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STIGMA, PRIVACY, AND OTHER ATTITUDES OF WELFARE RECIPIENTS

> Joel F. Handler Ellen Jane Hollingsworth

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THE UNIVERSITY OF WISCONSIN, MADISON, WISCONSIN

## STIGMA, PRIVACY, AND OTHER ATTITUDES OF WELFARE RECIPIENTS

Joel F. Handler
Ellen Jane Hollingsworth

Mr. Handler is Professor of Law at the University of Wisconsin and Assistant Director of the Institute for Research on Poverty, where Mrs. Hollingsworth is the project specialist. This research was supported by funds granted to the Institute pursuant to the provisions of the Economics Opportunity Act of 1964.

September, 1969

Feelings of stigma and invasions of privacy are assumed to be major vices of the Aid to Families with Dependent Children program. Yet, there is little or no empirical information on whether welfare recipients have these feelings or on the consequences of such feelings.

Stigma is defined here in two ways: (1) feelings of embarrassment or uncomfortableness of AFDC recipients when they are with people not on AFDC; and (2) opinions of AFDC recipients on how the community feels about AFDC recipients. Feelings of invasions of privacy were measured by attitudes toward certain administrative practices (e.g., the means test; social services) and unannounced caseworker visits.

Conclusions are based on survey data collected from 766 Wisconsin AFDC recipients, 148 of whom were re-interviewed after they left welfare. authors find that about half of the respondents have feelings of stigma but that these feelings are not related to major background variables such as age, race, education, time on welfare. Feelings of invasions of privacy were not very pronounced, even though about half of the recipients experience unannounced visits. Recipients who have feelings of stigma are less "adjusted" to their welfare status but "do better" in that they use the program more, ask more of their caseworker, complain more to their caseworker, and seem to leave welfare sooner and more by their own efforts. They are also more sensitive to the unannounced visit. Feelings of stigma and invasions of privacy are deplorable; on the other hand, much more attention has to be paid to the silent, passive, and dependent welfare population.

It has always been assumed that stigma has important consequences for welfare policy. In the nineteenth century, the official policy was to deliberately create a sense of shame and moral inferiority in those who sought relief rather than work. This policy was defended both by those sympathetic to the poor and by those who wanted to save public money. All believed that the failure to earn a living was a sign of moral decay, and that indiscriminate giving of aid would hasten the downward slide to pauperism. Shame was used to discourage people from applying for public assistance and to encourage recipients to get off welfare.

Today, the stigma of being on welfare is one of the central rallying points for those who condemn the present welfare system and seek to reform it or replace it altogether. It is claimed that the means test degrades and humiliates recipients and that administrative practices perpetuate feelings of shame. Reform efforts to create rights and entitlements to welfare, to have "need" the sole criterion for eligibility, to have a simplified means test based on the applicant's affidavit, and to routinize administration are all designed, in part, to reduce feelings of stigma. Recipients, it is argued, are no less entitled to dignity and social acceptance than the rest of the population.

Closely related to stigma is the concept of privacy. Disclosing assets and resources, revealing names under pressure, submitting to investigations and questioning, accounting for expenditures and social behavior—these are the price of receiving welfare. Loss of privacy is loss of dignity and is part of the shame of being a welfare recipient.

What is stigma and what are its consequences? Despite the continuing importance of stigma, not much has been written about it specifically. Goffman, Lemert, and Matza define stigma in terms of societal disapproval.1 Goffman, for example, says, "the central feature of the stigmatized individual's situation in life" occurs when "those who have dealings with him fail to accord him the respect and regard which the uncontaminated aspects of his social identity have led them to anticipate extending, and have led him to anticipate receiving. . . "2 The attitudes that society ascribes to welfare recipients are emphasized by Matza in his article, "Poverty and Disrepute." He says that there are five features of the AFDC program which makes its recipients "disreputable": (1) illegitimacy; (2) absence of the father due to imprisonment; (3) absence due to desertion and separation without a court decree; (4) lack of status conferred by the man's occupation; and (5) long-term dependency. Matza claims that the consequences of this disrepute are demoralization on the part of the recipients: conscientious effort withers and moral standards decline. Goffman, speaking more generally, says that the stigmatized individual responds to the denial of acceptance by "finding that some of his own attributes warrant it." The literature on delinquency and deviant behavior claims similar consequences -- stigmatized individuals react in terms of their labels or ascribed characteristics.

