

THE CONCEPT OF STIGMA WITH SPECIAL REFERENCE TO
THE UNMARRIED MOTHER:
A SOCIAL POLICY AND ADMINISTRATION APPROACH

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ABSTRACT

The concept of stigma is examined in three parts in this thesis. In part one attention is given to the anatomy of stigma (chapter one) and the social administration approach to stigma (chapter two). In the first of these chapters distinctions are drawn between the various aspects of stigma (e.g. stigmas, stigmatization, felt stigma), whilst in the second the theoretical developments and 'practical' applications of the term in the field of social policy is considered. It is contended that the failure (in general) to give sufficient attention to the concept of stigma in its own right is a major weakness of the social administration approach to this phenomenon. The need for more extensive examinations of the concept of stigma within this area of study is highlighted in part two (chapters three and four) which is devoted to a case study of one particular stigmatized 'welfare' group - unmarried mothers. In chapter three it is asserted that stigma has attached to the unmarried mother for two main reasons - (i) the threat this group pose to Christian teaching and practice and, more importantly, (ii) their dependency on public aid. In chapter four the findings from a small survey on felt stigma and the unmarried mother are presented. It was found that respondents in this survey had relatively few experiences of either felt stigma or stigmatization. However, there was sufficient evidence to suggest that it would be premature to conclude that the stigma attaching to this group has now all but withered away. Finally, in part three (chapter five) the various links between stigma and other concepts (most notably social control) commonly referred to in discussions of social policy are explored. It is concluded that stigma will continue to be a key concept for students, teachers and practitioners in social policy provided that it is examined from a much wider perspective than has previously been the case.

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PREFACE

Although the concept of stigma has figured prominently in the social policy and administration literature, it has rarely been subjected to critical appraisal in its own right. In an attempt to overcome this shortcoming this thesis is devoted towards an examination of this concept from a number of inter-related perspectives in order to highlight its continuing relevance for the study of social policy.

In Part One, attention is given to the way in which the notion of stigma has been examined by sociologists, psychologists (Chapter one) and social administrators (Chapter two). In Part Two (Chapters three and four) an historical and contemporary analysis of the unmarried mother is undertaken in an effort to draw attention to the importance of examining in greater detail some of the reasons why, and the ways in which certain 'welfare' groups have been, and continue to be, stigmatized. Finally in Part Three (Chapter five) the various links between stigma and a number of other 'welfare' concepts are explored in order to underline the theoretical relevance of the former for the study of social policy. It is concluded that stigma will continue to be a key concept for students and practitioners within the welfare field provided that it is examined in relation to the economic and social structure of a given society.

PART ONE

THE CONCEPT OF STIGMA

CHAPTER 1THE ANATOMY OF STIGMA

1

References to stigma are now commonplace in the media and in general discourse. The term is readily applied to any 'disreputable' person, group, activity, occupation² or location. However, stigma remains a relatively imprecise concept. As Titmuss reminds us,

"the concept itself is as elusive and complex as other key concepts like class, alienation, participation, democracy, poverty and so forth."³

The relevance of this statement can clearly be seen if one considers just a few of the ways in which the term stigma has been defined in the social science literature.

"Whether it is a visible mark or an invisible stain, stigma acquires its meaning through the emotion it generates within the person bearing it and the feeling and behaviour toward him of those affirming it. These two aspects of stigma are indivisible since they each act as a cause or effect of the other."

4

(J. and E. Cumming).

"In the final analysis, stigma might best be considered to be the negative perceptions and behaviours of so-called normal people to all individuals who are different from themselves."

5

(English).

"In its most general sociological sense, the term stigma can be used to refer to any attribute that is deeply discrediting and incongruous with our stereotype of what a given type of individual should be."

6

(Kando).

Given the differences in these definitions (at least in emphasis), it is not surprising that the notion of stigma has acquired something of an elusive reputation. To counter this shortcoming it is necessary to distinguish clearly between the various aspects of this concept.

Stigmas

In its most literal usage the term stigma refers to some form of mark or stain. As Osborne points out:

" 'Stigma' dates back to the Greek word for 'tattoo-mark', a brand made with a hot iron and impressed on people to show that they were devoted to the services of the temple or, on the opposite spectrum of behaviour, that they were criminals or runaway slaves."⁷

More recently, however, the term stigma has tended to be associated almost exclusively with 'inferior' forms of physical appearance, conduct or ethnicity.⁸

Any discussion of socially inferior attributes (stigmas) necessarily requires some consideration of the question of social normality. A number of commentators have given attention to this subject.⁹ For example, Merton and Nisbet¹⁰ have outlined six distinctive dimensions of social norms:

- (i) Norms may prescribe or proscribe conduct or merely indicate the type of behaviour which is preferred or permitted.
- (ii) The extent of agreement concerning such norms will vary within society.
- (iii) There are likely to be varying degrees of commitment amongst those who accept a particular norm.
- (iv) Informal or formal sanctions may be applied to those who fail to conform to a particular social norm.

- (v) Norms differ in the type of adherence required i.e. norms may require implicit or explicit support.
- (vi) The 'elasticity' of norms will vary. With some norms adherence to a restricted range of conduct may be required whereas greater flexibility may be permitted with others.

Although this classification is useful, it does not provide any means for precisely identifying prevailing social norms. Indeed, any classification is likely to be deficient in this respect given the diversity of opinion over the question of what actually constitutes a social norm. Nevertheless, there is likely to be some agreement concerning what can loosely be regarded as the 'major' social norms in society (many of which will be embodied in legal codes). As Plummer contends:

"Groups may reject societal definitions, but they cannot wish them away or remain unaware of them. You cannot steal, murder, rape, be blind, deaf or mentally ill without being aware that you are violating some publicly held norms." 11

However, in a discussion of societal and situational deviance, Plummer clearly acknowledges that the relative dimension of social norms cannot be ignored.

".... a simple distinction must be made between 'societal deviance' and 'situational deviance'. The former is that conduct described as deviant in the public, abstract and reified values systems which all societies must have - even though individual actors may dissent from them, and even though such systems need not be clear, non-contradictory, or without competition. The latter is that conduct which emerges as deviant in interpersonal encounters. The former - while relative cross culturally - is perceived as absolute by most members of a society and possesses moral authority; while the latter is capable of considerable relativity. The former thereby sets constraints on what can be called deviant in any given society though these constraints are far from being rigid and fixed." 12

It would appear, then, that reactions to norms infractions are likely to vary to some degree. As Cohen points out, the public may respond to deviance in a number of ways.

"..... it can be indifferent - the problem doesn't concern us, 'let him do his thing'; it can welcome the deviance, heralding it, for example, as pointing the way for society to advance; it can be punitive, advocating deterrent and retributive measures, ranging from £5 fines to the death penalty; or, finally, it can be progressive, advocating various treatment and therapeutic measures ostensibly designed for the deviant's 'own good'." 13

It seems, therefore, that stigma will not necessarily attach to all types of norm infractions. For example, adults who indulge in activities associated with childhood such as 'train-spotting' may well be regarded as odd or eccentric but it is unlikely that they will be stigmatized unless their conduct is perceived as evidence of an established stigma attribute such as mental illness.

In general, stigma has tended to be associated with those inferior attributes which are commonly regarded as major norm infractions. Certain attributes such as physical handicap have had stigmatic connotations for many centuries¹⁴ whilst others have only been negatively regarded for much shorter periods of time.¹⁵ (It should also be noted that the stigma which attaches to a particular attribute in one historical period may decline in another e.g. divorce).¹⁶

In addition, the rationale for a particular stigma may change over time. For example, the unmarried mother was stigmatized in earlier centuries because her conduct directly contravened the teaching of the christian church. However, since the mid-sixteenth century the dependency of unmarried mothers on public aid has been the main reason for such stigma (see Chapter 3).

Goffman has identified 'three grossly different' types of stigma which exist in contemporary society.

"First there are the abominations of the body - the various physical deformities. Next there are the blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behaviour. Finally there are the tribal stigma that can be transmitted through lineages and equally contaminate all members of a family." 17

According to Goffman:

"In all these various instances of stigma.... the same sociological features are found: an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us." 18

Goffman also outlines two ways in which each type of stigma can be 'carried'¹⁹ (discredited and discreditable). Goffman uses the term discredited to describe those who presume that their stigma is known about already or is immediately obvious to others (usually because it is visual in nature). In contrast, the term discreditable is used by Goffman to describe those who believe that their stigma "is neither known about by those present nor immediately perceivable by them."²⁰ (See Table 1.1).

TABLE 1.1: Stigmas and the ways in which they may be carried

<u>Types of Stigma</u>	<u>Ways in which stigmas may be carried</u>	
	<u>Discredited</u>	<u>Discreditable</u>
1: PHYSICAL	Paraplegic in a wheelchair	Woman who has undergone a mastectomy
2: CONDUCT	Well-known criminal e.g. Myra Hindley, Ronald Biggs	'Secret' Homosexual
3: TRIBAL	Negro	Jew

In general, those with physical or tribal stigmas will tend to be discredited rather than discreditable. For example, the blind or the physically handicapped will find it difficult to 'conceal' information about their stigmas from others. There will be exceptions. A paraplegic sitting at an office desk which effectively conceals any hint of disability may be thought of as physically able by others who do not know of her disability.

Individuals with conduct stigmas are more likely to be discreditable than discredited. In many cases, such individuals are able to limit public information about their discrediting attributes. For example, a lesbian may decide to 'pass' as heterosexual with colleagues at work and with casual acquaintances. For others, such passing may not be possible. For instance, 'Great Train Robber', Ronald Biggs, has become so well known that his name has even been used by a British car manufacturer in an advertising campaign. (The Mini: Nips In and Out Quicker Than Ronald Biggs).

It must also be noted that varying degrees of blame attach to the types of stigma outlined by Goffman. In general, those with physical or tribal stigmas are granted a measure of social acceptance because they are not considered to be personally responsible for their 'failing'. As such, they may tend to elicit favourable rather than unfavourable reactions from others. As F. Davis states in a discussion of the physically handicapped:

"..... in our society the visibly handicapped are customarily accorded, save by children, the surface acceptance that democratic manners guarantee nearly all." 21

There are exceptions to this generalisation. For example, Cahnman argues that the obese are perceived as blameworthy.

"...contrary to those that are blind, one-legged, paraplegic, or dark-pigmented, the obese are presumed to hold their fate in their own hands; if they were only a little less greedy or lazy or yielding to impulse or oblivious of advice, they would restrict excessive food intake, resort to strenuous exercise, and as a consequence of such deliberate action, they would reduce. Actually, the moral factor which is thus introduced aggravates the case. While blindness is considered a misfortune, obesity is branded a defect." 22

Those with conduct stigmas are generally considered to be personally responsible for their failings. It is commonly believed that such individuals have deliberately chosen to behave in socially unacceptable ways. As such, they are liable to be treated unfavourably by others. Again, there are exceptions. For example, a woman who gives birth to an illegitimate child as a result of being raped may be seen as blameless rather than blameworthy.

Pardo has paid particular attention to this blameless-blameworthy dimension of stigma in his research in Canada.²³ Using a non-stigmatized 'normal' as a baseline for comparison, Pardo attempted to discover how a group of undergraduates would respond to various stigmatized individuals: a blind man - physical stigma; an ex-convict - moral stigma; a blind ex-convict - multiple stigma. Pardo tested three hypotheses.

1. People will tend to evaluate a blind man more favourably than an ex-convict. (Pardo termed this a justice effect).²⁴
2. People will tend to compensate a blind victim of an accident more generously than an ex-convict who has experienced an identical mishap. (Social responsibility effect).²⁵ (In order to test this particular hypothesis,

Pardo asked his respondents to award damages (of between 1,000 and 3,000 dollars) to individuals (with the various stigmas mentioned above) who had suffered identical injuries (a hip fracture and bruising) as a result of being hit by a driverless bus which had faulty brakes.

3. An individual with both a physical and moral (conduct) stigma will tend not only to be evaluated in an unfavourable way by the public but will also tend to be denied material support because of the overtrumping effect of moral turpitude. (Overtrumping effect).²⁶

Pardo found that his subjects responded in the manner predicted with regard to both his first (the blind man was evaluated far more favourably than the ex-convict) and second (larger amounts of compensation were awarded to the blind plaintiff than to the ex-convict) hypotheses. In terms of the third hypothesis, the results were less conclusive. Although the respondents formed a negative impression of the blind ex-convict (as predicted) they nevertheless decided to award this person the highest amount of compensation.²⁷

Despite the numerous methodological objections that can be raised about research of this kind (e.g. a highly selective group of respondents; the use of hypothetical case studies) it can be confidently asserted that Pardo has provided valuable evidence to support the contention that the blameless-blameworthy dimension is of importance for the study of the concept of stigma.

The idea that the notion of stigma should be associated exclusively with major, negative, norm infractions has been rejected by a number of writers. Goffman, for example, has

expressed certain reservations about this approach. Although he acknowledges that "there are important attributes that almost everywhere in our society are discrediting",²⁸

Goffman still maintains

"that a language of relationships, not attributes, is really needed. An attribute that stigmatizes one type of possessor can confirm the usualness of another, and therefore is neither creditable nor discreditable as a thing in itself." 29

This argument has found favour with others. For instance, Reisman argues that stigma attaches to General Practitioners because they are "less technically expert than the specialist, the scientist or the consultant in a big hospital."³⁰

Similarly, Tony Benn has stated that stigma tends to attach to Labour Party politicians with intellectual reputations.³¹

Posner, who has paid particular attention to this idea (in an article entitled 'The stigma of excellence: on being just right'³²), contends that in addition to those who fail to live up to a particular social norm "those who personify it or go beyond it may at times feel uncomfortable, guilty, and stigmatized."³³ In support of this assertion Posner cites the case

of the male 'non-drinker'. She argues

"that the basis of the non-drinker's stigma is his flaunting of ideal behaviour. We all know drinking is bad for us, but we all do it, and if there's one thing that really irritates us it is a superior moral person who has himself totally under control and who therefore reminds us of our own failings!"³⁴

From this basis it would appear that stigma can just as easily attach to the Queen, doctors, clergymen, mothers, children, manual and non-manual workers as it can to groups such as the disabled, homosexuals or ex-prisoners. However, such a contention squeezes the useful life out of the concept of stigma. Accordingly, it is maintained here that the term should be used exclusively in connection with inferior as

opposed to normal or superior attributes. As Dinitz et al assert:

"....there are certain persons at the extreme who are defined as unfortunate - the severely retarded, the midget... etc. Others, who are also at the extremes, such as the genius, the seven-foot-tall basketball player... and the overendowed female, may be positively valued..... Both ends may be equidistant from the average or norm. This underscores the point that it is not the extreme, the variation, or the freakishness in itself that defines social deviation; the extreme has to be evaluated by the society in a negative fashion." 35

Even if one accepts that the term stigma should be applied to negative attributes there is still likely to be considerable disagreement over questions such as the extent of stigma in society. For example, Goffman is of the opinion that:

"....it is not very useful to tabulate the numbers of persons who suffer [stigma]... the number would be as high as one wanted to make it; and when those with a courtesy stigma are added [friends, family and associates of the stigmatized], and those who once experienced the situation or are destined if for no other reason than oncoming agedness, to do so, the issue becomes not whether a person has experience with a stigma of his own, because he has, but rather how many varieties he has had his own experience with." 36

Stigma Recognition

There are two main ways in which individuals tend to come to recognize that they possess a stigma. This process may, firstly, take the form of self-recognition. As a result of socialization most members of society will gain some understanding of the various types of prevailing stigma. They will thus be in a position to compare their own conduct or appearance with existing stigma types. If they find that their appearance or conduct mirrors a particular stigma type, it is possible that they may come to the conclusion that they possess a stigma. As Plummer, in a discussion of homosexuality, argues:

"... a person who experiences a homosexual feeling does not have to be hounded out of town, sent to prison, or treated by a psychiatrist to come to see himself as a homosexual - he may quite simply 'indicate' to himself, through the 'interpretation' of the given feeling and the accompanying awareness of the societal hostility, that he is a homosexual."³⁷

For those with inborn physical or tribal stigmas such self-recognition is likely to take a different form. As Goffman points out, such individuals

"become socialized into their disadvantageous situation even while they are learning and incorporating the standards against which they fall short." 38

The second main way in which individuals come to recognize that they possess a stigma is through the reactions of others. Such reactions may be of a direct kind. One homosexual recalls such an incident:

".... when I was about sixteen and had a romp with a boyfriend in the street, another boy suddenly called me 'queer'." 39

Alternatively, such reactions may be of a more indirect type. For example, a woman (upon hearing her friends discussing the behaviour of agoraphobics) may come to the conclusion that her own behaviour could be perceived as evidence of mental illness.

