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Outline of a theory of stigmatization in the personal social services

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ABSTRACT

This article presents an outline of a theory of stigmatization, consisting of theoretical propositions and a graphic model, which can help describe and explain stigmatization processes in the personal social services. The building blocks of the theory originate from existing theories and previous empirical research including our own study of stigmatization processes among social workers in Sweden and the United States. Pattern matching methodology was key to identifying a need for a new theory. Contributions to existing theory and potential implications for policy and practice are discussed, especially in relation to social work in the personal social services. The outlined theory contributes to existing stigma theory in several ways, of which three key findings are highlighted. The theory suggests: 1) that stigmatization processes can go in several directions, sometimes simultaneously; 2) that stigmatization processes can involve mutual reinforcement which can develop into a negative spiral; 3) that stigma can be placed upon social work as an institution. The outlined theory can be used as a starting point for analysing stigmatization processes in social work in several contexts, such as different institutional or organizational settings. We argue that existing stigma theory does not always provide sufficiently deep or specific explanations that are appropriate for the uniqueness of different settings. Thus, there is a need for a theory that is more precise and adapted to such a setting. The framework can be useful for researchers and university students that need a theory when studying stigma processes in social work practice.

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Social workers; stigma; stigmatization; theory; pattern matching

Introduction

Stigma is theoretical concept that gained global recognition thanks to the sociologist Erving Goffman's seminal book in the mid-sixties (1963/1990). Goffman's frequently used stigma theory has been further developed by researchers like Coleman et al. (1986) and Link and Phelan (2001). With the help of such theory, stigmatization processes have been investigated in a large number of empirical studies (e.g. Alonzo and Reynolds 1995; Coleman 1986; Corrigan and Watson 2002). Although empirical studies of stigma have taken place in different disciplines and studied different groups, the theoretical outlook on stigma has been fairly general. The advantage of this relatively broad approach is a high degree of applicability to different groups and contexts, the disadvantage is poorer precision, which implies that the theoretical explanatory value might decrease in some studies. This means that existing stigma theory can be used in diverse settings, but it does not always

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provide sufficiently deep or specific explanations that are appropriate for the uniqueness of different contexts.

We contend that similar to the way a precise tool may be needed when handling a specific object, stigma theory can benefit from being adapted to specific target groups and contexts. Although we believe that the current stigma theory is well in line with what Robert K. Merton denoted 'theories of the middle range'[1] (Merton 1968), we argue that there is reason for further theoretical development. It is reasonable to assume that there is a range so that theories of the middle range can be more or less precise. We thus believe that the current stigma theory, even if it works well in many contexts, is less precise and that it is possible to develop a more specific theory of stigma. In this article, we outline a theory of stigmatization in the personal social services, by using the local/municipal public social services as the empirical basis. The effort emanates from our previous research experiences when we conducted an empirical study of stigmatization processes in social work in Sweden and the United States (Carpholt et al. 2021).[2]

Literature review – background

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 established 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 lower status, the opposite might occur. Having a job that others sometimes 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 and 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[3] in society because of some attribute (Ashforth and Kreiner 2014; Goffman 1963/1990; Jary and 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; Pickering 2018).

Prior research has shown an association between low/er status occupations and the risk of stigma in different 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 physically, socially or morally 'dirty' (Ashforth and Kreiner 2014). In this group we could find, among others, different groups of social workers, assistant nurses, addiction counsellors and preschool teachers. Social workers, in certain organizations, also often work with persons who tend to be low-valued compared to the general population. This means that the view of the social work profession, at least in some settings, tends to be relatively negative in itself, but it is also affected by the nature of the work task and the groups being served (Carpholt et al. 2021; Holter 2018; Papp and Rácz 2016). Studies of social workers within the social services in different countries show that their professional status generally is ranked relatively low,[4] compared to other occupations, both by social workers themselves and by other professionals (Brunnberg 2001; Healy and Meagher 2004; Jessen 2010; Ulfsdotter Eriksson and Flisbäck 2011; Weiss-Gal and Welbourne 2008). Moreover, empirical studies by Barry (1993) and Ashforth and Kreiner (2014) show that social workers in some contexts can experience that they belong to a stigmatized profession. Nevertheless, social workers are usually regarded as a key profession in most welfare states, as

they perform tasks that are highly important for socially vulnerable individuals and society at large (Dominelli 2004; Payne 2012; Stuart 2013).

