the concept of stigma among people with mental illness and its consequences for the individual. He discusses stigma based on its meaning, historical context and the role of stereotyping. His findings noted that people with mental illness are, in particular, exposed to a greater degree of stigma because of their illness. One way of diminishing stigma is to educate professionals about the negative impact and consequences of the stigma itself. Lee and Besch (2020) highlights the concept of tolerance and its impact on social workers' work and their encounters with clients. Social workers needs to become aware of what tolerance is and the effect it can have when meeting clients. They need to take a more critical approach to towards tolerance as a concept. Lee and Besch argue that social workers therefore need to be more critically reflective regarding how power affects the meaning and effects in client work. By doing so, social workers can prevent stigma among their clients

### **Stigma among social workers**

Research on stigma among social workers is extremely rare. The three publications we have found are presented below. A small body of evidence suggests that social workers believe themselves to belong to a stigmatized occupation. In a study of social workers in South Wales, Barry (1993), concluded that these beliefs were a response to the perceived negative public reactions to their profession. In a study on stigma linked to occupations and areas of activity (Ashford & Kreiner, 2014), the authors discuss the differences between three types of "dirty occupations" – physical, social and moral – and how these occupations and professionals relate to stigma. Social workers are included in a socially dirty profession since the profession works with people who are considered by society to be stigmatized. According to the authors, ideology and prestige can function as a positive status shield for a social worker. In addition, the fact that social workers carry out necessary social tasks can contribute to less stigma.

An article by Kagan and Itzick (2020) focuses on the difficulties of seeking help from the social services. They compare the profession of social workers with non-social workers. The results show that social workers themselves, particularly female ones, have a tendency to seek help in the social services more often than non-social workers. The authors argue that society's stigmatization of people seeking help through social services can be an obstacle for non-social workers.

## **Conclusion**

The review of previous literature shows that most publications to-date concentrate on stigma among clients, or social workers' dealing with stigma among clients. To our knowledge there are very few studies of how social workers in the social services experience stigma themselves, which means that our study can make a significant contribution to this area of research.

## **Theoretical frame of reference**

The paper's theoretical frame of reference has two main components: the central assumptions about social stigma and a typology of welfare states, which are presented below.

### **Social stigma**

Stigma, negative social meanings or stereotypes placed upon individuals or groups, serves to limit a person's ability to perform positively in a specific role (Coleman, 1986; Goffman, 1963/1990). This social construction of a less-than-desirable place in society impacts individuals differently based on their group's position within a cultural context, such as physical location. Given the impact of different systems of power (social, economic, and political power), stigmatization is culturally-based and evolves as systems change (Link & Phelan, 2001).

The process of stigmatization includes four parts: 1. Individuals differentiate and label human variations, 2. Prevailing cultural beliefs (stereotypes) tie those labeled to adverse attributes, 3. Labeled individuals are separated from others and placed in groups that disconnect them from more prestigious groups ("us" and "them"), and 4. Labeled individuals then experience status loss and discrimination (Link & Phelan, 2001). Each component of stigmatization serves as a unique component of stripping power away from each member of the stigmatized group. How the systems in a culture reinforce or enable stigmatization through policies and practices has long been identified as the critical element in disrupting stigmatizing systems.

### **Welfare regimes**

In addition to the stigma concept, we utilize Esping-Andersen's (1990) influential typology with different types of welfare regimes. By studying essential criteria for defining welfare states (e.g. the quality of social rights, the relationship between state and market) in advanced western societies, he distinguishes three regime clusters: liberal, corporatist and social democratic. The traditional examples of the three types of welfare states are the United States (liberal), Germany (corporatist) and Sweden (social democratic). Since this paper focus on social workers in United States and Sweden, the corporatist regime is excluded.

In a liberal welfare regime it is mainly the market that allocates resources, social services and insurance coverage. In this type of regime, public social policy is lean, means-tested and targeted at the poorest. Their strict entitlement rules are often associated with stigma. This type of welfare state encourages market solutions to social problems, either passively by guaranteeing only a minimum, or actively by directly subsidizing private welfare schemes.

The social democratic type of regime is characterized by general social security systems in the public sector. The regime endorse equality of a high standard rather than equality with minimal needs. There is a commitment to minimize social problems. This means welfare

services to reduce the division introduced by market-based access to welfare services, as well as proactively take a public responsibility for the costs of caring for children, the elderly, and other vulnerable groups. The social services are mainly provided as tax-funded public services.

Esping-Andersen's typology has been used extensively but also criticized. These criticisms include, among other things, the issue of the changing nature of welfare states which often makes them difficult to categorize (Bambra, 2004; 2007). The typology, however, is considered useful in this case since it helps us to notice and analyze how significant structural differences between the United States' and Sweden's welfare regimes impacts stigma among social workers in the two countries.

## **Social Services Systems in the United States and Sweden – Individual and Family Care-specific Services**

In order to contextualize the social worker experiences that constitute the empirical basis of the paper, this section describes five important aspects of the social services systems in the U.S. and Sweden.

### **General Definition**

In the United States and Sweden, social service programs focus on meeting the basic needs of the population. They are similarly responsible for the well-being of citizens regarding living conditions, basic financial security and health. These services support particularly vulnerable groups, each defined as vulnerable within their specific cultural context (so a group that is considered vulnerable in the United States may or may not be vulnerable in Sweden and vice versa). In both countries, services within the framework of the social service's responsibility are offered as universal services or means-tested interventions. The services can be of an economic, treatment, supportive or caring nature.

### **Structure**

In Sweden, public social services organizations focusing on individual and family care exist at the municipal level. In contrast, these programs can be at the federal, state or local levels in the United States. Often, programs which focus on the same need (such as support for anxiety or substance use disorders) function under different (and potentially conflicting) laws in the United States, due to the differences in these structural levels. Status of an individual may also change program access and supersede local or state laws in the United States – for example, veterans of military service access care in only military facilities which may have different rules than the states/communities in which they reside.