Stigma breaks down into a number of distinct questions. What are the characteristics which society ascribes to welfare? How do the poor respond to these attributes. Do they know about them? Do they care? Further distinctions have to be made between those who are discouraged from applying for welfare because of society's attributes and those who

nevertheless still seek welfare. Aside from feeling badly, do those on welfare who experience stigma have different attitudes toward welfare and do they behave differently from those on welfare who do not feel stigma? We lack empirical data on all of these questions.

This paper attempts to fill some of this gap. The data are survey responses of AFDC recipients in six Wisconsin counties, including Milwaukee. Two of the counties contain middle-sized cities, and three counties are rural. The initial survey was taken in the spring and summer of 1967. As respondents left welfare, they were re-interviewed approximately two months after departing. The data include the responses of those who left welfare by June, 1969. The respondents in this survey had been on the AFDC program at least six months at the time of the initial survey. Therefore, the conclusions here are not applicable to those who are discouraged from applying for welfare, those whose applications are rejected, and those who have been on the program only a short time. The respondents in this study have made at least some adjustment to their welfare status.

First we will define our measure of feelings of stigma and will attempt to relate these feelings of stigma to the background characteristics of the welfare clients. Then we will see if having feelings of stigma makes any difference in terms of the welfare experience. Do clients who feel stigma respond differently from those who do not in terms of attitudes toward the means test, social services, the caseworker, privacy and the welfare experience in general? Do they use the program differently—for example, do they request special grants for extra needs, or take part in special programs? And, is there any difference in terms of leaving the program?

#### What is Stigma

We are using as indicators of feelings of stigma two questions that were asked of the respondents.

"Some ADC mothers have said that when they are with friends or other people not on ADC they feel embarrassed or uncomfortable about receiving welfare support. Other ADC mothers say they don't feel this way at all. How do you feel when you are with people who don't receive ADC. . . would you say you are never embarrassed or uncomfortable, sometimes embarrassed or uncomfortable, often embarrassed or uncomfortable, or always embarrassed or uncomfortable?"

"In general, how do you think people in this community feel about people like yourself who are in the ADC program? Would you say they feel very understanding, fairly understanding, indifferent, fairly hostile, or very hostile?"

The two questions are designed to tap what AFDC clients think are attitudes held by others. A recipient, for example, may feel that the community is generally understanding, but that the people she has to deal with (neighbors, small businessmen, etc.) are hostile. Or, she may feel the reverse; she has support from people around her, but the community is hostile.

TABLE 1

AFDC Recipients Feelings of Stigma

Frequency of AFDC mothers being embarrassed or uncomfortable with friends or other people not on welfare

Never	50.7%	(379)
Sometimes	35.8	(268)
Often; Always	13.5	(101)
	100%	(748)

AFDC mothers' characterization of community attitudes towards
AFDC recipients

Understanding	49.5%	(371)
Indifferent	18.8	(141)
Hostile	12.2	(91)
Don't know	19.3	(146)
	100%	(749)

The two indicators are strongly related; those who feel embarrassment or uncomfortable with friends also tend to perceive the community as hostile towards welfare recipients.

TABLE 2

Relationship between Feelings of Embarrassment and

Perceptions of Community Hostility

Community Attitudes

Feelings of Embarrassment

	Never	Sometimes	Often; Always
Understanding	55.8%	48.3%	33.0%
Indifferent	16.7	20.4	23.0
Hostile	5.4	15.5	28.0
Don't know	22.1	15.8	16.0
,	100% (371)	100% (265)	100% (100)

Using the two indicators (embarrassment; community hostility), more than half of the respondents have at least some feelings of stigma—52.2 percent (385) say that they are either "sometimes" or "often" embarrassed or that the community is "hostile" to AFDC recipients. Although the answer that the community is "indifferent" to AFDC recipients is ambiguous, in view of its relationship to the embarrassment responses it would seem that the respondents are saying that "indifference" means that "the community doesn't care about us." This would be a feeling of stigma under our definition. Then, 61 percent (447) of the respondents would have at least some feelings of stigma.

