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SOCIAL SERVICES PROVIDERS' PERSPECTIVE ON CLIENTS, SOCIAL
SERVICES WORKERS AND PUBLIC ASSISTANCE

By

Krista Wright Thayer

A Thesis

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

Major: Sociology

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DEDICATION

This thesis is dedicated to all those who feel trapped in their situation. To the ones with few options and many obligations. And to the ones looking forward to each day to help them.

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I would like to thank Drs. Carol Rambo, Wesley James and Joseph Lariscy for guiding me through the process of completing this document. Special thanks to Dr. Rambo for her patience and kindness while navigating me through this journey. I am also thankful for my cohort, Victoria Gaines, Caleb Cooley and Anthony Lucatelli for their support and friendship. This study would not be possible without the involvement of my participants; for being ever so open and candid with me, I truly appreciate it.

I also must thank my parents for their love, encouragement and sacrifice, I cannot thank them enough for always being there for me. And last, but not least, I have to thank my husband Matthew Thayer, for being my best friend and biggest fan.

ABSTRACT

Over past decades, recipients of public assistance have been stereotyped as “welfare queens” taking advantage of the public assistance system, by politicians, commentators, and the public at large. Social services workers’ perspectives have largely been neglected in the literature. This oversight ignores their interpretations of clients, social services workers and the system. This study answers the research question, “What discourses will social services providers use to describe clients, social services workers and the public assistance system?” After interviewing 12 social services workers, results showed, like politicians and the public at large, that workers stigmatize clients. The recurring themes reported from social services workers included being too dependent on assistance and workers needing to have a passion to help others. Goffman’s concept of stigma and Heatherton and colleague’s explanations of stigma frame the findings in this study. The implications of these perceptions for social workers and their clients are discussed.

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CH 1: INTRODUCTION

When I was in middle school in the 1990's, students my age would tease other kids about being on welfare. The teasing would eventually lead to making fun of others for simply being poor. There was a commonly understood idea that being poor, and especially being on welfare, put you in a lower status. The jokes would cut deep with, "Yo momma so poor she can't afford to pay attention" and "That's why yo WIC cheese don't melt!" I would not learn until much later in life what "WIC" meant; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This type of verbal bullying was not unique to my school and the people around me. These negative connotations did not appear out of thin air. Public notions associated with individuals using public assistance have been less than positive for decades. The status carries a stigma (Goffman 1963) with it.

BACKGROUND

One memorable instance of a public official denouncing someone using public assistance was Ronald Reagan when making a speech that included the "welfare queen" (Black and Sprague 2016). He stated that her actions were immoral; she was taking money from the government she did not need and stealing from the taxpayers (Black and Sprague 2016). It did not take long for many to believe all persons on public assistance were taking advantage of the welfare system in the same manner as the welfare queen. This stereotype has held strong for many years. Our current president, Donald Trump, has echoed the words of Reagan by stating, "People are taking advantage of the system and then other people aren't receiving what they really need to live and we think it is very unfair to them" (Merica 2017:1). To whom is what unfair? Here Trump's discourse reified the stereotype that participants using public assistance were playing the system.

What can this kind of perception mean for all the moving parts of the public assistance system? The perceptions of presidents have shaped public opinion regarding social services since Franklin D. Roosevelt (Mills 1996). But what of those inside the system? If we had, for instance, the perspectives of social services workers, it would be a significant point of view. The social services providers have perceptions regarding the clients who use public assistance, social services workers, and the public assistance system. These perceptions, in turn, have the power to shape the realities of the people they work with. What are those realities like? Do social services workers' perceptions mirror those of Regan or Trump?

RESEARCH QUESTION

For this project I conducted semi-structured interviews with social services workers. Social services workers were employees who work with individuals and families who use public assistance. These included occupations such as Social Work Case Managers, Food Bank Coordinators, Unemployment Case Workers, Family Services Counselors and others with similar positions. Public assistance was defined as any program provided by the government that helps to provide food, funds or other necessities and services to individuals and families in need. Locally, I scheduled interviews with those who work with clients at the local food bank that receive Supplemental Nutrition Assistance Program (SNAP). Other interviews were conducted with social services workers that have individual cases and work with clients at such locations as the county's unemployment office and nonprofits serving those in need of public assistance. The interview questions did not suggest certain categories such as the welfare system being fair or unfair, good or bad; interviewees were asked broad questions regarding their opinion on public assistance programs and the welfare system. The same type of questions were asked in regard to their clients, and social workers. The goal of the interviews was to ask social services workers, in

a very open and neutral way, “How do you view all parts of the system?” My specific research question is, “What discourses will social services providers use to describe their clients, social services workers and the public assistance system?”

DEFINING THE NEED FOR PUBLIC ASSISTANCE

Public assistance is prevalent. According to the Public assistance recipients’ statistics from the 2015 U.S. Census Bureau report, 21.3 percent of the U.S. population, approximately 52.2 million people, participated in government assistance programs each month in 2012. Medicaid had the highest participation at 15.3 percent, followed by the SNAP, formerly known as the food stamp program at 13.4 percent. In an average month, 39.2 percent of children received benefits, compared with 16.6 percent of people age 18 to 64 and 12.6 percent of people 65 and older. At 50 percent, people in female-led families had the highest rates of participation in programs. Those who did not graduate from high school, 37.3 percent, received benefits. Statistics for the duration of benefits used were also generated. Of people enrolled in Medicaid, 35.6 percent participated between one and 12 months and 35.3 percent participated between 37 and 48 months. At 38.6 percent, the largest share of SNAP recipients participated between 37 and 48 months. The largest share of people receiving housing assistance benefits participated between 37 and 48 months at 49.4 percent. At 62.9 percent, the largest share of people participating in Temporary Assistance for Needy Families (TANF) participated between one and 12 months.

In the preliminary stages of this study, I researched the type of participants that could be a part of the study. I contacted a local food bank and spoke with an employee who appeared defensive about the clients using SNAP. This employee was quick to defend the status of the clients. She did not want her clients to be associated with poverty if they were not poor. It was

made clear that individuals could receive SNAP and not be categorized as “in poverty.” My initial interpretation was that poverty for this employee had some form of negative connotation. This encounter led me to believe that even those working within the system felt like they had to defend against stigma.

Interview responses were analyzed through Erving Goffman’s (1963) theory of stigma as it related to spoiled identity and negative labels, as well as Heatherton and colleagues’ (2000) explanations of stigma. Much of the existing literature did not look at stigma specifically when seeking the social worker’s perspective. The results of this study add to existing literature by including the social services providers’ perspectives on their clients, social services workers and the public assistance system.

CH 2: LITERATURE REVIEW

Few articles in the literature explored perceptions from the social services worker’s point of view. There were studies on individuals in poverty and the system that provides public assistance by Rank (2003) and Lewis and Ulph (1988), but not from the perspective of social services providers. Articles were also written on how the public views those who receive public assistance by Rodgers (2009) and Kornai (1997). The literature review below will not discuss poverty in general nor will it engage with the debate regarding whether or not the welfare system works or is fair. The focus of the research is the discourses social services workers used to describe their perceptions of their clients, social services workers and the public assistance system. The literature review includes a history of stigma and recipients receiving assistance, a discussion of the role of the social services workers, and a statement of the problem.

HISTORY OF STIGMA AND RECEIVING PUBLIC ASSISTANCE

Survey data on public perceptions of public assistance dates back to the 1930s (Shapiro et al. 1987). The stigma placed on those who receive public assistance can be seen definitively in the 1960's (Shapiro et al. 1987), during the civil rights movement when the face of "welfare" shifted from White to Black. During the Reagan era in the 1980's, the stigma on those receiving public assistance became more entrenched with the creation and critique of the "Welfare Queen." This "Welfare Queen," according to Ronald Regan, was said to be cheating the system out of "hundreds of thousands of dollars" (Black and Sprague 2016). The "Welfare Queen" became a stereotype that lingered in the minds of politicians, welfare policy makers and the American public (Foster 2008). Currently, the stereotype has become the identity of many on welfare and is what the public thinks of most assistance recipients.

A worry that was prevalent with assistance recipients and potential assistance users was the stigma that comes with being on welfare (Bendick 1980). Bendick explored the reasons for nonparticipation in public assistance programs by individuals and families who need them. He said that when participation in the public assistance system comes up in debates, the fear of "excessive" participation was brought up (Bendick 1980:273). The stereotype and stigma of using assistance were for two reasons: 1) the abuse of the system and 2) people quitting their jobs to receive welfare. The definition of abuse of the system was receiving benefits without being eligible. Bendick found that the idea of encouraging those who need public assistance to enroll in programs was not popular, it was stigmatized. According to Bendick, the number of those most needy who were not participating in public assistance programs was too high to ignore. According to public assistance administrators, one of the common explanations for

eligible individuals to reject assistance was being unwilling to bear the stigma of being on welfare.

Mills (1996) discussed the stigma of being on welfare and the labels that were attached to it. According to Mills, individuals, families and specifically mothers on public assistance were assigned by society the stigmas of dependence, addiction, illegitimacy and for single mothers, promiscuity. He discussed these labels as they applied to individuals, families and specifically mothers on Aid to Families with Dependent Children (AFDC). Mills claimed that dependence was seen as a component in whether or not an individual was seen as mentally fit. Advocates of more restrictive welfare policies used dependence to refer to moral and psychological deficiencies (Mills 1996). Mills quoted others in the statement that, “those who are self-sufficient are ‘the good people’” (1996). The concept of dependence changed from a social and economic category in preindustrial times, to a moral and psychological category during postindustrial times (Mills 1996). According to this line of thinking single wage earners for the household and women were expected to work and bring in a suitable income. If you were dependent on public assistance, you were stigmatized based on character; one should be able to take care of themselves and their family without assistance. This is a stigma that is still present today.

Being on welfare was compared to being hooked on a drug. Franklin D. Roosevelt referred to welfare as “a narcotic, a subtle destroyer of the human spirit” and Ronald Reagan made reference to this comparison in his State of the Union Address in 1986 (Mills 1996:392). This reference to Roosevelt’s comparison was made twice later; once during President George Bush’s State of the Union Address in 1992, and again by a House of Representatives report that accompanied the Welfare Transformation Act in 1995, “By anybody’s definition, remaining on welfare for eight years is dependency” (Mills 1996:392). Although there was empirical evidence

that mothers were off AFDC within two years (Mills 1996), it was reported that welfare as an addiction was being used as a way to think about social services in case management training (Mills 1996). Paul Clayton, a case worker and job developer trainer, used the “welfare is an addiction” analogy to the extreme. He went as far as saying mothers using AFDC were like alcoholics who “refuse to admit they have a problem in breaking their cycle of dependence” (Mills 1996:393). Clayton went on to say that those on welfare could only be helped if they hit bottom and reached “the point where they admit helplessness and are willing to make a serious commitment to becoming independent” (Mills 1996:393). He continued with, “hopeless desperation is the cornerstone of moving someone off welfare” (Mills 1996:393). Although there was no empirical evidence that welfare was like an addiction, social services workers still received training with this stigmatized discourse as a large part of their education. This stigma has consequences for social services workers and their clients.