### **Funding**

Swedish social services organizations are authorities at the municipal level, which primarily are funded through municipal tax revenues, and partly by general government grants. The size of the social services budget is annually decided upon by the local government. The majority of social service programs in the United States are also funded by the government, either directly at the federal level or through state block grants. A limited number of programs may also be available in the private sector, such as through an employer or community-based (and funded) program. Communities also often augment services such as food insecurity programs with their own privately-funded food bank options, each with different requirements for access.

## **Eligibility**

Eligibility options differ in each context. In Sweden, there are three paths that lead to accessing social service programs. One is by completing an application. People who apply fill in a form themselves or contact the social services for help. Based on the application, an investigation is carried out that focuses on the needs of the person and whether the person is entitled to contributions within the social services. The other way to access services is when a complaint is received, either from the social services organization or other authorities or a private person. This could be, for example, notification of concern for a child. The third way is through so-called service initiatives, which means that a person does not go through an investigation.

In the United States, each program has a unique point of entry with potentially unique requirements. This system has no shared medical records due to privacy laws. Financial data is also protected by federal law and can only be accessed by certain agencies. Often times, individuals must fill out new forms for each agency (even if they are the same forms) and provide copies of documentation such as identification documents to each agency. There is a path for individuals to self-select for agency involvement – for example, if an individual feels that they cannot afford food for their household, they fill out an online or agency-based form to attempt to qualify for food social service program support. In addition, individuals can be referred involuntarily into social service programs. For example, if a complaint is made about the treatment of a child in a home, the adults in the home can be forced to engage with social service representatives or risk losing custody of their children.

## **Staff Requirements**

Both contexts require specialized training for social service workforce members. In both countries, social services are primarily staffed by social work professionals who have attained a bachelor's degree in social work, but other educational orientations exist. In the United States, higher-level positions require a master's in social work degree. This degree can be obtained by individuals who have already completed a bachelor's degree (a social work major is not required). Licensure or authorization (which is a Swedish non-mandatory option) is not required for every job functions. In Sweden, it is up to the social workers themselves to apply to the board for social work authorization to be authorized. In the United States, licensure is required for clinicians and certain higher-level roles.

## **Methodology**

This qualitative study was conducted utilizing a total of six focus groups: three in Sweden, three in the United States. Recruitment of individuals was completed utilizing a snowball sampling methodology, initiated by an employee within the Swedish social service system (Swedish component) and an American researcher in the United States (American component). Specifically, recruiters: 1. Identified individuals who were currently working as a Social Worker, 2. Sent out an email requesting participation in a focus group to discuss their experiences as a person working in social work, 3. Requested date and location preference information from all who replied that they would have interest in participating. The aim of the recruitment strategy was to collect a sample of different types of social workers across a variety of categories – work role, time in the field, client types – to provide a range of perspectives in the focus groups.

Responses were received from 24 recipients in Sweden and 27 social workers in the United States. Subsequent communication was sent to select the date and location of the meeting, resulting in a few respondents dropping out of the final meetings. Participation ranged from

five to eight social service workers in Sweden and four to six participants in the United States. All participants consented to recording of the sessions.

Each session began utilizing the same scripted introduction (with minor changes when formalizing the definition of stigma (cp. Appendix A), followed by several open-ended questions which were asked in each session. Interaction in each session was encouraged by utilizing a grounded theory approach to questions, with multi-language support in the Swedish sessions so that participants could reply in either English or Swedish. In Sweden, sessions were held within the workspace of each office, ranging from a home-style living room with comfortable coach-style seating, to a standard conference room. In the United States, sessions were conducted at non-office sites such as coffee shop or bakery stores (during quiet times or in side-room spaces).

Transcription was completed by the American researcher, with support from the Swedish team for all Swedish-language comments. Coding in to major and minor themes was initially completed by the American researcher, then reviewed and revised with the Swedish team. Focus group data were analyzed with a conventional content analysis (Hsieh & Shannon 2005). This meant that codes and categories were created during the analysis process based on the nature of the data material. It involved an empirical analysis that enabled the researchers to gain a rich understanding of the phenomenon and depict the essentials based on the questions.

The study protocol was submitted to two bodies for ethics approval: the Swedish system (The Regional Ethical Review Board in Umeå) in 2017 and the Emmanuel College Committee for Protection of Human Participants in Research (CPHPR) in 2018. Both bodies concluded that the study was exempt from full review.

## Results

The results are presented in four topic sections in accordance with the research questions. Central empirical findings are presented as significant themes that were discussed in both countries. Different aspects and consequences of stigmatization in the social services in Sweden and the United States are summarized in tables. Each table is followed by a comparative discussion on differences and similarities.

### Topic 1: Society's view of social work as institution and profession

A fundamental question that was discussed in the focus groups in the U.S. and Sweden, was how social workers in the social service field perceive their society's view of social work. We have compiled the responses on this question in five central themes, which are presented in Table 1 below.

**Table 1.**  
**How social workers in the social service field perceive their society's view of social work**

Central theme	Sweden	U.S.
External society's view of social work	The society's view of social work is mainly positive.	The society's view of social work is mainly negative due to fights over who is worthy or deserving of services and how decisions are made.



<b>Governing body's view of social work</b>	The state's (parliament and government) positive view of social work is expressed through provisions in the legislation.	The state's (federal and/or state-level) negative view of social work is expressed through budget cuts.
<b>Attitudes towards financing of social work</b>	Financing of social work is not questioned. It's experienced as a legitimate prerequisite of the universal welfare system.	Financing of social work is highly questioned. Workers perceive that neither the state nor the local governments want to sufficiently finance social work.
<b>Reactions towards social workers as profession</b>	Social workers receive explicit positive feedback, in the form of genuine appreciation for doing important work.	Social workers receive negative feedback which is twofold: 1) mostly implicit pejorative, but also 2) explicitly negative.
<b>Moral deputies</b>	Social workers feel that they are indirectly told that social work deafens others' bad consciences (by completing their work, people outside of the social services feel better)	Social workers are explicitly told that they/social work deafens people's bad conscience (by completing their work, people outside of the social services feel better).