Finally, it is important to note that many individuals may come to recognize that they have a stigma by a combination of self-recognition and audience reaction.

Stigmatization

An individual may be stigmatized by the intentional or 'unintentional' actions or comments of officials (e.g. magistrates, police officers, social workers), employers, fellow employees, other family members, friends, neighbours or

strangers.

Intentional stigmatization may take a variety of forms ranging from snubs or adverse comments to legal sanctions. In all such cases, attention is focussed on a particular inferior attribute of the individual concerned. As Suchar states:

"The individual... is assigned a 'master status trait': homosexual, drug addict, prostitute, juvenile delinquent, or others... this label will dominate all other 'characteristics' of the individual; 'good athlete', 'good conversationalist', 'good dancer', and the like are subordinated to or negated by this trait, which is immediately felt to be more central to the 'actual' identity of the individual." 40

The class, status, and power of the stigmatizer can be of importance in terms of the impact of stigmatization. For example, someone classified as mentally ill by members of the medical profession may find it difficult to refute such typing or convince others that such labelling is inappropriate.⁴¹

Although the precise effects of official labelling are far from clear cut⁴² it can be argued that such labelling tends to create more problems for an individual than 'lay' labelling. For example, a young offender describing his relationship with the police, states:

"You can just be walking down-town with millions of shoppers and they'll stop you. If they know your face you're fucked. If you've done a bit of robbing and they don't like your face, that's it." 43

It must be noted, though that those who have not been stigmatized by officials may still experience difficulties in their day to day lives because of the possibility of such labelling⁴⁴ or because of the hostility of other members of the community.

Intentional and explicit forms of stigmatization tend to be directed towards those with conduct or tribal stigmas. In contrast, those with physical stigmas rarely experience overt hostility from others. The stigmatization of this group takes a different form ('unintentional' stigmatization). Evidence from a number of studies⁴⁵ indicates that 'normals' tend to be over-sympathetic or inhibited during contact with the physically stigmatized. For example, in a study in the 1960s, Kleck⁴⁶ found that his subjects were more inhibited when they were in the presence of an assistant who had assumed the role of a left leg amputee than they were during interaction with a physically normal assistant. Subjects interacting with the 'disabled' assistant were found to have:

- (i) Displayed greater relative motoric inhibition (i.e. they didn't move about as much as they did with the normal assistant).
- (ii) Formed a more positive impression of this particular assistant.
- (iii) Distorted their opinions in the direction of making them more consistent with those assumed to be held by disabled persons.

Although it can be argued that this form of stigmatization is preferable to overt hostility, it must be remembered that such 'stereotyped' responses can have important implications for the life chances of the physically stigmatized. For example, such individuals have frequently been 'cared' for in separate communities, ostensibly for their own good. However, the physically stigmatized may find such segregation extremely distasteful.⁴⁷ For instance, a girl recalling her first impressions of a home for the blind states:

"I was to spend the rest of my life making mops with other blind people, eating with other blind people, dancing with other blind people. I became nauseated with fear, as the picture grew in my mind. Never had I come across such destructive segregation." 48

The relationship between stigmatization and stigma types can depend upon what Goffman has termed the known-about-ness of a particular attribute, its obtrusiveness and its perceived focus.⁴⁹ In the case of those with physical stigmas, explicit forms of stigmatization may be avoided provided that they observe certain forms of social etiquette and accept that interaction with normals will tend to be superficial. Indeed, F. Davis has compared the position of the visibly handicapped in 'mixed' social situations with the

"poor relation at the wedding party... sufficient that he is here, he should not expect to dance with the bride." 50

However, if those with physical stigmas become too obtrusive they may suffer explicit stigmatization. Berk, in a study of patrons at a dance hall in the United States, gives an example of such a situation:

"A number of paraplegics in wheel chairs arrived at a dance, and their presence in one of the halls where the dances were held resulted in an exodus of over two hundred and fifty of the approximately seven hundred patrons in the room within a half hour. Patrons fled the immediate vicinity so as to avoid contact with 'those misfits' as they were described by several patrons who felt that the handicapped should have had the good sense not to come to such places and embarrass everyone." 51

The stigmatization of those with conduct stigmas may also vary in relation to known-about-ness, obtrusiveness and perceived focus.⁵² Members of a local community may, for instance, refrain from stigmatizing an elderly, acknowledged homosexual who lives in the vicinity on the grounds that his conduct

poses no form of threat. In contrast, a local school teacher with a recent conviction for gross indecency may experience intense hostility from members of the same community.

Felt Stigma

All individuals who carry stigmas are likely to experience feelings of stigma to some degree. For those with conduct or tribal stigmas such feelings may be induced by the adverse comments or actions of others. For example, a former mental patient (recalling a discussion with a colleague after being discharged from hospital) comments:

"I said: 'That argument doesn't make sense: you're mad.' and he replied: 'At least I've never been a patient in a mental hospital.' I was desperately hurt....." 53

Such feelings may also result from 'official' stigmatization. a prostitute, recalling her experiences of court appearances, states:

"You go in through that door and everyone's waiting for you and looking at you. I keep my head down and never look on either side. Then they say those awful words: 'Being a common prostitute...' and you feel awful, all the time not knowing who's watching you at the back of the court." 54

For the physically stigmatized, feelings of stigma are more likely to be experienced as a result of the inhibited or over-sympathetic reactions of normals (see p.6). For instance, a physically handicapped person confined to a wheelchair states:

"I get suspicious when somebody says, 'Let's go for a.... push with me down the hall,' or something like that. This to me is suspicious because it means that they're aware, really aware, that there's a wheelchair here,..... A lot of people in trying to show you that they don't care that you're in a chair will do crazy things. Oh, there's one person I know who constantly kicks my chair as if to say 'I don't care that you're in a wheelchair. I don't even know that it's there.' But that is just an indication that he really knows it's there." 55

A one-legged girl, recalling her experiences with school sports, provides a good illustration of how over-helpful reactions can also result in feelings of stigma:

"Whenever I fell, out swarmed the women in droves, clucking and fretting like a bunch of bereft mother hens. It was kind of them and, in retrospect, I appreciate their solicitude, but at the time I resented and was greatly embarrassed by their interference. For they assumed that no routine hazard to skating - no stick or stone - upset my flying wheels. It was a foregone conclusion that I fell because I was a poor, helpless cripple." 56

For those with blameless stigmas any re-orientation by normals may result in feelings of stigma, even if such changes result in a more favourable attitude being adopted. For example, former England cricket captain, Tony Greig, was perturbed by the thought that the Australian cricket public might respond to him more favourably after it was revealed that he suffered from epilepsy.⁵⁷

The frequency of felt stigma experiences is likely to vary from individual to individual. For those who interpret all their life experiences within a stigma framework (i.e. those who believe that their stigma obtrudes in all forms of social intercourse) such feelings may be relatively common. For instance, a criminal states:

".... I always feel this with straight people - that whenever they're being nice to me, pleasant to me, all the time really, underneath they're only assessing me as a criminal and nothing else." 58

For others such feelings may be quite rare. As an unmarried mother told me,

"I've very rarely felt stigmatized. It's just the odd reaction from people.... but then I sit and reason it out within myself and think sod 'em."

Obviously, it seems likely that those individuals who continually feel stigmatized will find life extremely difficult to cope with (even if they are living within a tolerant and understanding community). In contrast, those individuals who rarely feel stigmatized (especially those who make a determined effort to minimize such feelings) are likely to find life relatively unproblematic (even if they should be unfortunate enough to be treated unfavourably by members of their local community).

Earlier (p.10) it was suggested that individuals may come to recognize that they possess a stigma by means of self-recognition. Similarly, it is possible to feel stigmatized without experiencing explicit stigmatization. As Weinberg and Williams point out, in a discussion of homosexuality:

"Even if the homosexual himself has not actually been sanctioned because of his sexual orientation, the way he feels about himself can be damaged by his imputing negative reactions to the heterosexuals he knows and to people in general." 59

Although feelings of stigma are more likely to be experienced by those who possess stigmas, it is important to note that others may report similar feelings even though they do not possess a seriously discrediting attribute.⁶⁰ A comment from a nail-biter provides a perfect illustration in this regard:

"Going to a party and having to hold a glass is agony to me because my hands, and bitten nails, are so obvious, writing a cheque in a shop with the assistant gazing at my hand as I write is dreadful. I am aware of her scrutiny and my hand shakes..... The solitary pain of the true nail-biter, his sense of inadequacy and self-disgust and the condemnatory indifference to his plight which ordinary society bestows on him are not generally recognised." 61

In addition, individuals may feel stigmatized merely by being present in a stigmatic situation. For example, a female

researcher, recounting her feelings whilst visiting an area associated with prostitution, states:

"The deserted appearance of the footpaths and the apparent purposefulness of any woman who did walk along them.... forced upon me the realisation that this area was reserved for prostitutes - it was a place set aside for them and would lend its colouring to anyone who chose to enter it...." 62

It should also be noted that individuals with courtesy stigmas⁶³ (see p.10) may experience feelings of stigma. For example, in a letter submitted to an advice columnist, a young girl writes:

"Dear Ann Landers:

I'm a girl 12 years old who is left out of all social activities because my father is an ex-convict. I try to be nice and friendly to everyone but it's no use. The girls at school have told me that their mothers don't want them to associate with me because it will be bad for their reputations. My father had some bad publicity in the papers and even though he has served his time nobody will forget it.

Is there anything I can do? I am very lonesome because it's no fun to be alone all the time. My mother tries to take me places with her but I want to be with people my own age. Please give me some advice.

AN OUTCAST." 64

Interestingly, it also seems possible that the associates of individuals with 'stigmas of excellence' (see pp.8-10) may experience feelings of stigma. For instance, the family of an Oxbridge student state:

"After working extremely hard and giving up pastimes and pleasures, our son achieved his ambition and won a place at Cambridge. We are an ordinary family and were so proud of his success. However, we have been disillusioned by the resentment we receive from friends, workmates, even family, if we mention his locality. Whereas parents with children at other universities can discuss their offsprings' progress, and express natural pride in achievements, we are barred by looks, innuendo and rejected from participation." 65

It is difficult to define precisely what constitutes a feeling of stigma. In order to cast some light on this matter, it is useful to consider two other closely related unpleasant sensations - namely, embarrassment and shame.

According to Modigliani:

"Embarrassment is a common experience. It may be elicited by a surprising range of apparently dissimilar situations: being introduced to an unfamiliar audience, arriving at a social occasion under-dressed, talking to a person who stutters badly, mistaking a stranger for an acquaintance, and so on. Subjectively it entails a sense of exposure, of inadequacy, of awkward self-consciousness. It is sometimes accompanied by such distressing symptoms as blushing, sweating, tremor, fumbling and stuttering." 66

As Modigliani points out, embarrassment appears to be a very mild form of unpleasant situation which we are all likely to experience. Embarrassment generally occurs at a specific moment in a social situation; is often instantaneous in effect; and rarely has any permanent effect on the future actions or self-esteem of the individuals experiencing it. However, in some cases, an individual may have felt so embarrassed in a particular situation that future plans are geared towards ensuring that such embarrassment is avoided in the future. For example, a woman, embarrassed by her lack of proficiency at badminton, may decide to avoid attending the club of which she is a member.

Shame⁶⁷ appears to be a more intense form of unpleasant sensation. As with embarrassment, shame may be experienced in a number of situations and may affect us all at some time in our lives. We may experience shame as a result of a particular action, such as deliberately travelling on a train

without a ticket, or due to some form of inaction, such as neglecting an aged relative. Unlike embarrassment, a feeling of shame is likely to have a more marked effect on the actions of individuals. Such a sensation may result in determined efforts to improve one's performance in a particular social role, e.g. father, employee, lover, gardener. By experiencing shame, individuals generally acknowledge that their conduct in one or more social roles has fallen below an accepted standard (such acknowledgment may be self-initiated or result from the reactions of others).

A feeling of stigma appears, at least in theory, to be the most severe form of unpleasant sensation. Those experiencing stigma may feel that their whole identity is tarnished because of a particular attribute. Such feelings may be intense; experienced in many situations; and persist for long periods of time. For example, a man convicted of shoplifting states:

"Though the whole business fell into some sort of manageable perspective, as time passed I still felt tainted by it all.... Every time I passed the store concerned, I would relive the experience.... I was never able to make myself go into the shop either. The fear of people finding out always worried me, and the chance that I might meet one of the solicitors from the court socially and they would recognise me was another constant, if highly improbable worry." 68

Many individuals who experience feelings of stigma may, like those who feel ashamed, accept that their physical appearance, conduct or ethnicity is evidence of inferiority. However, others who experience such feelings may hold the belief that it is the reactions of stigmatizers which is reprehensible rather than their own discrediting attribute (i.e. they

question the assumption that they are inferior members of society. Note that further attention will be given to this subject in the next section).

Finally, it is important to note that the distinctions I have made between embarrassment, shame and stigma are highly speculative. In general and academic discourse, these terms are frequently used as if they were synonymous. ⁶⁹

Responses to Stigma Acknowledgement

Individuals are likely to respond to stigma acknowledgement in one of two ways. They may either accept or reject the assumption that a particular attribute is evidence of inferiority.

For acceptors,

"the denial of respectability by their audience represents an accepted-as-accurate response to their genuine lack of respectability. This obtains in situations where there is consensus between the viewer and the viewed concerning a true lack of moral worth." ⁷⁰

Acceptance can lead some individuals to seriously consider ⁷¹ changing their job, address, or even their name. In contrast, others may view acceptance as being an important first step on the road back to normality. For example, a homosexual may seek medical help in an effort to remedy his ⁷² sexual 'affliction'. Similarly, a member of Alcoholics Anonymous may accept

"assignment to the role of alcoholic as a step ⁷³ towards overcoming his alcoholic behaviour."

However, as Goffman points out:

"Where such repair is possible, what often results is not the acquisition of fully normal status, but a transformation of self from someone with a record of having corrected a particular blemish." ⁷⁴

In some cases acceptance may have an instrumental purpose. For example, in order to obtain accommodation in a hostel run by the Salvation Army, an alcoholic may readily agree with the staff that heavy drinking is a social evil.

'Rejection' may also take a variety of forms. For some, a passive form of rejection may be adopted. Such individuals, though rejecting any notion of inferiority, are unwilling to commit themselves to more active forms of protest for fear of hostile reactions from others.⁷⁵ In contrast, other individuals may decide to draw attention to their stigma in an effort to demonstrate the inappropriateness of associating a particular attribute with inferiority. For example, a prostitute may readily refer to her professional status during casual conversations with others. Similarly, a Jew may prominently display a star of David necklace.⁷⁶ Such individuals may adopt this method of 'confronting' stigma in their public, as well as private lives. For instance, a clergyman may decide to disclose the fact that he is a homosexual to his congregation.

In some cases, rejection may take a collective form.⁷⁷ Groups or movements, of varying degrees of political militancy, may be established to provide mutual support in countering existing, negative, public stereotypes. This process can be difficult.