From a theoretical point of view, it is reasonable to presume that social workers and other human services professions who work in a role that may be stigmatized are adversely affected by it. This is supported by previous research on occupational status and identity (Ulfsdotter Eriksson 2006; Ulfsdotter Eriksson and Flisbäck 2011), as well as our empirical study of social workers in Sweden and the United States (Carpholt et al. 2021). However, based on our prior research experiences in this field, we claim that there is a theoretical void regarding stigmatization processes in social work practice. For example, current stigma theory does not explicitly take into account welfare systems and institutional environments and how they affect social workers and their clients. Since such contextual factors are fundamental to a socially embedded activity such as social work, we believe it is scientifically motivated to develop stigma theory that explicitly takes such considerations into account.

The aim of this article is to outline a theory that describes and explains stigmatization processes in the personal social services. The building blocks of the theory originates from existing theories and previous empirical research including our own study of stigmatization processes among social workers.

The aim is specified in two research questions:

(1) Which theoretical propositions must be included in a theory able to describe and explain stigmatization processes in the personal social services?
(2) How should these theoretical propositions be transformed into a model in order to illustrate the dynamics of stigmatization processes in the personal social services?

Overview on previous theory on stigmatization

The theoretical starting point of this article consists of two main components: central assumptions about stigma and a typology of welfare regimes, which are presented below. The overview of previous theory on stigmatization is based on the publications we deem as most relevant to our article.[5] The literature search, however, revealed a number of publications discussing stigma theories related to specific groups such as people with mental health problems (Martinez and Hinshaw 2016) or Alzheimer's disease (Werner 2014; Young et al. 2019). These articles are not included due to limited relevance. There are two reasons that a typology of welfare regimes is the one of the components in the starting point of this article. Firstly, the typology is about a fundamental part of the conditions of social work (the social policy context), secondly, the typology contains explicit assumptions on stigma connected to welfare regimes. In our previous empirical study, we combined these theories to describe and explain data on social work practice in Sweden and the U.S. Based on that experience, we regard stigma theory and the typology of welfare regimes as adequate building blocks also in this theory-developing effort.

Classical stigma theory

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 and Phelan 2001). The process of stigmatization includes four parts: 1. Individuals differentiate and label human variations, 2. Prevailing cultural beliefs (stereotypes) tie those labelled to adverse attributes, 3. Labelled individuals are separated from others and placed in groups that disconnect them from more prestigious groups ('us' and 'them'), and 4.

Labelled individuals then experience status loss and discrimination (Link and 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.

Stigma and morality

According to Yang et al. (2007) stigma is essentially a moral issue in which stigmatized conditions threaten what is 'most at stake', their moral experience. In this typology, moral-somatic components link values to physical experiences, while moral-emotional components link values to emotional states, both focusing on the interpersonal core of a morally-framed stigma model. Engaging with the day-to-day lived experience, considered as the 'local world', is where the core of what matters most to an individual (and is therefore most at risk) can be found, such as money, health, jobs, or relationships. Each interaction between individuals is a metaphorical dance of dodging threats to what an individual most values in their life through each and every everyday interaction. The moral experience itself, the network of connection between a person, a recipient of stigma, and the local world, shape the experience of stigma in the lives of each individual, including those who experience stigma as well as those who engage in stigmatizing others.

Four categories of stigma

Focusing on the growth of stigmatization theory since the 1960s, Bos et al. (2013) discuss a framework of four categories of stigma, originally developed by Pryor and Reader (2011): public stigma, self-stigma, stigma by association, and structural stigma. *Public stigma*, considered the core of the four typologies, represents stigma as a culturally agreed up devaluation of certain social attributes. This cognitive representation of how people use their ability to perceive situations to assess 'targets' (other people who possess the stigmatized conditions), manifests itself through the connection between emotion and perceived severity, dangerousness, and norm violations. These perceptions are rooted in an individual experiencing their own view of others through shared cultural norms. This leads to both implicit and explicit negative reactions to stigmatized conditions. *Self-stigma* contains many of the components of public stigma in that it has cognitive, affective, and behavioural components which can be both implicit and explicit. This typology focuses on psychological harm to self. An individual's knowledge that a culture devalues a condition that they themselves possesses leads to self-stigma. The ramifications of this stigma lead to psychological harms, including stress, anxiety, and a reduced social network. The third category, *stigma by association*, focuses specifically on individuals who become stigmatized through a formal or informal relationship with stigmatized individuals. The impact of a relationship with a stigmatized individual has been found to also be reflected in cognitive, affective, and behavioural aspects which can be explicit or implicitly moderated. *Structural stigma*, in contrast to the other typologies, focuses on societal ideological and institutional components of perpetuating stigmatized statuses. By reproducing systems of inequality whereby a condition can consistently be seen as 'lesser', stigma can be perpetuated within a structured system unique to different social contexts.