### **External society's view of social work**

A general, and significant, difference between the two countries is that society's view of social work as institution seems to be much more negative in the U.S., compared to Sweden, where the society's view of social work appears to be rather positive. One of the Swedish social workers articulated it this way: "I often get the feedback that it is a very important job -- there is no stigma" (Swedish SW). One of the American social workers expressed herself like this: "My college friends say they would never do this job, ever!" (American SW). These kinds of reactions emanate from social workers' acquaintances and from people in the general public. It is reasonable to assume that these other persons' attitudes to social work develop into "the generalized other" (Mead, 1972 [1934]) in the social workers' minds and thus is perceived to be society's view of social work as institution.

### **Governing body's view of social work**

The common outlook on social work as an institution is not just something that exists among the general public. A view of social work is also something that exists within, and is expressed through, different governing bodies in both countries. Just as with the general view in society, there are major differences between the United States and Sweden, with regard to central governing bodies' views on social work. The Swedish social workers seem to assume that the state has a positive outlook of social work, and that it is manifested through provisions in the legislation. The American social workers experiences that the state has a negative view of social work which is expressed through budget cuts. One of the Swedish social workers expressed it this way: "I do what the law in Sweden says I should do" (Swedish SW). One of the American social workers articulated herself like this: "It's like we can't even catch a break – the government just cuts our budget all the time because we are just

social workers” (American SW). The Swedish social workers state that social work is seen as an integral and obvious part of the welfare state, while the American counterparts seem to experience that social work is a contested social function that exists under uncertain political and financial conditions. One worker commented “people think that we do too much to support people should figure it out on their own instead” (American SW).

### **Attitudes towards financing of social work**

Like other fundamental societal functions such as healthcare, schools and the police, it is necessary to utilize financial resources to carry out social work. It is therefore relevant to examine attitudes to financing social work in this context. The Swedish social workers describe that financing of social work is not questioned in society. They believe that funding is a legitimate prerequisite of the universal welfare system. The American social workers, on the other hand, think that the financing of social work is highly questioned. They say that neither the state nor the local governments wants to finance social work.

One of the Swedish social workers said it like this: “We do what we can based on our job function and what is available for people in these programs” (Swedish SW). An American social worker stated it this way: “The government doesn’t even want to pay for kids anymore – like no one gets taken care of because the towns don’t care” (American SW). The differences may be related to the fact that Sweden and the U.S. have different welfare systems which, among other things, mean that the funding of, and responsibility for, social work differs. This aspect is discussed later in the paper.

### **Reactions towards social workers as profession**

Consistent with the above, data show that not only is the view of social work as an institution different, but there are also striking differences in the reactions that people in both countries face regarding the social worker role. The Swedish social workers say that they receive explicit positive feedback, in the form of genuine appreciation for being a social worker. Statements from social workers in the U.S. indicate that they receive neutral or negative feedback, which is mostly implicitly pejorative, but some feedback is also explicitly negative. One of the Swedish social workers articulated it like this: “People ask me: what are you working with now... they say: wow this is important work!” (Swedish SW). An American social worker expressed herself this way: “People always say that saving the world and making no money” (American SW). The focus group participants mainly refer to statements from friends, acquaintances and others in the immediate vicinity who know that they are doing social work. Just as with society’s view of social work as an institution, it can be assumed that the reactions regarding the profession develop into “the generalized other’s” view of the social worker role.

### **Moral deputies**

Yet another theme discussed was that the social workers are perceived to be “moral deputies”, since their job has the function of making other members of the society feel better about their contribution to social justice work. At this point there is a greater similarity between the Swedish and American focus group participants. Social workers in both countries say that they are told that social work relieves other peoples’ moral challenges. A difference is that Swedish social workers usually get this message in an unspoken way, while social workers in the U.S. often are explicitly told that they are deafening others’ bad consciences. One of the Swedish social workers formulated it this way: “Maybe they feel comforting that I am doing the job so that they don’t have to. Someone is doing it so that relieves others from some guilt or something” (Swedish SW). An American social worker described that she sometimes get to hear: “It is like ‘great that you are doing it because I never would” (American SW). Whether

the social workers receive the message that they are moral deputies explicitly or implicitly, it seems to be a “thought figure” that exists in both countries. It may have to do with the fact that Christianity has been the dominant religion in both countries, and that the notion of good and bad conscience is a fundamental idea in Christian ethics (Wadell, 2008s, pp. 167-168).

**Theme summary**

The findings related to the first research question show that in both countries there are strong attitudes towards social work as institution and social workers as a profession. These attitudes have the potential to be either stigmatizing or status-enhancing, in that they can influence the self-perception of social workers. Data demonstrates that there are substantial differences between how social workers in Sweden and the U.S. experience that their respective societies view social work as an institution and profession. Swedish social workers comprehend society’s view of social work as an institution and profession as mainly positive, while the American counterparts describe an essentially negative view. In the next section, we will discuss how society’s view of social work can influence the self-perception of social workers.

**Topic 2: Society’s outlook on social work affects social workers’ self-perception**

The second research question that was discussed in the focus groups in the U.S. and Sweden was: What does society’s view of social work mean for social workers’ self-perception? We aggregated the answers in three central themes, and they are presented in Table 2 below.

