

## Stigmatization in Social Work: Comparative Collective Case Study of Social Workers in Sweden and the United States

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**Abstract:** This paper investigates how social workers in Sweden and the United States perceive the impact of social stigma, based on their experiences within a social service job. This is important because when social workers feel stigmatized (defined in this context as describing or regarding something, such as a characteristic or group of people in a way that shows strong disapproval (Merriam-Webster, n.d.)), they can affect clients negatively, i.e. poorer quality of interventions/results. Comparison of feelings of stigmatization among social workers in these distinct cultures enabled us to study how values, social policies and institutions influence stigmatization processes. Focus group data shows significant differences between Sweden and the U.S. regarding: 1) how social workers experience their society's view of social work, 2) what society's view of social work means for social workers' self-perception, 3) how social workers experience their society's views of clients, 4) what society's view of clients means for social workers' client work. Differences are mainly due to dissimilarities between the programs and institutions within each system. Findings indicate that promotion of the dignity and worth of people requires social workers to also experience dignity and worth in their professional role.

**Keywords:** Stigma, Self-perception of Work, Culture, Cross-national, Profession of Social Work

### 1 Introduction

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

subjective and based on contextual evaluation by audiences, thus changing over time and in different systems (Aranda et. al, 2023), requiring continued study and consideration.

Prior research has shown a relationship between low status occupations and the risk of stigma in human services organizations (Ahmedani, 2011; Ashforth & Kreiner, 2014; Benoit et al., 2015; Ulfsdotter Eriksson, 2006). Findings indicate that this can partly be attributed to jobs being low-paid and/or women-dominated, considered ‘low status’, held by individuals in stigmatized social status (LGBTQ+) or considered physically, socially or morally “dirty” (Ashforth & Kreiner, 2014; Orbay & Küçükkaraca, 2023; Ulfsdotter Eriksson, 2006). In this group we find social workers, assistant nurses, addiction counsellors and preschool teachers. This means that the view of the social work profession tends to be negative in itself, but it is also affected by the nature of the work task and the groups being served, such as individuals with mental health challenges (Gormley & Quinn, 2009). Nevertheless, social workers are regarded as a key profession in most countries, as they perform tasks that are highly important for individuals in crisis and society at large. Given the relationship between being regarded in a way that shows disapproval (stigmatized) and self-satisfaction with a job, it is possible that social workers and other human services professions who work in a role that is stigmatized are adversely affected by it. This is supported by previous research on occupational status and identity (Ulfsdotter Eriksson, 2006; Ulfsdotter Eriksson & Flisbäck, 2011). However, previous research on stigma mainly focuses on clients and patients’ experiences. Findings highlight the role of negative attitudes toward the profession and its clients in the broader society, as well as negative attitudes among professionals. There are only a few studies relating to stigma among social workers (e.g. Ashforth & Kreiner, 2014; Gormley & Quinn, 2009), which makes this research all the more important for the field.

This paper concentrates on the perceptions of social stigma among social workers. Better understanding of this issue is important for policy and practice, since stigmatized social workers will likely negatively affect clients and the social work profession, i.e. poorer quality of interventions and poorer quality of results, leading to more/prolonged suffering, higher costs, relapse, etc. Knowledge about social stigma among social workers is also of scientific importance since we know little about the experiences, mechanisms and consequences of stigma within this group. Comparing social stigma among social workers in different types of welfare states (cultures with different approaches to programs and institutions that support their members) enables us to discuss how values, social policies and institutions might influence the stigmatization processes. We have chosen Sweden and the United States (U.S.), since these countries represent two extreme types of welfare regimes – according to Esping-Andersen’s (1990) oft-used model – which can help us to discuss significant differences in those contexts.

The aim of this paper is to investigate how social workers in these different welfare state contexts perceive the role of social stigma in their work. The aim is specified in four questions:

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

4. What does society's view of **clients** mean for social workers' work?

## 2 Literature review

### 2.1 Stigma among clients

There is ample research highlighting the connection between stigma and access to services. For example, Ryan-DeDominicis (2020) highlights how individuals who are homeless are negatively affected by the shaming that society, the social worker and the homeless themselves have about people who are unhoused. As a result, these individuals are less likely to seek or receive services that can help them change their situation. To get past the stigma surrounding homelessness, Ryan-DeDominicis argues that social workers need to be aware of how the homeless person experiences their contact, in order to create the conditions for change. In addition, Scheyett (2005) stresses stigma as a major barrier for people with mental illness in their daily life. The author describes the obstacles that society's stigmatization of people with mental illness entails for the individual, and how it affects social work and social workers. An additional approach to this issue includes Spicker's (2011) historical and a social policy view on the concept of stigma from both social work and welfare perspectives. The author argues that understanding stigma is important when studying social administration in order to create an understanding of people in need of social services. Spicker claims that stigma in social services is more associated with clients and users of its services than the organization and the profession itself. Specifically focusing on the U.S., Pinker (2017) discusses stigma linked to the welfare state and social work. He argues that the U.S. society has a stigmatizing view of people who utilize social services, but that the clients' need for support outweighs it.