Illegitimacy and promiscuity were often associated with women with children out-of-wedlock. This stigma was applied to the women and their children even more so when they were using public assistance. The stigma of promiscuity was used by some, such as conservative commentator George Gilder, to support notions that, “many recipients see welfare as a promiscuity entitlement” (Mills 1996:393). Mills made the observation that, “once a mother is labeled “promiscuous” and the child “illegitimate” it becomes easier to speak of group homes for unwed mothers and orphanages for their children. The child, too, was the “other” (Mills 1996:393). This stigma affected policies. The Personal Responsibility Act of 1995 denied benefits to children born to mothers under the age of 18 or already receiving AFDC and the Contract with America stated, “To reverse skyrocketing out-of-wedlock births that are ripping apart our nation’s social fabric, we provide no welfare to teenage parents” (Mills 1996:393).

Creating policies such as these was to imply that denying benefits would decrease the number of out-of-wedlock births. Although, there was no evidence that welfare benefits increased the number of children being born to teenagers and single women using AFDC, Newt Gingrich and other policy makers maintained, “It’s time to change the incentives and make responsible parenthood the norm and not the exception” (Mills 1996:393). Citing an article titled “Dethroning the Welfare Queen” Mills asserted that higher welfare grants do not lead to an increase in fertility. Helping to debunk stereotypes can be seen as a job for the social services worker through social justice.

THE ROLE OF THE SOCIAL SERVICES WORKER

Voorhis and Hostetter (2006) spoke to the relationship between social workers and their clients. The authors asked if there is an association between social worker empowerment and their commitment to client empowerment through social justice advocacy (Voorhis and Hostetter 2006). This association was important due to the responsibility the social worker perceived that they had to the client. The social worker had a “fundamental responsibility to empower clients with knowledge, skills, and resources so they can influence the decisions that affect their lives” (Voorhis and Hostetter 2006:105). Voorhis and Hostetter were emphasizing workers’ ability to enable clients to lift themselves up.

Leroy Pelton (2001) said, “A just community must be one that benefits all of its individuals without discrimination, and social work must be concerned with promoting such a community” (2001:433). Pelton agreed with what he thought was the consensus amongst social services workers across the United States that social workers should promote social justice for their clients. He claimed that justice was due to all individuals, and successfully implemented justice was measured in terms of whether or not individuals were benefitted or violated. Pelton

believed that many times individuals were violated for the common good. He gave the example of welfare reform advocates calling for the denial of benefits to needy women and children because it would contribute to the growth of the economy and reduce child poverty by motivating impoverished mothers to find jobs. This was why Pelton said, “Justice demands that the individual must not be used as an instrument for the achievement of some intended group end” (2001:433). He was very adamant about the way clients should be treated in the name of justice; “just actions respect the dignity and worth of each and every individual” (Pelton 2001:433).

Dailey replicated a study that researched gender bias among social workers (1980). The previous study was conducted in 1976 by Fischer and colleagues due to the fact that considerations of race, class, and ethnicity, were integrated into social work, but gender had not been. The problem was framed in terms of the impossibility of worker neutrality towards the client. If the male worker saw the client, a woman, as passive and receiving all of her happiness from her husband and children, he would treat her as such and his attitude would be noticed in his stance, posture, what he chose to focus on and facial expressions. Thus, in the Fischer study (Fischer et al. 1976), an anti-male bias was found amongst the subjects. In Dailey’s replication, however, he discovered different results from the original study’s findings. Participants believed male clients to be more intelligent than female clients. Dailey stated that, “social workers may have to drastically alter their assumptions about the existence of sexism in social work practice” (Dailey 1980:46). This study demonstrated the importance of understanding the worker’s perspective more clearly and exploring the social work profession as a whole. Although the results were different, one conclusion is the same; social workers were sexist and biased toward their clients based on gender.

According to the Educational Policy and Accreditation Standards (EPAS), (Shockley and Baskind 2014), social workers must work with diverse people of different backgrounds, varying by age, class, culture, color, disability, ethnicity, gender, immigration status, political leanings and race. This list and concept was taken from the competencies of EPAS social work education. Shockley and Baskind applauded the education programs and systems of social work education in the United States (2014). They provided the ten core competencies for social work education, which included: apply ethical principles in practice, engage diversity and difference in practice, advance human rights and social/economic justice, evaluate and intervene with individuals, families, groups and communities (Shockley and Baskind 2014). The authors mentioned that in U.S. social work education, a commitment to social justice and improving the quality of life for all populations and humans is imperative (Shockley and Baskind 2014).

Some research focused on the setting and the institutional structures social workers work in—specifically, bureaucratic organizations. Setting and organization affect the social services provider and how they see their clients, social services workers and the public assistance system. According to Whittington (1977) in America there were two models of how social work can be prioritized and organized; “some are more preoccupied with following official procedures while others emphasize notions of client need and the provision of service” (Whittington 1977:74). Although the article was in a British journal, the information was about social service in America. Perhaps the social service and public assistance system in the United States is set up in such a way that social service providers will perceive they have little choice in what goes into their relationships with their clients. Perhaps their perspective regarding the system could say a lot about where they see themselves fitting into the system and what liberties they have and do not have when working with their clients.

Bennett et al. (1993) distributed questionnaires to social workers examining sources of stress, coping strategies and stress outcomes. All respondents reported high levels of stress. The same respondents also reported higher levels of general anxiety and depression, along with job related mental distress. The authors mentioned that a heavy workload was common. In a large sample of U.S. social workers, promotion prospects and salary levels were linked to job satisfaction. Bennett et al. claimed that the demands of client-based work was a potential source of stress. They went on to say, “some social workers find it difficult not to become over-involved in the troubles of their clients” (1993:32). The authors point to social workers having to care for their client while acting as their advocate as another source of stress, which is compounded when workers also have a duty to control their client. Bennett et al. claim that there were few studies, aside from burnout, that attempted to quantify the stress levels of social workers.

STATEMENT OF THE PROBLEM

Prior research has not approached the topic of public assistance specifically from the social services provider’s point of view. The social service provider has a unique position in the system and can share observations from the ‘middle’, about clients, social services workers and the public assistance system. Even more importantly the social services workers’ perceptions will shape their actions (Blumer 1969). The social service provider can speak to their perceptions of how they fit in the system and whether or not they see themselves as helping to make a difference in the lives of those on public assistance. The perspective of the social service worker can provide us with rich information on their perceptions when looking for the following:

1. What discourses will social services providers use to describe their clients?

Will they use stigmatizing language to describe them?

Will they describe them in other ways?

2. What discourses will social services providers use to describe social services workers?

Will they use stigmatizing language to describe social services workers?

Will they describe social services workers in other ways?

3. In what terms will social services providers describe the public assistance system?

Will they be positive?

Will they be negative?

Will they describe the system in other ways?

Determining if the public assistance system is working or successful may not be within the scope of this study, but discovering the experiences of those who see the system from the inside everyday will be a significant contribution to the existing literature.

CH 3: THEORETICAL ORIENTATION

This study will draw on two stigma theorists, Erving Goffman (1963) and Todd Heatherton et al. (2000), to frame the material in this study. The theoretical orientation of this study will be centered on stigma. Goffman (1963) gives a basic definition of stigma as, “the situation of the individual who is disqualified from full social acceptance” (1963:i). To be stigmatized is to have a social label. Individuals and families on public assistance can be described as stigmatized. As mentioned earlier, assistance recipients are stigmatized by the public, politicians and in the media.

Goffman says “social identity” is comprised of categories and attributes, two things we seek to know when we meet a stranger. When we make assumptions about a person and apply preconceived notions to someone we are constructing their “virtual social identity”. When we have proof of their characteristics and attributes, we then know their “actual social identity”. When negative traits are found out about a person, making them out to be a danger or weak, we

then see that person as discounted and no longer whole and usual. There are other ways to marginalize an individual outside of virtual and actual social identity. Sometimes we can reclassify a person from one category to another in a way that can impede us from seeing them in a higher social position.

In a further description of stigma, Goffman says stigma is more of a relationship between attribute and stereotype. He notes that he cannot advance this description because there are important attributes everywhere in our society that can be discrediting. He provides a further description of stigma in terms of blemishes of individual character, such as imprisonment. There are also tribal stigmas, which could be applied to families and can contaminate all members.

Goffman defines three categories of roles in the stigma process, the normal, the stigmatized, and the wise. Goffman explains that those with a stigma are seen by those without stigma, or “normals,” as not quite human. More so, the attitudes and actions the “normals” have toward those with a stigma “are well known, since these responses are what benevolent social action is designed to soften and ameliorate” (1963:5). Here Goffman is explaining that “normals” can feel better about their views of the stigmatized and their responses to the stigmatized. When this happens, Goffman says a variety of discriminations can come into play and a stigma-theory is then constructed. This stigma-theory is an “ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class” (1963:5). There are times that an individual may fail to live up to society’s demands, such as receiving assistance, and not be affected by the failure, which according to Goffman means they are insulated by their alienation and have their own beliefs to protect them, and thus, they feel like a whole human.

Those with a stigma having multiple interactions with those without stigma can occur with what Goffman calls the “wise.” The “wise” are those who are “normal,” but spend a lot of time with the stigmatized and are “intimately privy to the secret life of the stigmatized individual and sympathetic” (1963:28). Those who are “wise” may find themselves with a certain amount of acceptance by the stigmatized group. Stigmatized individuals are able to feel less shame in front of a “wise” person since despite his blemish he will be seen as ordinary. Sometimes the “normal” person who is becoming “wise” must go through a heart-changing personal experience. One type of wise person would be one that works in an establishment that caters to those with a particular stigma. Goffman gives the example of nurses, physical therapists, straight bartenders in a homosexual bar and the police, which led one criminal to state, “...in fact the police are the only people apart from other criminals who accept you for what you are” (1963:29). The “wise” usually treat the stigmatized as normal, since they have been around the stigmatized group so often. Social services workers would be an example of Goffman’s “wise” due to the stigma of receiving public assistance and workers helping the recipients.

When “normals” stigmatize the blemished, there is an exchange in the action. Stigmatization can enhance self-esteem through downward-comparison processes (Heatherton et al. 2000). Downward-comparison theory is comparing oneself to less fortunate individuals and boosting self-esteem by increasing one's own subjective sense of well-being. This can be done passively or actively. Passively would be seeking out others who are less fortunate to make a comparison with one’s self. Actively would be creating a situation of disadvantage over others through discrimination. Depending on the interaction between worker and client, passive or active downward-comparison can occur.