**Table 2.**  
**What society’s view of social work mean for social workers’ self-perception**

Central theme	Sweden	U.S.
Experiences of respect and legitimacy	To a great extent, social workers experience respect and legitimacy	To a great extent, social workers experience a lack of respect and legitimacy
Perceptions of stigma	Social workers do not feel stigmatized by the society’s view of social work	Social workers feel stigmatized by the society’s view of social work
Social workers self-image	The self-image can be described as: a community enhancer with authority	The self-image can be described as: a low ranked civil servant with limited professional autonomy

**Experiences of respect and legitimacy**

As shown in the previous section, there are strong attitudes towards social work as an institution and profession in both countries. It can be assumed that these attitudes will affect the self-perception of social workers. This assumption finds strong support in statements from the interviewed social workers. One of the themes discussed in the focus groups was experiences of respect and legitimacy. Again, we could see a clear difference between the Swedish and the American social workers. While the social workers in Sweden stated that they experience a great degree of respect and legitimacy, the social workers in the U.S. stated that they to a great extent experience a lack of respect and legitimacy. One of the Swedish social worker stated it this way: ”People often think very bad things about my clients but not about me --- they ask a lot of questions and are interested to know what I do.” (Swedish SW). One of the American social workers put it like this: “Everyone says just take the kids OUT.

Don't do this chances thing with drug addicts, but ... we have to follow the rules and give people chances. ... people want us to just run off with them and get them in a new home and leave them there forever. Then they are mad at ME when we can't do it" (American SW). Although there are fundamental similarities between social work in the U.S. and Sweden – e.g. that both countries work with addiction and vulnerable children, which may include coercive measures – social work seems to trigger stronger negative reactions to social workers in the U.S. compared to Sweden. The American social workers find themselves explicitly questioned by various actors who each have different perspectives on the “right” or “wrong” thing to do to support the worker's clients, while the Swedish social workers seem to experience that there is unspoken social support in society.

### **Perceptions of stigma**

One of the more central themes discussed in the focus groups concerned perceptions of stigma among social workers. Swedish social workers stated that they do not feel stigmatized by the society's view of social work, which is contrary to what American social workers expressed. A Swedish social worker expressed it this way: “No one has stigma for being a social worker here. We know our job” (Swedish SW). One of the American social workers articulated herself like this: “I always just wait for the judge – it is like my opinion and work is a waste because you just never know what the judge will say. I don't want it on me because it is like a stigma like you are doing a bad job when the judge says something different” (American SW). Another American social worker put it this way: “I thought that my job would be the harder part but the harder ... stressful part, is dealing with everyone hating on what my job even is” (American SW).

In the Swedish focus groups, stigma vis-à-vis social workers was only talked about in relation to the researchers' explicit questions, and the answers clearly indicated that social workers do not feel stigmatized by society's view of social work. In the American focus groups, stigma against social workers was discussed in both explicit and implicit terms. In addition, it seemed that the stigma could come partly from an institutional perspective (as judges) and partly from the public. This is clearly in line with the previous theme of respect and legitimacy.

### **Social workers self-image**

Social workers' self-perception is affected by various circumstances during the professional career, among other things education, position, work-tasks and salary. A theme that was latent, but ubiquitous, in the focus groups was the question about social workers' self-image. Again, there was a clear dividing line between social workers in Sweden and the U.S. From the focus group discussions, we could conclude that social workers in Sweden have a self-image that can be summarized as a community enhancer with authority, while the self-image of social workers in the U.S. can be described as a low ranked civil servant with limited professional autonomy. A Swedish social worker articulated it this way: “We are out in the field and work with clients in need ... there is no stigma.” (Swedish SW). One of the American social workers expressed herself like this: “The hardest part of the job is the other people in different departments. They look down at us because we can't make the decisions. It's like a caste system and we are like, as low as the bottom ... compared to the other departments and the supervisors” (American SW).

All in all, the self-image of the Swedish social workers seems to be more positive than the American social workers' perception. Throughout, Swedish social workers expressed that they view themselves as rather valued practitioners who have a clear societal mission and a mandate to perform socially beneficial work. Statements from social workers in the American focus groups indicate that they, to a large extent, have a more critical self-image which thus presents a juxtaposition to the Swedish.

### Theme summary

The results connected with the study's second question show that in both countries, social workers' self-perception seems to be influenced by society's view of social work. Influence can either enhance or impair social workers self-perception.

Data show that there are quite large differences between what social workers in Sweden and the U.S. think of the role of society's view of social work in their self-perception.

Swedish social workers find that society's view of social work primarily has a beneficial impact on their self-perception, while the American social workers seem to experience that society's view of social work primarily affects their self-perception negatively. In the next section, we will examine social workers experiences of their society's view of social service clients.

### Topic 3: Social workers experiences of attitudes towards clients

The third question that was examined with social workers in the U.S. and Sweden was: How do social workers perceive their society views of social service *clients*? The answers on this question are structured in three central themes which are presented in Table 3 below.

**Table 3.**

#### How social workers experience their society's view of social service clients

Central theme	Sweden	U.S.
Negative outlook on clients	Clients are considered less worthy than people in general, both by the general public and by professionals in other HSO organizations	Clients are considered almost worthless compared to people in general, both by the general public and by professionals in other HSO organizations
Enduring stigma	Being a client creates long-term stigma	Being a client creates a lifelong stigma
Inferior help in other HSOs	Clients receive less help in other HSOs	Clients receive much worse help in other HSOs

### Negative outlook on clients

Social workers in both countries stated that there is a negative view on social services' clients in Sweden as well as the U.S. Clients are considered less worthy than people in general, both by the general public and by professionals in other HSO organizations. However, the outlook on clients seems to be somewhat more negative in the U.S., compared to Sweden. A Swedish social worker put it this way: "I believe that people often think very bad things about my clients (Swedish SW). One of the American social workers said it like this: No one thinks my clients should get the funding because they are worth less because they are always getting arrested and stuff (American SW). The disapproving attitude that social workers in the United States are talking about seems to apply especially to clients with substance abuse problems. They believe that the general public do not consider abusers worthy to receive help, but punishment. One of the American social workers said: "People don't understand – they think that drug addicts ... we should just make them stop or stick them in jail" (American SW). That American social workers perceive a more negative societal view on clients, compared

with the Swedish ones, is probably related to the fact that American social workers experience a more negative view of social work as institution and profession. Hence, it may be that the view of both social work and clients is more negative in the U.S. compared to Sweden. It may also be that the negative view that social workers in the United States experience towards social work as an institution and profession affects how they perceive their society to view clients. It could also be related to the contrast between how the workers themselves feel about their clients and how the same clients are perceived by the public, as noted by one American SW as “I love my clients. They are so strong, so strong. They’ve been through everything and they are strong and resilient. I love them”.

