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"Who Do They Think We Are, Anyway?": Perceptions of and Responses to Poverty Stigma

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In this article, we report on qualitative findings pertaining to low-income people's perceptions of and responses to "poverty stigma," a key component of social exclusion with important implications for health and well-being. Our findings are drawn from a multimethod study designed to investigate experiences of social exclusion and social isolation among people living on low incomes. We conducted semistructured individual interviews (n = 59) and group interviews (total n = 34) with low-income residents of two large Canadian cities. Data were analyzed using thematic content analysis techniques. Participants overwhelmingly thought that other members of society tend to view them as a burden to society—as lazy, disregarding of opportunities, irresponsible, and opting for an easy life. Low-income people responded to perceived stigma with a variety of cognitive and behavioral strategies that reflected their efforts to reconcile their perceived "social" and "personal" identities. These strategies included confronting discrimination directly, disregarding responses from others, helping other low-income people, withdrawing and isolating themselves from others, engaging in processes of cognitive distancing, and concealing their financial situation.

Keywords: *descriptive methods; health, determinants of; poverty, psychosocial issues; poverty stigma; qualitative methods, general; social inequality; vulnerable populations*

Drawing on the seminal work of Erving Goffman, (1963) Crocker, Major, and Steele (1998) argued that stigmatized individuals "possess (or are believed to possess) . . . some attribute or characteristic that conveys a social identity that is devalued in a particular social context" (p. 505). Link and Phelan (2001) suggested that because differences are socially selected for salience, the term *label* rather than the term *attribute* is perhaps more appropriate when it comes to understanding stigma. Link and Phelan argued, "Stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination" (p. 367). Identity—the information that describes who you are—is clearly a fundamental component of stigma. Stigma has been conceptualized as the discrepancy between virtual (social) and actual (personal) identity (Blaine, 2000; Goffman, 1963; Snow & Anderson, 1987), where virtual identity is the

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"you" that other people believe you to be, and actual identity is who you perceive yourself to be (Blaine, 2000). Stigma is usually associated with those circumstances wherein virtual identity is more negative than actual identity. This discrepancy between virtual identity and actual identity can lead to feelings of vulnerability and tension in interactions with others that then need to be managed (Blaine, 2000). Stigmatization, therefore, refers to specified characteristics of social identities that are devalued in specific societal contexts by virtue of the nature of existent macrolevel relations of power and discrepancies between social identities and actual identities that arise as a consequence.

In this article, we explore how people living in poverty perceive their social and personal identities pertaining to their financial standing, and describe some of their efforts to deal with discrepancies between these identities. Although we certainly realize that stigma—including poverty stigma—ultimately derives from macrolevel forces, we believe that the microlevel processes that are used to manage stigma interpersonally deserve attention. We chose to study microlevel processes associated with poverty stigma in particular because of their probable relevance for health disparities. Social exclusion—processes by which individuals are denied opportunities to participate in aspects of cultural, economic, social, and political life—has been identified by some scholars as an important but poorly understood determinant of health (Galabuzi, 2004; Raphael, Bryant, & Curry-Stevens, 2004; Reidpath, Chan, Gifford, & Allotey, 2005). Stigma is a key component of processes of social exclusion because, almost by definition, people who are stigmatized are negatively valued (Crocker et al., 1998), and are, therefore, vulnerable to exclusion. Indeed, social exclusion can be viewed primarily as a discriminatory response to processes of stigmatization (Link & Phelan, 2001; Mason, Carlisle, Watkins, & Whitehead, 2001; Reidpath et al., 2005).

Poverty is also a crucial determinant of life chances in cultural, economic, social, and political spheres that contribute to health and well-being (Canadian Institute for Health Information, 2004; Phipps, 2003). Three mechanisms through which poverty influences health have been presented in the health literature: (a) materialist factors, wherein material conditions of living differentially influence access to health-enhancing resources, experiences of psychosocial stress, and health-threatening behaviors; (b) neomaterialist factors, wherein social policies influence the distribution of resources that influence health; and (c) processes of social comparison and social distance in which negative health outcomes arise from societal hierarchy, unfavorable self and social comparisons, and weakening of social cohesion (Raphael, 2004). These three pathways clearly speak to the potential role of stigma for explicating poverty-induced health inequities. For example, policies that lead to inequitable access to material resources might reflect negative valuing of people in poverty. Negative valuing of the self through social comparison might lead to decreased self-esteem, with detrimental health consequences. Shame, inferiority, and disrespect are important sources of additional stress or anxiety that might compound the stress of living with inadequate material resources (Reid, 2004). In short, stigma—especially stigma that is directly associated with living in poverty—can potentially influence health through such processes as psychological distress and damaged conceptions of self as well as inadequate access to resources that influence health and health-related services. Stigma's potential health effects make experiences of poverty stigma an important topic for scholarly investigation.

Most reported research on stigma as it relates to poverty has been conducted in the United States, focusing primarily on single-parent mothers living in poverty (usually receiving welfare; for example, McCormack, 2004; Nelson, 2002; Seccombe, 1999) and homeless people (e.g., Lankenau, 1999; Snow & Anderson, 1987). Fewer studies have been conducted in the Canadian context, most focusing specifically on the experiences of women in poverty (Collins, 2005; McIntyre, Officer, & Robinson, 2003; Reid, 2004). The nature of experiences of poverty stigma is, therefore, a timely topic to explore in the Canadian context, especially in light of evidence suggesting that Canadians are more likely than Americans to attribute poverty to structural causes, and thus might be more sympathetic to the plight of the poor (Ipsos News Centre, 1999; Peters, 1995; Reutter et al., 2005, 2006). Nevertheless, poverty rates in Canada have not decreased substantially in the last few decades, and income inequality appears to be on the rise (Phipps, 2003; Raphael, 2007). In this context, then, relevant questions include if and how low-income people in Canada experience poverty as stigmatizing and, if they do experience poverty stigma, how they respond to it. We hope that understanding these issues will contribute toward better understanding the effects of poverty and the processes of social exclusion on health.