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 article focuses on social workers in the two 'extreme' welfare regimes, represented by United States and Sweden, and our empirical study did not include social workers from a country that represented the corporatist regime, this regime was 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 endorses 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). Since Esping-Andersen created his typology in the 1990s, there have been significant changes so that the United States in some respects can be said to be 'moving towards' the social democratic regime (e.g. The Affordable Care Act[6]), and Sweden has to some degree been advancing towards the liberal regime (e.g. a deteriorating social insurance[7]). Another important critique, partly related to the notion that welfare states are in a state of change, is that the social democratic welfare regime today is more stigmatizing than what Esping-Andersen suggested 1990. For example, Barker (2017, 2018) believes that the Nordic welfare states have an inherent duality that makes them both benevolent and punitive, depending on citizenship/membership. Although the U.S. and Sweden are probably no longer typical empirical examples of Esping-Andersen's theoretical categories, we believe that the conceptual apparatus, in a heuristic sense, enabled us to notice and analyse how significant structural differences between different types of welfare regimes impacts stigma among social workers. In this way, the typology has helped us advance our theoretical construction.

Methods

The methodology used to conduct our empirical study of social workers in northern Sweden and the northeast U.S. are thoroughly accounted for in an earlier publication (Carpholt et al. 2021). In order to provide basic knowledge about the implementation of the empirical study and how the pattern matching methodology was applied to generate this new theoretical framework, brief information about the methodology is presented below.

Below we present a stepwise description of our work to outline a theory of stigmatization processes in the personal social services. Since that work began already during the empirical study, the description also includes parts of that study.

(1) Our starting point was a theoretically and empirically based hypothesis formulated by one of the authors of this article (I. Krull) who works in an American context: *social workers in the personal social services may experience that stigma affects themselves and their client work, but it may differ between different countries.*
(2) The theoretical starting point was stigma theory (cp. the above section *Classical stigma theory*).
(3) We made an overview of previous research on stigma among social workers and clients in social work practice (see Carpholt et al. 2021).
(4) We then conducted focus group interviews in Sweden and the U.S.
(5) We created a heuristic model (Outline one below) to help us structure and begin understanding data (see Figure 1). This outline was inductively generated from interview data.

Short on the methodology in the empirical study
The study comprised six focus groups: three in Västernorrland County in Sweden ($n = 19$) and three in the state of Massachusetts in the U.S. ($n = 15$). Participants represented several different social services organizations in each country. Social workers were recruited partly by turning to front-line managers, partly by asking social workers directly via snowball sampling. The sample included 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.

Social workers here refer to professionals with at least a bachelor's degree in social work, who work in the municipal personal social services in areas such as family and childcare, addiction treatment or social benefits. The social services systems and educational requirements for social workers in Sweden end the US are described in our paper presenting our empirical study (Carpholt et al. 2021).

Social workers gave informed consent to participate as well as to audio recording the sessions. No names or personal details were used hence no individual social worker or client can be identified. Each session began with a written definition of stigma, followed by several open-ended questions. The Swedish sessions had multi-language support so that participants could reply in either English or Swedish.

Transcription and coding were completed by the American researcher, then reviewed and revised with the Swedish team. Focus group data were analysed with a conventional content analysis (Hsieh and 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 review boards for ethics approval in Sweden and U.S. Both concluded that the study was exempt from full review.

A limitation of the study is that it only studied social workers in one part of each country.