### **Enduring stigma**

Earlier in the results section, we showed that society’s view of social work as an institution and profession tends to influence social workers’ self-perception. Data from the focus groups in both countries indicate that there is a similar process regarding the clients; society’s negative view of clients creates a stigma that is perceived by social workers as lifelong. A Swedish social worker expressed it this way: “... stigma ... working with the clients. When I go to work with the old alcohols. ... they beat themselves. "I’m not worth it, I’m old, let me die. No, you don’t need to book time for me" (Swedish SW). One of the American social workers put it like this: “My clients are always out of work cause they have criminal records. So they need a job to get stable, but they can’t get a job because anytime something goes down at work, they are always the ones to get accused”(American SW). Based on the focus group discussions specifically focusing on stigma among clients, it seems to be about equally stigmatizing in both countries to be a client of the social services. However, our overall assessment is that it might be more problematic in the United States, at least for some categories of clients.

### **Inferior help in other HSOs (Human Services Organizations)**

For social services clients, it is problematic in itself that society has a negative view of clients, as it contributes to stigma and feelings of being less worthy. Furthermore, it is problematic that society’s negative attitude towards clients seems to mean that they sometimes receive poorer help in other human services organizations. Social workers in both countries describe that clients often receive worse, or much worse, help than non-clients in other human services organizations, not least it seems to apply within the health care system. A Swedish social worker said it like this: ”I know that I have had people who have had treatment or a psych diagnosis, and they are at the doctor for a fractured arm, they don’t want to provide the pain medication to a person who had an addiction in the past. Even if I am there." (Swedish SW). One of the American social workers expressed herself like this: “they are able to get pills from so many doctors... I mean, no one says no! ... one doc will say yes, and the other doc already gave more pills the day before. No one is actually looking at people or listening” (American SW). Based on the social workers’ accounts, it seems that in Sweden as well as the U.S., the negative view on social service clients has adverse consequences for the clients. Hence, we argue that clients are socially vulnerable in two ways: partly because negative attitudes cause a psychological burden, partly because negative attitudes mean that clients sometimes receive less help.

### **Theme summary**

Answers related to the study’s third question show that there seems to be considerable similarities between Sweden and the U.S. Social workers in both countries express that society has a negative view of their clients, and that it contributes to stigmatization among clients, and that clients may also receive poorer help in other HSOs. In the U.S., this goes

hand in hand with society’s attitudes toward social work and social workers. However, despite the fact that Swedish social workers describe that there is a relatively appreciative outlook on social work as an institution and profession in Sweden, the Swedish society’s attitude towards social services clients does not seem to be as favorable. One plausible historical explanation is that the negative attitude towards clients was established in the Swedish culture before the industrial society. Social work in Sweden has its origins in the care of the poor, where the poor were often regarded as consuming, and they were considered to have created the conditions for their own misery (Hort, 2014). The next section focuses on what society’s view of clients mean for social workers’ client work.

**Topic 4: Society’s view of clients affect social workers’ possibilities to help**

The fourth question discussed was: What does society’s view of *clients* mean for social workers’ client work? The answers are put together in three central themes and presented in Table 4 below.

**Table 4. What society’s view of clients mean for social workers’ client work**

Central theme	Sweden	U.S.
Tug of war on resources	Various client groups are periodically prioritized by the government, this affects how resources are distributed at the local level	The struggle for resources for social workers creates a bad collaboration climate, between different social work departments and peers
Social workers dedication	Society’s view of clients to a limited extent affects the social workers’ commitment	Society’s view of clients to a large extent affects the social workers’ commitment
Effects of notions on clients’ condition	Some clients have incorporated society’s negative view, consider themselves worthless and do not want help. It affects the work of social workers with these clients	Social workers believe that some clients are in too poor a condition to spend resources on

**Tug of war on resources**

A salient theme in focus groups in both countries was the tug of war on resources, and how it affects the social work. The Swedish social workers described that various client groups are periodically prioritized by the government, and that this affects how resources are distributed at the local level. For example, the government has allocated funding for the social services’ work with unaccompanied refugee children, which has sometimes made other socially vulnerable groups a lower priority. A Swedish social worker highlighted the “competition” between different groups of clients and work tasks due to this: “we could see a very big difference between when the young refugee children came, a lot of money went into that organization, and some of the projects in our organization were on hold a bit because money didn’t come to it”. (Swedish SW).

The American social workers described that the struggle for resources creates a bad collaboration climate, between different social work departments and peers. One of the

American social workers articulated herself like this: “You have like your own group of workers – you know who you can trust and who you can’t. Even the other departments – we don’t really like being together with other departments – we don’t really trust each other because everyone is always trying to get their own stuff done” (American SW). In both countries, society’s view of different client groups seems to influence how resources are distributed to the social services, and this in turn contributes to a tug-of-war, which can take place both within a department and between departments within the organization.

### **Social workers dedication**

Swedish social workers described that society’s view of clients only to a limited extent affects their dedication in terms of professional commitment, which is different to what the American social workers expressed. A Swedish social worker put it this way: ”I do what the law in Sweden says I should do” (Swedish SW). One of the American social workers expressed herself like this: “It is a hard job because ... no one wants to see you doing the work. ... And I deal with the pressure of that”(American SW). Another SW said: “I just cross my fingers and hope nothing bad ... happened to the kids on my case list. Because if it was them, I know it is going to be so bad” (American SW). The negative attitude towards clients can be regarded as a counteracting mechanism in American social work, whilst a similar attitude in Sweden does not seem to have a noticeable impact on the social workers professional commitment.