In this article, we build on our ongoing investigation of experiences of poverty (Reutter et al., 2005, 2006; Stewart, Reutter, et al., 2008) by describing how low-income people perceive their social identities (i.e., how they perceive that society views them), and some of their responses to these perceptions. The insights described here will help to further elucidate experiences of felt and enacted stigma (Scambler, 1984) from the perspective of people living in poverty, toward the goal of better understanding the nature of the health effects of poverty and associated processes of stigmatization.

Methods

We conducted our study in two large Canadian cities: Toronto, Ontario, and Edmonton, Alberta (see also Reutter et al., 2005, 2006). The poverty rate in both cities at the time of the study was high, at about 16% (Statistics Canada, 2001), in spite of strong economic growth in these provinces and in the country as a whole. We situated our study in four neighborhoods in each city, selected to reflect diversity in economic prosperity, and hence included in our sample people from economically homogeneous places and people from places possessing multiple-income groups. We employed mixed methods in the study, incorporating a qualitative descriptive approach (Sandelowski, 2000) using individual and group interviews (Phase I) and a representative survey of neighborhood residents conducted by telephone (Phase II). Ethical clearance was obtained from the appropriate university ethics review committees in both provinces.

The data reported in this article were gathered through individual and group interviews with low-income people from the eight neighborhoods between October 2000 and March 2003. Low income was determined by Statistics Canada low-income cutoffs (LICOs). The LICOs, commonly used measures of poverty in this country, are income levels at which Canadians, differentiated by family size and the population of their community of residence, spend 20% or more of their income on basic needs than the average proportion spent by Canadians. At the time of the study, families who spent more than 54.7% of their income on basic needs were living below the LICO.

We used purposive sampling to select participants reflecting a variety of low-income situations (e.g., working poor, social assistance recipients, homeless, unemployed) and demographic characteristics (e.g., age, gender, family structure). We conducted 59 personal interviews. About two thirds (67.8%) of the interviewees were women, and almost two thirds (62.1%) were between 30 and 54 years of age. Almost half (48.3%) had high school education or less, whereas only 12.1% possessed a university degree. About 12.1% of the participants had incomes below $5,000, 27.6% between $5,000 and $9,999, and 48.3% between $10,000 and $19,999. Almost equal numbers of participants reported their main source of income as welfare (31.0%) and employment (29.3%), with 25.9% also citing disability pensions as an important source of income. Only 10.3% owned their homes; about half paid market rent (49.2%), and about a third (31.0%) lived in subsidized housing. About half of the individual interview participants lived alone, and 22.4% lived in single-parent households.

Of 34 group interview participants 67.6% were female, 60.6% had a high school education or less, and only 9.1% (3 participants) had a university degree. Almost half (44.1%) of the participants were between 30 and 44 years of age. The main sources of income in this group were welfare (41.2%) and employment (38.2%). Only two group interview participants owned their own home, 61.8% paid market rent, and 32.4% lived in subsidized housing. About one third (35.3%) were single parents, 29.4% were in two-parent families with children at home, and 26.5% lived alone.

Trained interviewers conducted individual interviews in participants' homes and in agencies serving low-income people, using a semistructured interview guide developed by the researchers with input from a community advisory committee. The interview guide included broad, open-ended questions that explored participants' perceptions of a sense of belonging and isolation, participation in community life, effects of income on inclusion and exclusion and belonging and isolation, causes of poverty and effects of poverty (e.g., on health and day-to-day living), as well as how people not living in low-income situations view low-income people. The interview guide, although addressing these broad areas, provided participants the opportunity to lead the discussion in areas of particular relevance to them. The interview guide was pilot tested with a sample of five low-income people. Follow-up group interviews, cofacilitated by researchers and trained interviewers, provided opportunities to

expand the breadth of the data beyond the depth of the individual interviews and allowed participants to share experiences with one another.

Data from the taped and transcribed interviews were transported into the NUD*IST 6 (QSR International, 2002) qualitative software program and analyzed using thematic analysis techniques. A coding framework was developed from the data elicited in the initial interviews and was revised as analysis proceeded. The coding categories were identified via inductive analysis (moving from particular experiences of participants to general themes or categories). Although we did not ask questions specifically about stigma, stigma clearly emerged as an important concept in the data. Subsequently, the coding categories particularly relevant to stigma were reviewed and recoded with regard to perceptions of, experiences of, and responses to stigma. The interview transcripts were then reviewed in their entirety to ensure that all relevant data on stigma and stigma management had been identified.

Perceptions of Social Identity: Labels and Stereotypes

Low-income people's understanding of their social identities—how others who are not poor perceive them—was overwhelmingly negative. Indeed, interviewees painted a very bleak picture of how low-income people are viewed in society, using phrases such as "being labeled," "being a stereotype," and "looked at and treated differently." They believed that others do not understand them, yet evaluate them negatively as being a burden to society and undeserving.

"They Just Don't Understand"

Interviewees voiced strong views that higher-income people lack concern for their poverty situation, perhaps even denying its existence. This lack of concern might be related to perceived attributions for poverty: If individuals are perceived to be responsible for their poverty, then, "You can afford to ignore them." But not caring might also reflect not knowing what it is like to live in poverty. Without experiential knowledge of poverty, it is impossible to fully comprehend the struggles of the poor, because "you're only observing from the outside." The following comment from a woman who has been on partial assistance typifies many respondents' elaborations on what it is that higher-income people cannot know about living in poverty:

> They don't know what it's like to look at a new outfit and know you can't afford it . . . what it's like to see your child looking at something in a wish book catalogue, wanting something for Christmas, and know that you can't buy it. They don't know what it's like to have to . . . go to the Christmas Bureau just to get gifts for your kids, to get money for the Christmas dinner. They do not know how humiliating and disgusting it feels.