(6) Based on Outline one, we decided to include Esping-Andersen's typology (cp. theory section above) in the theoretical frame of reference.
(7) We analysed empirical data by using previous theories and comparing with prior research.
(8) We presented the results in a report (Carpholt et al. 2021), where Outline one helped us structure and discuss findings. This stage completed the empirical study.
(9) We then revisited Outline one and scrutinized it against the results of our empirical study, existing theories and previous research. This enabled us to identify development needs. We noticed that theoretical elements could be re-arranged by using the CAIMeR-theory

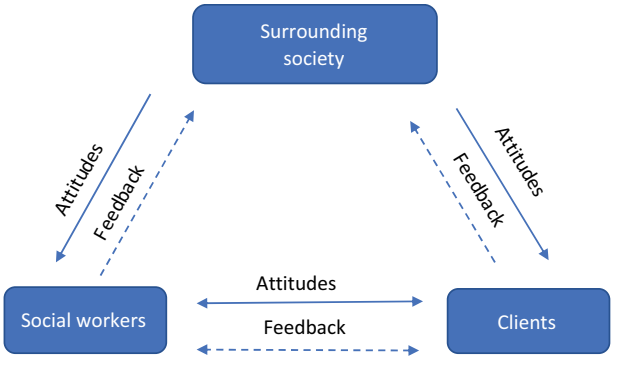

Figure 1. Outline one – a heuristic model of stigmatization processes in social work.

Comments on the empirical study

The results from our empirical study are consistent with prior research on stigma in social work (cp. Carpholt et al. 2021). In this way, our study confirmed previous empirical research at the same time as the former research corroborated our study. In addition, we could see that observations in our study were 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 in the personal social services, especially the American social workers in our data material. If we focus on social workers, we can see that the stigmatization process includes all four elements that are part of a stigmatization process: labelling, stereotyping, being set apart as different, and disapproval, rejection and/or exclusion (Link and Phelan 2001). We argue that our previous study was also corresponding to theoretical assumptions compiled by Yang et al. (2007) and Bos et al. (2013), regarding public stigma (directed towards clients by people in the surrounding society/the local world) self-stigma (directed towards clients by themselves), stigma by association (directed towards social workers by the surrounding society/the local world), and structural stigma (directed towards clients through systems and institutions in the liberal welfare regime).

To sum up, the empirical study suggested that stigma experienced by social workers in personal social services 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 for 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 in the personal social services, which might create a second vicious circle between the society and social work.

developed by the Swedish researchers Blom and Morén (2010). This resulted in Outline two.

(10) As a part of a peer-review process, Outline two was presented and discussed at a conference on social work research.[1]NaPSa Conference, Linné University, Växjö 16-17 March 2022. Constructive remarks from a designated commentator, who had scrutinized our paper in advance, and others in the auditorium, helped us further develop the theory. The revisions were integrated in the text which resulted in Outline three, the version of the outlined theory that is presented in this article.

A matter of pattern matching

It is a challenge to describe in detail what the process looked like that led to the various versions of the outlines. One reason is that the process had elements of the creativity and playfulness that Swedberg (2014) writes about when it comes to theorizing. Metaphorically speaking, concepts, propositions and results in previous theories and research, functioned as ingredients or clues that helped us see things differently. Cognitively and psychologically, the process implied discovering that a certain statement or a combination of statements helped us see something in a new way, for example that a society's negative view on social work can make clients, in advance, take negative attitudes towards social workers.

The approach that best describes the process leading towards the generation of our new theoretical framework is pattern matching (Bouncken et al. 2021; Sinkovics 2018). Pattern matching is a method in which there is a comparison between a predicted theoretical pattern with an observed empirical pattern. Utilizing an organized pattern matching approach, we were able to connect our own implicit assumptions (which are built off of the prior work the authors have done in this area) with the existing literature and theoretical frameworks. This presented a clear opportunity to expand upon the prior work. Our stepwise (organized and logical, giving details so that future researchers could know the process by which we facilitated and executed our analysis) approach to formulation of this new theory was a way to structure a comparative realm, similar to pattern matching's approach of tying theoretical realms to

observational realms (Bouncken et al. 2021; Sinkovics 2018; Trochim 1989). Therefore, we believe that it suits well to label what we intuitively have done as pattern matching, even if pattern matching was not an explicit starting point.