Heatherton and colleagues claim that those who do not reciprocate in established reciprocal relationships can be stigmatized. Group living is based on shared resources, such as knowledge, materials and/or individual efforts. The practice of sharing is only beneficial if everyone participates in sharing resources. Those who do not do their part or share resources will be stigmatized. The researchers state that there are two cases of nonreciprocators: theft and disability. With theft there are several types of nonreciprocating behavior. The first is physically taking an object that belongs to someone else. The second is stealing knowledge or services. The authors give the example of not paying your physician, lawyer, or accountant. The third is to be a “free-rider” or one who benefits from the efforts of others without giving any effort of their own. All three types of thievery are stigmatized and the authors state that “members of working groups should stigmatize noncontributors” (2000:38). The second case of nonreciprocators are the disabled. Unlike the thieves who can be seen as choosing not to reciprocate, the disabled have no choice in partaking of group efforts and benefits, without being able to give back. In this instance, the disabled are seen as a burden and are stigmatized.

Goffman (1963) said that stigmatized individuals may be unsure of how those without stigma will identify them and receive them. This uncertainty comes about from the stigmatized person’s inability to know which of several categories he or she will be placed in and whether or not those categories will be favorable. Those that are stigmatized never know what those without stigmas are truly thinking about them, no matter how polite or pleasant they are being to them. Goffman includes a professional criminal’s account of when a “normal” treated him differently when they found out he read books with an intellectual appeal:

“You know, it’s really amazing you should read books like this, I’m staggered I am. I should’ve thought you’d read paper-backed thrillers, things with lurid covers, books like that. And here you are with Claud Cockburn, Hugh Klare, Simone de Beauvoir, and Lawrence Durrell!” You know, he didn’t see this as an

insulting remark at all. In fact, I think he thought he was being honest in telling me how mistaken he was. And that's exactly the sort of patronizing you get from straight people if you're a criminal. "Fancy that!" they say. "In some ways you're just like a human being!" (P:14).

Goffman's concept of stigma, in particular the concepts of the stigmatizers, the wise, and the stigmatized, and Heatherton and colleague's explanations of stigma are going to serve to frame my discussion of the ways that social services providers discuss clients and social services workers. The way Goffman and Heatherton et al. discuss the stigmatized, fits with how presidents, other politicians, the media and the public at large discuss assistance recipients. Social services workers, as will be seen in the Results and Discussion chapters, use stigmatizing descriptions and labels when describing their clients.

CH 4: METHODS AND DATA

In this section I discuss the data collection and analyses process. Interviewees provided their personal accounts of what it is like to work with clients that receive public assistance. The interviews were semi-structured to allow the social services workers to give detailed observations, feelings and opinions. In this chapter, recruitment, interviews and participation data will be discussed.

RECRUITMENT AND INTERVIEWS

Participants were employees of the local food bank, the county's unemployment office, other departments of the state providing public assistance and other organizations in the metropolitan area providing public assistance services. If the employee worked with an individual or family that uses a public assistance program, they were considered a social services worker. Recruitment was conducted in three ways. The first method was by contacting known associates. Correspondence was made through email about the study and the need for

interviewees. Emails were sent to social workers at the local food bank, in various hospitals and nonprofit organizations. The second means of recruitment was by cold calls to the county's unemployment office and nonprofits working with individuals and families in need of public assistance. The phone call explained the need for interviewees and to see who could be available at their local office to participate in the study. The third form of recruitment was with flyers (Appendix A) posted at local libraries, the local county's unemployment offices and nonprofits with social services workers that help those in need find resources and enroll in public assistance programs. The snowball effect also played a part in bringing in more participants to the study. Social services workers were asked if they knew of other social services workers who would like to participate in the study.

Interviewees finding out about the study from flyers and other participants wanting to participate in the study contacted me directly by email or phone. Twelve respondents participated in the study. Using the Glaser and Strauss grounded theory approach (1968), interviews were gathered until there was "saturation" and no new themes occurred. Interviewees had the option of a face-to-face interview, phone interview or the use of Skype or GoogleHangout. Those interviewees who would opt to have a Skype or GoogleHangout meeting were made aware that the researcher could not control or prevent any breach of confidence and privacy that may take place in the physical environment of the respondent while the interview was in progress. In other words, the researcher could not prevent disruptions of privacy that the respondent may experience on their end of the interview. Face-to-face interviews were conducted in safe public spaces or a private office. These locations were chosen to protect the interviewee from wandering ears and eyes of their workplace and the likelihood of feeling pressured or stifled in their work environments. The length of each interview was between 40 minutes and an hour and

a half. An interview guide (Appendix D) was used to help the participant open up about their experiences as a social services worker.

The purpose of the study was explained to each participant in detail. A consent form (Appendix B) was given to each participant and was discussed verbally. Any questions the participants had were answered. Verbal consent was recorded. To ensure identities remained confidential, the signature on the consent forms was waived. By waiving the signature on the consent forms the interviewees had more protection from being identified and they were more willing to participate knowing there was full anonymity. Each interviewee chose a pseudonym to protect their identity. They first answered demographic questions (Appendix C) using their pseudonym and then they were asked questions regarding their work as a social services provider. No specific names of cities, regions or organizations were used to further protect the identity of study participants.

Each interview was recorded and transcribed. Since all respondents used pseudonyms there was no distinguishable information about each participant in the transcription information. Respondents' accounts were analyzed. Patterns in the discourses were identified and accounts of stigma and other discourses were noted. Some social services workers viewed the information they shared as very sensitive. Respondents were reminded that if at any point they felt as though they were sharing too much or could not share experiences any further, for any reason, they could choose to end the interview with no consequences to themselves. Since the signature for the consent form was waived, there was no information linking the participants to the study or their accounts. The participants were informed that they may withdraw at any time and they may refuse to answer any question that they do not feel comfortable answering (Appendix B).

PARTICIPANT DATA

The following is demographic information on the respondents. There were 12 participants in this study. See Table 1 for details.

Table 1

Variable	Percentage (%)	Total (N=)
Age		
30-39	42	5
40-49	8	1
50-59	25	3
60-69	25	3
Gender		
Men	16	2
Women	84	10
Education Level		
Some College	8	1
Bachelors	25	3
Masters	59	7
Doctorate	8	1
Race		
Black/African American	59	7
Hispanic	8	1
Pan African	8	1
White	17	2
Other	8	1

Most of the participants were between the ages of 30 – 39. There were five respondents within this age group (42%). One respondent was between the ages of 40 – 49 (8%). Age groups 50 – 59 and 60 – 69 had three respondents each (25% each). The study had two men and 10 women. One male respondent identified as Pan African and the other identified as Black or African American. The majority of the women interviewed, six, identified as Black or African American (50%). Two respondents were White females (17%). One female respondent identified as Hispanic (8%) and one female respondent identified as Other (8%). Most respondents, seven, had a Master’s degree (59%). One participant had a doctorate (8%) and one participant had attended some college (8%). Three respondents had Bachelor degrees (25%). Two respondents identified as White (17%). Races Hispanic, Pan African and Other had one respondent each to identify as that race (8%). The majority of respondents, seven, identified as Black or African American (59%).

CH 5: RESULTS

The respondents in this study had positive and negative views of their clients, social services workers, including themselves, and public assistance. Stigmatizing discourses were instances in which social services workers discussed their clients or social services workers in negative ways. In the stigmatizing discourses involving clients (sometimes referred to as customers), they were seen as too dependent on assistance, dishonest, lacking essentials for life, frustrating, intimidating and stigmatized due to gender. Respondents also used non-stigmatizing discourse to describe clients, including a positive regard for them by seeing them as worthy of connection, kind, and in a reverse role as a teacher. Some respondents also expressed concern for their clients. They attributed hesitation and embarrassment to them, due to stigma, as preventing them from enrolling in public assistance.

Participants characterized social services work as rewarding, overworked and underpaid, gatekeeping resources, a calling and as being a part of the “good guys.” Participants sometimes used stigmatizing discourses when discussing social services workers, which included being rude, offensive, burnt out and bending the rules in a negative way. Participants also used non-stigmatizing discourse to discuss social services providers. They characterized them as needing many positive traits including: having a passion for helping, being objective and nonjudgmental, showing empathy and sympathy, not internalizing clients’ pain, building reciprocal relationships and bending the rules in a positive way. Public assistance was seen as necessary by most respondents, but also in need of change. Below are the details of how respondents view their clients, social services workers and the public assistance system.

DISCOURSES REGARDING CLIENTS

Stigmatizing Discourses Regarding Clients

The findings showed that social workers did in fact use stigmatizing discourses when describing their clients. One social worker, Jenna, stated that she has witnessed her colleagues reading about their clients and laughing together about their clients’ circumstances,

Sometimes when I’m in my treatment meetings they do a lot of joking and laughing about clients and their issues. I take offense to that. I would hate to be on the other side of the table and someone reading my assessment out loud and jokes about it.

The negative and stigmatizing discourses of social services workers that I observed regarding their clients are examined below. They include six themes, which are “Too dependent,” “Lacking,” “Intimidating,” “Dishonest,” “Frustrating,” and “Gendered stigmas.”

Too dependent

When speaking to social services workers about their job, most mentioned needing a plan or goal to help their clients be less dependent on public assistance. Many expressed that they

have clients that are too dependent on assistance. The workers do not have the highest regard for these clients. They still work with the clients to help them become more independent, but they see them as unwilling to be self-sufficient.

Ali explained how a client that seemed overly dependent on public assistance, continued to get services:

We do have repeaters and you have to really look at that. As a matter of fact I had a lady call me just the other day and when I go into our database I see this lady been here 69 times. She's gotten 69 different services from us. That's anywhere from getting her rent paid, to getting her utilities paid, to getting uniforms, to getting food vouchers, to getting transportation, you know just a host of things.

Ali, as shown later in this section, described strategies to help make ends meet for his clients in a way that does not always involve more public assistance. Jenna also felt like clients can be too dependent on assistance:

I think that a lot of times people in lower socioeconomic communities tend to not position themselves to move forward with aspiration of goals to be able to be independent because of assistance. And I've always said that should be the goal for anyone, if their circumstances allow it.

Below are other ways that social services providers described their clients as "too dependent," including "Unable to Help Themselves," "Cyclic Clients," "Too Comfortable as Recipients" and "Not Following a Plan to Independence."

Unable to help themselves. One respondent, Pat, has an issue with male clients seeking assistance and not being better off, which is explored later in this chapter. She labels them quite harshly for not being able to take care of themselves or their family:

And I cannot stand men who come in just pitiful. I call them pitiful. You know, some of them are worse than some of the females. And you're a single male and I've got females on my case load with children, several children and they're doing better than you.

Marilyn also appealed to the theme of “unable to help themselves” when she described deciding to help or not:

So, you’ve got to figure out; how much does this person really need my assistance? I mean, if they’re high-functioning, then I tell them you call me if you have any question, if you have any problems with it. I’ll check back with them. But there are some people who are not competent to do things on their own and that’s when I get more involved, okay?

Cyclic clients. Sometimes public assistance, in many forms, was received by the next generation and possibly the generation after that, according to some participants. Ali has worked in the system for many years. He reported that some of his clients’ children return with children of their own:

And I’ve seen young girls come in as babies and in 10 to 12 years they’re coming back through the door as a customer. They’re bringing a baby back through the door—I said, “My God!” So trying to break that cycle; that mindset. That’s the part that bothers me a lot.