Respondents were also asked: "Have you or your children had any difficulties or problems with people or businesses in the community that you think happened because you are a welfare recipient?" Less than 20 percent said "yes," but this too was strongly related to the two indicators of feelings of stigma.

TABLE 3

Relationship between Feelings of Stigma and Problems Encountered in the Community because of Welfare Status

"Have you or your children had any difficulties or problems with people or businesses in the community that you think happened because you are a welfare recipient?"

	Yes	<u>No</u>		
Feelings of embarrassment with non-welfare people				
Never	11.3%	88.7	100%	(371)
Sometimes	20.1%	79.9	100%	(254)
Often; always	32.0%	68.0	100%	(97)
	(124)	(598)		(722)
Community attitudes toward welfare recipients				
Understanding	13.2%	86.8	100%	(363)
Indifferent	23.2%	76.8	100%	(138)
Hostile	41.2%	58.8	100%	(85)
Don t know	5.9%	94.1	100%	(135)
•	(123)	(598)		(721)

#### Who Has Feelings of Stigma

Feelings of stigma are not related to either size or type of community in which the respondents live. For both indicators of stigma there were no differences between people who live in rural areas, towns, small cities, Green Bay (population 125,082) Madison (population 222,095), or Milwaukee (population 1,278,850). In this respect, the Milwaukee ghetto residents felt neither more nor less embarrassment or community hostility than the residents in towns and cities of other sizes.

In theory, years in residence could have contradictory implications

with regard to feelings of stigma. On the one hand, it could be argued that long-term residents would know the community and people better and therefore feel stigma more. Or, longer term residents might feel that people and the community were more understanding. On the other hand, comparative newcomers might be unaware of community feelings or might be supersensitive to their status as newcomers going on relief. But, in any event, we found no relation between the two indicators of stigma and years in residence. Long-term residents responded the same way as comparative newcomers.

Respondents were asked about welfare and non-welfare friends and relatives. One would assume that those who had more friends and relatives would feel less stigma than those who were more isolated. We found no relationship between perceptions of community hostility and (a) how many relatives and friends a welfare recipient had; or (b) how many AFDC families the recipient knew in the community; or (c) how many of these AFDC families were "good friends" whom the recipient saw "fairly often." With feelings of embarrassment, there was some relationship: respondents having fewer relatives but knowing more AFDC families were more likely to feel embarrassed with non-welfare people than those who had more relatives or did not know many AFDC families. By these very crude indicators, those who seemed to be more exposed -- having fewer relatives but more AFDC friends--tended to say that they were more uncomfortable when outside of their AFDC circle. It should be noted that the more an AFDC recipient is embarrassed about being on the program, the more she will tend to discuss welfare problems with non-welfare friends and with relatives.

Relationship between Feeling Embarrassed and Discussing AFDC with Friends

Discuss	AFDC	with	Fri	ends
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Embarrassed	Yes	No		
Never	35.9%	64.1	100%	(206)
Sometimes	44.9%	55.1	100%	(156)
Often; always	63.6%	36.3	100%	(55)

TABLE 5

Relationship between Feeling Embarrassed and Discussing AFDC with Relatives

Discuss AFDC with Relatives

Embarrassed	Yes	No		
Never	35.6%	64.4	100%	(309)
Sometimes	47.9%	52.1	100%	(219)
Often; always	50.0%	50.0	100%	(70)

With regard to other personal characteristics, blacks tended to perceive the community as more hostile than whites, but the relationship was very weak. There were no differences in terms of race with regard to feelings of embarrassment. Younger recipients (under 40 years old) had more feelings of stigma, on both indicators, but these relationships were also weak. There was no relationship at all between the two indicators of stigma and (a) number of children; (b) previous AFDC experience; (c) whether parents had been on welfare; and (d) employment record. With regard to employment, responses for both indicators were the same regardless of whether recipients (a) were presently working; (b) had ever worked; or (c) had spend many years or few years in the labor force.

There was no relationship between feelings of stigma and education.

Recipients who graduated from high school or had even more education responded no differently than recipients who only finished grade school or who had even less education.

Those recipients who were presently married had less feelings of stigma than the other recipients; but there were no differences between the divorced, the separated, the deserted, and those who were never married.