As Goffman argues:

"When the ultimate political objective is to remove stigma from the differentness, the individual may find that his very efforts can politicize his own life, rendering it even more different from the normal life initially denied him - even though the next generation of his fellows may greatly profit from his efforts by being more accepted. Further, in drawing attention to the situation of his own kind he is in some respects consolidating a public image and of his fellow-stigmatized as constituting a real group." 78

Collective action may be undertaken for very different purposes. Certain groups, such as the disabled, may act collectively in order to achieve a greater degree of social acceptance within the existing framework of society. In contrast, other groups, such as militant homosexual organisations, may use collective action to challenge the existing social system. In addition, it should be noted that some groups (e.g. hippies) may demonstrate their rejection of prevailing social norms by establishing peripheral, 'alternative' communities.⁷⁹

Stigma Disavowel

Some individuals, upon experiencing stigmatizing reactions from others, may respond by attempting to neutralize such labelling.⁸⁰ This group, whilst accepting that certain attributes are evidence of inferiority, contest the applicability of such labelling in their particular case. Such neutralization may be of a formal or informal kind. Formal attempts at neutralization may involve an appeal to an official body (e.g. a mental patient who feels that she has been unjustly detained may appeal to a Mental Health Review Tribunal) or to members of the general public (e.g. a criminal campaigning for a re-trial). At an informal level, individuals' ability to contest or neutralize adverse labelling will frequently depend on their class, status and power. This is especially the case with regard to infringements of the law.⁸¹

Stigma Management

There are two main ways in which individuals can manage their spoilt identities - namely, passing or covering.⁸²

(i) Passing

Individuals with information to manage (the discreditable: see pp. 5-6), may attempt to pass as normal during various forms of social interaction. Some individuals may pass frequently whilst others may employ this technique more sparingly.

Opportunities to pass will depend on the type of stigma an individual possesses. Those with physical or tribal stigmas will have fewer chances to pass because of the visibility of their stigmas. Nevertheless, such individuals may pass successfully in certain situations. For instance, a near-blind man recalls how he succeeded in passing as sighted with a girlfriend:

"I managed to keep Mary from knowing my eyes were bad through two dozen sodas and three movies. I used every trick I had ever learned. I paid special attention to the color of her dress each morning, and then I would keep my eyes and ears and my sixth sense alert for anyone that might be Mary. I didn't take any chances. If I wasn't sure, I would greet whoever it was with familiarity. They probably thought I was nuts, but I didn't care. I always held her hand on the way to and from the movies at night, and she led me, without knowing it, so I didn't have to feel for curbs and steps." 83

Individuals with discreditable conduct stigmas will be able to pass more frequently because they will be in a position to control information about their discrediting attribute. Some individuals may decide to restrict information about their stigma to a small group, such as their immediate family or closest friends, whilst others may be prepared to inform a much wider social audience. 84 The stigmatizing attribute possessed by an individual may be of importance in terms of the type of passing undertaken. For example, a prostitute may wish

to pass as 'respectable' with both her family and the police whilst simultaneously remaining 'well known' to her potential clientele.

Even after the stigmatized have selected their confidants they may still find that passing is fraught with difficulties. For example, an ex-criminal (who has passed in a new neighbourhood) may find his recently acquired respectability threatened by the appearance of a former prisonmate in the locality.

For some, passing may present numerous practical difficulties. For example, a stutterer recalls:

".... having a very bad time with initial 'm's... and, very foolishly under the circumstances, travelling to Marble Arch. I could see the conductor coming down the corridor towards me and I knew I would have to say 'M-M-M-', and, finally, as often happens with stammerers, a fantastic act of creation took place. I said 'One to the arch that is made of marble, please.'" 85

Passing may be a painful experience for those, such as passive rejectors, (see p.22) who feel that their discrediting attribute should not be negatively regarded by others. As a homosexual states:

"When jokes were made about 'queers' I had to laugh with the rest, and when talk was about women I had to invent conquests of my own. I hated myself at such moments, but there seemed to be nothing else that I could do. My whole life became a lie." 86

The extent to which individuals engage in passing is likely to depend upon whether they accept or reject (see pp.21-23) that a particular attribute is evidence of inferiority. It seems probable that those who accept such an association will pass more frequently than rejectors.

There may be occasions, though, when rejectors omit to refer to their stigma during social interaction, not because of any fear of hostile reactions but, rather, because disclosure is perceived as inappropriate or unnecessary in the particular situation. For example, an ex-prisoner engaged in casual conversation may make no reference to his stigma because he believes that such information is not relevant to the subject under discussion. Even if a suitable opportunity for disclosure presents itself, he may still refrain from referring to his stigma on the grounds that personal information should not be disclosed during casual meetings. Although it could be argued that this man has engaged in passing, it should be remembered that we are all likely to limit the amount of information we disclose about our private lives during brief discussions with comparative strangers. Indeed, we would be surprised if brief acquaintances violated the rules of social etiquette by divulging intimate details of their private lives.⁸⁷ As such, it seems inappropriate to infer that individuals have engaged in passing merely because they have omitted to refer to their stigma during a particular social encounter. In addition, individuals may engage in deliberate episodes of passing for reasons other than a desire to minimize the possibility of receiving unfavourable reactions from others. For example, an epileptic may decide to avoid referring to her stigma when meeting people casually because she has found that disclosure results in inhibited forms of interaction (i.e. others feel obliged to express sympathy or restrict their conversation to the subject of epilepsy).

Covering

The discredited (see pp.5-6) may attempt to manage their stigmas by means of covering. By engaging in covering an individual hopes to reduce tension during social interaction.⁸⁸ Although such individuals recognize that passing is inappropriate due to the visibility or fame of their stigma, they may, nevertheless, attempt to ensure that their stigma is as unobtrusive as possible during social interaction. For instance, a near-blind person, who knows that others in his company are aware of his differentness, may

"hesitate to read, because to do this he would have to bring the book up to a few inches of his eyes, and this he may feel expresses too glaringly the qualities of blindness." 89

Similarly, a man with a previous conviction for theft may decide to withdraw his application for the post of treasurer at his local social club after acknowledging the possible tension that could be created.

As with passing, it seems likely that those who accept, rather than reject, the assumption that a particular personal attribute is evidence of inferiority will cover more frequently. For example, blind acceptors may try to ensure that they behave in ways regarded as normal by the sighted. This may involve such actions as 'looking' directly at other people when engaged in conversation.⁹⁰ In contrast, blind rejectors are likely to pay little heed to the norms of the sighted. Instead, they are likely to behave in ways which they consider to be expedient. For example, such individuals may use their hands rather than cutlery when eating in 'mixed' company.

Three final points need to be made in relation to stigma management. Firstly, intentional passing or covering by the stigmatized precludes any effective challenge to existing social values and, as such, is likely to reinforce contemporary patterns of stigmatization.⁹¹ Secondly, passing and covering may also be undertaken by those with courtesy stigmas.⁹² For instance, a prisoner's wife may inform neighbours that her husband's absence from home is due to temporary overseas employment. Thirdly, it should be remembered that we are all likely to pass in certain situations in an effort to maintain a 'face'.⁹³

In this chapter attention has been focussed exclusively on sociological and social psychological approaches to the notion of stigma. In the next chapter consideration will be given to the rather distinctive way in which this concept has been used in the social administration literature.

CHAPTER 2STIGMA: THE SOCIAL ADMINISTRATION APPROACH

Although the adoption of the notion of stigma by social administrators owes much to the work of sociologists and social psychologists it would be misleading to give undue emphasis to these particular influences. The importance contemporary social administrators attach to the concept of stigma owes far more to the deep-rooted historical association between this notion and certain developments in social policy. In particular, the concept of stigma has been inextricably linked with the treatment of the able-bodied poor over the centuries. For example, a series of repressive measures were introduced by Tudor governments during the 16th century in an attempt to curb the incidence of vagrancy.¹ The punishments meted out to those deemed to be members of the undeserving poor were intended not only to be physically unpleasant but also highly 'stigmatizing' (e.g. whipping, stocking, branding and ear-boring).²

In later periods the poor were often subjected to sanctions of a more exclusively 'stigmatizing' kind. For example, in the late 17th century a number of parishes introduced a regulation which required recipients of poor relief to wear a distinctive mark or badge on their clothing.³ It was hoped that this stipulation would deter all but the most needy from applying for poor relief.

The deterrent value of stigmatization was also clearly recognised by the Poor Law Commissioners in their report on

the operation of the Poor Laws (1834). Believing that parish allowance schemes were demoralising the poor, the Commissioners recommended the introduction of a number of reforms based on the principle of less eligibility.⁴ The Commissioners were of the firm opinion that a minimal form of poor relief (which ensured that the living standards of recipients were less favourable than those of the poorest independent labourers) would stem the demand for poor relief provided that such provision was linked to a workhouse test (i.e. applicants applying for relief should be required to: accept institutional care (a sanction which also applied to other dependent family members); forfeit their voting rights (where applicable); wear distinctive clothing; undertake monotonous and degrading forms of work). As Pinker points out:

"The concept of 'less eligibility' was a psychological device which, in the non-market context of a workhouse, reminded individuals in a forceful way of what they did not want. Since the economic market, in most instances, had never offered these paupers much more than marginally superior material rewards, the sanction of less eligibility took a necessarily psychological form. It imposed the pain of humiliation and stigma." 5

The introduction of the new Poor Law was instrumental in ensuring that the subject of stigmatization was kept in the forefront of subsequent discussions about poor relief during this period. For example, local opposition to the workhouse system (with all its stigmatic associations) proved highly successful in forcing the Poor Law Commission to agree to the re-introduction of outdoor relief in 1842.⁶ The resultant growth in outdoor relief found little favour, however, with the Local Government Board (which was established in 1871 to

replace the Poor Law Board). Concerned about the growing cost of this form of provision the new Board encouraged local unions to introduce an even more stigmatizing form of institutional relief. The first of these 'test' workhouses was established by the Poplar Guardians in 1871. Inmates within this repressive institution were compelled to perform degrading and painful tasks such as stone breaking or oakum picking (separating the fibres of tarred rope). If they failed to meet the specified daily production targets (women, for example, were expected to pick 6 lb. of beaten, or 3 lb. of unbeaten oakum each day) inmates were liable to be brought before a magistrate or placed in solitary confinement in the workhouse refractory ward on a bread and water diet.⁷

The overt stigmatization enshrined in this scheme was markedly absent from other social policy measures of the period.⁸

Indeed, efforts were made to reduce the stigma attaching to other institutionalized pauper groups (e.g. children, the sick and the elderly⁹). For instance, in the case of children, the principle of less eligibility was gradually diluted by the introduction of educational provision and by the acceptance of the advantages of community care (e.g. scattered homes and boarding out).¹⁰

The question of stigma was also given consideration in the Poor Law reports of 1909. In their report, the majority (represented by, amongst others, the permanent heads of the Local Government boards and members of the Charity Organization Society, such as Loch and Bosanquet)¹¹ argued that a distinction should continue to be maintained between the type of relief afforded to the deserving as opposed to the undeserving poor.

Accordingly, they recommended that the former should be provided with relief (on more favourable terms) by Voluntary Aid committees whilst the latter should be forced to seek sustenance from Public Assistance committees. The majority acknowledged, however, that the public poor relief scheme needed to be modified in certain respects if it was to shed its stigmatic image. They therefore recommended that:

- (i) outdoor relief should be known in future as home assistance.
- (ii) applicants for relief should be classified as necessitous rather than destitute.
- (iii) disenfranchisement should be abolished for short term claimants (i.e. under three months).¹²

Given their commitment to the introduction of specialised, non-stigmatized, public welfare services, the minority (B. Webb, Chandler, Lansbury and Wakefield) not surprisingly saw no need (unlike the majority) for the continued operation of a distinctive destitution authority.¹³ Nevertheless, they did accept that stigmatizing measures were necessary, for the purpose of deterrence, in cases of idleness and malingering (reformatory detention colonies).¹⁴

Although both these reports had little immediate impact on government policy¹⁵ they were, nonetheless, highly significant in terms of ensuring that consideration continued to be given to the notion of stigma in subsequent income maintenance programmes. Awareness of the stigmatizing propensities of Poor Law provision, and the consequent threat to public order posed by those members of the unemployed dependent upon such aid,¹⁶ prompted governments of all parties to devise various unemployment income maintenance schemes during the early decades of

this century.¹⁷ A major aim of these schemes - to provide unemployment relief on more socially acceptable terms - was never fully realised because of continuous concern about cost and abuse. As a result these schemes became, to greater or lesser extents, tainted by less eligible procedures such as seeking work or means tests.¹⁸

Subsequent attempts to reduce the stigma attaching to non-contributory unemployment assistance (e.g. the abolition of the household means test in 1941:¹⁹ the establishment of the National Assistance Board in 1948)²⁰ have proved largely unsuccessful. A major reason for this failure centres around the belief that a distinction should continue to be maintained between contributory and non-contributory forms of income support. The means test remains the most significant administrative device for distinguishing between these two types of benefit. As Beveridge argued in his report on social insurance (1942):

" National Assistance must be felt to be something less desirable than insurance benefit; otherwise the insured persons get nothing for their contributions. Assistance therefore will be given always subject to proof of needs and examination of means; it will be subject also to any conditions as to behaviour which may seem likely to hasten restoration of earning capacity." 21

The divisive nature of means-testing was a source of particular concern for a number of post-war academics in the developing discipline of social policy and administration. Fully aware of the stigmatizing propensities of residual forms of welfare these commentators attempted to inform both the public and policy makers alike of what they considered

to be the overwhelming social and economic advantages of 'institutional' welfare provision. It is to this collectivist tradition that attention will now be given in order to demonstrate how the concept of stigma has been used in the contemporary study of social policy.

This collectivist tradition, which can usefully be termed the Fabian socialist²² or social democratic²³ approach to welfare, is characterised by:

- (i) adherence to social values such as equality, freedom and fellowship;
- (ii) acceptance of the belief that capitalist society can be transformed by positive forms of government intervention, and
- (iii) wholehearted support for benevolent public welfare services.²⁴

No one within this tradition has expressed greater faith in the part that social policy can play in creating a more socially just society than Richard Titmuss. Titmuss believed that social policy could, by providing opportunities for the expression of altruism, effectively counter the divisive and alienating²⁵ aspects of economic life. For Titmuss, the decision to expand welfare services after the second world war was an indication of the increasing influence of social as opposed to market ethics.

"..... the fundamental and dominating historical processes which led to these major changes in social policy were connected with the demand for one society; for non-discriminatory services for all without distinction of class, income or race; for services and relations which would deepen and enlarge self-respect; for services which would manifestly encourage social integration." 26

According to Titmuss the blood donation system in Britain provides one of the best examples of the positive effects of social policy.²⁷

"Unlike gift-exchange in traditional societies, there is in the free gift of blood to unnamed strangers no contract of custom, no legal bond, no functional determinism, no situations of discriminatory power, domination, constraint or compulsion, no sense of shame or guilt, no gratitude imperative and no need for the penitence of a Chrysostom." 28

Titmuss was greatly encouraged by the fact that the majority of blood donors did not demand or expect any tangible form of reward for their services.²⁹ Instead, they tended to observe what Gouldner has termed the norm of beneficence.³⁰

"This norm requires men to give to others such help as they need. Rather than making help contingent upon past benefits received or future benefits expected, the norm of beneficence calls upon men to aid others without thought of what they have done or can do for them, and solely in terms of a need imputed to the potential recipient." 31

The concept of need formed a central part of Titmuss' analysis of social policy. He argued that public welfare services should be provided on the basis of this principle rather than on criteria such as ability to pay, desert, or some inflexible notion of legal entitlement. In order to support his assertion that need based, universal public social services could play a vital role in creating a more integrated and just society, Titmuss frequently referred to what he considered to be the deficiencies of private, and selectivist public welfare provision.³² In this examination of the relative merits and demerits of institutional and residual forms of welfare Titmuss utilized, and developed, the notion of stigma.