Pat has noticed the same trend in public housing:

We all need assistance in some point and time. But just don’t let it become a crutch. It’s like public housing started off as this great idea, you know, putting people in subsidized housing based on your income and they moved on. But then it got to a point where it was just generation after generation staying in public housing.

She has noticed the same trend with food stamps, also, but according to Pat, a change is in the near future:

They’re talking about the food stamp program, changing it. In a minute it’s not going to be food stamps. With TANF, families stayed on it for years and years. It was a cycle. The mother was on it, the daughter was on it, the grandchild was on it. Now it’s sixty months and you’re off.

Too comfortable as recipients. Many respondents discussed how being on public assistance was too easy for some clients and it became something like a permanent crutch.

Gabriella recalled a recipient being very comfortable as a public assistance user, “This girl said I’m going to be on food stamps for the rest of my life: I got six kids and I don’t have to work.

Why would I work and they're paying me?" In a similar fashion, Ali observed, "I think public assistance has gotten to be a way of life for a lot of people. It needs to be revamped; revisited."

Not following a plan to independence. Ali, like many of the respondents, made plans for his clients to follow to help them become independent or at least less dependent on assistance:

She's gotten 69 services and nothing seems to work for her. But I don't want to give up on her but I do make it more difficult for her to get these things that she's been used to getting. So now you've got to bring something to get something. We'll meet you half way. Okay you need \$300 on your utility bill, okay we can help you with \$150. Where are you going to get the other \$150 from? Have you thought about going to [Power Company] and sitting down with the manager and seeing how you can work out some type of payment arrangement?

Clients lacking

There were several ways that clients were described as somehow "missing something" including: tools, motivation, knowledge, and a sense of responsibility.

Tools. One of the main duties of the social services worker, according to many of them, was to provide resources for the client. Yet, some workers noted there were not always the right resources for certain problems. Jane stated, "Trauma is a root to a lot of problems and there is no help, resources or tools. Parents can't help their kids cause they have no tools or community support."

Motivation. Robert gave his take on how certain groups found it difficult to motivate themselves to better their circumstances:

To help them out of their emergency situation and to try to give them a different mind-set of how to get self-sufficient; how to do things on your own because I think it's a huge problem with people in [urban city] that just don't understand how to get things on their own or at least be too lazy to try to get it.

Robert has labeled a group of clients and potential clients too lazy to want to go out and find the means to better their situation. Gabriella had a similar opinion when discussing public assistance and recipients:

Some people are just trifling and lazy and they don't want to do anything. I don't think it should be taken away from those who need it but life skills have to be taught to people because people are so used to being in their same predicament; and they are comfortable.

Knowledge. Angela noticed that her clients were unfamiliar with the public assistance system and did not know about the programs available to them:

Well because we help the clients navigate the system whereas if they didn't know—a lot of them don't know of the resources that we have here in [urban city]. So I'm able to connect them to that resource so they can get their problem resolved.

Sense of responsibility. Marilyn provided a definition of responsibility. According to her, being a responsible adult meant taking care of things on your own. Using that definition, Marilyn believed her clients lacked responsibility:

You don't want to enable people to be dependent; as independent as much as they can be and take care of things on their own because they need to do that because that's being a responsible adult and that's the way you get through life.

Both Pat and Ali, as will be shown shortly, appealed to the idea of responsibility when discussing their clients having and caring for children.

Clients as intimidating

Many social services workers see the ugly side of some clients and claimed to have to deal with attitudes, hostility and outright disrespect. This behavior was often described as aggressive.

Descriptions included pushy, rude, hurtful, potential criminals, and not being seen as human beings.

Pushy. While working with a client and trying to explain the policy to him, Asia described receiving some push back:

So I said sir, “You don’t prequalify; I’m so sorry.” He said, “Lady I didn’t ask you that. I want you to take this application.” I said, “Are you sure because you are not going to qualify, and they are going to deny you?” He said, “You don’t know what you’re talking about. Just go on and take the application.”

Rude. Social services workers claimed to often deal with clients who were rude or offensive. When asked the question, “What was your most negative memorable experience with a client?” Robert responded,

Sitting at the front desk answering the phones on Wednesday which is the appointment day – the day the hotline is open. Picked up the phone... “I can’t get through”, just yelling at me; cussing at me, all type of stuff. I just sat there and listen and I eventually told him, “I understand your frustrations, but you still have to call that line if you want some help.”

Hurtful. In an attempt to help her client, Jenna told one of her clients a personal story about her husband killing himself and the information came back to bite her. She and some other counselors had to ask this client to leave and he became very upset. Jenna said, “We were in the big atrium and all the other clients were there. He was calling me bad names and then he said, ‘That’s why your husband killed himself.’” Jenna and I talked about how hurtful that was. Many workers claim to do all they can to support their clients and be a resource they can lean on, but the outcome was not always positive.

Potential criminals. No participant said all clients are potential criminals, but some explained how their behavior could turn criminal due to their dire situation. Robert explained the following regarding clients as potential criminals:

If it wasn’t for public assistance I think you would have a lot starving kids out here. You would have a lot of parents looking to do anything to feed their kids, which would drive the crime rate all the way up. I think it’s a huge circle and if there’s no public assistance or government assistance you’d have a much higher crime rate. Especially with people who can’t help themselves.

Pat had a similar notion about clients due to the state of public assistance in the near future. She was asked if she thought public assistance would be around in the next five to ten years:

I doubt it. There may be but it will be so hard or so little to try to get into that system. It has changed so much. I just feel sorry for some of the young people that are coming up now. If they don't take advantage of education or training, robbing and stealing is going to be ramped.

Not seen as human beings. Social services workers have been charged with helping each client they have, regardless of their background. According to Maria, a lot of clients with checkered pasts were seen as less than human:

I worked with homeless men who had been in prison. And so these men are always seen as less than human and they are not welcome anywhere. And yet they knew that they could come sit with me and I would try to help them. But beyond that help, I did everything that I could to help them whether it was to provide information, or use a computer or do a job application or a bus pass. I always tried to do something for them. But I also talked to them; listen to them; saw them as human beings and valued them.

Clients as dishonest

Several social services workers in the study appealed to the idea that clients are potentially dishonest. Marilyn, a medical social worker, described clients as “taking advantage:”

Sometimes we do get people in the clinic that we have to dismiss because they're creating disruption at the clinic; their behavior is unacceptable at the clinic, or they may be taking advantage of resources. And so yeah those people are not fun to work with.

Marilyn also reported a man telling a story that he and his family had not eaten in days and her organization would give him food and money. It would soon be known that this man was going to several organizations with the same story in consecutive days. Gabriella, when commenting on the public assistance system, made the statement, “It shouldn't be so easy for people to get over on you.” Pat, as we saw earlier, went so far as to speculate that if clients do not take advantage of training and services, “...robbing and stealing is going to be ramped.”

Clients as frustrating

Some respondents appeared more than perturbed when discussing their clients. They expressed outright frustration when recalling some interactions with clients. Pat described herself as having an issue with male clients, making her even more frustrated when she noticed them doing nothing to help their partner or children in her office or at home:

You're the male in the house hold. You know, be the example. The woman's sitting here and she's doing everything and you're sitting over there. Sometime they're holding the baby or babies running around and they're just sitting. And sometimes I have to tell the female, you know he's part of their life just like you are, you know. You didn't have this child by yourself. You know, give him some responsibility. You know they come in here we need this and I need that. She's trying to find a job. He's not working. Well when's the last time he had a job? Maybe two or three year ago, but he's looking. Is he going to the temp services? What is he doing?

Unwilling to compromise. Some respondents claimed to observe clients who refused to make compromises which could help them become less dependent on public assistance. Ali explained how some clients will not give up something to attain something greater, "Are you willing to cut your cable off to make sure you can pay your rent? Some people say, 'cut my cable off; cut my cell phone off; no I got to have that'- no you don't." Ali claims that some of his clients disagree with his philosophy that one can let go of luxuries to keep necessities. He explains that clients see cable and cell phone usage as necessities and will not give them up to pay the rent or the utility bill, which will put them in need of more assistance, in the future.

Gendered stigmas

Some social workers drew on their everyday understandings of traditional gender roles as a way to negatively frame clients. As explored earlier, Pat, often viewed male clients with less respect than female clients and with a clear bias:

Well I guess my thing is I have a problem working with males because to me a male is supposed to be a protector. You know he's supposed to protect his family. He's supposed to be the leader. And I cannot stand men who come in just pitiful. I call them pitiful.

Pat also stated that her coworkers know not to send her male clients because of her explicit bias, "Yeah but that's a thing with me because my coworkers will tell you, please don't give it to her because I cannot stand poor pitiful men. I just can't. I can't do it."

Ali stigmatized female clients when explaining why the system should do away with child support and women should take on full responsibility of conception:

One thing I think I would cut out if I could I'd cut out child support. Because I know it takes two to procreate to produce a child but I think if you're unmarried it's a shake of the dice. And yeah sexuality is a part of human nature but also responsibility. And if you choose to go down that road—it's almost like the old saying if you make that bed you're going to have to sleep in it. So some people use it for entrapment; some people use it as a way out. I think and I'm not trying to put the burden on the woman but the woman is the bearer of the child so they need to make sure that nothing happens ... Well that's their child, there's an old saying called *momma's baby and daddy's maybe*. Its *momma's baby and daddy's maybe*, so I think a lot of women will then take more control of their reproductive abilities and understand if I get pregnant I can't get child support out of it. ... I say everybody need to take care of their own and take some type of responsibility; to me it's like a revolving door; a revolving cycle. All you're producing is future slaves. You can't take care of yourself.

Ali also drew on gender as a way to explain a young male client's issues:

I happened to be out in front of the building and you could tell he was upset. So you know I called him over; that's what fellows do, not try to father the kid, but be there as a mentor. I found out he was having some problems, some behavior problems and issues at home with his mom. He's at that puberty age where he starts smelling himself and goes against his mom and the fact that he was in a woman controlled environment and all the teachers at school are women you know, it was just driving him crazy.

Non-stigmatizing Discourses Regarding Clients

As it turns out, not all the discussion about clients was negative. Some social workers expressed having very positive, non-stigmatized, regard for some of their clients. This included

framing them as worthy of connection, being kind, and as teachers. Social workers also expressed having concern about their clients not getting services they need.

Positive regard for clients

Worthy of connection. Maria found comfort and insight in meeting and helping clients:

I always tried to do something for them. But I also talked to them; listen to them; saw them as human beings and valued them. Sometimes we talked about their families. Sometimes we talked about books and sometimes we even had read the same books. And it was really fun to talk about these things. And I think that what that gave them was a sense of their worth as human beings and a sense of our shared humanity and that's so very valuable for people who have been exploited and pressed by the system or who have been told that they are worthless.

Kind. It may have been after a moment of anger, but Angela had a client send her a gift after she took the time to listen to the client's rant and take care of the client's needs:

I was calling a client that was very frustrated because of her situation. She was very rude and basically cursed me out. I did let her continue and finish what she was going through. After she got through, I offered what we could do to help her; to make a long story short she sent me an edible gift basket.