"They Think We're a Burden on the System"

A major underlying theme was the belief that low-income people are viewed as a burden on the system by wealthier people because the poor are "freeloaders" who are regularly supported by working taxpayers:

> [Low-income people are seen as] a burden on taxpayers such as themselves. And [nonpoor people] probably resent the idea that some of their tax money goes to help [low-income people]. And they probably feel they're throwing good money after bad, because these people are not interested in helping themselves. [Higher-income people] think that [low-income] people made a choice to live like that: "They're always looking for a handout. They want something for nothing. Why should we support them?"

This belief was thought by many interviewees to result from individualistic attributions for poverty on the part of wealthier people, wherein poverty is believed to be due primarily to laziness, not taking advantage of opportunities, and choosing to live an easy life. Similarly, poverty, or at least remaining in poverty, was also seemingly attributed by wealthier people to poor money management and irresponsible spending, as well as to addictions to drugs, alcohol, and gambling. Further, these attributions were seen to be institutionalized in policies such as low-earnings exemptions when receiving government disability or welfare income because recipients were not trusted to spend extra earnings wisely.

"They Think We Deserve What We Get"

Interviewees' discourse on social identities also delved into the concept of *deservingness*. Study participants had different perceptions about who society viewed as deserving and undeserving. Whereas some thought that illness legitimized poverty status, those receiving disability income support noted that they also are viewed as undeserving, particularly those with invisible illnesses such as fibromyalgia or mental illness (see

Asbring & Narvanen, 2002; Reid, 2004). The work ethic seemed to apply regardless of why they were not employed. Moreover, inadequate financial assistance and experiencing mistrust from income-support workers further supported their status as undeserving. In short, deservingness might be related not to the reason for poverty but to the perceived burden on society. A woman receiving disability income support remarked,

> I don't think there's any difference [whether you receive money from welfare or disability] because it's still assisted. It's still a level of government that you're getting funds from that you haven't directly paid into like Canada Pension Plan or . . . some sort of insurance scheme.

The number of services available to low-income people in different poverty situations was thought to reflect society's perception of deservingness. Although welfare recipients might be perceived by some as less deserving than other low-income people, one woman living on employment earnings argued that welfare recipients received more services (e.g., free vocational counseling) than the working poor. Others believed that single people are perceived to be less deserving because "[people assume that] you're able-bodied, go to work . . . and [community service agencies] don't get involved." Conversely, one married woman pointed out that admitting you have a husband and a house can decrease your chances of getting assistance, saying, "You're almost better off if you're single and you have nothing because then you're kind of given a lot." This discourse reflects other research findings showing that perceptions of recipient deservingness might be based on perceived level of need and the belief that these needs result from forces beyond the individual's control (Cook & Barrett, 1992). Families, therefore, might be perceived as more deserving of support than single people or childless couples because children are dependent on others for meeting their needs (McGrath, 1997).

Poverty stigma was often experienced with other kinds of stigma, including those occasioned by mental illness, HIV status, single motherhood, gender, and minority ethnic and racial status. Particularly salient were remarks pertaining to the stigma of mental illness, including collective rejection aimed at subsidized housing for the mentally ill, which exemplifies the not-in-my-back-yard phenomenon. Poverty and mental illness were each perceived as influencing self-esteem, thereby reinforcing negative health consequences. One participant, who resides in a group home, commented on the interrelationship between poverty and mental illness:

> I'm already struggling living in a limited financial situation to make things happen but as well you've got the stereotyping. It chips away at your self-esteem . . . and our illness is connected to that, trying to get back into [the] community, so it wipes out everything. And you just end up being sick again.

Sources of Stigma Consciousness

Participants' perceptions of their negative social identities were derived from behaviors exhibited by others (enacted stigma), or through what they described as just a feeling (felt stigma; Scambler, 1984). They described stigmatizing experiences at the hands of family, friends, neighbors, strangers, and agencies, in both interpersonal and institutional contexts (Lott, 2002).

The avoidance behaviors and comments of family members and friends conveyed lack of understanding of their poverty situation, and reflected the underlying belief that they were undeserving of support and a burden to others:

> [My brother-in-law said], "I'm tired of supporting welfare people like you. Tired of supporting your kids. You had your kids, you raise your kids. Why should I go out to work to pay for welfare to look after you and your kids? I have to work for a living. Why can't you work?"

Lekas, Siegel, and Schrimshaw (2006) also reported in their study of women with HIV/AIDS, indirect accusatory comments from family members can be particularly hurtful. One respondent recounted that the food baskets provided to him by his family at Christmas were accompanied by wisecracks about his weight, and another interpreted her family's contributions, such as providing expensive toys for the children, as "rubbing it in our face" that they were unworthy parents. Friends and neighbors were other sources of enacted stigma, particularly in conveying the stereotype that low-income people are irresponsible spenders, and several participants identified specific neighborhoods in their cities as not accepting of poor people because "[you don't] meet their standards."

Homeless people, panhandlers, and street vendors were subject to explicit negative behaviors and verbal (even physical) abuse. This situation was rendered even more stressful by the uncertainty of just how

people would respond to them. In stigma parlance, knowing one is discredited requires management of the tension that might ensue in interactions with others (Goffman, 1963). One street vendor explained:

> [Business people can be friendly or hostile], depending on what their attitude towards poverty is. Some of them come by and snarl at you every single day. . . . And some will come by and give you a dollar every day. [This uncertainty] keeps me on my toes, because I'm not sure what I'm going to be getting . . . so every encounter is a risk.