### 2.2 Social workers work with stigma

Several researchers have identified approaches for social workers who work with stigmatized groups in the population. Byrne (2000) focused on the concept of stigma among people with mental illness and its consequences for the individual. He discusses stigma based on its meaning, historical context and the role of stereotyping. His findings noted that people with mental illness are, in particular, exposed to a greater degree of stigma because of their illness. One way of diminishing stigma is to educate professionals about the negative impact and consequences of the stigma itself (Byrne, 2000; Gormley & Quinn, 2009).

Lee and Besch (2020) highlight the concept of tolerance and its impact on social workers' work and their encounters with clients. Social workers need to become aware of what tolerance is and the effect it can have when meeting clients. Lee and Besch argue that social workers therefore need to be more critically reflective regarding the role of power dynamics in client work. By doing so, social workers can prevent stigma among their clients.

### 2.3 Stigma among social workers

Peer-reviewed research on stigma among social workers is extremely rare. A small body of evidence suggests that social workers believe themselves to belong to a stigmatized occupation. In a study of social workers in South Wales, Barry (1993), concluded that these beliefs were a response to the perceived negative public reactions to their profession. In addition, a study on stigma linked to occupations and areas of activity (Ashford & Kreiner, 2014), the authors discuss the differences between three types of "dirty occupations" – physical, social and moral – and how these occupations and professionals relate to stigma. Social workers are included in a socially "dirty" profession since the profession works with

people who are considered by society to be stigmatized. According to the authors, ideology, prestige, and the completion of necessary social tasks can function as positive status shields for social workers (Ashford & Kreiner, 2014).

### **3 Theoretical frame of reference**

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

#### **3.1 Social stigma**

Stigma, negative social meanings or stereotypes placed upon individuals or groups, serve to limit a person's ability to perform positively in a specific role (Aranda et. al, 2023; Coleman, 1986; Goffman, 1963/1990). This social construction of a less-than-desirable place in society impacts individuals differently based on their group's position within a cultural context, such as physical location. Given the impact of different systems of power (social, economic, and political power), stigmatization is culturally-based and evolves as systems change (Link & Phelan, 2001). The process of stigmatization includes four parts: 1. Individuals differentiate and label human variations, 2. Prevailing cultural beliefs (stereotypes) tie those labeled to adverse attributes, 3. Labeled individuals are separated from others and placed in groups that disconnect them from more prestigious groups ("us" and "them"), and 4. Labeled individuals then experience status loss and discrimination (Link & Phelan, 2001). Each component of stigmatization serves as a unique component of stripping power away from each member of the stigmatized group. How the systems in a culture reinforce or enable stigmatization through policies and practices has long been identified as the critical element in disrupting stigmatizing systems.

#### **3.2 Welfare regimes**

By studying essential criteria for defining welfare states (e.g. the quality of social rights, the relationship between state and market) in advanced western societies, Esping-Andersen (1990) distinguishes three regime clusters: liberal, corporatist and social democratic. The traditional examples of the three types of welfare states are the U.S. (liberal), Germany (corporatist) and Sweden (social democratic). Since this paper focuses on social workers in U.S. and Sweden, the corporatist regime is excluded.

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

The social democratic type of regime is characterized by general social security systems in the public sector. The regime endorse equality of a high standard rather than equality with minimal needs. There is a commitment to minimize social problems. This means welfare services to reduce the division introduced by market-based access to welfare services, as well as proactively take a public responsibility for the costs of caring for children, the elderly, and other vulnerable groups. The social services are mainly provided as tax-funded public services.

Esping-Andersen's typology has been widely utilized but has also faced criticism. One of the main critiques revolves around the challenge of categorizing welfare states due to their evolving nature, as highlighted by Bamba (2004, 2007). Since the formulation of Esping-

Andersen's typology in the 1990s, substantial changes have occurred. For instance, the U.S., with initiatives like The Affordable Care Act, has shown elements of a shift towards a social democratic regime. Conversely, Sweden has experienced a partial shift towards a liberal regime, as seen in the deterioration of its social insurance system.

Another noteworthy criticism, somewhat linked to the idea of ongoing changes in welfare states, is the assertion that the social democratic welfare regime today carries more stigma than Esping-Andersen suggested in 1990. Barker (2017, 2018) argues that Nordic welfare states exhibit an inherent duality, being both benevolent and punitive, contingent on citizenship or membership status. Although the U.S. and Sweden may no longer serve as typical empirical examples of Esping-Andersen's theoretical categories, we contend that the conceptual framework, in a heuristic sense, has facilitated our ability to recognize and analyze how significant structural differences among various welfare regimes impact stigma among social workers.