Maria also had a client give her a gift. Knowing the client did not have much money added to the kindness of the gesture:

One of my clients offered me a gift and I accepted it. And I shouldn't have accepted it because he was homeless and he was very poor. And I took it. So then the next week he came back and gave me another gift. I knew this man had no money. And so that was really bad. On the other hand you cannot tell people I don't want your present because that denies their humanity.

Clients as teachers. Ali claimed he learned something from his clients. He said his clients kept him humble, "Oh they have definitely kept me grounded for one; I never get to a point where I think I'm better or above. So in keeping me grounded that keeps me real. So I owe a lot to the clients." Angela said her clients make her appreciate where she is in life and what she has and that she wants to help them have the same things that she has. Similarly, Pat believed that

by comparison she learned from her clients the extent to which she was blessed, “You don’t realize how blessed you are sometimes until you see where someone else is.”

Concern for clients.

When social services workers noticed a genuine need for a client or potential client to receive assistance they claimed to encourage them to apply for participation in programs. They described clients who were reluctant to use public assistance due to the stigma and/or pride. In these instances, workers claimed to nudge them a little bit, or even push them in the right direction.

Hesitant and embarrassed. Some workers also expressed concern for clients about reasons why they might be reluctant to seek out services. These clients were viewed as hesitant and embarrassed. Some of them had been social services workers, themselves. Angela encouraged potential clients to go online to sign up for food stamps to avoid being seen in the assistance office. She knew very well the stigma around receiving assistance and knew how to push those who needed it to accept it:

Yeah, they’re embarrassed. They’ll say “I used to carry clients down there.”
“Okay, but you need it now. So go online and do it so you can feed your family. You’re not going to stay on it. It’s just so you can feed your family until you find something else.” It’s like a stigma to it, you know. People that work don’t want to use it, you know. Or that brought clients down there don’t want to be seen doing it.

DISCOURSES REGARDING SOCIAL SERVICES WORKERS

Discourses Regarding Self and Other Social Services Workers

Respondents described themselves and other social services providers in terms of their personal feelings and expert opinions. The job of social work itself was characterized in the following ways: rewarding, overworked and underpaid, gatekeepers to resources and survival, working for the Lord/a ministry, and good guys and superheroes.

Rewarding

When asked to explain why one would be encouraged to be a social services worker,

Robert had the following response:

Because of the reward you get afterwards, you know, the feeling you get afterwards, especially when you can help somebody who really needs it and is very appreciative and you get that vibe off it. It's just a high that you get.

Pat also shared how rewarding her career can be when asked, "What does it mean to be a social services worker?"

To me it means everything. It means helping people. That's my thing, helping people. It's rewarding to see lives changed. You made a difference in a person's life. That's rewarding.

Overworked and underpaid

Most respondents mentioned how their job required long hours and a lot of work, and yet, it did not pay a very high wage. Some participants claimed the pay was way too low and anyone looking to be a social services worker should know that before applying for the job, "I would tell anybody if you're looking for money this is not the job," Pat said. According to respondents, being a social services provider is not easy, especially when you consider the amount of work and pay. Dealing with the problems of so many clients can be difficult, which led Tricia to state, "I know it's a very challenging job and so I think that this job is definitely not for everyone. So no, I wouldn't encourage a lot of people to go into this field."

Gatekeepers to resources and survival

Some of the respondents were sure that they were the gatekeeper to accessing the resources clients need. This was observed on different levels. Robert described his position as essential, "My specific work, application input, if it wasn't for me they wouldn't get past that process." Robert claimed he was the reason clients get into the system at all. Maria knew she

made a difference in the lives of her clients and held the key to survival for some, “I think I made a huge difference when I worked as a social worker. I know that I was the difference between getting a meal and not getting a meal.” Asia saw her job as vital to the lives of her clients, “What I do makes the difference in a person a lot of time is staying above ground; it’s survival; it’s hope; it’s showing someone that there is someone that’s willing to listen, who cares.”

Working for the Lord/a ministry

Many respondents felt like they were doing divine work as a social services provider. Asia believed she was doing more than working a job, “I just think this is my calling; it’s more of a ministry too than just a job.” When asked the question, “What does it mean to be a social services worker?” Angela stated the following:

Work for Jesus for one; you work for the Lord. To be a social services worker you got to work with Him. You can’t be judgmental. You have to be very objective; and loving and caring. And you want to see your neighbor live. Basically you want to see your neighbor live a decent life. So you put the resources in so that person will be able to live a decent life.

Social workers as “Good Guys” and “Superheroes”

Most respondents saw themselves and other social workers as the “good guys.” One participant used the term “superheroes” to describe the work social service providers do. When asked, “What does it mean to be a social services worker?” Maria replied, “It means being part of the solution. As crappy as the world is, it’s being part of the good guys; superheroes.” Another respondent, Pat, saw workers as always compassionate, loving their job and doing whatever they could do to help their clients:

We are compassionate about what we do. And we love what we do. And a lot of us go out of the way to help our clients, you know. If they need something and we don’t have it we go in our pockets to try to assist them. Yeah, we’re compassionate about our jobs. We love our jobs.

Stigmatizing Discourses Regarding Social Workers

Negative discourse regarding social workers occurred, but much less frequently than with clients, and not typically in terms of oneself. These observations included the following: rude, offensive, burnout, and bending the rules.

Rude

Social workers have heard of other social services workers being rude to clients. Asia claims she has a lot of her clients now due to how rude other workers were:

They want to come to me because they say they don't want to go to the local office because the people are so rude and they don't care; they don't listen; they act like it's their SNAP benefits or public assistance to give away.

Offensive

Asia has also heard of other social services workers making offensive comments to clients, "I had one client tell me that she went to DHS and the lady – this is one of my elderly clients, and the lady told her, "My taxes pay for you to get that check."

Burnout

Gabriella mentioned that some workers may have run out of steam from how demanding social services work can be, "I think some of them may be burned out depending on the level of their duties and responsibilities." Marilyn stated the following about social services workers:

A lot of social services workers, especially those paid directly by the government, are asked to take on caseloads that are just overwhelming. So not only are you wearing out your social workers but they're not able to deliver the kind of service they would like to, you know. And that kind of frustration leads to burnout and physical illness.

Bending the rules

Some social workers are described as bending the rules too much and thus "unprofessional." While this was characterized by some as a negative trait, as we shall see later,

it can also be viewed positively. In terms of this being a negative trait Asia had the following to say:

You can't tell your client—and I know this person did it because it was an elderly person, but you know, you can't tell your client you can come and stay in my home until we get your business straight. I think that's too up close and personal. That's a conflict of interest. I don't think that you should— business professional, you know.

Non-stigmatizing Discourses Regarding Social Workers

There were many positive characterizations of social services providers. Some of these were described in terms of *positive characteristics* that social workers needed to have to do the job, and some of them described *positive behaviors* that social workers needed to be able to engage in with, or on behalf of, clients. Positive characteristics included a passion to help, being objective and nonjudgmental, and showing empathy and sympathy. Positive behaviors included not bringing work home, building reciprocal relationships with clients, and bending the rules in a positive way.

Positive characteristics to do the job

Passion to help. The majority of respondents knew from an early age that they wanted to help people as part of their career. They explained that it was part of their upbringing or background. Gabriella mentioned that it was her grandmother that showed her the way to helping others:

My grandmother instilled it in us to help anyone, really. And so as a little girl, you know, we grew up needing and my grandmother took us in. And when she took us in she showed us how to give back as well. So she would take us to food pantries to give food. She would take us to the nursing homes to sing; and to pray and to just talk to residents at the nursing homes. It was instilled in me as a little girl to help because she did the same thing.

Asia also knew she wanted to be a social worker in high school and due to her surroundings at a young age:

When my mom decided to have thirteen children and we were in the system—no, when I graduated from high school...because of the environment that I was raised in and the social issues in the community and poverty; so I wanted to make a difference.

Angela remembers that it was her grandmother also that taught her how to give to others and help those individuals in need:

I come from an era of being raised by my grandmother and by being raised by her I watched her taking care of people; cooking on Sunday and taking this to Aunt Bessie; and this to Uncle Paul. I just was raised on like taking care of the community. So I may go just a little bit further than they would on taking care of my people. I'm going to take you a fan if I think you are hot and if you don't have any food, I'm going to bring you food. I'm going to call my church; I'm going to call Bellevue and then we're going to bring food to your house today. So we just make some things happen. They call me the "real" social worker.

Tricia, also attributed her desire to help others to how she was raised, "I was just always taught that you should give back. And you should always treat others the way you want to be treated. So I think it had a lot to do with upbringing." More specifically, Tricia goes on to say:

Well I think it's important to give back to the community. I always say you shouldn't be indifferent. Maybe the problem is not affecting you but it does affect the community as a whole. It's just important to give back.

Other respondents also said they enjoyed their job because it allowed them to give back to the community. For Maria, being a social services worker was about helping to save the world:

That's really important to have a profession that not only provides good to the community but it tells us that it aligns with my values. And so the way that I've talked about social work is that I sleep very well every night. Because it doesn't matter what the problems are, I am part of the solution. I am contributing to making the world a better place.

Objective and nonjudgmental. One characteristic of being a social services provider is being objective. In discussing why she enjoys her job, Asia stated that this quality and others are needed to be good in this line of work, "The rewards and satisfaction of knowing you have changed somebody's life. You're reaching out; having a listening ear; being concerned; being

open-minded and stepping outside the box.” Similarly, Marilyn claimed to try to be objective while doing her job in response to a question regarding clients she may not want to work with.

Maria, like many of the other respondents, was a social worker for many years. She discussed treating her clients well and not judging them, but seeing them as human:

One of the things that I always try to do with my clients was to treat them as people with dignity and respect. Do not look down on anybody; and to not criticize anybody for their choices or to make people feel bad about themselves. And I think that a lot of the times I was the only person who saw them as human beings.

Angela also believed that treating clients well was a must and not being judgmental was a part of that:

You have to show empathy; you have to have compassion; you cannot be judgmental at all, period- no discussion. You have to be loving; caring; patient and long suffering with people. You have to be gentle; meekness and also remember that it could be you— now or later.

Empathy and sympathy. Many social services workers claimed to know individuals from their personal social circles who are now their clients, or have needed assistance themselves and can empathize with their clients. Robert explained how empathy and sympathy can be given because of this:

All of us are very compassionate towards the people so we can empathize with people really well. A lot of us have family members who are in the same boat, friends and different things like that so we are able to give sympathy where it needs to be given.

Angela also discussed putting herself in her clients’ shoes, “When they call, I try to not shift them around. You have to put yourself in their place and that’s what I try to do on 100% of the clients that call.”

Positive behaviors to engage in with/on behalf of clients

Do not bring work home. Jane stated the following after answering the question, “Would you suggest others go into this line of work?” “Yes, but not everybody can do that and hear people tell you the worst part of their lives and not take it home with you.” Pat also claimed that holding on to the despair clients can bring into the office would not be wise, “You have to learn how to let go sometimes too, or you’ll go crazy.” She then said the following:

Mistakes that I’ve made is I guess taking my clients situations internally and that’s a big mistake because I’ve gone home and go to bed and I wake up in the middle of the night wondering what do I need to do to try to help this family? What is it that I didn’t do? I’m trying to figure out ways and you can’t do that.