By summarizing the account above in a figure (see Figure 2) with nine steps, the process can be illustrated in this way:

In short, it can thus be described as starting with a hypothesis about stigma among social workers in the personal social services that we then tested empirically, which subsequently resulted in a draft of a new theory about that phenomenon. Looking back on this process, we can summarize utilizing a pattern matching method – our initial expectations were challenged when the findings fell outside of our expected application of existing theory. From this, we studied the outlying components which presented opportunities for a new theory of stigmatization processes in the personal social services.

Outline of a theory of stigmatization processes in the personal social services

Based on existing theories and previous research, including our own empirical study of social workers in Sweden and the United States, we have outlined a theory of stigmatization processes in the personal social services. The outline is presented in this section, first as theoretical propositions

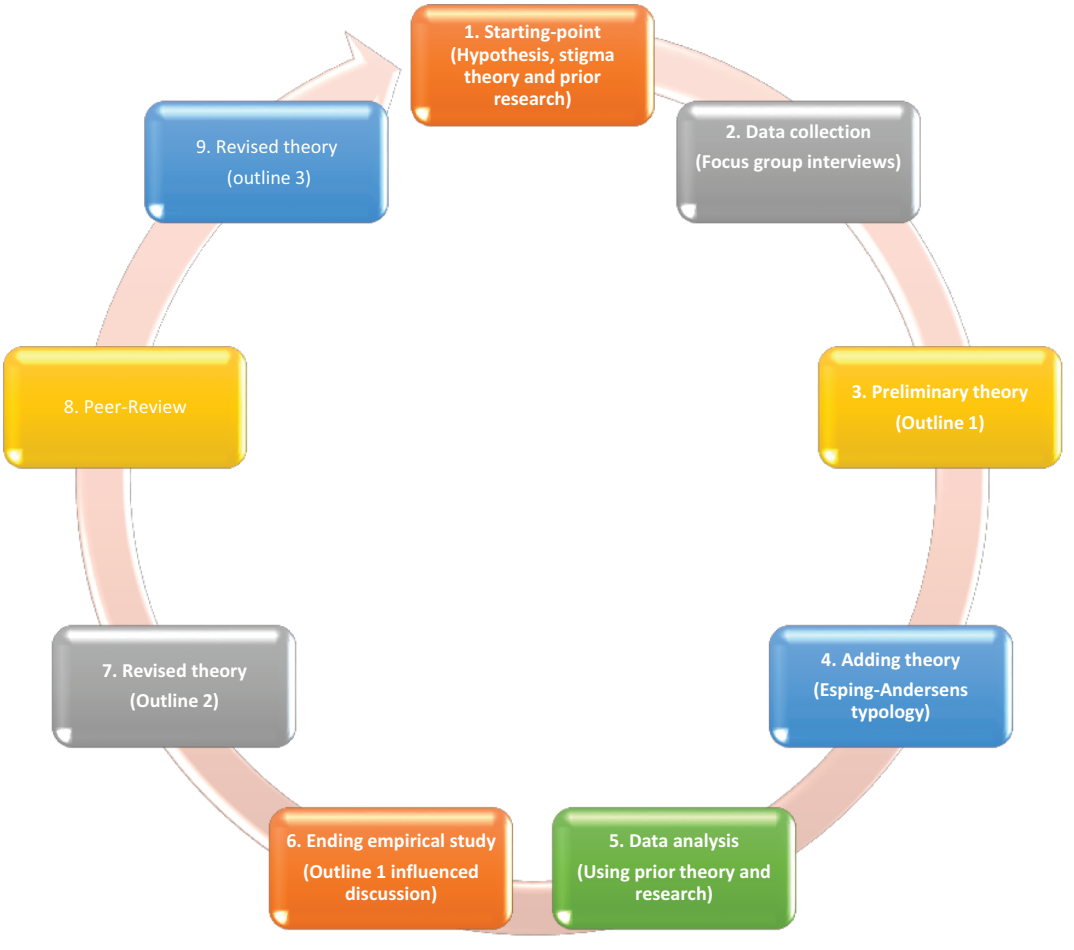

Figure 2. A circular theory development process.

then as a model. The first research question is: *which theoretical propositions must be included in a theory able to describe and explain stigmatization processes in the personal social services?*

Proposition 1

There are positive and negative attitudes towards social work as an institution, social workers and clients in the surrounding society (i.e. among the general public, media, organizations, etc.). Negative, as well as positive, attitudes may take the form of a stereotype that is placed upon others by labelling.