Titmuss drew attention to two main ways in which the private welfare sector could stigmatize the poorer members of the community. Firstly, he argued that the very existence of private welfare services within a market dominated society was likely to have a detrimental effect on public welfare services. For example, with regard to education he stated that:

"Until we, as a society, can rid ourselves of the dominating influences of the private sector of education, we shall not have the will to embark on an immensely higher standard of provision for all those children whose education now finishes when it has hardly begun." 33

Secondly, and more specifically, he pointed out that the selection procedures most commonly used in the private welfare sector were inherently stigmatizing for particular groups in society:

"Private enterprise social service institutions have to operate on the principle of excluding the 'bad risks' and the social casualties of change. Thus, private occupational schemes exclude the chronically sick, the disabled, the elderly, the mentally handicapped, new entrants, most categories of women - especially unmarried mothers - and so on. Private medical institutions similarly exclude 'the bad risks', the over-80s, the indigent and so-called charitable cases." 34

Although Titmuss discounted any suggestion of deliberate stigmatization on the part of the private welfare sector, he was, nonetheless, concerned about their marked lack of interest in the social effects of their services:

"..... if applicants are excluded because they cannot pay or are likely to have above-average needs.... who can blame them if they come to think that they have been discriminated against on grounds of colour and other criteria of rejection?" 37

Titmuss also contended that selectivist public welfare services had stigmatizing propensities:

"In the past, poor quality selective services for poor people were the product of a society which saw 'welfare' as a residual; as a public burden. The primary purpose of the system and the method of discrimination was, therefore, deterrence (it was also an effective rationing device). To this end, the most effective instrument was to induce among recipients (children as well as adults) a sense of personal fault, of personal failure, even if the benefit was wholly or partially a compensation for disservices inflicted by society." 38

Titmuss argued that the residual nature of selectivist public welfare services was likely to create staff recruitment difficulties which would only serve to increase the possibility of stigmatization.

"Insofar as they are able to recruit at all for education, medical care and other services, they tend to recruit the worst rather than the best teachers, doctors, nurses, administrators and other categories of staff upon whom the quality of service so much depends. And if the quality of personal service is low, there will be less freedom of choice and more felt discrimination." 39

Titmuss was also deeply opposed to the major administrative procedure of selectivist welfare provision - namely the means test:

"If all services are provided - irrespective of whether they represent benefits, amenity, social protection or compensation - on a discriminatory, means-test basis, do we not foster both the sense of personal failure and the stigma of public burden? The fundamental objective of all such tests of eligibility is to keep people out; not to let them in. They must, therefore, be treated as applicants or supplicants; not beneficiaries or consumers." 40

Titmuss contrasted the stigmatizing propensities of private, and selectivist public forms of welfare with (what he perceived as) the status enhancing qualities of universal public social services.

"One fundamental historical reason for the adoption of this principle was the aim of making services available and accessible to the whole population in such ways as would not involve users in any humiliating loss of status, dignity or self-respect. There should be no sense of inferiority, pauperism, shame or stigma in the use of a publicly provided service; no attribution that one was being or becoming a 'public burden'. Hence the emphasis on the social rights of all citizens to use or not to use as responsible people the services made available by the community in respect of certain needs which the private market and the family were unable or unwilling to provide universally." 41

Titmuss welcomed the move towards universalism which occurred in areas such as education, housing and health care after the second world war. ⁴² Titmuss was particularly proud of the developments in health care. He believed that the National Health Service provided the finest example of a non-discriminatory, non-judgemental, social service. ⁴³ In 'The Gift Relationship', he stated:

"Attitudes to and relationships with the National Blood Transfusion Service among the general public since 1948 can only be understood within the context of the Health Service. The most unsordid act of British social policy in the twentieth century has allowed and encouraged sentiments of altruism, reciprocity and social duty to express themselves; to be made explicit and identifiable in measurable patterns of behaviour by all social groups and classes. In part, this is attributable to the fact that, structurally and functionally, the Health Service is not socially divisive; its universal and free access basis has contributed much, we believe, to the social liberties of the subject in allowing people the choice to give or not to give blood for unseen strangers." 44

Though committed to the principle of universality, Titmuss was fully aware of the limitations of this approach.

"Universalism in social welfare, though a needed prerequisite towards reducing and removing formal barriers of social and economic discrimination, does not by itself solve the problems of how to reach the more-difficult-to-reach who are in need" 45

For example, Titmuss recognised that higher income groups were tending to make more extensive use of the National Health Service.

"... they tend to receive more specialist attention; occupy more of the beds in better equipped and staffed hospitals; receive more elective surgery; have better maternity care, and are more likely to get psychiatric help and psychotherapy than low income groups - particularly the unskilled." 46

Titmuss accepted that certain selectivist measures were needed in order to overcome the deficiencies of universalism. However, the type of selectivity that Titmuss had in mind was qualitatively different from the negative form of selectivity associated with residual forms of welfare. Unlike negative selectivity (which merely attempted to identify those members of a particular population group who were eligible, by reason of extreme poverty, for some form of benefit),⁴⁷ the positive selectivity (discrimination) advocated by Titmuss was intended to provide additional help for those groups whose needs were not being fully met by existing universal services. As he states:

"The challenge that faces us is not the choice between universalist and selective social services. The real challenge resides in the question: what particular infrastructure of universalist services is needed in order to provide a framework of values and opportunity bases within and around which can be developed socially acceptable selective services aiming to discriminate positively, with the minimum risk of stigma, in favour of those whose needs are greatest." 48

Titmuss' success in establishing stigma as a concept of central importance for the study of social policy cannot be overstated. The fact that academics, politicians, and others have continued to take both a theoretical and practical (e.g.

the effect of stigma on the take-up rate for social security benefits) interest in the concept is due in no small measure to his pioneering contribution.

Further Theoretical Developments

Titmuss' ideas concerning the relationship between stigma and social policy have been critically examined by a number of other commentators. Some writers⁴⁹ have expressed doubts, for instance, about the link between means-testing and stigma. For example, Klein asserts that:

"Stigma is the phlogiston of social theory: a label attached to an imperfectly understood phenomenon - when low take-up of means-tested benefits can be explained just as well, perhaps better, by the information costs involved, by the fact that expense in time, trouble and travel may outweigh the value of small benefits and by the ability of some people to manage on a given amount of money better than others (all of which indicate providing more free information and streamlining administrative procedures rather than condemning the means-test and discretionary benefits as instruments of policy)." 50

Although contemporary universalists have acknowledged that factors other than stigma might affect the take-up rate for means-tested benefits, they have nonetheless continued to reaffirm their belief that such procedures are inherently stigmatizing. This is clearly illustrated if one considers their response to the suggestion made by Rose⁵¹ and others that it is possible to find examples of non-stigmatized forms of means-testing (e.g. income tax returns, student grant applications). For example, Room argues that the means-tests commonly applied to the poor differ from the former in two important respects.

"First, secrecy and procedural complexities are often allowed to compound the general ill-informedness of claimants, so that the opportunity cost to the latter in terms of time and energy is high. Second, the manner in which officials deal

with claimants in their face-to-face contacts typically reinforces the sense of stigmatisation that claimants may expect of their neighbours and fellow citizens." 52

As Reddin concludes:

"The middle class versions of the means-test, such as that for university grants, tend to be more civilised and socially acceptable devices than anything to be found amongst the lower income groups." 53

Questions have also been raised about the status-enhancing qualities of universal social services. As Pinker points out, client and official perceptions of the social services may differ quite significantly:

"Each user of a social service brings the subjective facts of his personal biography to the experience. These facts will be more authentic to him than the officially defined aims or traditions of the service."⁵⁴

As he continues:

"The relationship between social services and citizenship is thus largely determined by subjective evaluations of the purpose of the service. For some citizenship is enhanced while for others it is debased by reliance upon social services. Perceptions of status vary according to service and category of need, and it is no more true to say that all universalist services always endow status than it is to claim that selectivist services always stigmatize." 55

Certainly, it seems likely that some recipients of universal social services will experience feelings of stigma (particularly as such feelings are highly subjective - see pp.15-21). For example, streaming or assessment procedures within the educational system may induce feelings of stigma amongst pupils. Similarly, patients with chronic complaints may experience a sense of inferiority because of the priority which tends to be given to acute conditions within the National Health Service. (The creation of the NHS has done little, for instance, to improve the quality of care afforded to groups such as the mentally handicapped).

Even positive discrimination programmes may have stigmatizing propensities. As Reisman states:

"Positive discrimination implies direction of resources without stigma towards a particular group. Here, of course, the question is not (as it is with a means-test) whom to exclude but whom to include more intensively. Whether or not this can be done without stigma is another matter. Some groups may feel stigmatized by being selected (and therefore branded as deficient); and there is no a priori reason to think that the people in Plowden's Educational Priority Areas do not experience a collective sense of shame." 58

Pinker has drawn attention to some of the underlying reasons for the failure of contemporary welfare services to eradicate the problem of stigma. He points out that dependency on public welfare services is always likely to be potentially stigmatizing for any citizen who has been socialized in a community where market rather than welfare values predominate.

"In a society where self-help and independence are powerfully sanctioned values, the subjective facts of social consciousness.... impose inferior status on the dependent." 59

In addition, he argues that the stigma attaching to a particular form of dependency (and the extent to which stigma is experienced as a result of dependency) will vary according to the dimensions of depth, distance and time.

"The first variable of depth refers to the extent to which the recipient is made aware of his dependence and sense of inferiority and accepts the definition of his status as legitimate." 60

For example, individuals who are receiving benefits in recognition of past (e.g. industrial disablement claimants) or future (e.g. higher education students) service are unlikely to be made continually aware of their dependent status or to feel stigmatized by the receipt of such aid. The opposite is more likely to be the case with groups who contravene the

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norm of reciprocity (e.g. the mentally handicapped) or who are deemed to be responsible for their public dependency (e.g. voluntary unemployed). Pinker contends, however, that certain groups may question the appropriateness of associating stigma with their particular dependency (see on this point pp. 22-23).

"Groups exposed to short-run risks of dependency, such as redundant able-bodied workers and minority groups with a high proportion of young members, are more likely to reject or be indifferent to prevailing forms of stigma." 62

Pinker also stresses the importance of the social or spatial distance between recipients of welfare services and their 'donors'. He argues that groups with tenuous grips on citizenship such as ethnic minorities and the institutionalized elderly or handicapped are much more likely to be made aware of their dependent status. 63 Finally, Pinker asserts that individuals who are dependent on welfare provision for long periods of time are more likely to experience intense or persistent feelings of stigma. 64

In his discussion of the relationship between stigma and public dependency, Pinker also draws attention to the stigmatizing effects of personalized forms of welfare.

"The aim of personalizing a welfare-exchange relationship is supposedly to identify more accurately the needs of the applicant, but by so heightening the sensibilities of 'giver' and 'receiver' we also risk making one party more acutely aware of his dependency." 65

To counter this possibility, which may be compounded by the superior knowledge and expertise of welfare professionals, 66 Pinker suggests that greater use should be made of impersonal, non-stigmatized forms of welfare such as subsidized transport.

"Any user of a free service of this kind would enjoy an increase in disposable income without any risk of stigma and without any danger that ignorance or apathy might exclude them from maximum benefit." 67

More generally, Pinker argues that the stigma attaching to dependency can be reduced if a variety of donors are involved in the process of providing aid for recipients.

"Dependencies of a stigmatizing or humiliating nature are most likely to be avoided when the individual receives aid of a partial nature from a number of providers. Since individuals require aid from both familial and organizational sources in order to enhance their life-chances, recipients are most likely to prosper when there is an element of competition between donors." 68

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Like Titmuss, Pinker has also highlighted the fact that social policy has controlling as well as caring functions.

"Social services are used to transmit skills and a variety of goods and services designed to enhance the freedom and independence of individuals. They are also used to impose sanctions, and therefore stigma, upon individuals." 70

These conflicting aims of social policy can clearly be seen to operate, for example, in the sphere of income support for the unemployed. The welfare objective - providing aid for the unemployed and their families (care) - is not permitted to overshadow economic considerations such as the need to reinforce the work ethic. Accordingly, sanctions (control) are applied to those individuals who have left their previous employment without good reason or who have failed to make satisfactory efforts to find a new job.

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Control of the poor inevitably increases the possibility of intentional or unintentional forms of stigmatization. Welfare personnel, by virtue of their relatively powerful position vis-a-vis welfare recipients, will often be the perpetrators

of such stigmatization. In many cases welfare recipients will be unable to challenge the exercise of this authority because of the very nature of their dependency (i.e. a request for social service aid is often made as a last resort; as such, 'custom' cannot easily be withdrawn especially if material aid is required). There is considerable evidence that the controlling activities of welfare officials creates feelings of stigma amongst recipients of social services. For example, groups such as one-parent families⁷² and the unemployed⁷³ have frequently referred to their humiliating experiences with National Assistance and Supplementary Benefits officers. In addition, Jordan has expressed concern about the increased risk of stigmatization within the personal social services which (he argues) resulted from the implementation of the 1963 Children and Young Persons Act (section 1 of this Act empowered social workers to provide material aid in cases where there was a risk of family break-up).

"The obligation to provide poor relief has not only altered the whole structure and ethos of local authority departments; it has created a new kind of relationship between social workers and their clients, based not on principles of casework, but on principles of public assistance. Services which were once provided as best they could be, within the limited resources of local authorities as personal services, are now rationed according to the means-tested ideology of the supplementary benefits system, with all the humiliation of the recipient that this entails." 74

The assumption that administrative procedures are uniquely responsible for the stigma that attaches to certain social services has also been challenged by Pinker and others:

"In our present state of knowledge it is very difficult to understand the cultural processes by which social services and their users become stigmatized. It may be that some groups of users are held in such low public esteem that any service and personnel concerned mainly with their needs become stigmatized merely by association." 75

Donnison, the former chairman of the Supplementary Benefits Commission, contends that any service dealing with

"vulnerable people who attract least public sympathy"⁷⁶ such as deserted wives, ex-prisoners and mental patients, is always likely to become stigmatized by association. In the case of supplementary benefits, he argues that the service has only been able to retain some semblance of respectability because of the presence of a large number of deserving claimants (pensioners).⁷⁷

Although there may be some disagreement as to which social service attracts the greatest degree of stigma⁷⁸ there seems to be little doubt that services which attract the least amount of public approbation tend to be those which are used predominantly by the lower social classes (e.g. supplementary benefits, social work services and public housing). In contrast, those social services which are patronized by clients from both lower and higher income groups tend to be regarded more positively (e.g. education and health services). Far from being subjected to disapproval or stigmatization, the users of these services are likely to be commended "for their social competence."⁷⁹

The media, particularly the press, have played a significant part in creating and reinforcing negative public attitudes towards social services such as supplementary benefits and

public housing. In the case of the former, attention has frequently been given either to the disreputable nature of claimants or to the supposedly widespread incidence of fraud and abuse.⁸⁰ Despite the lack of evidence to substantiate these allegations of abuse,⁸¹ parts of the press have continued to mount campaigns against scroungers. Indeed, as Golding and Middleton point out:

"the very lack of evidence.... is taken as proof that there must indeed be a hidden depth of social security abuse." 82

Interestingly, after castigating 'The News of the World' for unfairly stigmatizing the supplementary benefits service and its clientele, the then chairman of the Commission was himself subjected to 'stigmatization' by the same paper.