Build reciprocal relations with clients. When Maria worked with clients she provided them with resources and they provided her with perspective and the value of a human bond:

I think they also gave me a sense of my own worth. When we talked about books or shared humanity I felt important and I appreciated it. And that was a two way street. And I felt good about myself when I talked to them. We had a true human connection. That was very valuable.

Tricia expressed a similar sentiment about her clients, “A lot of time they give you perspective; sort of an exchange. They’re learning from me and I’m learning from them and we are both benefiting.” Marilyn shared that a reciprocal relationship was key to learning about her clients and learning about their needs:

I mean you have to understand that it’s a reciprocal arrangement; a reciprocal relationship. You have to develop a rapport in a relationship in order to help them and it’s so satisfying to get to know people and I’m honored they have shared their lives with me.

Bend the rules. In some cases social workers described bending the rules as a positive trait in going the extra mile for their clients. Angela discussed going into the field when she does not have to, to help her clients:

I do home visits and I don't have to. If I got a concern about somebody, if a senior called me and she doesn't have an air conditioning unit or whatever, cause we can do stuff like that; we got box fans. I say give me your address, I'm coming to your house when I get off work and drop you off a fan.

Many respondents, like Gabriella, go against policy and provide money from their personal funds to help their clients sometimes:

Yesterday I gave someone \$3.50 for the bus; the same woman. So you know we're not supposed to do those things but this is the same woman who needed my help at that time and she got here just to give me the documentation she needed to get enrolled into our program. And so she needed a way back. So I gave her \$3.50 so she could get on the bus.

Asia said her clients call her for help obtaining Safelink phones. They need her to go through the Social Security Office for them. Asia explains, “Can you call the Social Security Office for me?” “What’s the problem?” “They don’t understand what I need.” “Okay, that’s fine. I’ll do that for you.” It doesn’t cost anything to be nice; to try to help.”

ASSESSMENTS OF PUBLIC ASSISTANCE

When discussing public assistance, respondents used positive and negative discourses. Respondents’ replies showed negative outlooks on the public assistance system and positive outlooks. Also, party affiliation was a determining factor for some respondents as to what they thought the assistance system could be. Many workers agreed that a change was necessary, admitting that the status quo is not working well enough. Almost all mentioned the current administration and the president when describing their positive and negative perspectives on the future of public assistance.

Negative Outlook

Gabriella claimed not to know what public assistance will look like in the future, but she knew there would be people who need it:

That's kind of scary because you know you have some people in office who don't care. They want to take away everything and not think about the people who really need it. So I really don't know, but I hope that it's in place where they can still assist the people who need it.

Gabriella stated that the outlook on the future of public assistance was bleak. She said some in office want to take everything away from those who need it. She continued later to give her opinion on the program that would replace food stamps, where customers would receive one box of food per month:

Even food stamps, they were talking about giving out the box or something like that. I don't think that's fair. I think that's kind of disgusting. You don't know who's preparing your food and I wouldn't want to eat it either. You give astronauts better food than that, you know. And you are pretty much telling people and dictating on what it is that they can eat for a meal and what they can give their children. It's not their choice to tell them what they can buy, you know. It's your choice to assess them and see if they meet the requirements and if they do then give them what they qualify for so that they can live. I mean they're still human.

Answering the same question about the future of public assistance, Jane said, "I hope they are giving people more resources to help people get on their feet more." Jane stated there are not enough resources now to help individuals become independent. She was uncertain about what the future held for assistance recipients.

Maria had a particularly strong protest to the stigma found in receiving public assistance:

But more important than public assistance what we need is a system of universal services so that nobody has to depend on public assistance. What we don't have is that. We call it public assistance and we stigmatize it. Public assistance is a poor substitute for a just society.

Maria also believed there should be free healthcare, access to good education, free or inexpensive childcare, pensions for older adults, livable wages and other universal services so there isn't a need for so many to depend on public assistance. She thought that if there were

universal services, public assistance should be for emergencies. Similar to Maria, Robert thought there should be benefits for all, including the working poor:

It all depends on the administration, really. If we are steady going in the direction we're going now, at minimum taken away, well not taken away completely, but you know, just bring it down some. I've noticed that now with food stamps and Family First and all that now they require that you have to fulfill working 30 hours a week... volunteering 30 hours a week. If you are volunteering 30 hours a week you might as well be working...people that's working, they are struggling as well as the people who need public assistance.

Ali saw the writing on the wall when it came to benefits in the near future. He claimed to know what assistance and which programs will be cut:

Right now you've got a five year window to get your life in order. They provide you with childcare; transportation; cash money; food stamps. You got five years to get it together. After that five years, click. The only thing we're going to provide you with now is food stamps. And if you noticed the new president we've got now he wants to cut that. He's going to send you a basket once a month. So I think that needs to be reformed; I think people need to be put in situations where they have to really dig deep to survive and that way I think you'll see change in people's attitude.

Pat believed the same as Ali, that there were going to be sizeable changes due to our current president:

Public assistance is not going to be as we see it now in maybe two or three years from now, it's not going to be the same. Especially with the new president we have in office. It's going to change tremendously.

When asked what the future of public assistance looks like, Asia too was concerned with the current administration, stating, "If this administration has its way it's going to be totally whack; just dysfunctional; just chaotic."

Positive Outlook

When asked about the future of public assistance and what it might look like, Tricia had the following ideas:

So I know there are [issues] with the childcare. They've begun to make a lot of changes with childcare. Who can qualify for childcare and how long you can receive the childcare? Or as far as SNAP benefits; how long can you receive SNAP benefits? So a lot of changes are being made. And I think that is important to help people become more self-sufficient.

Tricia's outlook on public assistance was a positive one, as she said she liked the changes that were being made to help recipients of assistance become more independent. Angela also brought up the current president and believed without him the outlook should be bright about the future of assistance programs:

Well if we get Trump out I'm sure we'll go back to where we need to be anyway. I think it's going to be good; it depends on who the administration is. He's our chief right now so you have to respect the chief of the United States. But I think it will go back to where we're supposed to help; not enabling people but we're still supposed to help people that's poor; disabled and seniors and widows.

Some respondents thought that politicians, including those currently elected, should do more to help the needy. Marilyn provided her perspective on how elected officials should treat public assistance, "I would wish that all of the elected officials were humane and generous and opened minded and had everyone's best interest at heart; the rich, the poor and those in the middle, all socioeconomic levels."

Political Affiliation

When discussing thoughts on public assistance, a couple of the respondents believed it depends upon which political party one is affiliated with that matters as to what public assistance can be. Angela said she leans left and mentioned that she affiliated herself with a specific political party that represented her views on public assistance, "I think it's needed. It's needed more so to the population that's disabled; seniors need it and people that's disabled need it. So I'm a Democrat and I just believe in helping those that need it."

Jenna also believed that her opinions on public assistance align with those of a particular political party and she saw a difference in how multiple political parties managed public assistance:

So historically, you know when democrats versus republicans are in office, democrats (and I am a democrat) tend to fund lower social services programs. I believe society plays a role, or government plays a role in helping people improves their lives or as republicans review it as state by state type of deal. So if I could change anything I guess we would keep a good democrat in office.

SUMMARY

As respondents have stated, many recipients rely on public assistance for survival. Respondents have used stigmatizing and non-stigmatizing discourses to describe their clients and social services workers. The results also showed what workers thought about the future of public assistance and what needs to change. In the Discussion, these discourses will be analyzed with the concepts of stigma by theorists Erving Goffman and Todd Heatherton and colleagues. We will see what the concept of stigma means for clients and social services workers.

CH 6: DISCUSSION: SOCIAL SERVICES PROVIDERS' DISCOURSE EXPLAINED THROUGH STIGMA

Social services providers play a meaningful role in the lives of those receiving public assistance, which is why it is important to know their perspective on their clients and social services workers. Assistance recipients are stigmatized by the public, politicians, the media, and as it turns out, social services workers. The situation of social services recipients disqualifies them from full social acceptance, even from social services workers, in many cases. Framed from Goffman's (1963) perspective, social services recipients have been assigned a "social identity" which is comprised of categories and attributes, some of them negative, fewer of them positive. Social workers see their clients as too dependent on assistance, dishonest, lacking

essentials for life, frustrating, intimidating and not living up to their gender role expectations. In this way social services workers stigmatize their clients, construct negative discourses for recipients, and thus apply preconceived notions to them and construct for them a “virtual social identity” (Goffman 1963) which, in all likelihood, they act upon. They also, as we shall see, gain something positive for themselves from this process.

If social services workers see their clients as too dependent on assistance, they may lose faith in their ability to get off of assistance one day in the future. This could impact the plans they make for the clients in getting on a path to independence. If workers think their clients are too far gone, as in so dependent on assistance their mindset is to never become independent, they would likely not work closely with them and could end up avoiding the client all together.

If social services workers see their clients as dishonest, I speculate that they may, at times, approach them with distrust when they first meet them. The clients may be very well aware that they have to “prove themselves” and get past this initial stigmatized perception. Some clients’ self-esteem may be negatively impacted by these interactions.

If social services workers see their clients as lacking essentials for life, workers may give in to any notions that their client cannot take care of themselves and further entrench them into a life of being dependent on assistance. This is a kind of self-fulfilling prophecy. Instead of teaching them skills that can help their client fend for themselves, the worker may continually provide the same resources over and over again until they are cut off due to policy; and then where would that client be?

If social services workers see their clients as frustrating, they may deem the client as not worth the trouble to help. Being frustrated with a client, I venture to say, could lead the worker to have more stress and associate that client with high stress. Associating that client with stress

could mean the end of detailed attention being given to that client and resources that could be available to the client would be missed.

If social services workers see their clients as intimidating, they may do what they can to keep a meeting short, never see that client again or not refer that client to another worker. If a worker is afraid of their client they could interpret a situation to be escalating when it may not be, and call security on the client, or worse, the police. Now the client has to go to jail because of a misunderstanding, preconceived notion and irrational fear of the worker. This client now has court fees to deal with, an incident on their record and an even harder time trying to find someone who can help them with assistance.

If social services workers see their clients as not living up to their gender role expectations, the client could easily be discriminated against and the worker would not only be unable to properly serve the client, but the worker could deter the client from seeking assistance he or she is eligible for. If the coworkers of the discriminating worker know about the bias and prevent stigmatized clients from interacting with the worker, the office might be helping the client, but they are also allowing the discrimination to take place. This behavior could tarnish the reputation of the office and the workers in it.

When social services workers decide clients are dangerous or weak, they are discounted and no longer considered whole and usual. Based on the particular ways listed above that social services workers describe clients, they are stigmatized in terms of blemishes of individual character. Being a social services recipient could also be seen as tribal stigma, which could be applied to families and could contaminate all members, or even entire communities (Goffman 1963).