### **3.3 Social Services Systems in the U.S. and Sweden**

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

#### **3.4 General definition**

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

#### **3.5 Structure**

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

#### **3.6 Funding**

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

### **3.7 Eligibility**

In Sweden, there are three paths that lead to accessing social service programs. First, people can initiate their own request for help. Based on the application, an investigation is carried out that focuses on the needs of the person and whether the person is entitled to social services. The second way to access services is when a complaint is received, either from the social services organization, other authorities, or a private person. This could be, for example, notification of concern for a child. The third path is through so-called service initiatives, which means that a person does not go through an investigation.

In the U.S., programs have a unique point of entry with potentially unique requirements. The system has no shared medical records or financial data due to privacy laws. Often, individuals fill out new forms for each agency (even if they are the same forms) and provide copies of documentation such as identification documents to each agency. There is a path for individuals to self-select for agency involvement (i.e. if an individual feels that they cannot afford food, they fill out a form to attempt to qualify for food service program). Individuals can be referred involuntarily into social service programs (i.e. if a complaint is made about the treatment of a child in a home).

### **3.8 Staff requirements**

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

## **4 Methodology**

This qualitative collective case study (Yin, 2018) was conducted utilizing a total of six focus groups: three in Sweden, three in the U.S.. Social service agency supervisors were contacted and asked if they would participate in a study on stigma. Agency supervisors were asked for their preferred format for data collection – individual interviews or focus groups. Each agency supervisor selected focus groups due to time constraints and scheduling needs. Once target agencies and an appropriate methodology had been selected, individual participants were recruited utilizing a snowball sampling methodology, initiated by an employee within the Swedish social service system (Swedish component) and an American researcher in the U.S. (U.S. component). Specifically, recruiters: 1. Identified individuals who were currently working as a Social Worker in the locations where a supervisor had agreed to support this research, 2. Sent out an email requesting participation in a focus group to discuss their experiences as a person working in social work, 3. Requested date and location preference information from all who replied that they would have interest in participating. The aim of the recruitment strategy was to collect a sample of different types of social workers across a variety of categories – work role, time in the field, client types – to provide a range of perspectives in the focus groups. Responses were received from 24 recipients in Sweden and 27 in the U.S.. Final participation ranged from five to eight social service workers in Sweden and four to six participants in the U.S. (per group). All participants consented to recording of the sessions. Each session began utilizing a scripted introduction (with minor changes when

discussing the definition of stigma due to language differences), followed by several open-ended questions. Interaction in each session was encouraged by utilizing a grounded theory approach to questions, with multi-language support in the Swedish sessions so that participants could reply in either English or Swedish. In Sweden, sessions were held within the workspace of each office, ranging from a home-style living room with comfortable couch-style seating to a standard conference room. In the U.S., sessions were conducted (at the request of the participants) at non-office sites such as coffee shops during quiet times or in side-room spaces. It was evident in each session that participants benefited from a grounded theory approach, in that they regularly built ideas off of each other's contributions, including identifying points of similarity and difference among their work and experiences. Transcription was completed by the American researcher, with support from the Swedish team for all Swedish-language comments (approximately 10% of the time, Swedish participants spoke exclusively in Swedish). Coding in to major and minor themes was initially completed by the American researcher, then reviewed and revised with the Swedish team. Focus group data were analyzed with a conventional content analysis (Hsieh & Shannon, 2005) where codes and categories were created during the analysis process based on the nature of the data material. The study protocol was deemed exempt from full review by The Regional Ethical Review Board in Umeå (2017) and the Emmanuel College Committee for Protection of Human Participants in Research (CPHPR) (2018).

## 5 Results

Central empirical findings are presented in accordance with the four research questions, followed by different aspects and consequences of stigmatization in Sweden and the U.S.. Each table is followed by a comparative discussion.

Table 1: How social workers perceive their society's view of social work

Central theme	Sweden	U.S.
External society's view of social work	The society's view of social work is mainly positive.	The society's view of social work is mainly negative due to fights over who is worthy or deserving of services & how decisions are made.
Governing body's view of social work	The state's (parliament and government) positive view of social work expressed through legislation provisions.	The state's (federal and/or state-level) negative view of social work expressed through budget cuts.
Attitudes towards financing of social	Financing of social work is not questioned; it is a legitimate	Financing of social work is highly questioned. Workers perceive that

work	prerequisite of the universal welfare system.	state and local funding is insufficient.
Reactions towards social workers as profession	Social workers receive explicit positive feedback, in the form of genuine appreciation for doing important work.	Social workers receive negative feedback which is twofold: 1) mostly implicit pejorative, but also 2) explicitly negative.
Moral deputies	Social workers feel that they are indirectly told that social work deafens others' bad consciences (by completing their work, people outside of the social services feel better).	Social workers are explicitly told that they/social work deafens people's bad conscience (by completing their work, people outside of the social services feel better).