Personnel in organizations also conveyed negative attitudes toward people living in poverty. A few participants experienced negative behaviors from employees in stores, utility companies, banks, and from landlords. The most frequently mentioned and disturbing examples by far related to government departments providing income support in the form of welfare or disability payments. Participants spoke poignantly about the humiliation experienced in their encounters with this system, perceiving that they were treated as dirt, the scum of the earth, or criminals who had or could potentially abuse the system. Providers of these services were viewed as offensive, disrespectful, nonempathic, and not providing their clients with information regarding their entitlements. Bureaucratic red tape was sometimes interpreted as conveying mistrust. Participants also identified government policies that led to income-support cuts and expressed strong disapproval of the political parties (and their leaders) responsible for such policies because of their impact on meeting even basic needs:

> The system [welfare] doesn't help you very much. They don't try to understand what you're going through. . . . If I need additional money, I have to . . . meet with [my worker] and request the money and then they pretty much degrade me.

> [In describing the process of accessing income support workers] you jump through hoops . . . to be there early in the morning to line up, hoping that they'll get to see you that day . . . and you have to line up like cattle, and it's first come, first served.

> You hope that you're one of the numbers that will get called that day. . . . They just don't care. It's a . . . very, very, very cold atmosphere. . . . It's very, very humiliating.

Overall, most low-income people viewed the help provided from government agencies as impersonal, reluctantly provided, and nonsupportive, which supports other research findings (e.g., Collins, 2005; Kerr, Frost, & Bignell, 2004; Reid, 2004).

Interestingly, some participants did not personally experience overt negative behaviors from others, but nevertheless knew or felt negative attitudes from others. One participant said, "Well, no one's ever said anything like I'm wasting the taxpayers' dollars although I know they're thinking it." Participants offered insights into sources of this felt stigma. Like others with achieved stigmas (Goffman, 1963; Juhila, 2004), some admitted to holding stereotypical views and negative judgments of low-income people before they experienced poverty themselves and, therefore, projected these beliefs to others. Still others suggested that negative inferences and stereotypes about people living in poverty are evident in the media and promulgated by governments. All of these factors contribute to the development of stigma consciousness.

In summary, our findings pertaining to perceptions of a social identity suggest that participants living in poverty generally have a strong sense of stigma consciousness—a belief that they are viewed negatively, as a burden to society, and essentially deserving of what they get. The participants experienced labels and stereotypes in a variety of contexts, both overtly and covertly (as enacted stigma and felt stigma). These stereotypes were pervasive in low-income people's lives despite the fact that, from their own perspective, higher-income people really do not understand (and often do not care) what it is like to live in poverty. And the effects of these labels and stereotypes can have profound consequences. For instance, participants' comments reflected an underlying belief that poverty status, particularly not working, signals a "sense of your moral [un]worth as a human being," an "ontological deficiency" or failure to conform to cultural norms about what people should "be" (Scambler, 1984). Such beliefs had consequences, particularly for mental health, as participants identified how depression and low self-esteem arose from feelings of inadequacy and not being cared for or respected by others (Reutter et al., 2005):

> I feel depressed about my situation. . . . It makes me feel like I'm not worth anything. I feel like I can't provide for myself or my daughter.
>
> You have very low self-esteem when you're low income, because you don't have anything to feel good about.

Perceptions of Personal Identity: "This is Who We Are"

In the interview situation, participants' descriptions of their poverty experiences provided evidence of how they viewed their personal (actual) identities—who they believed themselves to be. These descriptions clearly counteracted the negative stereotypes reflected in their social identities. In short, they distanced themselves from the self implied by their social identity (Snow & Anderson, 1987) by deconstructing their stigmatized identity (Juhila, 2004).

Responses to the question, "What would you like nonpoor people to know about those living in poverty?" were particularly revealing. A common response countered the view that people in poverty have an easy life. Participants' experiences of coping with material deprivation pointed out the real work of poverty, which is anything but easy. Efforts to deal with poverty were time consuming, as people worked to access needed resources by constantly watching for sales, phoning various agencies for assistance with basic needs, deciding which bills to pay in any given month, supplementing meager incomes with bottle-picking (collecting recyclable bottles), and so on. Begging for everything was not only physically demanding but also emotionally draining:

> It's very difficult to work, take care of your children, and put food on the table when you're constantly fighting to pay rent and put food on the table and pay the bills. I mean it's almost impossible to keep up. . . . I would like people to open their eyes and realize it's not the easiest thing in the world.

> If you have to actually live on nothing, it's much harder work than going to a job every day and having lunch in a nice restaurant, and having a car to drive home. . . . As far as I can see poor people have to walk all the way to the food bank and wealthy people have their groceries carried out to the car.

That living in poverty is not easy was also reflected in perceptions of its negative consequences for health and well-being. Most participants elaborated on the effects of their low-income status on physical and mental health, and on family well-being. These effects included inability to meet nutritional needs, sometimes even going hungry to feed their children, or not being able to adhere to special medical diets; inability to afford medications, dental care, and other noninsured health services; and the chronic stress of making ends meet. Depression, low self-esteem, and anxiety were frequently experienced:

> You're trying to get them [children] to eat healthy, but you can't afford for them to eat healthy. So . . . you buy junk food 'cause it's cheaper.

> When you're having to pay the mortgage one month but then the utilities don't get paid . . . it's nerve-wracking. It is so stressful . . . my husband had a real hard time not biting at us . . . it's starting to put the family itself in danger.

> If I had money to afford my diets, and the medical things I have to be on, then I could concentrate on recovering.

A particularly tragic portrayal of the health consequences of poverty was revealed by a woman with mental illness, in her description of the regulated existence that comes from lack of choice:

> It's very unhealthy because you can't dream . . . it's like living in a communist country, your hopes for everything are limited. . . . Your life . . . is patterned for you. . . . You don't have dreams compared to expectations . . . they're different things.