As discussed in Chapter 3, Goffman (1963) observed three categories of roles in the stigma process, the normal, the stigmatized, and the wise. Those with a stigma, in this case social services recipients, are seen by those without stigma, or “normals,” as not quite human. Many of the study participants referred to this specific idea regarding clients. For social services workers, a variety of discriminations have come into play and a stigma-theory regarding clients has been constructed. The themes identified in this study represent an “ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class” (1963:5). Social services recipients fail to live up to society’s demands, even in the eyes of social services workers.

For Goffman the “wise,” such as social services workers, are those who are “normal,” but spend a lot of time with the stigmatized and are “intimately privy to the secret life of the stigmatized individual and sympathetic” (1963:28). Stigmatized individuals are typically able to feel less shame in front of a “wise” person since, despite his blemish, he will be seen as ordinary. One type of “wise” person would be one that works in an establishment that caters to those with a particular stigma (Goffman 1963). Social services workers can be considered “wise” according to Goffman’s definition. Although the “wise” usually treat the stigmatized as normal, since they have been around the stigmatized group so often, this study found that many social services workers stigmatize their clients; the “wise” are stigmatizing the stigmatized.

When “normals” stigmatize the blemished, there is an exchange in the action. Stigmatization can enhance self-esteem through downward-comparison processes (Heatherton et al. 2000). Downward-comparison theory is comparing oneself to less fortunate individuals and boosting self-esteem by increasing one's own subjective sense of well-being. In this study, I found that social services workers claim to feel better about themselves when hearing about their

clients' situations. Downward-comparison can be done passively or actively. Passively would be seeking out others who are less fortunate to make a comparison with one's self. Actively would be creating a situation of disadvantage over others through discrimination. Instances of passive and active downward-comparison have been described by social services workers in terms of themselves and their clients. In Chapter 5, respondents talk about what they learned from their clients under *Clients as teachers*. What is described here are multiple accounts of the social services worker feeling better about themselves as compared to their clients. Even with workers claiming to be taught humility by their clients, it is through downward-comparison that social services workers claim to receive a better sense of well-being. The evidence of this well-being is further bolstered by the numerous positive themes social services workers invoke when discussing themselves and other social services workers, such as the nature of the job and the characteristics they need to possess to do their jobs. Few negative categories were invoked to describe social services workers.

Heatherton and colleagues (Heatherton et al. 2000) claim that those who do not reciprocate in established reciprocal relationships can be stigmatized. The practice of sharing is only beneficial if everyone participates in the sharing of resources, which leads to those not doing their part or sharing resources to be stigmatized. The stereotypes about public assistance recipients taking tax dollars and not contributing to society further stigmatizes recipients. Heatherton et al. (2000) state that there are two cases of nonreciprocators: theft and disability. With theft there are several types of nonreciprocating behavior and it is the "free-rider" behavior that recipients tainted character falls into. The "free-rider" is one who benefits from the efforts of others without giving any effort of their own. All three types of thievery are stigmatized and the authors state that "members of working groups should stigmatize noncontributors" (Heatherton

et al 2000:38). Ideologies such as this give permission to politicians, the public and mass media to stigmatize public assistance users. When social services workers use the categories of “Too dependent” and its subcategories “Unable to help themselves,” “Cyclic clients,” “Too comfortable as recipients,” “Not following a plan to independence,” “Lacking motivation and a Sense of responsibility” and “Unwilling to compromise” to describe their clients, they too are using the “freer-rider”/theft category of stigma.

The second case of nonreciprocators are the disabled. Unlike the thieves who can be seen as choosing to not reciprocate, the disabled have no choice in partaking of group efforts and benefits, without being able to give back. Many social services workers said that public assistance is needed and see assistance as an entitlement. Social workers who see the profession as a calling or a ministry expressed that they believed this to be true especially for the poor, widows and the disabled. In those cases, the disabled are not stigmatized by social services workers but seen as in genuine need of services.

When considering how the stigmatized deal with stigma, Goffman says the stigmatized person will look for a direct way to correct their obvious failing (1963). Not all individuals and families using assistance want to be dependent on assistance programs. Many recipients would like to be independent of assistance and thereby remove their negative labels and stigma. What Goffman tells us is that usually the person seeking to remove their stigmatized status will not remove the stigma, but later be known as someone who once had a blemish and removed it. This could be true of using assistance, however, one is either a recipient or not and knowing the past status on receiving assistance is not a physical trait or known character blemish unless the status is disclosed.

He also mentions that those with stigma can notice the limitations of those without stigma (Goffman 1963). Those with stigma can teach those without stigma something different about life. This study found that social service workers claimed that clients teach them about life and other details regularly.

Goffman said the stigmatized individuals may be unsure of how those without stigma will identify them and receive them (1963). This uncertainty comes about from the stigmatized person's inability to know which of several categories they will be placed in and whether or not those categories will be favorable. When clients seek assistance, I believe they are expecting to work with someone who knows their type of situation. Clients should have an expectation that social services workers help people in their predicament all the time and should not feel ashamed of asking for assistance. However, being stigmatized can alter a person's point of view. Those that are stigmatized never know what those without stigmas are truly thinking about them, no matter how polite or pleasant they are being to them (Goffman 1963).

Goffman's concept of stigma, in particular the concept of the stigmatizers, the wise, and the stigmatized, have served to frame the ways that social services providers discuss clients and social services workers. Heatherton and colleagues (2000) have been specific about why the nonrecipicators are stigmatized and have their negative label. We have seen through their ideas on stigma how downward-comparison theory can play a part in worker client relationships. This serves as one possible explanation as to why public assistance recipients are seen by society, including social services workers, in such a negative way.

CH. 7 CONCLUSION

Examined below are comparisons of this study to the existing literature, the limitations of my research and suggested areas for future research.

COMPARISONS TO THE LITERATURE

There have been studies on individuals in poverty and the public assistance system (Rank 2003; Lewis and Ulph 1988). Neither of the two are from the perspective of social services providers. Articles have also been written on how the public views those who receive public assistance (Rodgers 2009; Kornai 1997) Also, neither of these are from the perspective of the social services worker.

The findings in this study focus on the discourses used by social services providers to describe their clients, social services workers and the public assistance system. Similar to Foster's (2008) findings, where politicians, welfare policy makers, and the American public draw on "the welfare queen" to make sense of those who use public assistance; social services workers are capable of doing the same. Respondents perceived clients as too dependent on assistance, lacking motivation, knowledge, and a sense of responsibility, intimidating, dishonest and frustrating to work with.

While some clients were perceived as too dependent, others were thought to be too afraid to enroll in programs due to the stigma attached to using public assistance. This mirrors Bendick's (1980) findings regarding public administrators' concerns that people fail to apply for benefits when they need them because of the stigma associated with it. The social services workers I interviewed also expressed concern that their clients' "hesitation" and "embarrassment" would prevent them from applying for benefits. When this happens, social services workers claim to encourage those who are eligible to apply for assistance to help themselves or feed their family.

Similar to Mills (1996) who observed that clients were stigmatized based on the themes of dependence, addiction, illegitimacy and promiscuity, I found that clients were being

stigmatized by social services workers in a similar manner. As mentioned before, workers have described many of their clients to be too dependent on assistance. While the word “addiction” was not used, workers reported having to make it harder for clients to receive services after they had used so many programs. Workers described the concepts of illegitimacy and promiscuity also. One respondent went so far as to say child support should be discontinued to help stop the young women’s “illegitimacy and promiscuity problem.” However, most social services workers did not use that theme to describe their clients.

Many social services workers see their profession as a way to win rights for their clients along with helping to provide them with the resources they need. As seen in the work of Voorhis and Hostetter (2006) the social services workers in this study claimed to have a responsibility to empower their clients with the knowledge, skills, and resources they can use to make positive decisions that affect their life. Workers have shown a great deal of seriousness and passion when discussing how they want to help their clients succeed. Pelton’s (2001) work is similar to that of Voorhis and Hostetter in that he demands a just set of actions out of the social worker toward the client in hopes of making a better community. Many social services workers in this study described an upbringing that involved serving their community and the people around them. They claim to have used what they learned in their background to help them give back. Treating their clients with dignity and respect and seeing them as human is one way they achieve their goal.

Some workers cannot seem to help how they feel personally toward certain clients. When it comes to personal feelings, there are social services workers with explicit biases. These biases match those found in Fischer’s (1976) and Dailey’s (1980) works on gendered biases. These clients, as mentioned earlier, may find it hard to receive proper service and obtain the resources

they need to survive. Also, the social services worker's discriminatory actions can lead to giving their office and the entire profession a bad reputation.

In some cases the office or environment of the social services worker allows for more or less flexibility in how the worker helps their client. In the work of Colin Whittington (1977) he describes the two types of settings for social services workers; one being more preoccupied with following official procedures and the other emphasizing notions of client need and the provision of service. Using the example of gender bias, coworkers can be aware of the worker's bias and not send that worker any male or female clients. That is an office setting that is more aligned with client need, whereas the setting focused on official rules would either send the discriminating worker clients they have negative feelings toward or the worker would be removed. Another instance of prioritizing client needs, is the claim that rules are bent in a positive way. Since the office setting is geared more towards client need and the provision of service, workers can take more actions outside of the official procedures and rules to help the client.

Many factors lead to the stress and burnout of social services workers. According to Bennett et al. (1993) the demands of a client based profession leads to high levels of stress. This study found that social services providers said they observed overworked and underpaid workers, which also leads to burnout. Respondents reported overwhelming caseloads that can prevent workers from providing the best service they can to clients.

Through the scholarship on stigma (Goffman 1963; Heatherton et al. 2000) and the literature, we come to understand how public assistance recipients are perceived by social services workers. Their perceptions affect how they interact with and help, or not help, their clients. Being what Goffman calls the "wise," social services workers should be able to treat

their clients as ordinary or like other “normals.” As we have seen in this study, social services workers can, and often do, fall into the trap of stigmatizing their clients. On a larger scale, these thoughts and actions could serve to keep assistance recipients dependent on government programs or worse, keep those in need from ever receiving the resources they need. These thoughts and actions of stigmatizing workers can further entrench the stereotypes and prejudices held by the public, politicians and assistance policy makers.

LIMITATIONS

The study only includes participants from the local area. Focusing on one area limits the generalizability of these results. Interviews with social services workers in other regions might have more to say about their experiences with public assistance and their clients. These observations and opinions could be useful to discovering patterns in the discourses and identifying stigma.

The majority of study participants were African American or Black. Social services workers of different backgrounds may have varying things to say about their clients and how they view them. This may also be the case for workers with different levels of education. Most respondents had a Master’s degree. Those social services workers with less or more education may have a different take on the public assistance system and recipients.

This study only had 12 respondents, a very small and limited sample. Of these 12, only two were men. It would be of benefit to conduct this study with a larger sample, to determine if there were differences in perceptions of clients, social services workers, and the system, based on gender. Preliminary observations suggest that men discriminate against women, and women discriminate against men, but there are too few respondents to examine this question further.