In sum, although feelings of stigma do exist among AFDC recipients, our indicators of stigma are only very weakly related or not related at all to the more obvious background characteristics of welfare recipients, such as race, employment experience, education, type of community, residence, friendships, etc.

#### Stigma and Attitudes towards Welfare

Feelings of stigma should be related to the recipient's "adjustment" to the welfare experience. We would expect that those who feel stigma about being on welfare would tend to be dissatisfied with their welfare experience, would not have a very satisfactory relationship with their caseworker, and would be more upset by welfare administration practices.

The respondents were asked a series of questions concerning their attitudes toward the welfare experience in general: (a) how satisfactory their experience with the welfare agency had been "in view of what you needed"; (b) the good and bad points of their experience; (c) the changes they would like to see in welfare; and (d) whether they benefited from services other than basic financial aid. In general, among these Wisconsin AFDC recipients, there were high proportions who were satisfied with the program (25.3 percent reported "very satisfied" and 59 percent

reported "satisfied"). As revealed by the succeeding questions on good points, bad points, and changes, the reason for satisfaction was that the AFDC program gave them basic financial security (even though at a low level) and, given their economic and social predicament before welfare, this was no small matter in their lives. In addition, the Wisconsin AFDC program is best characterized as one of minimal caseworker intervention and regulation. The caseworker contact amounts to a chat for 30 minutes once every three months, and little else. The good points listed by the Wisconsin AFDC recipients concerned basic financial aid; the bad points concerned not enough money; the changes desired were for more money; and there were very few complaints about the caseworkers or forms of regulation.

However, the respondents who had feelings of stigma (on both indicators) were decidedly less satisfied than those who did not have feelings of stigma. The former said they were less satisfied with their welfare experience in view of what they needed; they mentioned more bad things about welfare and they had more changes to suggest than the latter. There were no differences among the two groups concerning the good points of welfare.

There were also differences in terms of attitudes towards the caseworkers. The respondents who had more feelings stigma (on both indicators) were less inclined to say that their caseworker was someone they liked, could trust, talk to and discuss problems with and they were less inclined to say that they made a "special effort to stay on good terms" with their caseworker than those recipients who did not have feelings of stigma. Respondents who felt embarrassed or uncomfortable with

non-welfare people were less likely to say that the caseworker had a good reason for what he did than those not feeling stigma on this one indicator.

As with attitudes toward welfare in general, attitudes toward the caseworker were generally quite positive for the entire sample. This was due, we think, to the minimum intervention of the caseworker; the caseworker-client relationship for the most part was not threatening, and mildly supportive. However, within this general picture, AFDC recipients who had feelings of stigma were decidedly less enthusiastic about their caseworkers than those who had no feelings of stigma. The former were less "adjusted" to welfare than the latter.

Lack of adjustment is also reflected in attitudes toward work and the treatment of earned income. AFDC recipients who were not working were asked whether they would like at least a part—time job if good babysitting or day care were available. Respondents who said that they were embarrassed or uncomfortable with non-welfare people were more inclined to say that they would like to work than the others. Respondents who had feelings of stigma (both indicators) were more likely to disapprove of the policy for handling earned income than those who did not.

#### Stigma and Privacy

We used two sets of indicators to measure feelings of privacy. The respondents were asked whether they were bothered or annoyed by the caseworker discussions during the intake process (including the means test) and selected social service activities. They were further asked whether they thought that the matters discussed were personal matters that should not concern the agency. Then, they were asked a series of

questions dealing with unannounced visits by caseworkers.

The intake process was devided into six items: (a) the client's financial resources and property; (b) responsible relatives provisions; (c) the use of law enforcement officials to obtain support from absent fathers; (d) employment; (e) marriage plans; and (f) child care. Although all of these topics can be discussed at intake, we found that for most clients, questions were restricted to the income-maintenance aspects of AFDC--financial resources and the responsibility of relatives. Negative feelings (of bother or invasion of privacy) were lowest for questions dealing with the client's financial resources and employment prospects and highest for the responsibility of relatives, dealings with law enforcement officials, and marriage plans. However, none of these attitude responses concerning the intake process were related to feelings of stigma. Those who had feelings of stigma were neither more nor less upset by the intake process than those who did not have feelings of stigma.