Proposition 2

Social workers and clients 1) perceive these stereotypes, 2) interpret what they imply, and 3) act on the basis of their interpretation. Labelling from the surrounding society can thus lead to negative stereotypes being perceived as socially stigmatizing.

Proposition 3

A stigma placed upon social work as an institution[8] and social workers as a group, may affect the social workers' status, professional identity and their attitudes to clients in general.

Proposition 4

In a parallel process, stigma placed upon social work as an institution and clients as a group, could affect the clients' self-image, sense of discrimination and their attitudes to social workers in general.

Proposition 5

When the surroundings predominantly hold negative attitudes towards social work as institution, social workers and clients, the following is likely to occur:

(a) social workers adopt negative attitudes towards clients, clients experience it, and interpret the attitudes and acts in a negative manner towards the social workers;
(b) clients' negative actions affect social workers who might become even more negative, and a vicious circle has begun;
(c) in addition, negative attitudes in the surroundings that are directed directly at clients and social work as an institution can influence clients to adopt a negative attitude towards social workers, regardless of whether the social workers have a negative attitude towards clients in the first place. In other words, clients may have similar attitudes about social workers as other groups in society – since clients also are embedded in society – hence they are affected by both general attitudes about social work as institution, and specific attitudes regarding the vulnerable group they belong to (e.g. poor, migrants, homeless, etc.).

Proposition 6

However, even when the surroundings predominantly hold disadvantageous attitudes towards social work as institution, social workers and clients, the course of events may take a different direction. There is an inherent potential for benevolent alliances between social workers and clients (cp. Beresford, Croft, and Adshead 2008; Gerdes and Segal 2011; Knei-Paz 2009; Sinai-Glazer 2020) who can serve to resist stigmatizing elements in society and social work, which can make the following to occur:

(a) social workers intentionally adopt positive attitudes towards clients, the clients experience it, and interpret the attitudes and acts in a constructive manner towards the social workers;
(b) clients' positive actions affect social workers who might become even more benevolent, and a virtuous circle has begun;
(c) additionally, negative attitudes in the surroundings, directed at clients and social work as institution, can influence clients to adopt an adverse approach towards social workers. Social workers can mitigate or prevent such attitudes from influencing clients to adopt a negative attitude towards social workers, by establishing a genuinely benevolent relationship with the client.

Proposition 7

The surrounding society that affects social workers and clients consists of different societal levels (macro, meso and micro). At the macro level is a country's welfare policy, which is a manifestation of dominant social and cultural values transformed through elections and processes in political institutions into a certain type of welfare model. The welfare model affects social work directly through factors as legislation, funding, organizations and competence requirements. The welfare model also affects social work more indirectly, via the values that are conveyed through principles and working methods (e.g. that strict entitlement rules are associated with stigma).

Proposition 8

The stigmatizing or non-stigmatizing processes that occur in social services organizations derive largely from a country's welfare model, as it defines the level of ambition (minimum or high-quality welfare) and (to a large extent) sets the framework for social work. The welfare model, however, is influenced by the fact that clients and social workers experiences of social work, at least partly, are conveyed to decision-makers through media, elections, interest groups, evaluations, research, etc. Such experiences have the potential to either challenge and change or strengthen and preserve the welfare model.

A theoretical model

This study's second research question is: *How should these theoretical propositions be transformed into a model in order to illustrate the dynamics of stigmatization processes in the personal social services?* The graphic model below (see Figure 3) illustrates the location of different elements in theory, how they can influence, how these elements relate to each other and how they together contribute to stigmatization processes in the social services.[9]

The model contains a number of basic elements symbolized by different rectangles. The *Social work intervention context* consists of two parts: the *Direct Intervention Conditions* which consist of institutions, funding bodies, etc. and the *Indirect Intervention Conditions* which consist of the social services, other human services organizations, etc.

In parallel with the social work intervention context are the *Client's Life-world* and *Social Worker's Life World*, which consists of primary and secondary social relations (e.g. family, friends, colleagues) life-world conditions (e.g. housing, livelihood, neighbourhood). All of these elements are embedded in the *Societal, Cultural and Historical Context* which consists of welfare regime, market, etc.