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

A general and significant difference between the two countries is that society's view of social work as institution seems to be much more negative in the U.S., compared to Sweden, where the society's view of social work appears to be rather positive. One of the Swedish social workers articulated it this way:

“I often get the feedback that it is a very important job --- there is no stigma” (Swedish SW).

One of the U.S. social workers expressed herself like this:

“My college friends say they would never do this job, ever!” (U.S. SW).

These kinds of reactions emanate from social workers' acquaintances and from people in the general public.

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

The common outlook on social work as an institution is not just something that exists among the general public. A view of social work is also something that exists within, and is expressed through, different governing bodies in both countries. The Swedish social workers seem to assume that the state has a positive outlook of social work, and that it is manifested through provisions in the legislation. The U.S. social workers experiences that the state has a



negative view of social work which is expressed through budget cuts. One of the Swedish social workers expressed it this way:

“I do what the law in Sweden says I should do” (Swedish SW).

One of the U.S. social workers articulated herself like this:

“It’s like we can’t even catch a break – the government just cuts our budget all the time because we are just social workers” (U.S. SW).

The Swedish social workers state that social work is seen as an integral and obvious part of the welfare state, while the U.S. counterparts seem to experience that social work is a contested social function that exists under uncertain political and financial conditions.

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

The Swedish social workers describe that financing of social work is not questioned in society. They believe that funding is a legitimate prerequisite of the universal welfare system. The U.S. social workers, on the other hand, think that the financing of social work is highly questioned. They say that neither the state nor the local governments want to finance social work. One of the Swedish social workers said it like this:

“We do what we can based on our job function and what is available for people in these programs” (Swedish SW).

One of the U.S. social workers stated it this way:

“The government doesn’t even want to pay for kids anymore – like no one gets taken care of because the towns don’t care” (U.S. SW).

The differences may be related to the fact that Sweden and the U.S. have different welfare systems which, among other things, mean that the funding of, and responsibility for, social work differs.

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

Consistent with the above, data show there are also striking differences in the reactions people in both countries face regarding the social worker role. The Swedish social workers say that they receive explicit positive feedback, in the form of genuine appreciation for being a social worker. Statements from social workers in the U.S. indicate that they receive neutral or negative feedback, which is mostly implicitly pejorative, but some feedback is also explicitly negative. One of the Swedish social workers articulated it like this:

“People ask me: what are you working with now... they say: wow this is important work!” (Swedish SW).

One of the U.S. social workers expressed herself this way:

“People always say that saving the world and making no money” (U.S. SW).

The focus group participants mainly refer to statements from friends, acquaintances and others in the immediate vicinity who know that they are doing social work.

## 5.5 Moral deputies

Another theme discussed was that the social workers are perceived to be “moral deputies”, since their job has the function of making other members of the society feel better about their contribution to social justice work. At this point there is a greater similarity between the Swedish and U.S. focus group participants. Social workers in both countries say that they are told that social work relieves other peoples’ moral challenges. A difference is that Swedish social workers usually get this message in an unspoken way, while social workers in the U.S. often are explicitly told that they are deafening others’ bad consciences. One of the Swedish social workers formulated it this way:

“Maybe they feel comforting that I am doing the job so that they don’t have to. Someone is doing it so that relieves others from some guilt or something” (Swedish SW).

One of the U.S. social workers described that she sometimes hears:

“It is like ‘great that you are doing it because I never would” (U.S. SW).

## 5.6 Theme summary

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

Table 2: Society’s view of social work’s impact on social workers’ self-perception

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

## 5.7 Experiences of respect and legitimacy

As shown in the previous section, there are strong attitudes towards social work as an institution and profession in both countries. It can be assumed that these attitudes will affect the self-perception of social workers. This assumption finds strong support in statements from the interviewed social workers. One of the themes discussed in the focus groups was experiences of respect and legitimacy. Again, we could see a clear difference between the Swedish and the U.S. social workers. While the social workers in Sweden stated that they experience a great degree of respect and legitimacy, the social workers in the U.S. stated that they to a great extent experience a lack of respect and legitimacy. One of the Swedish social worker stated it this way:

“People often think very bad things about my clients but not about me --- they ask a lot of questions and are interested to know what I do.” (Swedish SW).

One of the U.S. social workers put it like this:

“Everyone says just take the kids OUT. Don’t do this chances thing with drug addicts, but ... we have to follow the rules... people want us to just run off with them and get them in a new home and leave them there forever. Then they are mad at ME when we can’t do it” (U.S. SW).

Although there are fundamental similarities between social work in the U.S. and Sweden – e.g. that both countries work with addiction and vulnerable children, which may include coercive measures – social work seems to trigger stronger negative reactions to social workers in the U.S. compared to Sweden. The U.S. social workers find themselves explicitly questioned by various actors who each have different perspectives on the “right” or “wrong” thing to do to support the worker’s clients, while the Swedish social workers seem to experience that there is unspoken social support in society.