The social service areas that were selected were budget, child care, health, social life, and employment. For each area, the respondents were asked whether (a) caseworkers had discussions with the respondent; (b) whether the respondent found the discussions helpful; (c) whether the respondent felt that they had to follow the caseworker's advice; and (d) whether the respondent was bothered or annoyed about having the caseworker raise the matter.

Our overall finding was that very little social service activity goes on.<sup>6</sup> This follows from the pattern of caseworker visits. Since the caseworkers visit the clients so infrequently and for such short periods of time, there is, of necessity, very little supportive services or regulation

of clients' lives. According to the client responses, once budgets are established, there are few changes, few requests for special grants for extra needs, and practically no supervision of client spending. In the other social service areas, caseworkers tend to stay away from troublesome issues, and with the exception of health (i.e., helping clients to use Medicaid), they offer little concrete help. Within this context of very low social service activity, most clients were not particularly bothered or upset. That was the overall pattern. However, there were differences among specific areas. Whereas less than 10 percent were bothered or annoyed about discussions of children and health, more than one out of four were bothered by discussions about home care and social life. The clients' annoyance in these areas did not affect overall attitudes too much since discussions in these two areas occurred rather infrequently. Feelings of coercion (i.e., having to follow the caseworker's advice) varied with how useful the client felt the caseworker services were; when the caseworkers offered concrete, tangible help--for example, in health matters -- clients said that they had to follow the caseworker's advice. In discussions about home care and social life, most clients felt no coercion.

But again, with none of these attitudes concerning the social services did the clients differ on the basis of feelings of stigma. Those who felt stigma were neither more nor less bothered or coerced than those who had no feelings of stigma.

Concerning unannounced visits by caseworkers, the welfare clients were asked whether the caseworker usually called at the home unannounced or got in touch first, whether the client felt that it was all right for

the caseworker to call unannounced, and whether a welfare client had the right to refuse to let in a caseworker who called unannounced. The responses are tabulated in Table 6.

TABLE 6

AFDC Recipients' Attitudes towards Unannounced Visits by Caseworkers

"Does your caseworker usually call at your home unannounced or does he get in touch with you first to let you know that he is coming?"

Unannounced	47.3%		
Gets in touch	42.6		
Both	9.1		
NA	1.1		
	100% (766)		

"Do you think it is all right for caseworkers to call unannounced or do you think that they should notify clients in advance?"

All right	50.3%		
Should notify	49.1		
NA	7		
	100% (766)		

"Should a welfare client have the right to refuse to let in a caseworker who calls unannounced?"

Yes	27.7%
Not sure	14.1
No	57.8
NA	. 4
	100% (766)

There were great variations in caseworker practices among counties.

For example, almost 90 percent of the Dane County respondents reported that the caseworker got in touch first; this was true for only about 30 percent of the Milwaukee and Brown County respondents. Differences in caseworker practices were not related to the presence or absence of telephones; over 70 percent of all of the respondents had telephones.

In the two rural counties where caseworkers get in touch with less than 10 percent of the recipients, two-thirds of the recipients had telephones.

Client attitudes toward the unannounced visit follow fairly closely their experiences. Sixty percent of the clients who experience the unannounced visit say that the practice is all right. Those who have not experienced it, say it is not all right.

TABLE 7
Relationship between Unannounced Visits and Client Attitudes

	Caseworker Practices					
Client attitudes	Calls un	announced	Gets in t	ouch fi	rst Bo	<u>th</u>
Unannounced visits all right	60.6%	(217)	37.1%	(121)	59.4%	(41)
Unannounced visits not all right	39.4	(141)	62.9	(205)	40.6	(28)
,	100%	(358)	100%	(326)	100%	(69)

Needless to say, the relationship in Table 7 is surprising. It has commonly been assumed that one of the most objectionable features of the welfare system was the unannounced visit. Yet, according to these responses, most clients who have experienced the unannounced visit, do not seem to object. The relationship, however, is consistent with the clients'

experiences with and attitudes toward the caseworkers. As pointed out, caseworkers visit infrequently for a short friendly chat; they are mildly supportive and not threatening. Therefore, those who experience the unannounced visit have not been particularly hurt by it. Those who get called in advance, are accustomed to their experience.

Attitudes toward the unannounced visit were related to the client's right to refuse to let in a caseworker who calls unannounced, but there was not a one-to-one relationship.