Several participants challenged the stereotype that low-income people are irresponsible spenders by focusing on their resourcefulness to make ends meet on very limited incomes, such as bartering services, taking advantage of free or low-cost events and free samples, engaging in food-tasting activities, accessing second hand clothing, seeking support from family, and conserving energy. In the words of one participant, "No one can budget like a low-income person. . . . You develop tremendous coping skills, tremendous survival skills."

Most participants wanted others to know that they are not poor by choice, or because of laziness or stupidity, thereby disavowing individual attributions for poverty. Many identified ill health as a precursor to poverty, as well as structural factors such as government policies related to job opportunities, low wages, inadequate social safety nets, and income assistance policies that claw back employment earnings:

> The most important thing to let others know about the poor is that we are not lazy. We'd love to work. . . . It'd be wonderful but we can't do it. . . . The most we can do is work part time and we're not even allowed to keep the whole amount when we're couples [because of restrictions on income earnings].

Moreover, in an attempt to convey that poverty does not result primarily from an ontological deficiency or character flaws, several participants suggested a universal vulnerability (Perloff, 1983) in that "poverty can happen to anybody at any point . . . tomorrow you could be there."

A few participants explicitly challenged the stereotype that they were a burden to society by stating that they were justified in receiving government assistance, indicating that this was a legitimate, cost-effective use of taxpayers' money. Adequate financial supports were thought to benefit individuals and society in the long term, as better incomes allow for healthier food, recreation, and improved health care, and lead to a more stable society. Indeed, some saw income support as a right to which they as citizens were entitled (and did not abuse) and, therefore, were deserving of such support:

> My family pays a lot more taxes than anyone else . . . and I'm a member of this society . . . I don't believe taxpayers are as crippled by us as they imply or suggest. . . . There are a lot more costly ways for us to be looked after. . . . Providing housing and disability pension and so on is the least costly means.

By describing their actual identities, our interviewees encouraged others to view them as similar to, not different from, others. They explicitly encouraged others to look beyond the master status of their economic situation to uncover those human qualities they share with others. They wish to be viewed as decent human beings, deserving of respect, arguing, "The poor have the same feelings, the same desires, the same wants, the same needs as anybody else," and that diversity in economic contributions to society can lead to feelings of inclusion if all work is valued: "We're all part of the bicycle wheel and every spoke is important."

Responses to Poverty Stigma: Reconciling Personal and Social Identities

Whether participants actually experienced negative behaviors from others or thought that they might, they needed to deal with their perceptions of a negative social identity. Wishing that people understood their plight was not enough. The stigma associated with poverty can be both discreditable and discredited (Goffman, 1963). One's poverty status might not be known about or visible in day-to-day interactions, but there are times when it is evident or needs to become evident to gain assistance with the material deprivation it represents. The coping strategies used by low-income people to manage stigma included managing information about their poverty to conceal their discreditable status (to avoid being discredited), and managing the tension that is evident when their poverty is known about (Goffman, 1963). Participants responded to their perceptions of felt and enacted stigma using both behavioral and cognitive strategies. Many of these strategies illustrate a reconciling of incongruities between social (virtual) identities and personal (actual) identities.

Confronting Discrimination Directly

Given that stigma is contingent on access to power (Link & Phelan, 2001), it is perhaps not surprising that only a few participants confronted discrimination directly. For example, one participant receiving welfare successfully obtained a bank card to which he felt entitled after an initial denial based on his unemployment status. Nevertheless, he pointed out that speaking out against unfair practices is often interpreted as having an "attitude," or a "chip on his shoulder," and "A lot of the times it's not even worth it." Instead, he tries to win people over by diplomacy and might tend to overcompensate with positive behaviors. Other examples of confronting discrimination directly included attempts to negotiate with income-support workers for increased funds or to appeal welfare termination or insurance policies when these were perceived as unfair treatment. Perhaps the most novel strategy to manage the negative attitudes of others was employed by street vendors in Edmonton, who had compiled a "comic" booklet to assist them in confronting people who make disparaging remarks:

> The vendors of *Our Voice* [a street newspaper] have been coming up with a little booklet of things you could say to annoying people. We're telling vendors . . . well a good comeback to "When I was young I worked for eighty-five cents" is, "And how much did you pay for rent?"

Disregarding Others' Negative Responses

Several participants attempted to disregard others' overt expressions of stigma either cognitively or behaviorally. One homeless person managed the abusive comments of others by "block[ing] it out. . . . I just walk away." Others indicated that they do not

care what others think about them: "If they don't like me or my kids or my home or what I have, don't bother with me. I don't need you. I have enough friends, I have enough family." Disregarding others' derogatory comments was facilitated by attributing these remarks to ignorance; for example, "They don't know what they're talking about," thus disavowing the negative stereotype. Another said, "I feel I'm doing the best I can," thereby protecting self-esteem. Disregarding others' responses, however, was not easy; one elderly woman described how, in spite of her daughter's advice and support to ignore put-downs, it was difficult to take such comments with a grain of salt. Her comments reflect the notion that self-perception is indeed contingent on perceptions of how the self is viewed by others.

Withdrawing or Self-Isolating

Although some participants refuted characteristics of their social identities, many appeared to have internalized the stereotype that they are less worthy than others. They admitted that living in poverty lowered their self-esteem and led to depression and feelings of exclusion. They used terms such as *not part of society, being a burden, misfit, second-class citizen*, and *the scum of the earth*. Societal (and hence their own) expectations regarding the work ethic challenged their understanding of themselves as worthy of respect (Nelson, 2002):

> There are times when I feel like I may be a second- or third-class citizen. I would like to think that at some point I am going to be able to go back to work. . . . Also I guess the way I was brought up, I am no longer a productive member of society. And that's something that I really have a difficulty with. . . . I think I'm ashamed of being poor and not being able to do what I would like to do. . . . It's still, this isn't where I was supposed to be.