"Where has he been all his life? A different world to that most of us live in. His father helped run the Burma branch of the British Empire. The Prof. went from Marlborough (Captain Mark Phillip's old school: fees £2,000 a year) to Magdalen (King Edward VIII's old college). It is a mystery why a gent with such a background should be regarded as an expert on poverty." 83

Finally, it is important to note that criticism has been directed at the collectivist aim of reducing the incidence of stigma within the field of social policy. For example, Reisman argues that the movement towards a system of welfare rights has increased the likelihood of irresponsible and unacceptable patterns of behaviour within the community (e.g. voluntary unemployment, child neglect, excessive gambling or drinking). To counter this trend, Reisman advocates that the feckless poor should be subjected to potentially stigmatizing forms of control.⁸⁴ In a similar vein, both Page and Boyson have stressed the need for explicitly stigmatizing procedures within income support

schemes for the unemployed. Page suggests that it would be sensible:

".... to arrange for daily signing on by all those who are unemployed for longer than three months, or, better still, to allow the officers concerned to use their discretion so that those who are making a genuine effort to find work need sign on only once each week, while those obviously 'swinging the lead' could be instructed to sign on more frequently and at specific times. For each day when such a person failed to sign on his money would be stopped." 85

Boyson, meanwhile, believes that

"A basic work test on roads, municipal parks, clearing waste land could be offered to the workshy at the place of their application." 86

Social Administration and the Concept of Stigma:
The Complement Provided by Research

The development of social policy and administration as an accredited academic subject has led to a rapid growth in the number of research studies undertaken in this field since 1945. A number of these studies have been concerned with the relationship between stigma and welfare provision. In these investigations consideration has been generally given to one or more of the following themes:

- (1) The effect of stigma upon the take-up rate for means-tested benefits.
- (2) Experiences of stigma resulting from social service use.
- (3) Public attitudes towards the social services.
- (4) Public attitudes towards the poor and welfare recipients.

Each of these themes will be considered in turn.

(1) The effect of stigma upon the take-up rate for means-tested benefits

Given the collectivist and problem-solving tradition of social policy studies, it is not altogether surprising that a good deal of research has been devoted towards the question of how the take-up rate for various means-tested benefits might be adversely affected by considerations of stigma. It is useful to examine this research according to the type of benefit under investigation.

(a) Social Security benefits

The fact that it is now commonly acknowledged that considerations of stigma may deter poor people from claiming means-tested benefits to which they are entitled is due in no small part to the efforts of a number of researchers who investigated the circumstances of the elderly during the 1950s and 1960s. For example (following Townsend's initial work on the elderly, which had drawn attention to the link between stigma and unclaimed benefit),⁸⁷ Cole and Utting collected data (during 1959 and 1960) on the economic circumstances prevailing in 400 'elderly income units' (one unit consisted either of a man or woman over retirement age or a married couple where the husband was over retirement age).⁸⁸ The authors found that 12% of these units were not receiving benefits to which they were entitled. Stigma was identified as one of the reasons for non-claiming amongst this group.⁸⁹

Further evidence of the detrimental effect of stigma upon the take-up rate for National Assistance amongst pensioners was provided in a government survey published in 1966 -

Financial and other Circumstances of Retirement Pensioners.

As Table 2.1 shows, pride, dislike of charity or reluctance

Table 2.1 Reasons for not applying for National Assistance - June 1965

Proportion giving the following reasons:*	n=	Married Couples (121,500) %	Single Men (63,000) %	Single Women (427,200) %
Lack of knowledge or misconception		37.4	33.5	34.8
'Managing all right'		19.7	30.0	37.7
Pride, dislike of charity, dislike visiting National Assistance Board		33.4	26.5	22.9

Source: Ministry of Pensions and National Insurance, (1966) op.cit., Table III.21, p.42

Note: *Some pensioners gave more than one reason and are counted more than once in this table.

to visit the National Assistance office were cited as reasons for non-claiming by a substantial proportion of pensioners. This direct indicator of the adverse effect of stigma upon the take-up rate for National Assistance amongst the elderly should not, however, be dissociated from the other reasons given by pensioners for non-claiming. For example, a reason for non-claiming such as lack of knowledge can justifiably be linked to the notion of stigma. As George explains:

"... a service which for one reason or another is considered by the public to be 'stigmatized' is likely to be both misunderstood and not adequately understood for the perceived 'stigma' tends to distort any information about the service that reaches the public." 91

This particular study also highlighted the potentially intractable difficulty of eradicating the stigma associated with the claiming of means-tested social security benefits. As Table 2.2 shows, considerations of stigma were found to deter younger as well as older pensioners (who, one could justifiably assume, would be more likely to experience feelings of stigma because of their familiarity with previous forms of poor relief) from claiming benefits to which they were entitled.

As Atkinson points out:

"On the basis of this evidence there are no strong grounds for expecting that the problem of stigma will disappear with time." 92

These studies of the elderly poor certainly had an impact on government policy. In response to this and other evidence the Labour government decided to establish a new semi-autonomous board - the Supplementary Benefits Commission - to carry out those duties previously performed by the National Assistance Board. It was optimistically hoped that the abolition of the term National Assistance coupled with the proposed merger of local contributory and non-contributory benefit offices would improve the image of the means-tested sector. As Kincaid states:

"It was hoped that some of the respectability of national insurance would rub off on the supplementary benefit sector." 95

Table 2.2 Retirement pensioners not claiming National Assistance to which they are entitled and reasons for not doing so by age - June 1965

	Percentage of those eligible not claiming			Percentage of those not claiming attributing it to pride, or to dislike of charity of National Assistance Board		
	Married Couples	Single Men	Single Women	Married Couples	Single Men	Single Women
	%	%	%	%	%	%
Age:						
60 - 64	-	-	38	-	-	20
65 - 69	45	35	40	31	14	25
70 - 74	33	36	36	32	36	24
75 - 79	40	40	37	45	35	22
80 - 84	36	39	35	30	21	23
Over 85	37	42	39			
All Ages	39	38	39	33	27	23

Source: Atkinson, A.B., op.cit., Table 3.8, p.59

A number of specific administrative changes were made in order to encourage the elderly poor (who were to remain firmly within the means-tested sector) to claim their supplementary benefit entitlements.⁹⁶ First, elderly claimants were to be provided with a combined pension and supplementary pension order book rather than two order books (thus ensuring that they could not be easily identified as claimants during visits to the post office). Second, the circumstances of supplementary pensioners were to be reappraised after a year instead of six months. Third, this group were to be given the option of visiting their local supplementary benefit office if they did not wish to be visited at home. In addition, it was also hoped that the elderly poor (along with other claimants) would benefit from more general changes in the means-tested system such as: improved forms of publicity for the new scheme; the decision to pay long-term additions without regard to family circumstances; the rationalization and improvement of the 'disregard' regulations; the acceptance that claimants had a 'right' to benefit.

The fact that the elderly demonstrated a greater willingness to claim their entitlement to benefit after the introduction of the new scheme should not, however, be taken to indicate that the image of the means-tested sector had been dramatically improved as a result of the cosmetic changes outlined above. It seems more likely that this increase in the take-up rate was caused by improvements in the level of allowances and by the more generous system of 'disregards'.⁹⁷

Evidence linking stigma with the non take-up of means-tested social security benefits has continued to be found in more

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recent surveys. For example, in a study of funeral expenses, Hennessey found that a number of people living on low incomes were unwilling to ask the Supplementary Benefits Commission for additional help with funeral costs because of the stigma involved in claiming.⁹⁹ As Table 2.3 shows, thirteen respondents referred directly to the stigma associated with claiming when they were asked to explain why they had not requested assistance from the Supplementary Benefits Commission. It should also be noted, though, that some of the other reasons given by respondents for not approaching the Supplementary Benefits Commission can be linked to the notion of stigma. For example, those respondents who were critical of the social security system or who had used their own savings may have been indirectly referring to the effect of stigma.

Table 2.3 Reasons why people with difficulties did not ask about extra help from the Supplementary Benefits Commission

	Number of people giving this reason (weighted)
Didn't know about it/never thought about it	25
Claiming benefits is degrading/respondent too proud to go to DHSS or ask anyone for money/only idlers ask for social security	13
Respondent knew that insurance/estate would pay out eventually	10
Didn't think there was anything besides Death Grant/didn't think they were entitled to or qualified for anything else	9
Respondent was working full-time and knew SBC could not help	8
Social security are unhelpful/don't care/respondent had had claims for benefit(s) turned down in the past	7
Respondent used own savings/cut down instead	6
<hr/>	
Weighted total number of people asked this question	66

(more than one reason possible)

Source: Hennessey, P.J., (1980) op.cit., Table 6.5, p.86

(b) Rate/Rent Rebates/Allowances

As part of a research project in the early seventies, Meacher attempted to find out what effect stigma had upon potential rate rebate claimants in Islington.¹⁰⁰ To carry out this task, Meacher renewed contact (September 1971) with a group of eligible, non-claiming occupiers who had previously indicated (May 1971) that they would apply for a rate rebate. Having eliminated the factor of ignorance (all members of the survey group had been clearly informed of their eligibility for this benefit), Meacher found that the worthlessness of claiming (low level of rebate not deemed to be a sufficient reward for the effort involved in claiming) and stigma were the two most important reasons for non take-up. In terms of the latter, Meacher found that:

- (i) The elderly were more likely to be influenced by considerations of stigma than other eligible families.
- (ii) Private tenants tended to refer to stigma as a reason for not claiming rebate more frequently than their council counterparts.

Given the deep rooted historical association between stigma and means-tested benefits, Meacher was not surprised that the elderly tended to be deterred from claiming rebates to which they were entitled (because of stigma) than other groups. As she points out:

"Since we did our utmost for more than a century until the 1940s to inculcate feelings of guilt, shame and stigma, their presence among older people is evidence of the success of earlier publicity carried out over a very long period."¹⁰¹

In terms of her second finding, Meacher was prompted to hypothesise that:

"..... acceptance of a council house may itself be seen as a certain loss of independence, so that further claims are less inhibited. Several respondents in private accommodation made comments such as 'you're not your own once you claim these things' or 'they know all about you once you fill in those forms'. Council tenants may well feel that they have already revealed some personal information to the council so that to do so again is less a deterrent." 102

In a survey conducted by the Batley Community Development Project, a link was also found between stigma and the non-¹⁰³ take-up of rent rebates and allowances. In a qualitative follow-up survey conducted in 1973, 36 tenants were asked to account for their failure to claim either rent allowances (12) or rebates (24).¹⁰⁴ As Table 2.4 shows, only a small number of respondents cited stigma as a reason for their reluctance to claim.

Table 2.4 Principal reasons for not claiming given by non-claimers

Ignorance and Misconception	23
Stigma, Pride, Dislike of Charity	8
Don't Know	5
<hr/>	
Total	36

Source: Taylor-Gooby, P.F., (1976) op.cit., Table 5, p.44

Table 2.5 Principal reasons why other entitled tenants did not claim

	<u>Claimers</u>	<u>Non-Claimers</u>	<u>Total</u>
Ignorance	7	9	16
Stigma and Pride	7	12	19
Scared of Rebuff	9	4	13
Don't Know	9	10	19
Other	3	1	4
Total	35	36	71

Source: Taylor-Gooby, P.F., (1976), op.cit., Table 6, p.45

However, greater significance was accorded to the factor of stigma when this group of non-claimers and a group of claimers were asked to speculate as to why eligible tenants were not claiming these benefits (see Table 2.5).

According to Taylor-Gooby, the apparent discrepancy between these results may indicate, on the one hand, that respondents believe that stigma is an important influence upon others but not upon themselves or, alternatively, that there is some general reluctance to admit to personal feelings of stigma. This latter explanation is certainly worthy of serious consideration given the fact that many of us would no doubt find it difficult, or even belittling, to admit to feelings of stigma.

(c) Free Prescriptions and 'Passport' Benefits

In a study conducted in a Scottish city in 1972, Blaxter collected data on 237 former hospital patients of working age.¹⁰⁶ She found that the take-up rate for free prescriptions amongst those members of her sample who were entitled to this benefit was relatively low. As Table 2.6 shows, most of the non-claimers were entitled to this benefit on grounds of low income.

In attempting to account for this reluctance to claim, Blaxter found that her respondents distinguished between those benefits which were provided on the basis of a particular medical condition, insurance record or 'stage-of-life' criteria (e.g. children, pensioners) and those forms of assistance which were provided on a discretionary basis for those in financial need (i.e...."..... 'need' of itself: not entitlement because of belonging to a special group, or 'need' because of special circumstances.")¹⁰⁷ As Blaxter points out:

"To accept any benefit supplied by 'the welfare' was seen as passing a watershed. Many people refused to apply for free prescriptions even though they admitted money problems, because they thought that 'it means inspectors prying'; I'm not telling them how much money I've got.. 'everyone says they make you feel degraded if you ask for anything free'; 'I'm not applying for charity'." 108

Although Blaxter's non-claimers did not appear to feel stigmatized about being poor,¹⁰⁹ they did appear to be deterred (by considerations of stigma) from applying for those benefits which they did not believe they had a 'legitimate' right to receive.

Table 2.6 Grounds of Entitlement to Free Prescriptions

	<u>Receiving</u>	<u>Not Receiving</u>	<u>Total</u>
Low income	18	36	54
'Prescribed' diseases	9	2	11
Both income and disease	8*	2	10
Both income and service pension	1+	2	3
Both disease and service pension	1+	-	1
Pregnancy	1	-	1
Total	38	42	80

Source: M. Blaxter, op.cit., Table 1 p.43

Notes: *Five of these respondents had received 'income' certificates and three 'disease' certificates.

+Both of these respondents were in receipt of service pension certificates.

In a survey of fatherless families receiving Family Income Supplement, Nixon also found that there was a link between stigma and the non take-up of 'passport' benefits.¹¹⁰

Although stigma was not found to be the main reason for non take-up, it was found to deter a number of mothers from claiming a variety of benefits to which they were entitled. (See Table 2.7).

Table 2.7 Reasons for Non Take-up of 'Passport' Benefits

	Type of 'passport' benefit not taken-up				
	School Meals	Prescription charges	Hospital Fares	Dental/Optical Charges	Legal Advice
Base of Percentages	400	314	823	518	700
	%	%	%	%	%
Did not know it was included with FIS	4	16	7	11	5
Did not think I was entitled	5	18	10	12	6
Embarrassing for children	10	1	0	1	0
Pride	4	5	1	3	1
Too much bother/not worth it	1	6	3	3	1
Too much form filling	0	0	0	1	0
Total eligible	24	46	21	31	13

Source: Nixon, J., op.cit., Table 3.5, p.34

Interestingly, Nixon found that considerations of stigma affected mothers' decisions concerning claiming in both a direct and indirect way. For example, in terms of the latter, Nixon discovered that 40 mothers had refused to claim free school meals because they felt that this would cause embarrassment for their children.

(d) Free School Meals

Evidence indicating that stigma contributes towards the non

take-up of free school meals has been found in a number of studies.¹¹¹ For example, in a 'snapshot' survey in 1974, Field found that the humiliating treatment meted out to 'free meal' pupils in certain schools (different payment schemes, separate entrances/tables, different/smaller meals) had deterred some poor parents from claiming this benefit on behalf of their children.¹¹² Davies also found evidence of an association between stigma and non take-up in his meticulous study of free school meals, which was conducted in the late 1960s.¹¹³ In order to gauge the effect of stigma upon take-up,

Table 2.8 Proportions of families with no experience of free meals and who had not considered applying for free meals giving various reasons for not considering applying

	Non-takers' sample		Payers' sample	
	U	O	U	O*
	%	%	%	%
Income too high	26	36	50	41
Ineligible because working	7	3	5	7
Ignorance about free meals scheme	19	5	3	2
Unwillingness to reveal personal information	2	0	2	2
Pride as parents	4	8	7	12
Embarrassment to child	2	3	2	7
Disagreement with free meals in principle	0	3	2	4
Thought ineligible	17	10	17	18
Parental preference	19	10	2	0
No answer	6	26	15	16
Families who had no experience of free meals and did not consider applying	100	100	100	100

Source: Davies, B., in association with Reddin, M., op.cit., Table 3.2, p.68

Note: * U denotes 'under-achieving' area;
 O denotes 'over-achieving' area.