TABLE 8

Relationship between Attitudes toward the Unannounced Visit and Whether Clients Should Have the Right to Refuse to Let the Caseworker In

It i	s all	right	for
a ca	seworl	ker to	
come	unant	nounce	1?

Should a welfare client have the right to refuse to let in a caseworker who comes unannounced?

	Yes	Not sure	No		
Yes	12.8%	15.1	72.1	100%	(384)
No; should notify	43.5%	13.3	43.2	100%	(375)

As Table 8 indicates, of those who approve of the unannounced visit, almost three-quarters also say that a welfare client has no right to refuse to let in a caseworker who calls unannounced. This is a strong position, and it is held by more than a third of the entire sample. Those who do not like the unannounced visits are evenly divided about welfare client rights; half say that clients must accept this undesirable practice. Less than a quarter of the sample say that the practice is undesirable and clients have a right to refuse entry.

Feelings of stigma are related to attitudes towards the unannounced

visits. Those welfare recipients who are embarrassed or uncomfortable with non-welfare people are more likely to say that unannounced visits are not all right and clients have the right to refuse entry. Those welfare recipients who do not feel stigma (on this indicator) are more likely to approve of the unannounced visit and say that clients do not have a right to refuse entry.

TABLE 9

Relationship between Attitudes towards Unannounced Visits and Feelings of Stigma

Feelings of Embarrassment or Uncomfortableness when with Non-welfare People

	Never	Sometimes	Often; always
Oppose unannounced visit; Client can refuse entry	31.8%	41.4%	50.9%
Unannounced visit all right Client cannot refuse entry	68.2 100% (233)	58.6 100% (140)	49.1 100% (57)

#### Stigma and Welfare Activity

We have seen that welfare recipients do have feelings of stigma, and this affects their attitudes toward welfare. Those who have feelings of stigma are less accepting of welfare and the caseworker and have a sense of invasion of privacy. But what are the operational consequences of stigma? Does it affect behavior, and if so how?

One measure of behavior is the use of the welfare program by
the welfare client. In Wisconsin, at least, the AFDC program is supposed
to offer a variety of resources above and beyond the basic income grant.
Some of the resources are to improve the quality of living for the family

while they are on welfare—special grants for clothing, furniture, special food, etc. Other resources are to give the family skills so that they can function independently. These would include covering costs of education, re-training, special programs, etc. The caseworker himself can be used as a resource, at least theoretically, for both welfare and non-welfare problems.

Many factors, of course, determine the use that a family makes of a welfare program. Some of these factors have nothing to do with the family itself but may be the result of agency policy or a caseworker's proclivities. A family cannot be expected to request special grants if the knowledge that these grants exist is withheld or if the caseworker or agency rejects or discourages requests. The reverse situation might also exist: a family might use the program because of the energy of the agency or the caseworker. On the other hand, use of a program may depend on the attitudes of the family. A recipient may be passive or satisfied or frightened and therefore not ask for things or take advantage of what is offered. Or, a family might be hostile, resentful, or defiantly independent and want no part of anything that the program has to offer, other than the basic grant, especially if it requires dealing with the caseworker.

Theoretically, feeling of stigma should affect use of the program.

One would expect a low use of the program by people who felt ashamed of being on welfare and suffered feelings of social disapproval. These people would accept their basic income grant—they have no choice here—but would then withdraw and remain passive.

One difficulty in testing this hypothesis is that in general there

was little use of the program among all of the recipients surveyed.

Comparatively few requests for special grants are made, there was little participation in special programs, and social services operated at a minimum level.

Within this level of activity, however, the data indicate quite the opposite of what was expected: recipients who have feelings of stigma seem to use the program more than those who do not have feelings of stigma. Even though recipients who feel stigma have less positive feelings toward the caseworker, they make more use of special grants, they complain more to the caseworker, they try more to get the caseworker to change decisions that they don't like, as compared to recipients who don't feel stigma. Recipients who feel stigma are not withdrawn or passive; as compared to the others, they seem to be far more aggressive in asserting what they think they are entitled to under the program.

On the other hand, recipients who are embarrassed or uncomfortable with non-welfare people tend to participate less in special programs in the community than those who do not have these feelings.