Such feelings of shame and embarrassment led them to withdraw or isolate themselves from others for fear of being judged. One woman's unemployed husband withdrew from social situations where he might be asked what he does for a living, whereas another's husband avoided public places (e.g., parks and church functions) because he feels like an outcast. Other participants isolated themselves from those who knew of their poverty status because they did not want to be a burden. Although these strategies might preserve self-esteem by decreasing encounters of enacted stigma, isolating or withdrawing from others led to further exclusion from potential support and contributed to social isolation.

Concealing Poverty

Although the strategy of self-isolating refers to physically distancing from the nonpoor by avoiding interaction, concealing poverty refers to hiding one's poverty status when interacting with wealthier people. Like those who self-isolate, some participants chose nondisclosure about their poverty situation to manage feelings of embarrassment and shame, and to avoid judgments about being a burden on the system:

> Well if I meet people I don't tell them that I'm on assistance . . . that I'm in subsidized housing . . . that my cupboards are empty. I don't tell them this stuff because it's embarrassing, and I know how they'll look at me. They think you're lazy and they think you're a mooch. They think you're using the system, taking it for a ride. . . . I know what people think. Yeah, they judge you.

> It took the church a while [to find out], because we didn't go around saying well we can't do that because we don't have the money. We were embarrassed. And that came from our own selves, not them. It was pride I guess. . . . It took us months to even tell [my mother] that we were on social assistance.

Other interviewees used nondisclosure to protect themselves from overt discrimination. One participant receiving government support did not disclose his poverty situation to his landlord, anticipating the stigma attached to low-income renters. A participant who is living with HIV did not reveal the reason for his unemployment, believing that his illness was more stigmatizing than his poverty status. On the other hand, one woman receiving old-age security support did not disclose her poverty status so as to protect others' feelings—because they "might feel [bad] about my situation"—and to avoid feeling pitied. Nontruths also were used to conceal poverty, or to pass as nonpoor:

> If there's something that I can't partake in like say some people are going to a movie and they ask me to come along and I can't afford it, I'm not going to say, "I can't afford it." I'm just going to say, "Oh gosh, I've already got something lined up I won't be able to."

Presenting themselves as nonpoor also took the form of purchasing expensive items so that children

would fit in and be accepted. A woman with two teenage children poignantly recounted how her own children attempted to present themselves as other than low-income to feel included:

> They're off to go to the movies or whatever and they [the children] can make up excuses for why they're not doing it. But they would stop being asked. Our son, you know, simply says [to his friends] that label buying . . . is wrong, it's politically incorrect. . . . If they knew he was on a very limited income they'd say, "Oh well, he just buys those clothes because he can't afford anything else." And so it would change their perception of who he is. . . . [Children] live under constant stress of knowing that they are different—they have to lie, make up excuses for doing things and not create a feeling in them that they are different and possibly not as good.

These expressions of "impression management" (Goffman, 1963) can be understood as strategies intended to enhance acceptance and inclusion (Roschelle & Kaufman, 2004). Visibility is a crucial factor in attempts at passing (Goffman, 1963) as nonpoor; maintaining an illusion of nonpoor can break down when resources diminish to the point that material deprivation becomes evident—a stigma symbol that transitions people from a state of discreditable to discredited:

> In our case I think the majority of people don't recognize that we have these problems. But slowly things are becoming obvious, like we have furniture that is now 32 years old and it's starting to come apart and stuff. So things are becoming more obvious, even to outsiders, that there's no money to replace things and I guess eventually it will be really widely recognized.

Cognitive Distancing

Although participants were highly critical of others' negative opinions of people living in poverty, many held similar views, themselves, thus distancing themselves from other low-income people. In effect, they made distinctions between low-income people who were deserving (including themselves) and those who were less deserving—comparing their own identities with those of others. In making these distinctions, participants discounted the stereotype that all poor people are similar (painted with the same brush), as depicted in their social identity, and at the same time perpetuating the stereotype of individualistic attributions for poverty (as applied to others).

Distancing from other low-income people was most evident in comments that some people abuse government income support, which make it more difficult for those who truly deserve assistance. A participant receiving government support said,

> A lot of people abuse the system. . . . I know of people that are working a job, getting unemployment or getting welfare and then doing both . . . and they're going on trips and that and having a big laugh about it. . . . They're sucking the system.

Other participants not receiving income support distanced themselves from those who did. One woman, whose main source of income was her spouse's full-time employment, was empathic to the plight of the poor, yet attributed poverty to laziness and making the wrong choices. She voiced strong objections to those who are able to work and don't and remarked, "It's not fair for people who do need [government income support]."

Another woman, whose poverty status was linked to her husband's student status, voiced primarily negative views of the poor, pointing out that there are many employment opportunities, that people make poor choices and have difficulty managing their finances, thus buying into the stereotype of individual attributions for poverty and irresponsible spending. Even homeless people distanced themselves from other homeless people who spend their money irresponsibly.

In short, the strategy of cognitive distancing suggests that participants do not necessarily refute the social identity per se, but distance themselves from it by arguing that it does not reflect their own personal identity.

Helping Other Low-Income People

Although low-income people distanced themselves cognitively from others whom they believed were less deserving than themselves, they nevertheless cited many examples of helping other people living in poverty. They provided emotional, informational, and practical support, and many volunteered at places such as community centers, women's crisis centers and shelters, food banks, and community kitchens. Being in the company of other poor people reportedly enhanced their comfort level—and perhaps more significantly—the feeling that they could make a difference. One participant, who benefits from agency services and volunteers, explained:

> I've spent a lot of time doing things with people in poverty because I am myself in there right now. I would rather go to the . . . Center and serve Christmas dinner than go to some big party. I'm more comfortable there [because] I feel like I'm doing something worthwhile.