## 5.8 Perceptions of stigma

Swedish social workers stated that they do not feel stigmatized by the society’s view of social work, which is contrary to what U.S. social workers expressed. A Swedish social worker expressed it this way:

“No one has stigma for being a social worker here. We know our job” (Swedish SW).

One of the U.S. social workers articulated herself like this:

“I always just wait for the judge – it is like my opinion and work is a waste because you just never know what the judge will say. I don’t want it on me because it is like a stigma like you are doing a bad job when the judge says something different” (U.S. SW).

Another social worker put it this way:

“I thought that my job would be the harder part but the harder ... stressful part, is dealing with everyone hating on what my job even is” (U.S. SW).

In the Swedish focus groups, stigma vis-à-vis social workers was only talked about in relation to the researchers’ explicit questions, and the answers clearly indicated that social workers do not feel stigmatized by society’s view of social work. In the U.S. groups, stigma against social workers was discussed in both explicit and implicit terms. In addition, it seemed that the

stigma could come partly from an institutional perspective (as judges) and partly from the public. This is clearly in line with the previous theme of respect and legitimacy.

### 5.9 Social workers self-image

Social workers' self-perception is affected by various circumstances during the professional career, among other things education, position, work-tasks and salary. A theme that was latent, but ubiquitous, in the focus groups was the question about social workers' self-image. Again, there was a clear dividing line between social workers in Sweden and the U.S. From the focus group discussions, we could conclude that social workers in Sweden have a self-image that can be summarized as a community enhancer with authority, while the self-image of social workers in the U.S. can be described as a low ranked civil servant with limited professional autonomy. A Swedish social worker articulated it this way:

“We are out in the field and work with clients in need ... there is no stigma.” (Swedish SW).

One of the U.S. social workers expressed herself like this:

“The hardest part of the job is the other people in different departments. They look down at us because we can't make the decisions. It's like a caste system and we are like, as low as the bottom ... compared to the other departments and the supervisors” (U.S. SW).

### 5.10 Theme summary

The results connected with the study's second question show that in both countries, social workers' self-perception seems to be influenced by society's view of social work. Influence can either enhance or impair social workers self-perception. Data show that there are quite large differences between what social workers in Sweden and the U.S. think of the role of society's view of social work in their self-perception. Swedish social workers find that society's view of social work primarily has a beneficial impact on their self-perception, while the U.S. social workers seem to experience that society's view of social work primarily affects their self-perception negatively. In the next section, we will examine social workers experiences of their society's view of social service clients.

Table 3: How social workers experience their society's view of social service clients in Human Services Organizations (HSO)

Central theme	Sweden	U.S.
Negative outlook on clients	Clients considered less worthy, by the general public and professionals in other HSO.	Clients considered unworthy both by the general public and by professionals in other HSO.
Enduring stigma	Being a client creates <i>long-term</i> stigma.	Being a client creates a <i>lifelong</i> stigma.
Inferior help in	Clients receive <i>less</i> help in other	Clients receive <i>much less</i> help in

other HSOs	HSO.	other HSO.
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### 5.11 Negative outlook on clients

Social workers in both countries stated that there is a negative view on social services' clients in Sweden as well as the U.S. Clients are considered less worthy than people in general, both by the general public and by professionals in other HSO organizations. However, the outlook on clients seems to be somewhat more negative in the U.S., compared to Sweden. A Swedish social worker put it this way:

“I believe that people often think very bad things about my clients (Swedish SW).

One of the U.S. social workers said it like this:

“No one thinks my clients should get the funding because they are worth less because they are always getting arrested and stuff (U.S. SW).

The disapproving attitude that social workers in the U.S. are talking about seems to apply especially to clients with substance abuse problems. They believe that the general public do not consider abusers worthy to receive help, but punishment. That U.S. social workers perceive a more negative societal view on clients, compared with the Swedish ones, is probably related to the fact that U.S. social workers experience a more negative view of social work as institution and profession. Hence, it may be that the view of both social work and clients is more negative in the U.S. compared to Sweden. It may also be that the negative view that social workers in the U.S. experience towards the profession affects how they perceive their society to view clients. It could also be related to the contrast between how the workers themselves feel about their clients and how the same clients are perceived by the public, as noted by one U.S. SW as “I love my clients. They are so strong, so strong. They've been through everything and they are strong and resilient. I love them”.

### 5.12 Enduring stigma

Data from the focus groups in both countries indicate that there is a similar process regarding the clients; society's negative view of clients creates a stigma that is perceived by social workers as lifelong. A Swedish social worker expressed it this way:

“... stigma ... working with the clients. When I go to work with the old alcohols. ... they beat themselves. "I'm not worth it, I'm old, let me die. No, you don't need to book time for me" (Swedish SW).