The model also includes several dynamic processes depicted as different arrows. In this respect, there are similarities with dynamic systems theory (Fawcett, Waller, and Fawcett 2010; Seligman 2005) and complexity theory (Byrne and Callaghan 2013; Larsen-Freeman 2013) since these processes cannot be predicted in any simple way. Blue solid arrows symbolize negative or positive attitudes towards clients and social workers which originate from the societal context. Red dotted arrows

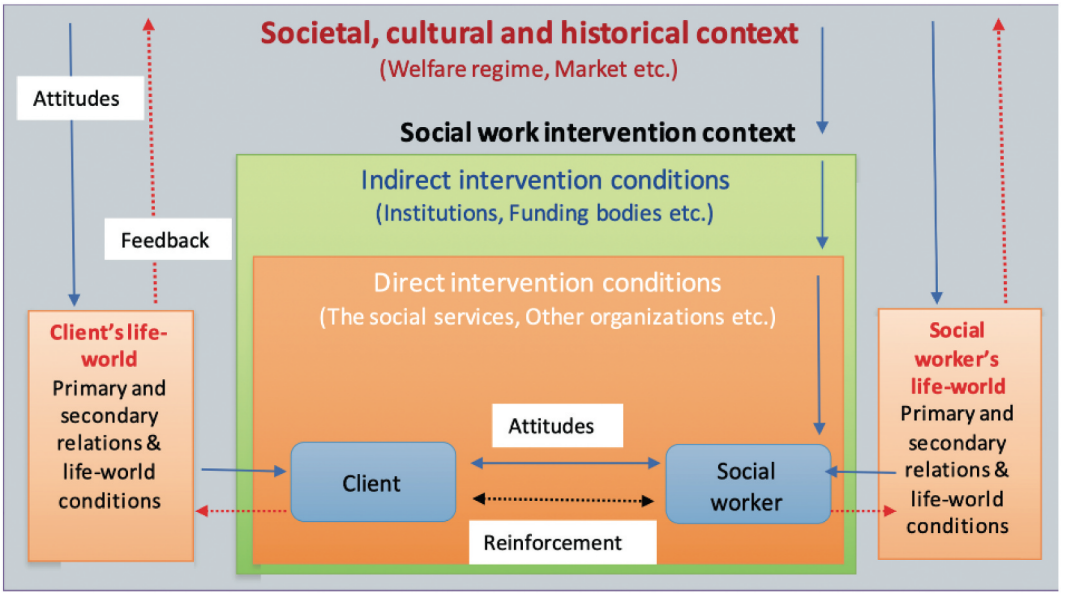

Figure 3. A graphic model of stigmatization processes in the personal social services.

represent feedback, in that clients' and social workers' perceptions of attitudes from the environment are fed back to the contexts which either strengthen and preserve the context or challenge and change it. The black bidirectional and dotted arrow illustrates a feedback cycle between social workers and clients that can become self-reinforcing, either a positive or a negative spiral.

Discussion

We assert that this outline of a theory of stigmatization in the personal social services can contribute to existing theory, as well as having potential implications for policy and practice, especially with regard to social work in the local public personal social services. This is discussed below as we describe what we consider to be the most significant contributions to existing theory.

Contributions to existing stigma theory

There are four key aspects that we want to highlight regarding the contributions to existing theory:

(1) The theory suggests that stigmatization processes can go in several directions, sometimes simultaneously. This includes from social worker to client, but also vice versa.
(2) The theory suggests that stigmatization processes can involve mutual reinforcement which can develop into a negative spiral. This is when clients who have internalized the environment's negative view of social work can contribute to the stigmatizing of social workers, and that stigmatized social workers can contribute to increasing stigmatization of clients.
(3) The theory suggests that there are mitigating factors in stigmatization of the profession. This can lead to positive outcomes for clients and positive outcomes can be reinforcing to the social worker in battling society's stigmatization narrative.
(4) The theory suggests that stigma can be placed upon social work as an institution. It differs from traditional stigma theory but is clearly in line with the research on stigmatized

organizations conducted in business administration (Devers et al. 2009, Hudson 2008), and is also corresponding to research indicating that a welfare state can be both benevolent and stigmatizing (Barker 2017, 2018).