Recipients were asked whether they had "problems or continuing difficulties other than money problems" and if so, whether they discussed these with their caseworker. Recipients who felt stigma (community hostility) were more likely to have problems but less likely to discuss them with the caseworker than those who did not feel stigma.

For four specific social service areas--child care, home care, health, and social life--the respondents were asked if the caseworker discussions were helpful. Helpfulness response varied from item to item, but there were no differences in terms of feelings of stigma. The

explanation that we favor is that social service activity in these areas was so low anyway that it lacked salience for the respondents. Only for health (i.e., Medicaid) was activity high and meaningful, and this type of benefit was not one leading to a differential use on the basis of feelings of stigma. Medicaid was a tangible benefit that the caseworkers pushed and apparently recipients who did not feel stigma did not hesitate to use what the caseworkers offered. Perhaps this is the difference—recipients who do not feel stigma will use what is thrust upon them, but will not ask, whereas recipients who do feel stigma, will request and complain if they feel that they are not getting what they are entitled to.

#### Stigma and Leaving Welfare

The respondents in the survey who left welfare were interviewed again approximately two months after they left the program. As of June, 1969, 37 percent of the original group had left; 173 were interviewed and 24 of these had already returned to welfare. This section is concerned with the 148 women who were off welfare at the time of the interview.

Those who had left welfare did not differ in their reactions to the stigma indicators from those who remained in the AFDC program. Moreover, the respondents' views of the community's attitudes toward welfare recipients did not change after leaving welfare; those who had said that the community had hostile or indifferent feelings towards welfare recipients in 1967, when asked again, for the most part said that the communities still held these same attitudes.

Recipients who have feelings of stigma (community hostility) tend to leave welfare sooner than those who do not have feelings of stigma.

TABLE 10 Feelings of Stigma and Time on the AFDC Program

	Respondents' Characterization of Community Attitudes towards AFDC Recipients			
Time on AFDC Program	Understanding	Indifferent	Hostile	
1 year or less	12.0%	21.4%	28.6%	
2 years	58.7	46.4	64.3	
More than 2 years	29.3	32.1	7.1	
	100% (75)	100% (28)	100% (14)	

The respondents were asked what the reason was that they stopped receiving aid. About a third left the program because of a change in their marital position-either their husbands returned, or they got married, or said that they planned to get married. The next group (25 percent) took a job. Almost 20 percent became ineligible because of a change in the status of their children; in most of these cases the children were no longer in the home. Others left because alternative support became available -- from husbands, pensions, social security, etc. Less than 10 percent merely said that they quit, and 5 percent said that the agency told them to get off. There is a relationship between feelings of stigma (both indicators) and how families leave welfare. Those who have feelings of stigma tend to leave more by their own efforts than those who do not have feelings of stigma. In Table 11 we compared, on the basis of feelings of stigma, women who left either because of a job or a change in their marital status (including a returning husband) with women who left either because of a change in their children or because alternative sources of support became available.

TABLE 11

AFDC Respondents Feelings of Stigma and Manner of Leaving Welfare

	Left thru own	Left Passively	-	
Community attitudes				
Understanding	55.4%	44.6	100%	(74)
Indifferent	60.7%	39.3.	100%	(28)
Hostile	64.3%	35.7	100%	(14)
Feelings of Embarrassment				
None	45.1%	54.9	100%	(82)
Sometimes; often; always	63.5%	36.5	100%	(63)

Respondents who left were asked a series of questions about the use they made of the AFDC program and their attitudes toward their welfare experience. Only about 15 percent said that their children participated in programs or activities that were "recommended, sponsored, or paid for" by the agency or the caseworker. These included, for the most part, OEO programs (e.g., Head Start, Neighborhood Youth Corps, etc.). The respondents who had feelings of stigma (community hostility) tended to have their children participate in these programs more than those who did not have feelings of stigma. Almost a quarter of the respondents participated in adult programs and these were mostly vocational rehabilitation, employment training, or education. Again, respondents who had feelings of stigma (community hostility) tended to participate in these programs more than those who did not have feelings of stigma.

Almost all of the respondents used "medical aid or treatment that was paid for by the welfare agency" and about three-quarters used dental care, but no distinction in use was made in terms of feelings of stigma.