One of the U.S. social workers put it like this:

“My clients are always out of work cause they have criminal records. So they need a job to get stable, but they can't get a job because anytime something goes down at work, they are always the ones to get accused” (U.S. SW).

Based on the focus group discussions specifically focusing on stigma among clients, it seems to be about equally stigmatizing in both countries to be a client of the social services. However, our overall assessment is that it might be more problematic in the U.S., at least for some categories of clients.

### 5.13 Inferior help in other HSO (Human Services Organizations)

For social services clients, it is problematic in itself that society has a negative view of clients, as it contributes to stigma and feelings of being less worthy. Furthermore, it is problematic that society's negative attitude towards clients seems to mean that they sometimes receive poorer help in other human services organizations. Social workers in both countries describe that clients often receive worse, or much worse, help than non-clients in other human services organizations, not least it seems to apply within the health care system. A Swedish social worker said it like this:

"I know that I have had people who have had treatment or a psych diagnosis, and they are at the doctor for a fractured arm, they don't want to provide the pain medication to a person who had an addiction in the past. Even if I am there." (Swedish SW).

One of the U.S. social workers expressed herself like this:

"they are able to get pills from so many doctors... I mean, no one says no! ... one doc will say yes, and the other doc already gave more pills the day before. No one is actually looking at people or listening" (U.S. SW).

Based on the social workers' accounts, the negative view on social service clients has adverse consequences for the clients. Hence, we argue that clients are socially vulnerable in two ways: partly because negative attitudes cause a psychological burden, partly because negative attitudes mean that clients sometimes receive less help.

### 5.14 Theme summary

Answers related to the study's third question show that there seems to be considerable similarities between Sweden and the U.S. Social workers in both countries express that society has a negative view of their clients, and that it contributes to stigmatization among clients, and that clients may also receive poorer help in other HSO. In the U.S., this goes hand in hand with society's attitudes toward social work and social workers. However, despite the fact that Swedish social workers describe that there is a relatively appreciative outlook on social work as an institution and profession in Sweden, the Swedish society's attitude towards social services clients does not seem to be as favorable.

Table 4: How society's view of clients impacts social workers' client work

Central theme	Sweden	U.S.
Tug of war on resources	Different client groups are periodically prioritized by the government, affecting local resource distribution.	Struggle for resources for social workers creates a strain between different social work departments and peers.
Social workers dedication	Society's view of clients to a limited extent affects the social	Society's view of clients to a large extent affects the social workers'

	workers' commitment.	commitment.
<b>Effects of notions on clients' condition</b>	Some clients have incorporated society's negative view, consider themselves worthless and do not want help.	Social workers believe that some clients are in too poor a condition to spend resources on.

### 5.15 Tug of war on resources

A salient theme in focus groups in both countries was the tug of war on resources, and how it affects the social work. The Swedish social workers described that various client groups are periodically prioritized by the government, and that this affects how resources are distributed at the local level. For example, the government has allocated funding for the social services' work with unaccompanied refugee children, which has sometimes made other socially vulnerable groups a lower priority. A Swedish social worker highlighted the "competition" between different groups of clients and work tasks due to this:

"we could see a very big difference between when the young refugee children came, a lot of money went into that organization, and some of the projects in our organization were on hold a bit because money didn't come to it". (Swedish SW).

The U.S. social workers described that the struggle for resources creates a bad collaboration climate, between different social work departments and peers. One of the U.S. social workers articulated herself like this:

"You have like your own group of workers – you know who you can trust and who you can't. Even the other departments – we don't really like being together with other departments – we don't really trust each other because everyone is always trying to get their own stuff done" (U.S. SW).

In both countries, society's view of different client groups seems to influence how resources are distributed to the social services, and this in turn contributes to a tug-of-war, which can take place both within a department and between departments within the organization.

### 5.16 Social workers dedication

Swedish social workers described that society's view of clients only to a limited extent affects their dedication in terms of professional commitment, which is different to what the U.S. social workers expressed. A Swedish social worker put it this way:

"I do what the law in Sweden says I should do" (Swedish SW).

One of the U.S. social workers expressed herself like this:

"It is a hard job because ... no one wants to see you doing the work. ... And I deal with the pressure of that" (U.S. SW).

Another SW said:

“I just cross my fingers and hope nothing bad ... happened to the kids on my case list. If it was them, it is going to be so bad” (U.S. SW).

The negative attitude towards clients can be regarded as a counteracting mechanism in U.S. social work, whilst a similar attitude in Sweden does not seem to have a noticeable impact on the workers professional commitment.