Not all elements of the outlined theory are completely new compared to existing theories. There are points of contact with theories, for example, within sociology, social psychology and psychology, above all previous theory of stigma. What is new is mainly the way in which the theoretical elements are combined and that they are part of a theory with a specific focus on the personal social services. In addition, we have identified aspects not included in existing theory. For example, the intricate relationship between social workers and clients which tends to lead to a mutually self-reinforcing negative spiral. What also can be considered new, in a theoretical sense, is the assumption that social work as an institution can be stigmatized.

Potential implications for policy and practice

This theoretical framework can assist in reducing stigmatization processes in social work practice by offering better specificity around opportunities for change. In general, social workers and clients adapt to the consequences that a country's welfare regime entails. The greater the element of stigmatization in the welfare system, the more stigmatizing social work becomes and vice versa. Above all, this is consequently 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 important to note that efforts are required at both the political and institutional levels. In addition, in countries like the U.S., where differences in personal social services can vary by region due to divergent political power systems, different efforts are required in disparate regions.

But even if the degree of stigmatization in social work is primarily affected by political decisions at the national level, it may be possible to mitigate the effects at the local political and organizational levels. In some countries, politicians at the local level can make decisions concerning how the social services should help clients which are more generous than decisions at the national level. This, in combination with key actors within social services organizations (managers, leaders, etc.) taking an anti-stigmatizing approach, can influence social workers' way of encountering their clients. Yet such a process of change does not always have to be initiated at a political level (top-down). There are examples of social workers as team managers or frontline workers initiating radical change (bottom-up) by getting local politicians to make decisions altering the social services in a way that made clients feel more welcome to the social services, as well as better treated by the social workers (e.g. Gilboa and Weiss-Gal 2022; Tzadiki and Weiss-Gal 2020). Nonetheless, in principle, we can imagine the opposite, i.e. changes at local level that increase the degree of stigma. Our point is that in some contexts, changes can be made at the local level which either reduces or increases the stigmatizing effects following from national politics. Hence social work (at the local level) does not have to be completely determined by welfare models decided at the national level. Moreover, examples at local level might affect politics at national level, since the local level often is the empirical basis that influences decision-making at national level.

Limitations of this work are tied to the limitations of the initial study conducted by the authors and the newness of the suggested theoretical model. Future research which applies this theoretical framework will be invaluable to better understanding of its role and how the theoretical framework must be modified to increase the scientific knowledge about stigmatization in social work.

Conclusion

In summary, we believe that the outlined theory provides a framework which can help describe and explain stigmatization processes in the personal social services. This theory, built off of pattern

matching with existing theories, utilizing the cross-cultural perspectives of the researchers and a step-wise approach, can be used as a starting point for studying stigmatization processes in social work in different contexts. It can, for example, be social work within different spheres of society (public, private, non-profit), or in different organizational contexts (e.g. elderly care, school and health care) or different social services units (e.g. investigation or treatment). We also believe that the outlined theory enables studying stigma in relation to new phenomena such as digitalization and AI in social work, recent changes in culture which further highlight the need for a theory that is more precise and adapted. This new framework provides a useful, practical option for researchers and university students in their studies of stigma processes in social work practice.

Notes

1. Middle-range theory starts with an empirical phenomenon (as opposed to a broad abstract entity like the social system) and abstracts from it to create general statements that can be verified by data (Merton 1968).
2. The empirical study mentioned here has been reported completely in an earlier publication (Authors' own).
3. This could also be self-applied stigma (by perceiving that others may think less of you, you may stigmatize yourself), which is discussed in connection to Bos et al. (2013) in the theory section.
4. Professional status can vary so that social workers in health care and schools have higher status than social workers in social services, and they who work with children in the social services can have higher status than those who work with drug abusers (Liljegren 2008).
5. Pickering (2018) presents a good overview of sociological and psychological approaches to stigma at different levels (micro, meso, macro). Due to lack of space it is not included it in this text.
6. https://www.healthcare.gov
7. https://funktionsratt.se/wp-content/uploads/2021/03/En-socialforsakring-utan-trygghet-sidor.pdf
8. The assumption that negative social meanings can be placed upon social work as an institution is consistent with the assumption that organizations can be stigmatized (cf. Devers et al. 2009; Hudson 2008).
9. The *Context* and *Life-world* concepts, as well as the model's design, are inspired by the CAIMeR theory (Blom and Morén 2010).

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Ethics

As this was a theoretical article, research ethics did not apply.

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