For details of this classification, see Davies, B., ibid, pp. 19-20

Table 2.9 Proportion of respondents giving various explanations of why eligible families did not apply for free school meals

	Non-takers' families		Payers' families		Free meals receivers' families	
	U	O	U	O	U	O
	%	%	%	%	%	%
(a) Stigma (including parents' pride or shame, or the dislike of the invasion of privacy involved)	39	43	48	55	40	39
(b) Ignorance (including not realizing that they are eligible, not knowing about free meals, not understanding the system)	35	24	40	22	18	20
(c) Dislike of food	12	18	5	7	19	17
(d) Parents can afford to pay	6	0	2	7	2	1
(e) Parents apathetic	0	4	7	6	12	10
(f) Prefer to eat at home	4	11	0	3	5	10
(g) Others	6	2	2	0	4	1
Total number of persons giving codable explanation	%100 No.66	100 56	100 61	100 71	100 67	100 69

Source: Davies, B. op.cit., Table 3.7, p.82

Davies asked a group of mothers to explain why they had not applied for free school meals. As Table 2.8 shows, only a relatively small proportion of respondents referred to stigma factors (e.g. unwillingness to reveal personal information; pride as parents; embarrassment to child. It should also be noted that the category parental preference may also include references to stigma).¹¹⁴ However, when Davies asked his respondents to account for non take-up amongst other eligible families he found that far greater weight was given to stigma factors (see Tables 2.9 and 2.10). Davies believes that there may have been three possible reasons for the discrepancy¹¹⁵ between these two results:

- (i) Respondents were unwilling to be completely honest with interviewers and thus avoided referring to stigma when talking about themselves.
- (ii) Respondents may have been unwilling to admit to feeling stigmatized about receiving a financially advantageous family benefit.
- (iii) Respondents' ideas about what influences other people's behaviour may have reflected political mythology and stereotypes rather than their own knowledge, experience or feelings.

After examining each of these possible reasons, Davies concludes that

"... the last is the most probable explanation; the second is less probable; and the first is much less probable." 116

Davies' conclusion on this point is clearly open to question. It could be argued, for example, that he has not given sufficient consideration to the possibility that respondents may find it difficult to admit to personal feelings of stigma (see p. 57). This particular issue will be discussed in greater detail later in the chapter.

Table 2.10 Proportions of respondents agreeing with propositions as important explanations of why eligible children did not receive free school meals

	Non-takers' families		Payers' families		Free Meals receivers'	
	%	N ¹	%	N ¹	%	N ¹
<u>'Under-achieving' authority</u>						
(a) Do not need them	32	76	27	79	53	68
(b) Other children stigmatize	58	77	61	79	56	68
(c) Teachers pick on receivers	30	77	15	79	10	68
(d) Though to be charity	70	76	70	79	78	68
(e) Application too complicated	51	76	56	79	34	68
(f) Don't like stating income	44	77	70	79	76	68
(g) Don't like employer to know that applying	57	77	54	79	50	68
(h) Don't know about the service	74	77	70	79	60	68
<u>'Over-achieving' authority</u>						
(a) Do not need them	40	67	27	78	19	81
(b) Other children stigmatize receivers	68	68	65	79	62	81
(c) Teachers pick on receivers	12	68	15	79	12	81
(d) Thought to be charity	82	68	75	79	78	81
(e) Application too complicated	43	68	52	79	25	81
(f) Don't like stating incomes	65	68	63	79	74	81
(g) Don't like employer to know that applying	57	68	52	79	63	81
(h) Don't know about the service	63	68	47	79	46	81

Source: Davies, B., op.cit., Table 3.8, p.84

Note: ¹ Number of persons giving an answer referring to the proposition. The percentages are proportions of this number.

(2) Experiences of stigma resulting from social service use

Much of the evidence linking social service use and stigmatizing experiences has come from surveys of claimants receiving means-tested social security benefits. In numerous instances researchers have found that the mere process of applying for, or receiving, such benefits can induce feelings of stigma.

For example, 75% of the female single parents interviewed by Marsden in the mid 1960s reported that they had felt very embarrassed when applying for national assistance. ¹¹⁷

In a survey of supplementary benefit recipients in the late 1960s, Townsend also found that a third of his respondents felt embarrassed to some degree about receiving this form of aid (see Table 2.11). ^{118.}

In another study, conducted in the early 1970s, Marshall interviewed a group of mothers who were dependent upon supplementary benefit. ¹¹⁹ She found that a substantial proportion of her respondents (particularly divorced women, separated wives and wives with sick husbands) felt stigmatized about receiving supplementary benefit (see Table 2.12). In terms of this particular study, it is important to note that the extent of felt stigma amongst respondents should not be gauged solely from the category 'feelings of stigma or dislikes feeling of dependency'. Clearly, mothers who reported, for example, that they disliked:

- (i) visiting the local supplementary benefit office;
- (ii) the questions posed by, or attitude adopted by, supplementary benefit officials;
- (iii) 'just..... being on it'

may equally well have been referring to feelings of stigma.

Table 2.11 Percentages of the elderly and younger recipients, according to their attitudes to receiving Supplementary Benefit

Whether embarrassed or uncomfortable at receiving supplementary benefit or accepting it like a pension or other income	Recipients aged 60 and over	Recipients under 60	Recipients		
			Male	Female	All
Very embarrassed or uncomfortable	5.3	19.2	8.0	9.7	9.1
A little embarrassed	20.7	19.2	18.4	21.2	20.0
Not embarrassed	74.1	61.6	73.6	69.1	70.9
Total	100.0	100.0	100.0	100.0	100.0
Number	189	73	87	175	265

Source: Townsend, P., op.cit., Table 24.11, p.846

Various studies have also shown that the conduct of national assistance and supplementary benefits officers can induce feelings of stigma amongst claimants.¹²⁰ Claimants' complaints about the unfavourable attitude of officials have often been linked to particular administrative procedures. For example, in a study of the unemployed in North Tyneside, it was found that many of the respondents who had been refused exceptional needs payments were highly critical of the behaviour of the supplementary benefits officers concerned.¹²¹ Two 'typical' comments can be cited in this regard.¹²²

"He was snotty. He didn't ask to see the clothing..
.....I was gonna sock him one'."

"I'd asked for a grant for wallpaper and paint - the children's room is damp all winter and their blankets are no good - I just got cheek. I threw him out'."

Table 2.12 Dislikes about being on Supplementary Benefit

	Unemp- loyed men (wives)	Sick Men (wives)	Unmar- ried mothers	Separ- ated wives	Divor- ced wives	Widows
	%	%	%	%	%	%
Dislikes going to local office, because of writing times, lack of privacy, or unspecified reasons	24	28	29	36	36	30
Dislikes questioning by staff; type of question or attitude of staff	47	26	20	30	31	36
Feels that exceptional needs grants are not given to them when they should be	11	-	4	6	3	6
Feeling of stigma or dislikes feeling of dependency	24	37	29	37	41	26
Dislikes being short of money, income inadequate	22	11	20	16	18	9
'Just don't like being on it'	7	7	6	5	5	8
Nothing disliked, or favourable comments only	24	32	27	19	16	42

Source: Marshall, R., op.cit., Table 59, p.53

Note: Percentages add up to more than 100 because several mothers gave more than one answer

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Lister found that the majority of the eighteen wage-stopped claimants she interviewed in the early 1970s also felt aggrieved because of the treatment they had received from supplementary benefits officers.

"They treat you like dirt. One woman was so rude you'd think she was talking to a tramp. Department of Public Humiliation I call it'."

"The Social Security make you feel they're doing you a favour, that you should be grateful for everything you get. A frightfully demoralising experience the whole thing'." 124

Research has also shown that female claimants are particularly likely to be treated in a stigmatizing way by social security officials. Women suspected of cohabitation have frequently drawn attention to the totally unacceptable comments made by national assistance and supplementary benefits officers. 125

A comment from one of Marsden's respondents provides a good example of how feelings of stigma can result from a remark made by an official in these circumstances.

"They were really horrible. First one man came round, then another, saying 'Do you sleep with Mr. Barnes? Are you committing adultery with him?' And I told him it's my own private business, but the man says, 'You can't tell me that a man and woman living in the same house don't go to bed together,' and I told him that's dirty talk and I don't like it at all'." 126

Comments made by officials during questioning about future employment plans 127 or the identity of a putative father 128 have also been shown to induce feelings of stigma amongst female claimants.

It should also be noted that feelings of stigma have been reported by other social service users such as council house tenants 129 and social work clients. 130 For example, in terms of the latter, Rees found that 35 (58%) of his respondents

had felt ashamed (to some degree) about being referred to
 131
 a social worker.

In addition, it is important to remember that evidence relating to felt stigma has not always been found in welfare consumer research. For instance, in a recent study of supplementary benefit claimants, Briggs and Rees ¹³² found little evidence to support the assertion that contact with supplementary benefit officials is liable to induce feelings of stigma amongst the poor. As they point out:

"Some experiences regarded by claimants as humiliating were recounted to us, but they were not very common. Spontaneous favourable comments about the last interview and the manner and helpfulness of officers greatly outnumbered unfavourable ones. Among pensioners in particular there appeared to be the raw materials for the emergence of a Supplementary Benefit Fan Club." 133

A number of researchers in the United States have attempted to pinpoint the precise reasons for the link between felt stigma and the receipt of welfare benefits. In a survey of fifty, predominantly black, female recipients of AFDC (Aid to families with dependent children) who were living in a southern state of America, Horan and Austin found that educated or longer-term beneficiaries were more likely to report feelings of stigma than other respondents. ¹³⁴ In addition, it was found that (other things being equal) mothers who knew about the existence of local welfare rights organisations were less ¹³⁵ likely to feel 'stigmatized'.

Horan and Austin's results contrast markedly with those ¹³⁶ obtained in a survey conducted by Handler and Hollingsworth. After interviewing over 700 AFDC recipients, who were living

in one of six Wisconsin states, these authors came to the conclusion that:

".... although feelings of stigma do exist among AFDC recipients, our indicators of stigma are only very weakly related or not related at all to the more obvious background characteristics of welfare recipients such as race, employment experience, education, type of community, length of residence, or friendships."¹³⁷

Kerbo, in a study of 103 mothers who were receiving AFDC
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in a mid-western urban area, also found little or no evidence to link felt stigma with race, employment experience, education, length of residence or age (over forties only). However, he did find that respondents who believed in individualistic explanations of poverty were more likely to feel stigmatized than those who favoured structural explanations.
139
tions.

Kerbo's findings conflicted, however, with Handler and Hollingworth's results concerning the effect of felt stigma upon recipients' attitudes towards the welfare system.
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Contrary to the evidence of the latter, Kerbo found that respondents who had experienced intense feelings of stigma tended to adopt

"a passive uncritical orientation towards the welfare system." 141

(3) Public attitudes towards the social services

Evidence from a number of sources indicates that welfare services have stigmatic connotations for some members of the general public. For example, as part of an exploratory examination of the relationship between the individual and
142
the welfare state, Pinker asked three groups of male

respondents (1. The chronically sick - bronchitics; 2. The acutely sick - coronaries; 3. A control group - 'fit' men) about their attitudes towards welfare services. He found that just over one third of his respondents believed that welfare dependencies were bad for self-respect (see Table 2.13).

Table 2.13 Attitudes towards seeking help from the Welfare State

	Bad for self-respect	Not bad for self-respect
Bronchitics	11	19
Coronaries	10	24
Controls	5	11
Total (N=80)	26	54

Source: Pinker, R.A., op.cit., Table 4, p.59

More specifically, Pinker found that respondents held the social security service in particularly low esteem. Some 80% of his respondents contended that people took unfair advantage of this service, though only 30% believed that there was large scale abuse.¹⁴³

Similar results to those obtained by Pinker were found in a recent survey (1977) conducted by Golding and Middleton in two English cities (Leicester and Sunderland).¹⁴⁴ For example, these authors found that nearly a quarter of their 650 respondents believed that people who claimed social security benefits should feel guilty about living off taxpayers' charity.¹⁴⁵

In addition, some 97% of Golding and Middleton's respondents believed that scrounging was prevalent within the social security system. Indeed, a third of this latter group were of the opinion that more than 25% of all claimants were scroungers.¹⁴⁶

Social security is not the only welfare service that has stigmatic connotations for the general public. For example, in a study of community perceptions of social work, Glastonbury et al found that 30% of their respondents held the view that social work clients were feckless and lazy.¹⁴⁷

Evidence that the public tends to associate stigma with particular welfare programmes has been found in two other studies. Clifford¹⁴⁸ asked a cross-section of people living in three different parts of a large, southern Irish town to speculate about public attitudes towards three particular income support services (St. Vincent de Paul - a voluntary Catholic organisation which provides cash and other material aid for the poor; Home Assistance - a discretionary, family means-tested, income support scheme for those unable to obtain other state benefits; Unemployment Assistance - claimants eligible for this benefit must:

- (i) be aged between 18 and 69;
- (ii) have resided in the state for at least 6 months prior to their application;
- (iii) be not only capable and available for, but also genuinely seeking, work;
- (iv) be willing to submit to a means-test).

As Table 2.14 shows, most respondents believed that the general public would be reluctant, to some degree, about approaching either the St. Vincent de Paul Society or the

Home Assistance Service. In contrast, few respondents believed that the general public would be reluctant in any way about approaching the Unemployment Assistance Service.

Most respondents referred to stigma factors when they were asked to account for the public's reluctance to approach

Table 2.14 Reluctance of people in general towards approaching services

Attitudes towards approaching services	Service		
	Home Assistance	St. Vincent de Paul	Unemployment Assistance
	%	%	%
Very reluctant	30.0	31.4	4.6
Quite reluctant	22.6	26.6	5.6
A bit reluctant	27.2	27.9	11.8
Not reluctant	20.2	14.1	80.0
Total	100.0	100.0	100.0
Number	287	290	285

Source: Clifford, D., op.cit., Table 4, p.39

these various services (see Table 2.15).

Table 2.15 Reasons for reluctance

Factors	Home Assistance	St. Vincent de Paul	Unemployment Assistance
	%	%	%
Pride and independence	45.5	29.6	41.7
Shame and embarrassment	16.1	28.2	27.1
Dissatisfaction with the service	2.3	1.7	2.1
Fear of being refused	10.6	6.4	4.2
Service seen as charity	10.1	12.8	4.2
Dislike of officials	7.8	3.8	2.1
Fear of being 'classed' as poor	5.0	11.5	8.3
Service too public	1.8	6.0	6.3
Felt obligation to pay back benefit	1.8	1.7	4.2
Total	100.0	100.0	100.0
Number of respondents to question	218	234	48

Source: Clifford, D., op.cit., Table 5, p.39

Clifford suggests four possible reasons for the relatively superior public image of the Unemployment Assistance Scheme (which was, incidentally, not only means-tested but also widely assumed to be open to abuse:

1. Fixed rates of benefit.
2. The absence of discretion.
3. Benefits were paid at the same office as insurance benefits
4. The high status of many of the claimants (low paid smallholders were entitled to claim this benefit).

In a study in the United States, Williamson asked 230 white women living in Boston (1972) to estimate the degree of stigma associated with various types of welfare programmes. In terms of job training schemes, Williamson found that his respondents tended to give higher stigma ratings to those schemes in which eligibility was restricted to welfare recipients. Similarly, two 'welfare' income support programmes - General Relief (a scheme in which cash payments are provided for low-income families who are unable to obtain any other means of support) and AFDC (an income maintenance scheme for low income families in which dependent children are deprived of the support of one parent) were also given high stigma ratings.

When asked to give reasons for their negative attitude towards AFDC, respondents referred to a number of factors: administrative procedures; the incidence of abuse amongst claimants; the characteristics of recipients (prostitutes, alcoholics, unfit mothers) and the inferior treatment accorded to claimants and their children by others.