### **5.17 Effects of notions on clients' condition**

Social workers in both countries feel that society has a rather negative view of social service clients, and that this has an adverse effect on many clients. In both countries, focus groups participants described an impact on social workers' opportunities to help clients, but it seems to have different causes. In Sweden, this is due to some clients having internalized a negative notion on themselves, and in the U.S., it is because social workers have internalized a negative attitude towards certain clients. The Swedish social workers described that some clients have internalized society's negative view on them, they therefore regard themselves as “useless”. The Swedish social workers said that this made their work more challenging. One of the U.S. social workers shared:

“When we get an email about a case, we wait to see if someone else will respond – no one volunteers so we just wait, and the supervisor has to assign. Then they give it to the people they don't like as much” (U.S. SW).

“No one likes some of my clients, even me”, was also shared by an U.S. SW.

The results indicate that society's critical attitude towards social service clients can have a negative impact on the workers, and that this attitude is channeled partly internalizing society's negative attitude towards clients, and because clients internalized the negative view of themselves. As we see it, these are different aspects of a stigmatization process. Although the data in this study illustrate different stigmatization processes in Sweden and the U.S., we argue that both variants can occur in both countries. It is reasonable to assume that society's view of clients can be internalized by, and influence, social workers and clients regardless of welfare state context. In this case, the attitude is negative, which makes the process stigmatizing. However, it is possible to imagine a reverse situation where a positive view of society on clients leads to an anti-stigmatizing process via social workers' and clients' internalization of attitudes.

### **5.18 Theme summary**

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



factors in Sweden and U.S. differ, the results indicate a connection between societal attitudes towards clients and resource distribution to social work in both countries. It means that social workers do not always provide help corresponding to the specific needs of clients, but rather offer services that is influenced by attitudes in the surrounding society.

## **6 Discussion**

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

On the whole, we can see that the differences outweigh the similarities and that the studied social workers in Sweden have more positive experiences of some key aspects related to stigma in social work, compared with the U.S. equivalent.

Social workers that we studied in Sweden do not report that they feel stigmatized. However, the social workers we studied in the U.S. reported that they feel that they experience social stigma. Our results do not represent all social workers in either context – a larger sample (or a different region of the country in the U.S.) might give a different result.

The literature review on stigma among social workers showed that social workers, in some contexts, believe themselves to belong to a stigmatized occupation (Barry, 1993), which is a response to the perceived negative public reactions to their profession. Following Ashford and Kreiner (2014), an explanation is that social workers are included in a socially “dirty” profession since they work with people who are considered by society to be less valuable, due to the challenges they often face with mental health, substance abuse, and other conditions. The results in our study are both consistent with and deviate from these studies. A possible explanation for this difference is given by Ashford and Kreiner (2014) who argue that ideology and prestige can function as a positive status shield for a social worker. In addition, social workers role of carrying out necessary social tasks can contribute to less stigma. This seems to be true for Swedish workers, insofar as there is an inherent positive ideology in the social democratic regime. Social workers in Sweden and the U.S. described that the surrounding society signals that they perform necessary social tasks. One important difference, however, seems to be that the social democratic welfare regime makes the surrounding society more positive, making surrounding ideology function as a status shield.

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

The study suggests that stigma experienced by social workers in the U.S. limits their ability to perform positively in their role (Coleman, 1986; Goffman, 1963/1990). Stigmatized social workers are part of a vicious circle where social workers and clients (initially stigmatized by society) gradually reinforce the negative image of each other. This, in turn, may strengthen the dominating (negative) image of social work in society and boost the stigmatization processes. It can also lead to fewer, less motivated/dedicated and less educated people wanting to work as professional social workers.

## 6.2 How differences between Swedish and U.S. social workers can be understood

A fundamental assumption is that the studied social workers' statements reflect real conditions and that the differences we have identified exist. It is reasonable to presume that the differences between Sweden and the U.S. are mainly due to different welfare state contexts, i.e. what Esping-Andersen (1990) denotes as welfare regimes. He explicitly argues that liberal regimes “*enthusiasm for the needs-tested approach, targeting government aid solely at the genuinely poor, --- creates the unanticipated result of social stigma...*”. (p. 64).

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

Social workers in Sweden also work with people who often are viewed negatively by the external society. But the negative view of clients does not seem to “spill over” to social workers, in the same way as in the U.S. The reason is likely that social work has a higher value in the social democratic welfare regime. Society's more positive view of social work in Sweden is communicated in various ways, but a clear and important example is through the social legislation. The Swedish Social Services Act (2001:453, chapter 1, section 1) states that “*Public social services shall... promote people's economic and social security, equality of living conditions, active participation in the life of the community. ... social services shall be aimed at liberating and developing the innate resources of individuals and groups...*”.