FUTURE RESEARCH

As we have seen in this study, social services workers can and do stigmatize their clients or at least do so when describing them. Whether or not they turn their prejudice into discrimination should be researched. A worker can have negative thoughts about a client, but if he or she still treats the client with respect and provides the needed resources, is harm really done? A study on the actions taken by social services workers with clients they view negatively should be conducted to further identify stigma in action.

When discussing the public assistance system, recipients and social services workers, assistance policy makers should be included in the research. Policy makers should share how they are influenced and why they make the decisions they make about assistance programs. As we saw in Mills (1996) policy makers use stigmatized discourse when discussing assistance recipients and they profile those who may need it in the future. Some respondents mention new policies that require recipients to work or volunteer so many hours a week before receiving assistance; showing a contribution to society as opposed to being seen as just accepting a handout. If policy makers, other politicians, mass media and the public had more details, facts and current research about how the assistance system works, they would be less likely to make erroneous judgments and stand by stereotypes about recipients.

With all this knowledge and awareness social services workers still find themselves falling into the trap of stigmatizing their clients. Perhaps, the bigger conversation should be centered around the need to generalize, categorize and stereotype. As humans, we cannot help but sort through the characteristics of others and apply labels. The trouble with that is as a society we begin to attach negative associations with those labels and also form hierarchies. One way to ameliorate this issue is to conduct ongoing sensitivity training for workers in professions

serving the public. With continuous education and constant reminders that we are all human, maybe we can exist with each other without the need for stigma.

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Appendix A Recruitment Flyer



Social Services Workers' Experiences Study

Research Details

- **Purpose of study:** We are seeking volunteers to participate in an interview regarding their experience as a social services worker. A social services worker is an employee who works with individuals that receive any public assistance.
- **Procedure and duration:** The interview is expected to take between forty-five minutes to an hour and a half. Participants will also be asked to complete a short survey requesting demographic information. Participants will have the option of a face-to-face interview or an interview via Skype or GoogleHangout.
- **Eligibility:** All participants must be 18 years or older. Only participants that consider themselves to be social services workers and are willing to talk about it confidentially will be accepted.
- **Contact information:** To volunteer, or seek more information, please contact graduate student Krista Wright Thayer of the Department of Sociology by phone at 1-601-842-3221 or by email at kmwrgh3@memphis.edu.

Appendix B
Consent Form for Research Participation

Study Title: Social Workers' Perspective on Clients, Themselves and Public Assistance

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in this research study of social services workers' experiences because you are a consenting adult who has volunteered to share your observations and opinions regarding your work as a social services worker. If you volunteer to take part in this study, you will be one of about 15-20 people to do so.

WHO IS DOING THE STUDY?

The person in charge of this study is Krista Wright Thayer of University of Memphis, Department of Sociology. Her faculty advisor, Dr. Carol Rambo, is guiding her in this research. There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?

This study seeks to examine the discourses shared when social services workers describe their experiences with their clients, themselves, the public assistance system and other social services workers.

ARE THERE REASONS WHY YOU SHOULD NOT TAKE PART IN THIS STUDY?

If you are younger than the age of 18, you should not take part in this study. If you do not consider yourself a social services worker, you should not take part in this study.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

You will have the choice to participate in either a face-to-face interview or an interview via Skype or GoogleHangout. If you choose to participate in the Skype or GoogleHangout interview, it is not within the researcher's ability to control the privacy within your physical location during the interview. The researcher will take all possible measures to secure privacy on her end of the line, however if you are engaging in the Skype or GoogleHangout interview while at a coffee shop, for example, the researcher will not be able to control who might overhear the conversation.

If you elect to participate in face-to-face interview, you will have a choice of setting. A private office on the University of Memphis campus will be available for interviews. If, however, you do not feel comfortable participating on campus, the researcher is willing to meet you at a mutually agreed upon safe location. The one-time interview will take anywhere between 45 minutes to 1.5 hours.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to take part in a private interview. No identifying information will be taken from you. You will work with the Investigator to create a pseudonym (false name). This will serve as the only identifier for you. With your permission, interviews will be recorded. No

identifying questions, such as real name or phone numbers, will be asked. The recordings will be stored in a locked file until the end of the project, at which time they will be destroyed. Transcripts will be made for each recording. You will be asked to fill out a short survey. If you are being interviewed over Skype or GoogleHangout, this survey may be verbally completed. The survey and transcript will be kept in a separate locked file from the audio recordings. Any identifying information that might come up during the interview, such as a high school name or address will be replaced with a false name. An example is instead of East High School, something along the lines of Urban High School or Rural High School will be substituted.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

You may find some questions we ask you to be upsetting or stressful. Due to the topic of this interview, it is possible that the participant may have some negative emotional responses. However this risk is minimal. In addition to the risks listed above, you may experience a previously unknown risk or side effect.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this study. However, some people may find telling their experiences to be cathartic or therapeutic. In addition your willingness to take part, may, in the future, help society as a whole better understand the view of the social services worker.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST YOU TO PARTICIPATE?

There are no costs associated with taking part in the study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will not receive any rewards or payment for taking part in the study.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

We will make every effort to keep private all research records that identify you to the extent allowed by law. Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be personally identified in these written materials. We may publish the results of this study; however, we will keep your

name and other identifying information private. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is.

We will keep private all research records that identify you to the extent allowed by law. However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court; or to tell authorities if you report information about a child being abused or if you pose a danger to yourself or someone else. Also, we may be required to show information which identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as the University of Memphis.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study. The individuals conducting the study may need to withdraw you from the study. This may occur if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the researcher decides to stop the study early for a variety of scientific reasons.

ARE YOU PARTICIPATING OR CAN YOU PARTICIPATE IN ANOTHER RESEARCH STUDY AT THE SAME TIME AS PARTICIPATING IN THIS ONE?

You may take part in this study if you are currently involved in another research study. It is important to let the investigator/your doctor know if you are in another research study.

WHAT HAPPENS IF YOU GET HURT OR SICK DURING THE STUDY?

It is important for you to understand that the University of Memphis does not have funds set aside to pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. Also, the University of Memphis will not pay for any wages you may lose if you are harmed by this study.

Medical costs that result from research related harm cannot be included as regular medical costs. Therefore, the medical costs related to your care and treatment because of research related harm will be your responsibility; **or** may be paid by your insurer if you are insured by a health insurance company (you should ask your insurer if you have any questions regarding your insurer's willingness to pay under these circumstances); **or** may be paid by Medicare or Medicaid if you are covered by Medicare, or Medicaid (if you have any questions regarding Medicare/Medicaid coverage you should contact Medicare by calling 1-800-Medicare (1-800-633-4227) or Medicaid 1-800-635-2570.

Your insurer or Medicare/Medicaid may require a co-payment/deductible from you even if your insurer or Medicare/Medicaid has agreed to pay the costs. The amount of this co-payment/deductible may be substantial. You do not give up your legal rights by signing this form.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, Krista Wright Thayer at kmwrgh3@memphis.edu or 601-842-3221. Or the faculty advisor, Carol Rambo at carol.rambo@memphis.edu or 901-678-2611. If you have any questions about your rights as a volunteer in this research, you may contact the administrator for the Institutional Review Board for the Protection of Human Subjects, via e-mail at irb@memphis.edu or by phone at 901-678-2705.

We will give you a copy of this consent form to take with you.

WHAT IF NEW INFORMATION IS LEARNED DURING THE STUDY THAT MIGHT AFFECT YOUR DECISION TO PARTICIPATE?

You may choose to stop the interview process at any time.

WHAT HAPPENS TO MY PRIVACY IF I AM INTERVIEWED?

The only identifying information attached to any document or recording will be the pseudonym (false name). Recordings and transcripts will be kept in a locked file until the study has been completed. Recordings will be kept in a locked file separate from your transcripts and demographic survey information. After completion of the study, all recordings and transcripts will be destroyed.

WHAT ELSE DO YOU NEED TO KNOW?

Your continuation with this study indicates that you agree to the following:

- 1) I have been informed of any and all possible risks or discomforts.

- 2) I have read the statements contained in this consent form and have had the opportunity to fully discuss my concerns and questions, and fully discuss the nature and character of my involvement in this research project as a human subject, and the attendant risks and consequences.

By participating in the recorded interviews you are agreeing to the terms of the consent document.

Appendix C
Demographics Questions

What pseudonym would you like to use?

What is your current age?

What gender do you classify as?

What race do you classify as?

What is your highest level of education?

What kinds of jobs have you held?

What is your marital history?

Appendix D

Interview Guide

What are your hobbies?

What other activities do you enjoy for fun and entertainment?

Do you belong to any organizations or groups?

When did you know you wanted to work with individuals who need public assistance? Tell me the story about that?

Do you have a positive feeling about your choice?

Why or why not?

Would you advise others to go into this line of work?

Why or why not?

How much of a difference do you think you make in your clients' lives?

How much of a difference do you think your clients make in your life?

Would you describe a typical day for you at work?

Is your typical day the same as those of your coworkers?

Have you ever made a mistake at work?

Would you be willing to tell that story?

What was your most positive memorable experience with a client?

What was your most negative memorable experience with a client?

If you could have another job, what would it be?

If so, why? If not, why?

Do you have a goal in mind when you work with each client?

Do you achieve those goals often?

Did you have other goals?

Is there any information you shared with a client and later regretted it? Tell me the story about that?

Are there clients you wish you did not have to work with?

If so, why?

Why do you think your work is important?

How many clients have you helped so far?

How many clients do you think your coworkers have helped?

If there is a difference, why do you think that is?

How do you feel about public assistance in general?

What would you change about the system?

When working with clients do you ever do things outside of your training?

What does it mean to be a social services worker?

Do you think other social services workers feel the same way?

Do you think policies around public assistance should change?

In what ways?

What similarities do you notice about you and your coworkers or other social services workers?

Do you think other social services workers can be too close with their clients?

Would that be a problem? Why?

What advice would you give students learning to be a social services worker?

What advice would you give yourself before you accepted your current position?

What information do you wish you could share with your clients that legally or for some other reason you cannot?

Where do you think you will be in five years?

What do you think the public assistance system will look like in 10 years?

Are there any questions I did not ask that I should have?

Thank you again for sharing your experience with me.

Appendix E
IRB Approval Email



Institutional Review Board
Office of Sponsored Programs
University of Memphis
315 Admin Bldg
Memphis, TN 38152-3370

Feb 2, 2018

PI Name: Krista Thayer
Co-Investigators:
Advisor and/or Co-PI: Carol Rambo
Submission Type: Initial
Title: Social Services Workers' Perspective on Clients and Public Assistance
IRB ID : #PRO-FY2018-344

Expedited Approval: Feb 2, 2018
Expiration: Feb 2, 2019

Approval of this project is given with the following obligations:

1. This IRB approval has an expiration date, an approved renewal must be in effect to continue the project prior to that date. If approval is not obtained, the human consent form(s) and recruiting material(s) are no longer valid and any research activities involving human subjects must stop.
2. When the project is finished or terminated, a completion form must be submitted.
3. No change may be made in the approved protocol without prior board approval.

Thank you,
James P. Whelan, Ph.D.
Institutional Review Board Chair
The University of Memphis