### **Effects of notions on clients’ condition**

As shown above, social workers in both countries feel that society has a rather negative view of social service clients, and that this has an adverse effect on many clients. The negative notion on client’s condition also seems to affect the work of social workers in various ways. In both countries, focus groups participants described an impact on social workers’ opportunities to help clients, but it seems to have different causes. In Sweden, this is due to some clients having internalized a negative notion on themselves, and in the U.S., it is because social workers have internalized a negative attitude towards certain clients. The Swedish social workers described that some clients have internalized society’s negative view on them, they therefore regard themselves as “useless” and hence not wanting help. The Swedish social workers said that it made their work, with these clients, more problematic, since these clients are less motivated to receive help and change their life-situation. A Swedish social worker put it like this: “Some clients say: ‘help the young people, not me. I’m old. I have been an alcoholic all of my life” (Swedish SW). The American social workers meant that society’s view, on clients, affected their clients via the social workers’ internalized outlook of social services clients. Social workers sometimes believe that clients are in too poor a condition to spend resources on. One of the American social workers expressed herself like this: “When we get an email about a case, we wait to see if someone else will respond – no one wants to volunteer so we just wait, and the supervisor has to assign. Then they give it to the people they don’t like as much” (American SW). “No one likes some of my clients, even me”, was also shared by an American SW.

The results indicate that society’s critical attitude towards social service clients can have a negative impact on the work of social workers, and that this attitude is channeled in two different ways. Partly through social workers who have internalized society’s negative attitude towards clients, which tends to affect social workers’ actions directly. Partly because clients internalized the negative view of themselves, which affects social workers more indirectly. As we see it, these are different aspects of a stigmatization process. Although the data in this study illustrate different stigmatization processes in Sweden and the U.S., we argue that both variants can occur in both countries. It is reasonable to assume that society’s view of clients can be internalized by, and influence, social workers and clients regardless of



welfare state context. In this case, the attitude is negative, which makes the process stigmatizing. However, it is possible to imagine a reverse situation where a positive view of society on clients leads to an anti-stigmatizing process via social workers' and clients' internalization of attitudes.

### **Theme summary**

Findings related to the study's fourth research question demonstrate that social workers in both Sweden and U.S. describe that society's view of clients have an actual impact on their client work. However, there seem to be noteworthy differences. Social workers in Sweden spoke primarily about influencing factors outside themselves (government resource allocation and clients' negative self-image), while social workers in the U.S. mainly emphasized how they, themselves, were directly affected by society's view of clients (interorganizational competition, less dedication, negative view of clients). A substantial difference was that the devotion of Swedish social workers did not seem to be influenced by society's attitudes, while society's view of clients to a large extent affects the American social workers' commitment. Another significant difference was that in Sweden, clients' own negative self-image affects social workers' work, while in the U.S. it is rather the social workers' negative image of clients that influences. We therefore assume that the stigmatization processes are somewhat different and also have different consequences in the two countries. Although the influencing factors in Sweden and U.S. differ, the results indicate a connection between societal attitudes towards clients and resource distribution to social work in both countries. It means that social workers do not always provide help corresponding to the specific needs of clients, but rather offer services that is influenced by attitudes in the surrounding society.

## **Discussions**

### **Presence and Absence of Stigma**

The findings show that there are similarities as well as differences regarding how social workers within the social services in Sweden and the U.S. comprehend social stigma in their work. On the whole, we can see that the differences outweigh the similarities and that social workers in Sweden have more positive experiences of some key aspects related to the stigma in social work, compared with the American equivalent. These differences mainly concern society's view of social work as an institution and profession and how society's view of social work impacts social workers self-perception.

Social workers that we studied in Sweden do not report that they feel stigmatized. However, the social workers we studied in the U.S. reported that they feel that they experience social stigma. Our results does not imply that all social workers in social services the U.S. feel stigmatized, or that no Swedish social workers in social services feel stigmatized/experience negative attitudes. A bigger sample might give a different result. It is also important to consider that social workers in different regions of each country could feel differently. In the United States, this could be related to how disparate laws and policies that vary by region of the country impact workers differently. It is especially important to note that at the time of the American focus groups, there was an intensely public debate both within social services and in the broader population over the definition of "worthy" populations, as part of the political rhetoric and budget decisions associated with the recent inauguration of President Donald Trump.

The literature review on stigma among social workers showed that social workers, in some contexts, believe themselves to belong to a stigmatized occupation (Barry, 1993), which is a response to the perceived negative public reactions to their profession. Following Ashford and Kreiner (2014), an explanation is that social workers are included in a socially “dirty” profession since they work with people who are considered by society to be less valuable, due to the challenges they often face with mental health, substance abuse, and other conditions. The results in our study is both consistent with and deviates from these studies. Results regarding the American social workers are in line with previous research, but results concerning the Swedish social workers, point in a different direction.

A possible explanation for this difference is given by Ashford and Kreiner (2014) who argue that ideology and prestige can function as a positive status shield for a social worker. In addition, social workers role of carrying out necessary social tasks can contribute to less stigma. This seems to be true for the Swedish social workers, insofar as there is an inherent positive (anti-stigmatizing) ideology in the social democratic welfare regime. Social workers in the U.S. as well as in Sweden described that the surrounding society signals that they perform necessary social tasks. One important difference, however, seems to be that the social democratic welfare regime makes the surrounding society more positive, making surrounding ideology function as a status shield.