Participants were also engaged as activists to bring about systemic change. Several people served on the boards of agencies that work with people living in poverty. One participant receiving disability income was on boards or committees for nine different nonprofit organizations, including an advisory committee for a street newspaper and a conference-planning committee on poverty. Another participant, who belonged to a poverty advocacy group, did a media interview to protest rent increases. One participant, who sold a street newspaper and assisted with secretarial services at a small nonprofit organization, saw activism as empowering people to effect changes:

> I like working with groups that say we can change this [poverty]. We don't have to . . . accept this as inevitable. . . . I like working with projects that empower people and give them a sense of . . . "This is changeable."

Discussion

Our study findings reveal that stigma plays a key role in exclusion at moral, relational, and economic levels (Kidger, 2004). Moral exclusion is experienced when individuals perceive that they are undeserving because of individual characteristics that reflect on their worth as a person. Our study participants believed that their social identities result primarily from individualistic attributions for their poverty situation, based on perceptions of their moral worth. This moral exclusion is also manifested in relational exclusion, as reflected in the examples of enacted stigma experienced by our participants. Their economic exclusion can be viewed both as cause and consequence of this moral exclusion, because cognitive distancing (negative attitudes and beliefs) of others is foundational to other types of distancing (interpersonal and institutional), which ultimately lead to social exclusion (Lott, 2002).

Our identification of a perceived negative social identity or stigma consciousness supplements findings from other studies of people living in poverty (e.g., Collins, 2005; Nelson, 2002; Reid, 2004; Seccombe, 1999). As in other studies, enacted stigma contributes to perceptions of a negative social identity. In addition, experiences of felt stigma confirm that obvious forms of discrimination are not necessarily required for individuals to experience a stereotype threat (Link & Phelan, 2001; Steele & Aronson, 1995), which suggests that the discourse of individual blame and responsibility for poverty might be deeply engrained. A negative social identity might also be legitimized by the media (Bullock, Wyche, & Williams, 2001) and government policies. During the time of our study, low-income people in Alberta and Ontario were experiencing the effects of decreased social spending (including welfare) and tightened eligibility requirements for employment insurance, at a time when utility rates and housing costs were increasing. Such social and economic policies reflect institutionalized discrimination against people living in poverty and convey a lack of understanding, acceptance, and social valuing of people in straitened economic circumstances. In these provinces, and indeed across Canada, welfare incomes fall far below the poverty lines, and minimum wages are inadequate to meet basic needs (National Council of Welfare, 2004, 2005).

The health consequences of such social and economic policies can be profound, as illustrated in this and other Canadian studies. For example, in 2004, almost 69% of households with social assistance as their main source of income experienced food insecurity (Health Canada, 2007). Other research has revealed that more than one quarter of families receiving social assistance in Canada report a compromised diet (Che & Chen, 2001). Moreover, half of the food bank users in Canada are on social assistance, 13% are on disability income support, and 13.5% are employed (27% in Alberta; Canadian Association of Food Banks, 2007). The detrimental effects of policies influencing health care (in)accessibility for low-income people have also been identified (Williamson et al., 2006). Beyond influencing such basic needs, policies can contribute to social exclusion from many, if not most, aspects of community life (Ocean, 2005; Stewart, Reutter, et al., 2008), and there is convincing evidence that participation in social activities, social networks, and groups or associations enhances health (Cattell, 2001; Lindstrom, Merlo, & Ostergren, 2002; Reid, Frisby, & Ponic, 2002). Finally, the health effects of chronic stress experienced by most people living in poverty are well documented (see Brunner & Marmot, 2006).

Our finding of perceptions of overwhelmingly negative social identities of people living in poverty is

incongruent with our findings that people in these same communities generally favor structural, not individualistic, attributions for poverty (Reutter et al., 2006), and have considerable understanding of the negative effects of poverty on health and well-being (Reutter et al., 2005). This suggests that low-income people also have stereotypical views of those who are not poor, which supports other findings that stigmatized groups often engage in the same kinds of stigma-related processes toward individuals who are not in their stigmatized group (Link & Phelan, 2001). Stereotypes such as these might hinder the development of the mutual understanding and solidarity needed to reduce exclusionary policies and practices.

Many strategies used by participants to manage their negative social identities are similar to strategies used by other stigmatized individuals. By ascertaining perceptions of social identities and responses to these identities, we have demonstrated how people disavow their negative social (virtual) identities by engaging in identity work that avows their personal (actual) identities (Juhila, 2004; Snow & Anderson, 1987). These strategies might be viewed as ways to counteract the moral exclusion that is perceived to be at the root of their social identities. Nevertheless, as in other studies (e.g., Collins, 2005; Nelson, 2002; Reid, 2004), participants also reported feelings of shame that suggest an internalization of the stereotypes they wish to refute. Feelings of shame necessitated strategies such as self-isolating and concealing poverty to preserve self-esteem, gain acceptance, and reduce fear of stigmatization. Feelings of shame, inferiority, and low self-esteem have been associated with negative psychosocial health (Reid & Herbert, 2005; Wilkinson, 1996); the strategies used to counteract feelings of shame, moreover, can indirectly affect health by reducing potential sources of support and lead to further isolation.