## 7 Conclusion

Simply put, each country's welfare regime affects social workers, clients and social work practice either positively or negatively, in terms of social stigma. Social workers and clients can hardly change a country's welfare system, they must adapt to the consequences that each welfare regime entails. It is possible to draw different policy implications from our study but if the goal is to reduce stigmatization processes in social work practice, efforts are required at both the political and institutional levels, rather than at organizational or individual level. The limited scope of our study means that results and conclusions should be interpreted with caution. The study, nevertheless, points to important results which gives reason to investigate this subject further, in larger studies and in other contexts. More research is not only scientifically motivated, it is also ethically justified, since stigmatization processes among social workers ultimately have considerable negative consequences for individuals and groups who are already socially vulnerable.

## References:

- Ahmedani, B.** (2011). Mental Health Stigma: Society, Individuals, and the Profession. *Journal of Social Work Values and Ethics*, 8(2), 41–416.
- Aranda, A. M., Helms, W. S., Patterson, K. D. W., Roulet, T. J., & Hudson, B. A.** (2023). Standing on the shoulders of Goffman: Advancing a relational research agenda on stigma. *Business & Society*, 62(7), 1339-1377. <https://doi.org/10.1177/00076503221148441>.

- Ashforth, B. E., & Kreiner, G. E.** (2014). Dirty work and dirtier work: Differences in countering physical, social, and moral stigma. *Management and Organization Review*, 10(1), 81-108.
- Bambra, C.** (2004). "The Worlds of Welfare: Illusory and Gender-Blind?" *Social Policy & Society* 3 (3): 201–212. <https://doi.org/10.1017/S147474640400171X>.
- Bambra, C.** (2007). "Going Beyond the Three Worlds of Welfare Capitalism: Regime Theory and Public Health Research." *Journal of Epidemiology & Community Health* 61 (12): 1098–1102. <https://doi.org/10.1136/jech.2007.064295>.
- Barker, V.** (2017). "Penal Power at the Border: Realigning State and Nation." *Theoretical Criminology* 21 (4): 441–457. <https://doi.org/10.1177/1362480617724827>.
- Barker, V.** (2018). *Nordic Nationalism and Penal Order: Walling the Welfare State*. Abingdon, Oxon: Routledge.
- Barry, L.** (1993). *Occupational Stigma in Social Work*. Unpublished thesis, University of Wales College, Cardiff.
- Benoit, C., McCarthy, B., & Jansson, M.** (2015). Occupational Stigma and Mental Health: Discrimination and Depression among Front-Line Service Workers. *Canadian Public Policy / Analyse de Politiques*, 41, S61–S69. <http://www.jstor.org/stable/43697468>.
- Byrne, P.** (2000). Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric treatment*, 6(1), 65-72.
- Coleman, L. M.** (1986). Stigma: An enigma demystified. In *The dilemma of difference: A multidisciplinary view of stigma*, ed. S. C. Ainsley, G. Becker and L. M. Coleman, 211–232. New York: Plenum Press.
- Esping-Andersen, G.** (1990). The three worlds of welfare capitalism. Cambridge: Polity. Goffman, E.(1963/1990). *Stigma: notes on the management of spoiled identity*. [New ed.] Harmondsworth: Penguin Books.
- Gormley, D., & Quinn, N.** (2009, January 1). Mental health stigma and discrimination: The experience within social work. *Practice: Social work in action*, 21(4), 259–272.
- Hsieh, H-F. & Shannon, S.E** (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.
- Jary, D. & Jary, J.** (1995). *Collins dictionary of sociology*, 2. ed, HarperCollins, Glasgow.
- Lee, J-S. & Besch T. M.** (2020). Critical reflection on toleration in social work, *European Journal of Social Work*, 23:1, 18-29, DOI: 10.1080/13691457.2018.1499612.
- Link, B. G., & Phelan, J. C.** (2001). Conceptualising stigma. *Annual Review of Sociology* 27: 363–85.
- Lipsky, M.** (2010). *Street-level bureaucracy: dilemmas of the individual in public services*. (30th anniversary expanded ed.) New York: Russell Sage Foundation.
- Merriam-Webster.** (n.d.). Stigmatization. In *Merriam-Webster.com dictionary*. Retrieved January 10, 2024. <https://www.merriam-webster.com/dictionary/stigmatize>.
- Orbay, I. & Küçükkaraca, N.** (2023) Experiences of social service professionals working with sex workers: Unsung heroes. *Journal of Social Service Research*, 49:3, 309-322, DOI: 10.1080/01488376.2023.2229370.
- Pinker, R.** (2017). Stigma and social welfare. In Pinker, R., Offer, J. & Pinker, R. (Eds). *Social policy and welfare pluralism: selected writings of Robert Pinker*. Bristol: Policy Press.
- Ryan-DeDominicis, T. A** (2020). Case Study Using Shame Resilience Theory: Walking Each Other Home. *Clin Soc Work J.* <https://doi.org/10.1007/s10615-019-00745-9>.

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

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

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

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

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

**Yin, R.K.** (2018). *Case study research and applications: design and methods*. (Sixth edition). Thousand Oaks, California: SAGE.

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