Observations in our study are clearly in line with the theoretical assumption that individuals and groups can experience social stigma through the surrounding society (people and institutions) assigning a negative meaning to them (usually through assigning stereotypes to a population group) (Coleman, 1986; Goffman, 1963/1990). This applies to both clients and social workers, especially the American social workers in the material. Limiting the discussion to social workers, who are the focus of this paper, we can see that the stigmatization process includes all four elements that are part of a stigmatization process: labeling, stereotyping, being set apart as different, and disapproval, rejection and/or exclusion (Link & Phelan, 2001).

The study suggests that stigma experienced by social workers in the U.S. limits their ability to perform positively in their role (Coleman, 1986; Goffman, 1963/1990).

Stigmatized social workers can be a problem, as it may lead to poorer help to clients. It can start a vicious circle where social workers and clients (initially stigmatized by society) gradually reinforce the negative image of each other. This, in turn, may strengthen the dominating (negative) image of social work in society and boost the stigmatization processes. It can also lead to fewer, less motivated/dedicated and less educated people wanting to work as professional social workers, which might create a vicious circle between the society and social work.

How systems in a culture reinforce or enable stigma through policies and methods has long been identified as the critical element in disrupting stigma systems (Bracke, Delaruelle & Verhaeghe, 2019). Below this is discussed by connecting to Esping-Andersen’s typology with different types of welfare regimes.

### **How differences between Swedish and American social workers can be understood**

A fundamental assumption is that the studied social workers’ statements reflect real conditions and that the differences we have identified exist. It is reasonable to presume that

the differences between Sweden and the U.S. are mainly due to different welfare state contexts, i.e. what Esping-Andersen (1990) denotes as welfare regimes. He explicitly argues that liberal regimes “*enthusiasm for the needs-tested approach, targeting government aid solely at the genuinely poor, --- creates the unanticipated result of social stigma...*”. (p. 64).

Esping-Andersen’s point is that seekers of help, as clients, tend to become socially stigmatized in the liberal welfare state, but our study shows that social workers are also at risk of suffering from social stigma. One reason is probably that social workers are some of the welfare state’s clearest representatives, so-called street-level bureaucrats (Lipsky, 2010), who personify the welfare state. Another, and maybe more important, reason is that social workers engage in so-called “dirty work” (Ashforth & Kreiner, 2014), i.e. to help clients, who are socially stigmatized, causing stigma to spill over onto social workers. In other words, social workers in the U.S. can suffer from social stigma for two reasons, partly because they engage in a societal task that the external society regards as somewhat marginal, and partly because they are associated with people who are considered negative.

Social workers in Sweden also work with people who often are viewed negatively by the external society. But the negative view of clients does not seem to “spill over” to social workers, in the same way as in the U.S. The reason is probably that social work, and thus social workers, are higher valued in the social democratic welfare regime. Society’s more positive view of social work in Sweden is communicated in various ways, but a clear and important example is through the social legislation.

The Swedish Social Services Act (2001:453, chapter 1, section 1) states that “*Public social services shall, on basis of democracy and solidarity, promote people’s, economic and social security, equality of living conditions, active participation in the life of the community. With due consideration for the responsibility of the individual for his own situation and for that of others, social services shall be aimed at liberating and developing the innate resources of individuals and groups...*”. An important statement in this law is that a key-role of the social services is to promote equalization/levelling. That is a clear social policy orientation in line with the social democratic welfare state, which is a direct antithesis to the liberal welfare regimes inherent tendency to social stigmatization.

Focus group interviews with the Swedish social workers, clearly demonstrated that their work were firmly anchored in the social legislation, and that they considered themselves as street-level bureaucrats in a positive sense, whose main task is to implement the legislator’s ambitions through their work.

## Summing-up

In this paper, we have discussed stigmatization processes in social work practice by presenting a comparative study of social workers in Sweden and the United States. We have shown that there are similarities as well as differences between the two countries and our conclusion is that the differences, above all, depend on different welfare state contexts. Simply put, each country’s welfare regime affects social workers, clients and social work practice either positively or negatively, in terms of social stigma.

Social workers and clients can hardly change a country’s welfare system, they must adapt to the consequences that each welfare regime entails. Hence, this is fundamentally a political

issue at the national level, where those deciding on a country's welfare system must take into account the concrete consequences that the system brings about on a micro-level. It is possible to draw different policy implications from our study but if the goal is to reduce stigmatization processes in social work practice, efforts are required at both the political and institutional levels, rather than at organizational or individual level.

The initial research review demonstrated that previous research on stigma among social workers are scarce, this study is thus a significant contribution to this research area. The limited scope of our study means that results and conclusions should be interpreted with caution. The study, nevertheless, points to important results which gives reason to investigate this subject further, in larger studies and in other contexts. More research is not only scientifically motivated, it is also ethically justified, since stigmatization processes among social workers ultimately have considerable negative consequences for individuals and groups who are already socially vulnerable.

## References

- Ashforth, B. E., & Kreiner, G. E. (2014). Dirty work and dirtier work: Differences in countering physical, social, and moral stigma. *Management and Organization Review*, 10(1), 81-108.
- Bambra, C. (2004). The worlds of welfare: illusory and gender-blind?. *Social policy and society.*, 3(3), 201-212.
- Bambra, C. (2007). Going beyond the three worlds of welfare capitalism: regime theory and public health research. *Journal of Epidemiology & Community Health*, 61(12), 1098-1102.
- Barry, L. (1993). *Occupational Stigma in Social Work*. Unpublished thesis, University of Wales College, Cardiff.
- Bracke, P., Delaruelle, K., & Verhaeghe, M. (2019). Dominant cultural and personal stigma beliefs and the utilization of mental health services: A cross-national comparison. *Frontiers in Sociology*, 4, 40.
- Byrne, P. (2000). Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric treatment*, 6(1), 65-72.
- Coleman, L. M. (1986). Stigma: An enigma demystified. In *The dilemma of difference: A multidisciplinary view of stigma*, ed. S. C. Ainlay, G. Becker and L. M. Coleman, 211–232. New York: Plenum Press.
- Díaz et al. (2005). AIDS-related stigma and social interaction: Puerto Ricans living with HIV/AIDS. *Qualitative health research*, 15(2).
- Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge: Polity.