Attitudes toward the caseworker varied with feelings of stigma. Respondents were asked how helpful they thought the caseworkers were in seeing that they "got the most good out of the AFDC program." Those who had the least feelings of stigma (embarrassment) were more inclined to say that the caseworkers were more helpful. Respondents were also asked whether they were bothered by caseworker questions. Again, those respondents who had the least feelings of stigma (community hostility) were least likely to report any bother.

On the other hand, feelings of stigma made no difference in the overall satisfaction with the welfare experience and with the benefits of non-economic services.

#### Conclusions

We have defined feelings of stigma in a very limited way, through the characterization of community attitudes towards welfare recipients and clients' feelings of uncomfortableness and embarrassment in the presence of non-welfare people by a particular class of welfare recipients—those who have been on the welfare program for at least six months. These limitations must be kept in mind in drawing conclusions from these data.

Within these limitations, a fairly consistent picture emerges for both those recipients who were interviewed while on the program and those who were re-interviewed approximately two months after they left welfare. Because the Wisconsin AFDC program eliminates the single

greatest concern of the families by providing economic security (even though at a low level) and because the administration of the program involves minimum regulation, there is a high level of overall satisfaction on the part of the recipients. Within this overall pattern, however, there is a decided difference between those who have feelings of stigma and those who do not. The former are less content with their welfare experience. They are less satisfied with the program and less accepting of the caseworker. Moreover, they "do better" with the program than those who do not have feelings of stigma. They ask for more, they complain more, they feel invasions of privacy more, and they participate in more of what is offered. They leave the program sooner and to a greater extent, by their own efforts.

Feelings of stigma, then, do seem to make a difference in the behavior of women who are on welfare. But we have no evidence as to why some recipients feel stigma and others do not. There was no relationships between our indicators and the background characteristics of the clients. We think that the data cast doubt on the idea that particular welfare experiences produce feelings of stigma for clients on welfare—that is, that the attitudes and practices of the agency or individual caseworkers give recipients feelings of stigma. Clients who felt stigma were less happy with the program and their caseworkers but they used the program more and asked the caseworkers for more.

Feelings of stigma (again, as measured by our indicators) seem to reflect an independent cast of mind. Recipients who have these feelings are upset about being on welfare and they are right, in view of the popular social and political attitudes toward the AFDC program.

Moreover, they do something about their situation. Even if getting off welfare is a debatable criterion of socially approved behavior, using the resources of the program is not. Therefore, the more worrisome cases are the recipients who do not have feelings of stigma. They seem to be passive, accepting, satisfied, and not capable of using to their own advantage the few things that the AFDC program has to offer. High levels of satisfaction and lack of complaints and requests should be taken as danger signs by welfare agencies if they are serious about rehabilitation.

This, of course, is not to argue that stigma is a desirable thing. What the data show for this group of recipients is that unfortunately people can be made to act in socially approved ways because of feelings of shame. It would seem that better policies could be devised to encourage people to improve their lives.

#### FOOTNOTES

lErving Goffman, Stigma (Prentice Hall, Inc., Englewood Cliffs, N.J., 1963); Edwin H. Lemert, "Some Aspects of a General Theory of Sociopathic Behavior," in Proceedings of Meetings of the Pacific Sociological Society, State College of Washington, XVI, 1948; David Matza, "Poverty and Disrepute," pp. 619-642, in R. Mertin and R. Nesbit (ed.), Contemporary Social Problems, 1966.

<sup>2</sup>Goffman, <u>supra</u>, pp. 8-9.

<sup>3</sup>Population figures are for metropolitan areas, 1960.

<sup>4</sup>Caseworker interventions are reported in J.F. Handler and E.J. Hollingsworth, "The Administration of Welfare Budgets: The Views of AFDC Recipients", "The Administration of Social Services in AFDC: The Views of Welfare Recipients," and "Work and the AFDC Program." Institute for Research on Poverty Discussion Papers (mimeo).

<sup>5</sup>The administration of the intake process is reported in J.F. Handler and E.J. Hollingsworth, "How Obnoxious is the 'Obnoxious Means Test'? The Views of AFDC Recipients," Institute for Research on Poverty Discussion Paper (mimco).

<sup>6</sup>See references cited in note 4, <u>supra</u>.