Cognitive distancing from others living in poverty has been reported in other studies (McIntyre et al., 2003; Nelson, 2002; Reid, 2004; Roschelle & Kaufman, 2004; Seccombe, James, & Walters, 1998). Such social comparisons with others perceived to be more discredited than themselves serves to maintain a positive personal identity by aligning with what are believed to be dominant cultural beliefs. By imputing an individualistic attribution for poverty for others, however, participants neglect the full context of their poverty situation and inadvertently perpetuate the social identity they themselves are contesting (Reid, 2004). Paradoxically, this strategy can enhance feelings of inclusion with mainstream society, and also contribute to exclusion from similar others in poverty situations, which might lessen collective action to change discriminatory practices and policies (Nelson, 2002). In our study, however, even amidst cognitive distancing from other low-income people, participants frequently supported other people in poverty and worked to reduce poverty and its effects through activism.

Strategies to support others living in poverty and to forge friendships among the poor might enhance feelings of inclusion and worthiness, which are often denied in interactions with the nonpoor (Roschelle & Kaufman, 2004; Snow & Anderson, 1987). Making a difference might enhance a sense of moral inclusion, which challenges the image of problematic citizens (Kidger, 2004) and, by extension in our data, being a burden on the system. Although bonding social networks might have limited value in increasing access to a wide range of resources, these networks might enhance relational inclusion by decreasing isolation and increasing a sense of belonging (Kidger, 2004). Low-income people are less likely than their economic counterparts to feel a sense of belonging, which can, however, be fostered by giving back to the community (Stewart, Makwarimba, et al., 2008). A sense of belonging to one's community has been positively associated with self-rated mental and physical health (Shields, 2008). And of course the act of supporting others through activism to address the structural causes of poverty and exclusion is the most likely to make a difference in the long term.

Stigma scholars (Crocker et al., 1998; Goffman, 1963; Jones et al., 1984) have identified several dimensions along which stigmatizing conditions might differ (e.g., visibility, disruptiveness, and controllability). Our findings suggest that many of these characteristics are indeed pertinent to poverty stigma. However, it is the controllability dimension that seems fundamental to the devalued social identity experienced by study participants, primarily because it was viewed as defining their moral worth as a human being. An individual attribution for poverty (along with perceived level of need) is also an important factor in the concept of deservingness (Cook & Barrett, 1992). Poverty stigma might be unique in that, unlike most other stigmatizing conditions, the causes of poverty are rooted in deeply embedded structural inequalities. Yet, both individual and structural attributions are prevalent among the public, including low-income people (Reutter et al., 2006).

Poverty stigma is also unusual in that individuals need to manage the threat and experience of stigmatization as well as the hardships resulting from the lack

of material resources that give rise to their stigmatized status; both stigmatization and lack of resources in turn can lead to detrimental health effects. Moreover, poverty stigma can be exacerbated by accompanying stigma related to the reasons for poverty (Stuber & Schlesinger, 2006). For example, many illnesses are themselves stigmatizing and can be both a cause and consequence of poverty. Finally, the material deprivation is pervasive (e.g., "You can't ever not think about it") and a constant reminder of differentness. All of these elements make poverty stigma particularly salient in processes of social exclusion, and help to elucidate its potential health effects.

Understanding poverty stigma from a social exclusion perspective is particularly important in light of current thinking about health and health determinants. In a recent review of the concept of health, Raeburn and Rootman (2007) advocated for greater emphasis on mental health and quality of life, as emphasized in the Bangkok Charter (World Health Organization, 2005). Quality of life incorporates the concepts of being, belonging, and becoming, which include physical, mental, and social well-being; connections to others; and achieving personal goals and aspirations (Raphael, 2007; Raphael et al.,1997). Stigma and its resultant effects, as articulated by our study participants, clearly influence these aspects of health.

Several limitations of this study are noteworthy. First, our sample is limited by our exclusion of non–English-speaking participants. Recent immigrants to Canada are more likely to live in poverty (Lee, 2000) and might be more likely than the Canadian-born to experience stigma. The interrelationship of poverty and ethnicity mentioned by some participants as a factor in poverty stigma warrants more in-depth exploration, particularly in light of recent concern in Canada about the racialization of poverty and its role in social exclusion (Galabuzi, 2004). Second, our recruitment strategy might have biased our findings. Our participants were recruited from agencies working with low-income people and might, therefore, have had different experiences from those not supported by agencies. For example, the opportunity to engage in activism or other efforts to support low-income people might be more evident in our study. Finally, the experience of poverty stigma and its subsequent role in exclusion might be quite different in nonurban areas, which generally have more conservative attitudes and potentially fewer resources; most research to date has focused on urban poverty.

The institutionalized stigma experienced by participants receiving government support warrants special mention because of its policy implications. Accounts of negative experiences with social welfare agencies are legend in the United States and Canada (e.g., Collins, 2005; Kerr et al., 2004; Reid, 2004). Accumulating evidence of the humiliation perceived by these recipients along with the inadequate monetary payments make this a policy issue of the highest priority because of its implications for health and quality of life. Investigation of the relationship between clients and income support workers from the perspective of the worker is needed to expose and fully understand the contextual factors that influence this dynamic (see, for example, Bullock, 2004).

In conclusion, our study reveals that poverty stigma is experienced at many levels and requires identity work to mitigate its negative effects on well-being. Some of these strategies themselves might have negative consequences, including detrimental health effects, and might lead to further exclusion from mainstream society. Health and social service professionals have a role in working with low-income people to confront discrimination directly through advocacy for more equitable health and social policies that will reduce poverty and its effects, thereby fostering social inclusion rather than exclusion. Given that individual attributions appear to be at the root of poverty stigma, it is important to disseminate evidence of the structural inequities that lead to poverty and its negative impact on health and well-being. A broad conceptualization of exclusion that incorporates moral and relational exclusion as well as economic exclusion is needed (Kidger, 2004). Our elaborations of the personal identities of people living in poverty can be used to negate the myths that perpetuate stigmas and social identities. Professionals in health and social sectors need to be sensitive to low-income people's understandings of their social identity and their need to maintain a positive self-concept amidst the threat of stigmatization.

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