In addition to finding that the more highly stigmatized programmes tended to be those which were restricted to welfare claimants, Williamson also found some evidence which suggested that respondents with liberal views or from higher socio-economic backgrounds tended to give higher stigma ratings to the various programmes than their conservative, or lower socio-economic counterparts.

(4) Public attitudes towards the poor and welfare recipients

Much of the rather limited evidence concerning public attitudes

towards the poor has come from research conducted in the United States, In general, it has been found that the public hold rather unfavourable opinions of the poor. For example, in a nationwide survey of 1,017 Americans, Feagin found that 84% of his respondents believed that many of those receiving welfare payments should have been working; 71% though that claimants made dishonest assessments of their own needs, whilst 61% contended that female welfare recipients were deliberately having illegitimate children in order to increase their incomes. ¹⁵⁶ Unfavourable public attitudes towards the poor were also found in a Gallop survey conducted in 1964. A third of the 3,055 white Americans interviewed in this survey were of the opinion that poverty resulted from a lack of effort on the part of the poor themselves. ¹⁵⁷ Three groups of respondents particularly favoured this explanation:

- (i) the young;
- (ii) the better educated;
- (iii) low status white-collar workers and farmers. ¹⁵⁸

Interestingly, Golding and Middleton (in their recent study of public perceptions of poverty in England) also found that their respondents tended to favour this 'victim-blaming' explanation of poverty. ¹⁵⁹ In looking in more detail at the characteristics of those respondents who had linked poverty with prodigality (wasteful spending patterns, financial ineptitude, imprudent breeding habits and sheer fecklessness or lack of motivation of the poor), Golding and Middleton found that women, pensioners and people living in middle-class neighbourhoods were more likely to favour this particular explanation of poverty. ¹⁶⁰ It should be noted with regard to the latter that unfavourable middle class attitudes towards the poor have also been found, to varying degrees, in a

number of American studies (e.g., Lauer, 161 Goodwin, 162
 and Williamson). 163

Golding and Middleton's evidence concerning 'victim-blaming' tends to confirm one of the findings of an earlier EEC study on public perceptions of poverty. 164 In this survey it was found that British citizens were more likely to accept individualistic explanations of poverty than their European counterparts (see Table 2.16).

TABLE 2.16 Public opinion on the causes of poverty (EEC)¹

Causes	United Kingdom	Whole Community
	%	%
Laziness	45	28
Drink	40	28
Too many children	31	27
Lack of foresight	21	18
Chronic unemployment	42	27
Ill-health	36	37
Old age and loneliness	30	34
Lack of Education	29	39
Deprived childhood	16	46

Source: Commission of The European Communities, op.cit., Tables 27 and 28, pp. 69-70

Note: ¹Totals higher than 100% because of multiple replies

In this study it was also found that lower income groups and the less well educated (throughout the community) were more likely to associate poverty with individual failings whilst higher income groups and the better educated tended to link poverty with social injustice. ¹⁶⁵ In contrast, Golding and Middleton's evidence (relating only to England) suggests that it is claimants, manual workers and inner city residents who are more likely to associate poverty with structural injustice. ¹⁶⁶

Three surveys in the British Isles have shown, in addition, that when the general public are asked to make assessments of the welfare entitlements of particular groups in society they attach great importance to the characteristics and circumstances of potential recipients.

Glastonbury et al asked their respondents whether social work services (including material aid) should be provided, at public expense, for various groups in society (six of these groups were portrayed as having blameless or accidental dependencies whilst negative characteristics were ascribed to the remaining eight groups, i.e. blameworthy or non-accidental dependencies). ¹⁶⁷ (See Table 2.17). The former (blameless) were seen to be the most deserving of support - 68% of respondents said that they would offer unconditional help; 19% conditional help; 9% no help at all. In contrast, the latter (blameworthy) were perceived as being relatively undeserving - 46% of those interviewed stated that they would grant unconditional aid; 22% conditional aid; 28% no aid at all. ¹⁶⁸

Table 2.17 Respondents' attitude to giving help in specific family circumstances

Specified groups	Respondents' replies (%)				
	Yes	Some- times	No	Don't Know	Total
1. Mothers and children where father is dead or deserted	90	2	3	5	100
2. Families who are homeless or in very poor housing	85	8	3	4	100
3. Poor families	74	19	3	4	100
4. Families where the father is out of work	54	37	5	4	100
5. People, like students, who do not pay taxes	52	20	22	6	100
6. Coloured families	51	25	20	4	100
7. Families in which father is in prison	82	6	7	5	100
8. Unmarried mothers and children	74	14	8	4	100
9. Families with delinquent children	68	11	20	1	100
10. Families with a lot of children	52	24	19	5	100
11. Families who have only recently moved to the area	33	29	33	5	100
12. Families in debt	25	44	26	5	100
13. Families with parents who drink, smoke or gamble	18	20	55	7	100
14. Families in which the father is unwilling to work	15	28	53	4	100

Source: Glastonbury, B., op.cit., Table 3, p.196

Not unexpectedly, a large percentage of respondents were willing to grant unconditional aid to deserving groups such as single parent families, in which the father had either died or deserted (90%) and homeless families or those in very poor housing (85%). Similarly, it was not surprising to find that respondents were unwilling to give aid to two particular types of family:

- (i) those in which parents drink, smoke or gamble (55%);
- (ii) those in which the father is unwilling to work (53%).

More surprising, however, was the fact that many respondents were willing to give conditional help to three groups commonly perceived as being undeserving - families in which the father was in prison (82%); unmarried mothers and their children (74%) and families with delinquent children (68%).

Evidence from Clifford's survey in the republic of Ireland lends support to Glastonbury et al's findings. Clifford found that a large proportion of his interviewees were willing to give unconditional help to deserving groups such as the elderly (97% and above); families with a sick wage earner (93%) and widows with children (92%). (See

Table 2.18) Similarly, respondents were unwilling to help 'undeserving' groups such as single men who were unwilling to work (83%) and families which run up debts (51%).

Clifford also found that there was a good deal of public support for unmarried mothers with children and families in which the father was in prison. Widows, somewhat surprisingly, elicited a rather unfavourable response from those interviewed - only 34% said that they would offer unconditional aid to this group.

Table 2.18 Respondents' attitudes to giving help in specific family circumstances

Class of Person	Proportion of Interviewees		
	Help With- out condi- tions	Help With conditions	Should Never help
Old who are poor	98.4	1.6	0.0
Old who are ill	97.3	2.7	0.0
Families whose husband is sick and out of work	93.0	7.0	0.0
Families whose husband has deserted without trace	87.9	11.4	0.7
Very big families whose fathers' wage is small	81.2	18.5	0.3
Families whose father is too lazy to seek work	29.2	50.7	20.1
Families whose fathers drink most of the wages	35.8	48.2	16.1
Single men who are unwilling to work	1.7	15.1	83.3
Wives of alcoholic husbands	68.5	27.9	3.7
Unmarried mothers who keep their child	86.6	12.4	1.0
Widows with children	92.3	7.0	0.7
Widows without children	33.6	55.7	10.7
Itinerant men not in work	33.7	45.8	20.5
Families of itinerants not at work	63.1	32.9	4.0
Families whose fathers are in jail	80.3	17.7	2.0
Families where both parents drink	38.6	41.9	19.5
Families where both parents gamble	27.9	40.7	31.3
Families where wife is an alcoholic	46.6	38.9	14.4
Families who run up debts and have large hire purchase arrears	14.1	34.2	51.3

Source: Clifford, D., op.cit., Table 7, p.43

Note: Based on 300 interviewees

In comparing the surveys of Clifford and Glastonbury et al it is possible to detect certain regional differences in public attitudes towards potential recipients of welfare aid. For example, needy, large families were viewed far more favourably in the Republic of Ireland than in South Wales (81% of Clifford's respondents stated that they would offer unconditional help to this group whereas only 52% of Glastonbury et al's sample said that they would act likewise (see Tables 2.17 and 2.18).

It is important to note that caution should be exercised when interpreting the results obtained in these two studies. For example, in both surveys favourable attitudes were displayed towards unmarried mothers. This may well indicate, as Clifford suggests, a change in public attitude towards this group.¹⁷⁰ However, the precise phrasing of the question used in this and other cases is likely to have affected the results obtained. In both surveys respondents were generally asked to consider whether they would offer help to certain groups within the context of family situations (i.e. they were not asked to consider providing aid solely for specific groups such as criminals, immigrants or unmarried mothers). The inclusion of dependants may therefore have neutralized underlying public hostility towards such groups. Indeed, in the case of widows, Clifford found that the inclusion of children was significant. Whilst 92% of his respondents were willing to give unconditional help to a widow with children, only 34% were willing to provide similar aid for a widow living alone (see Table 2.18).

In the third of these surveys in the British Isles, Pinker asked his respondents to consider which of a number of specified groups should be given priority in terms of additional welfare aid. As Table 2.19 shows, the deserving or undeserving characteristics of the specified groups did not appear to have been a major consideration in respondents' evaluations. For example, both the bronchitic and control groups indicated that they would give higher priority to ex-convicts than to either the disabled or old age pensioners.

Table 2.19 Respondents' attitudes towards welfare priorities (Pinker)

Vignette	Rank Order			
	Overall	Bronch- itics	Coron- aries	Control
Low earner	1	2	1	1
Sick old age pensioner	2	4	3	3
Fit old age pensioner	3	5	4	4
Ex-convict	4	3	8	2
Sick child	5	1	6	9
Disabled man	6	9	2	8
Child in trouble	7	8	7	5
Backward child	8	7	9	6
Sick man	9	6	10	7
Bright child	10	10	5	10

Source: Pinker, R.A., op.cit., pp. 50-52

Note: Low numbers = high priority

In addition, all groups believed that priority should be given to ex-convicts as opposed to sick men. It is a matter for speculation as to why respondents made these distinctions. For example, those interviewed may have ignored the deserving or undeserving characteristics of the various groups specified when making their assessments of welfare priorities (alternatively, they may have had highly distinctive views about what precisely constitutes a deserving or undeserving group). Instead, they may have decided to make their assessments of welfare priorities on the basis of existing levels of welfare provision for each of the groups concerned (i.e. given low priority to those groups deemed to be currently receiving an adequate level of aid).

Social Policy Research on Stigma: an Assessment

The collectivist and problem-solving roots of the discipline of social policy and administration can clearly be seen in the research studies that have been conducted into the notion of stigma within the welfare field. For example, most researchers have accepted the collectivist assumption that considerations of stigma can unnecessarily deter citizens from using selectivist public welfare services. Accordingly, a good deal of research has been devoted towards investigating the various ways in which stigma can lead to the under-utilization of this type of social service provision. In particular, attention has been paid to the way in which the take-up rate for various means-tested benefits can be adversely affected by considerations of stigma (see pp.49-64).

This type of research has certainly been of some use, particularly in the realm of policy making. For example, a number of

researchers have suggested various ways in which 'the problem of stigma' can be countered e.g. the abolition or modification of selectivist services; better training schemes for officials; more widespread publicity of various entitlements; less complex procedures; improvements in the furnishings and facilities provided in welfare offices used by the public).

In general, however, social policy research on the effect of stigma upon the actions and feelings of welfare recipients (or potential welfare recipients) has been rather disappointing. Importantly, the problem-solving ethos of the discipline has tended to militate against the use of sound theoretical frameworks. As a result, insufficient attention has been given to the various aspects of the concept (i.e. distinctions have rarely been made between stigmas, stigmatization, felt stigma and so forth (see Chapter 1). For instance, in much of this research the impression has often been conveyed that selectivist forms of welfare provision are the major source (as opposed to one particular source) of stigma in society. The promulgation of this viewpoint has tended to result in stigma becoming commonly regarded not as a pervasive and highly resilient social phenomenon but, rather, as a technical problem which can be solved by purposeful government intervention. Indeed, the failure to give due emphasis to the way in which stigma can (by functioning as a means of social control) bolster the existing social and economic structure of society has been a serious weakness of social policy research in this area. It should be noted here, however, that the public attitude surveys have served to highlight the way in which stigma can help to sustain a particular value system within society. (These

issues will be discussed more fully in Chapter 5).

When examining social policy research on stigma, it is important to recognize that there are certain problems in measuring this particular phenomenon. For example, researchers are liable to encounter a number of problems when constructing questions which are designed to accurately tap the extent of felt stigma amongst a particular survey group. This can clearly be seen if one considers the questions employed in surveys conducted by Handler and Hollingsworth and Horan and Austin. The former (in a study of AFDC recipients) attempted to obtain data about felt stigma by the use of the following two questions:

- (1) How embarrassed do you feel in the company of non-AFDC recipients?
- (2) What is the attitude of people in the community towards AFDC recipients?

Respondents who stated that they always felt embarrassed in the company of non-AFDC recipients and who, in addition, thought that the public were very hostile towards AFDC recipients were adjudged to feel stigma most strongly.

In contrast, Horan and Austin measured felt stigma in terms of respondents' replies to two different questions:

- (1) How often do you feel ashamed about being on welfare?
- (2) How often do you feel bothered by being on welfare?

Respondents who always felt both ashamed and bothered were awarded the highest stigma ratings.

Clearly, the questions used in both these surveys were rather imprecise. For example, the second question posed by Handler

and Hollingsworth does not appear to be a particularly reliable indicator of felt stigma. Although it is likely that some of the respondents in this survey (who expressed the view that people in the community were very hostile towards AFDC recipients) were likely to have experienced feelings of stigma, it is equally likely that others may have responded to this community hostility in a markedly different way (e.g. indifference, resentment). In addition, it can be argued that felt stigma cannot be accurately measured by the use of terms such as embarrassment or shame. For example, it was suggested earlier that distinctions could be made between feelings of embarrassment, shame and stigma (see pp. 15-21).

It was also pointed out earlier in the chapter that individuals may be somewhat reluctant to admit to personal feelings of stigma (see p.57). Indeed, Davies contends that those who have failed to claim welfare benefits to which they are entitled may be especially reluctant to admit to the fact that feelings of stigma had influenced their behaviour (i.e. refusing a benefit on the grounds of stigma may be seen as an irrational form of conduct).¹⁷⁶

Given this possibility, it seems likely that the extent of felt stigma amongst welfare recipients may have been significantly under-estimated in a number of the surveys referred to earlier. To counter this problem, it may well be necessary to confront respondents directly with the possibility that their actions or inactions were influenced by considerations of stigma. Although methodological objections can be raised about the use of 'suggestive' questioning (i.e. it can be

argued that respondents will tend to over-emphasize the importance of stigma if it is suggested to them that their behaviour may have been affected by this factor) it would appear that the very nature of this phenomenon demands this type of approach.

If the impact of stigma upon welfare recipients has been underestimated in the research studies conducted in this area, then there would appear to be even stronger grounds for doubting the assertion, made by a number of commentators, that undue emphasis has been given to the notion of stigma in the field of social policy.¹⁷⁷ On the contrary, given the theoretical and practical limitations of much of the research in this area, there would appear to be every reason to examine this phenomenon in a more detailed and extensive way.

In this chapter, then, we have seen that within the field of social policy and administration the concept of stigma has (largely as a result of the efforts of Titmuss and other advocates of welfare collectivism) become associated predominantly with private and selectivist public forms of welfare provision. Although extremely useful, this approach to the concept of stigma has (by its rather narrow focus) tended to stifle discussion about other aspects of the relationship between stigma and social policy (e.g. the rationale for the stigmatization of certain 'welfare' groups; the functions of welfare stigmatization). A more detailed discussion of these wider dimensions of stigma will be given in Chapter 5.

In part one of this thesis, the concept of stigma has been examined from both a sociological/social psychological and social administration perspective. To complement this analysis, part two will examine the notion of stigma in relation to one specific 'welfare' group - unmarried mothers. To this end, chapter 3 will consider the stigmatization to which unmarried mothers have been subjected to over the centuries whilst chapter 4 will be concerned with the results of a survey on felt stigma and the unmarried mother which I conducted in south-east England in the late 1970s.