Goffman, E.(1963/1990). *Stigma: notes on the management of spoiled identity*. [New ed.] Harmondsworth: Penguin Books.

Hsieh, H-F. & Shannon, S.E (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.

<https://www.prevent.se/arbetsliv/ovrigt/2016/yrkesstatus-praglar-var-manniskosyn/>

Hort, S.E.O. (2014). *Social policy, welfare state, and civil society in Sweden. Vol. 1, History, policies, and institutions 1884-1988*. Lund: Arkiv förlag.

Jary, D. & Jary, J. (1995). *Collins dictionary of sociology*, 2. ed, HarperCollins, Glasgow.

Kagan, M & Itzick, M. (2020).The Effect of Gender and Stigma on the Self-Reported Likelihood of Seeking Social Workers' Help by Social Workers versus Non Social Workers. *British Journal of Social Work*, 50, 389–404 doi: 10.1093/bjsw/bcaa004

Kayama, M & Haight, W. (2014). Disability and stigma: how Japanese educators help parents accept their children's differences. *Social work*, 59(1), 24-33.

Lee, J-S. & Besch T. M. (2020). Critical reflection on toleration in social work, *European Journal of Social Work*, 23:1, 18-29, DOI: 10.1080/13691457.2018.1499612

Link, B. G., & Phelan, J. C. (2001). Conceptualising stigma. *Annual Review of Sociology* 27: 363–85.

Lipsky, M. (2010). *Street-level bureaucracy: dilemmas of the individual in public services*. (30th anniversary expanded ed.) New York: Russell Sage Foundation.

Mead, G.H. (1972[1934]). *Mind, self, and society: from the standpoint of a social behaviorist*. Chicago: University of Chicago Press.

Pinker, R. (2017). Stigma and social welfare. In Pinker, R., Offer, J. & Pinker, R. (Eds). *Social policy and welfare pluralism: selected writings of Robert Pinker*. Bristol: Policy Press.

Ryan-DeDominicis, T. A (2020). Case Study Using Shame Resilience Theory: Walking Each Other Home. *Clin Soc Work J*. <https://doi.org/10.1007/s10615-019-00745-9>

Scheyett, A. (2005). The mark of madness: Stigma, serious mental illnesses and social work. *Social Work in Mental Health*, 3(4), 79-97.

Spicker, P. (1984/2011). *Stigma and social welfare*, First published 1984 by Croom Helm, ISBN 0-7099-3313-4.

The Social Services Act (2001:453) [https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/socialtjanstlag-2001453\\_sfs-2001-453](https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/socialtjanstlag-2001453_sfs-2001-453)

Ulfsson, Y. (2006). *Yrke, status & genus: en sociologisk studie om yrken på en segregerad arbetsmarknad*. rapport nr.: Göteborg studies in sociology 29.

Ulfsson, Y. & Flisbäck, M. (2011). *Yrkesstatus: erfarenhet, identitet och erkännande*. 1. uppl. Malmö: Liber.

Wadell, P.J. (2008). *Happiness and the Christian moral life: an introduction to Christian ethics*. Lanham, Md.: Rowman & Littlefield Publishers.

## Appendix A.

### Focus Group Introduction

Welcome and thank you for participating in this focus group. Your opinions and thoughts are the most important part of this work. The goal of this project is to better understand organizations like yours and how stigma impacts you and your work.

What you share here will be used in this study to help understand how organizations work and your name will not be used at any time.

There are two areas of focus, both of which are important – your job itself in social services and your work with clients. We’re interested in learning about how stigma impacts both of these areas.

#### ***QUESTION PRINTED OUT: How does stigma impact you and your work?***

1. **Swedish Introduction:** When we say “stigma” in American culture, we are talking about a negative perception of a person or a situation. For example, when I work with social workers in the United States, they have shared that they experience stigma when they tell other people that they are social workers. The people assume things about them – sometimes these things are positive (like when people think that they must care about others quite a bit) and sometimes negative (like they don’t have a well-regarded profession). Is there something similar that you have experienced when you tell people about your work?

**American Introduction:** When we say “stigma”, we are talking about a negative perception of a person or a situation. For example, when I work with other social workers have shared that they experience stigma when they tell other people that they are social workers. The people assume things about them – sometimes these things are positive (like when people think that they must care about others quite a bit) and sometimes negative (like they don’t have a well-regarded profession). Is there something similar that you have experienced when you tell people about your work?

- i. Would you say that people outside of your agency understand the importance of your work?
  1. Do outside perceptions impact the work that you do? For example, when you are securing resources for clients, do you get the support you’d like or do you have obstacles based on what people think of your job or your clients?
    - a. If you could change something about the way people perceive your work, what would it be?
    - b. If there are areas to change, do you think that it is a solvable problem? If so, how? If not, why?
- ii. Is working with outside agencies or resources easy when you tell them what your job is?
- iii. Do you find that there is a stigma or prejudice against the population you work with? For example, do you find that people with drug addiction are treated in a stigmatized way?
- iv. When you think of the most important part of getting your work done, what are the biggest challenges you encounter?
  1. What are the most important supports?

2. If you could change one thing about how you get the most important part of your work done, what would you change?
    - a. Change in the organization?
    - b. Change in the community?
2. When someone from the outside comes in (like me), what do you think they have a hard time understanding about your work?
  - a. About the people you work with?
  - b. Are there assumptions you think outsiders have that make your job harder?
  - c. Are there assumptions that make your job easier?
3. Do you think there are specific ways to reduce stigma in your work?
  - a. What is the first change you would make if you had the power to change people's perceptions?
4. Is there anything I haven't asked that you think would help me better understand how stigma impacts you and your work?