PART TWO

A CASE STUDY IN STIGMA: THE UNMARRIED MOTHER

CHAPTER 3

STIGMA AND THE UNMARRIED MOTHER

The aim of this chapter is to demonstrate how the social administration approach to the concept of stigma can be enriched by more extensive examinations of the reasons why, and the ways in which certain 'welfare' groups have been stigmatized over the centuries. For present purposes, attention will be given to one such group - namely unmarried mothers.

Throughout the years, stigma has tended to attach to the unmarried mother for two main reasons. Firstly, the sexual conduct of these women has elicited disapproval from the Christian church. Secondly, secular authorities have responded unfavourably to what they have perceived to be the 'blameworthy' public dependency of this group. Let us look at each of these main sources of stigma in turn.

(A) Challenge to Christian Doctrine

There are two main ways in which the conduct of the unmarried mother runs contrary to Christian teaching:

- (i) Sexual relationship outside marriage.
- (ii) Threat to the institution of the family.

The early church fathers were highly critical of both marital and non-marital sexual relationships. They believed that such relationships prevented individuals from devoting themselves

fully to the service of God. A passage from St. Paul's first letter to the Corinthians neatly captures their attitude in this regard.

"The unmarried man cares for the Lord's business; his aim is to please the Lord. But the married man cares for worldly things; his aim is to please his wife; and he has a divided mind. The unmarried or celibate woman cares for the Lord's business; her aim is to be dedicated to him in body as in spirit; but the married woman cares for worldly things; her aim is to please her husband." 1

The church fathers' disapproval of sexual relationships can also be linked to the notion of 'the fall'. For example, St. Augustine of Hippo contended that Adam and Eve lost control of their sexual impulses after they had succumbed to temptation. As Bailey points out, this belief

".... led Augustine to a virtual equation of original sin, concupiscence, and veneral emotion, from which he drew the inference that while coitus in theory is good, every concrete act of coitus performed by fallen man is intrinsically evil - so that every child can be said literally to have been conceived in the 'sin' of its parents." 2

It is important to note that the condemnatory attitude displayed by the church fathers towards sexuality was based in large part upon their belief that the end of the world was imminent (i.e. a commitment towards celibacy was seen as essential if the city of God was to be filled speedily and the end of the world hastened).³

The early Christians, by way of contrast, found much to commend in marriage and family life. The fact that Christ performed his first miracle at a wedding service in Cana was taken to indicate divine approval of the institution of marriage. Indeed, marriage was eventually accorded sacramental

status (the uniting of a man and a woman was deemed to
 symbolise the relationship between Christ and the church;⁴
 in addition, marriage came to be recognized as the appropriate
 institution for the procreation of children).⁵ Support for
 the family unit also had a strong theological underpinning.
 As Troeltsch points out, Christ drew upon the institution of
 the family

".....for symbols of the highest attributes of
 God, for the name of the final religious goal,
 for the original description of the earliest
 group of His disciples, and for material for
 most of His parables; indeed, the idea of
 the family may be regarded as one of the
 most fundamental features of His feeling
 for human life." 6

Given their firm commitment towards marriage and family life,
 the early Christians tended to look disparagingly upon those
 individuals (such as unmarried mothers) whose sexual conduct
 contravened their ideals (i.e. monogamy, chastity before
 marriage, fidelity within marriage, Christian upbringing of
 children). The censorious attitude displayed towards
 unmarried mothers was compounded by the fact that the early
 Christians believed that all women were inherently inferior
 to men. The rationale for this viewpoint can also be traced
 back to the notion of 'the fall'. As St. Paul states in a
 letter to Timothy:

"A woman must be a learner, listening quietly and
 with due submission. I do not permit a woman to
 be a teacher, nor must woman domineer over man;
 she should be quiet. For Adam was created first
 and Eve afterwards; and it was not Adam who was
 deceived; it was woman who, yielding to decep-
 tion, fell into sin. 7

Women thus came to be seen as potentially dangerous individuals
 who needed to be kept under close control, particularly in the
 realm of sexuality. As Russell comments, the importance

Christians placed on sexual virtue

"..... did a great deal to degrade the position of women. Since the moralists were men, women appeared as the temptress;..... Since woman was the temptress, it was desirable to curtail her opportunities for leading men into temptation; consequently respectable women were more hedged about with restrictions, while the women who were not respectable, being regarded as sinful, were treated with the utmost contumely." 8

The spread of Christianity in Europe had serious repercussions for the unmarried mother and other sexual 'transgressors'. For instance, by the end of the 13th century in England, the Christian church had managed to secure for itself the exclusive right to deal with sexual offenders in its own courts. As Wrightson points out, the essential concern of these church courts

"was to maintain the boundaries of permitted behaviour and to enforce, by the imposition of public penance, the public reaffirmation of the norms which had been breached." 9

Individuals could be summoned to appear before an ecclesiastical court for various sexual misdemeanours - bridal pregnancy, incontinence (fornication and adultery), prostitution, incest, rape and bastardy. One of two courses of action were open to those individuals who were charged with any of these offences. They could either plead guilty and accept the punishment of the court or, alternatively, deny the charge and undergo purgation. In some cases, purgation merely involved the making of a solemn declaration of innocence. More commonly, such an oath would have had to have been made in the presence of two or more compurgators (of 'good' reputation). Provided the precise conditions of purgation were complied with the accused was deemed to be innocent.

Obviously, unmarried mothers could be summoned to appear before the ecclesiastical courts on a number of the charges mentioned above. Like other sexual offenders, they were liable, upon conviction, to be ordered to undergo penance. This usually involved some form of public humiliation (the severity of which tended to vary according to the seriousness of the offence).¹¹ For example, one unmarried mother, convicted of bastardy by a church court in Farnham (Kent) in 1562, was ordered to attend her parish church on the following Sunday (barefoot and barelegged)

"... in her petticoat and with a white sheet about her, her hair loose, and a kercher upon her head, and there at the chancel door to remain standing with her face towards the people at all the time of morning prayer until the end; that done to go about the Church before the procession be read, and to come to the chancel door where she shall remain kneeling the whole time of the Litany until such time as the Priest goeth into the pulpit and there to read the whole homily of adultery, whereat she shall come out and stand before the pulpit and then to depart." 12

It is difficult to estimate what effect this form of stigmatization had upon unmarried mothers and other sexual offenders. One commentator who has given some thought to this question (in relation to bridal pregnancy) came to the conclusion that local parishioners were not particularly fearful of church discipline.

"Public penance was, of course, supposed to be humiliating, but it may be doubted whether there were many..... who found it so. Any offence of ante-nuptial fornication had, of course, been common knowledge for months; public confession by the offenders was no revelation, indeed, it must often have seemed like a triumphant announcement of successfully completed courtship, marriage and parenthood. Above all..... the offence was too common to be regarded as scandalous." 13

Hair holds to this theory despite finding (in his study of bridal pregnancy in a number of parishes in earlier rural England) that there were relatively few baptisms recorded to families whose names had appeared on the marriage registers.

"It might be reasonably argued that the failure of some of the brides to record maternities in the register of the parish of marriage was due to their obviously pregnant condition at or soon after marriage, so that shame drove them to another parish where their recent date of marriage was unknown..... In view of the high proportion of brides who were pregnant, including many who were obviously so at marriage, it is difficult to believe that this assumed shame was widespread, or indeed markedly existent." 14

Certainly the absence of any widespread public hostility towards those convicted of offences such as pre-marital
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fornication or bridal pregnancy is likely to have lessened the possibility of felt stigma amongst these groups of sexual transgressors. However, it seems equally likely (given the propensity of the general public to respond less favour-
16
ably towards unmarried mothers) that pregnant, unmarried women with no immediate marriage plans would have found their predicament much more stigmatizing. Such women may have attempted to abort their children or dispose of them shortly after birth in order to avoid the possibility of public
17
humiliation. There must have been a tendency for unmarried women to conceal their pregnancies because the harbouring of
18
such women was a separate ecclesiastical offence. For example, in 1564, an East Hornden man who had sheltered a pregnant girl.... pleaded that

"'he took her in for God's sake', but was sentenced to public penance in the market and had to pay 2s to the poor." 19

Even members of an unmarried mother's own family were liable to be sanctioned under this law.

"A cleric, apparently the curate, offended in 1595. William Vixar of Fyfield, let his own daughter 'go away unpunished'. His plea was that she departed without his knowledge, but he was enjoined to confess in church that 'he had offended God and the congregation in harbouring his daughter'." 20

It is important to note that the vast majority of those who were summoned to appear before the church courts came from the poorest sections of society. In the case of bastardy, this is not altogether surprising. Unmarried women in the wealthier social classes were expected to observe the strictest standards of sexual propriety as the loss of virginity before marriage could seriously damage their social and economic worth (chastity was seen as essential in order to dispel any doubts about the legitimacy of those children who would eventually inherit titles and property).²¹ Given that these women were likely to be closely chaperoned until they were married there was little possibility of pre-marital pregnancy amongst this group. However, if such a woman did become pregnant, it is likely that a marriage would have been hastily arranged (provided that the putative father came from the right social background). If this proved difficult for any reason, it is likely that the woman concerned would have been persuaded to abort or (in the event of the pregnancy running to term) dispose of the child in some way.

The only group of upper class women who ignored these restrictions on their sexual freedom were the mistresses of the nobility.²² Owing to the influence of their benefactors, these women were rarely required to submit to the jurisdiction

of the ecclesiastical courts (a notable exception, however, was Jane Shore, the mistress of Richard III, who was ordered to undergo penance in St. Paul's Cathedral before the Bishop of London in 1483).²³

Due to increased secular intervention, ecclesiastical influence in the sphere of sexual misconduct slowly declined from the 16th century onwards.²⁴ Although sexual offenders continued to be brought before the church courts until well into the 18th century, there were relatively few prosecutions.²⁵

Indeed, by the end of the 18th century the ecclesiastical courts had become largely obsolete as a result of the demise of shame punishments (1740s)²⁶ and the abolition of the offence of incontinence (1788).²⁷ As Chadwick points out:

".... the courts of the State were much more efficient and commanded so much more of the public confidence... that a system of church courts was no longer needed, and it slowly withered away except for the internal needs of church life and the moral discipline of the clergy." 28

It is important to note, however, that the declining influence of the ecclesiastical courts did not herald the development of a more liberal ruling class attitude towards the unmarried mother and other sexual offenders. For example, puritan censoriousness was clearly at the heart of two pieces of secular legislation which were introduced in the first half of the 17th century. The first of these acts (1624) attempted to stem the incidence of infanticide. This act declared that the concealment of the death of a newly born illegitimate child would be regarded as murder unless evidence to the contrary could be produced (the sworn oath of a witness that the child was stillborn).²⁹ Unmarried mothers were

frequently prosecuted and convicted for this offence.³⁰
The second act (1650) introduced severe penalties for
adulterers (execution) and fornicators (imprisonment).³¹
This measure proved to be so unpopular with the public,
though, that it was repealed shortly after the end of the
interregnum.

This concern with morality was not, however, (at least in
the case of unmarried mothers) a significant feature of post-
1500 secular legislation. In general, attention was directed
towards the consequences of sexual misconduct (i.e. the finan-
cial cost of supporting unmarried mothers and their children).

We have seen, then, that the Christian church attempted to
impose its authority in the realm of sexuality by means of
sanctioning those members of the community who were deemed to
have behaved in an immoral way. By subjecting unmarried
mothers and other sexual offenders to the ordeal of public
penance, the church hoped to engender and sustain a high
level of public commitment towards Christian ideals. As
we will see below, this pattern of stigmatization contrasts
markedly with the sanctions used by the secular authorities
to deal with the 'problem' of bastardy amongst the poorer
groups in society.

(B) 'Blameworthy' Public Dependency

Two distinctive patterns of secular stigmatization can be
identified in relation to the treatment of publicly dependent
unmarried mothers over the centuries. From 1500 to 1900, the
secular authorities employed a variety of physical and economic

sanctions in an effort to minimize the number of unmarried mothers (and their dependants) seeking public aid. This formal type of stigmatization was compounded by the informal economic and social sanctions which were imposed by other members of the community. Since 1900, these harsh and direct forms of secular stigmatization have gradually withered away. However, implicit forms of secular stigmatization have continued to operate (i.e. inappropriate or inadequate 'welfare' services for this group). In addition, informal economic and social sanctions have continued to be applied to unmarried mothers by certain members of the public at large. Let us look, then, at each of these distinctive stigmatization periods in turn.

Stigmatization Period One: 1500-1900

Before examining the ways in which unmarried mothers were treated by the secular authorities in the 16th century, it is useful to refer briefly to the situation of this group under feudalism. During this period, the ruling class did not regard illegitimacy amongst the poor as a particularly serious social problem. Such an attitude is not surprising, given that the financial consequences stemming from such behaviour were minimal at this time. The lord of the manor merely stood to lose the small contribution (a merchet - which was to be provided by fathers when their daughters married) he would have received by way of compensation for the loss of a member of his workforce. In order to obtain some form of recompense for this loss, the lord imposed fines on those unmarried women who were convicted of either incontinence (legerwite) or bastardy (childwite).³² It seems unlikely, however, that

there would have been large numbers of unsupported, unmarried mothers bringing up children on their own in feudal society; given the close knit nature of manorial communities, it would have been relatively easy to trace (and obtain financial contributions from) the putative fathers concerned.

The decline of feudalism seriously threatened the social and economic security of unmarried mothers and their children.

"Cut off from the ever-sustaining resources of an uncomplicated rural parish", 33

unmarried mothers were forced, along with others in a similar position, to travel around the country in search of work or alms. As was noted earlier (see p. 29), the ruling class regarded this vagrant group as a serious threat to public order. Accordingly, unmarried mothers, in common with other members of the 'undeserving' poor, were subjected to harsh, deterrent punishments. For example, under the Poor Law Act of 1531, all vagrants were liable to be whipped in the nearest market town and then returned to their place of birth or to the area in which they had resided in the previous three years. 34

Public concern about the economic implications of illegitimacy intensified during the latter part of the 16th century. With increased geographical mobility it became more and more difficult to trace the parents (especially the fathers) of illegitimate children. Parishes were thus often faced with the prospect of supporting relatively large numbers of unmarried mothers and their children. Given that poor rate contributions had been made compulsory during this period, 35 it seems likely that local parishioners would have been deeply opposed to this form of parish expenditure, particularly if

the women and children concerned had migrated from other
³⁶
 localities.

The Poor Law Act of 1576 attempted to deal directly with the
 problem of illegitimacy amongst the poor. Under this act,
 penalties (fines, whippings) were imposed on those parents
 who failed to support their illegitimate offspring. Such
 parents were also expected (on pain of imprisonment) to
 indemnify the parish against any further expenditure in this
³⁷
 regard.

38

Gill contends that this statute had three main purposes:

- (i) To reduce parish expenditure on bastardy.
- (ii) To demonstrate public disapproval of
 reproduction outside marriage.
- (iii) To strengthen public support for marriage and
 family life.

However, this act cannot be said to have been primarily con-
 cerned with bolstering the social and moral fabric of society.
 (ii and iii). If this had been the case, one would have
 expected all parents of illegitimate children to have been
 made equally liable to prosecution. Instead, only those
 parents who were unable to provide financial support for their
 illegitimate offspring were liable to be sanctioned under this
³⁹
 act.

This concern with minimizing parish expenditure on bastardy
 is also clearly reflected in the treatment accorded to
 publicly dependent illegitimate (and other vagrant) children
 during this period. Such children were liable to be forcibly
 apprenticed with local families, where they were unlikely to



40

be treated as anything more than slave labour.

Publicly dependent unmarried mothers continued to be treated harshly by secular authorities throughout the 17th century. Legislation introduced in 1609 ordered that unmarried mothers who had given birth to 'chargeable bastards' should be detained in a house of correction.⁴¹ These detentions (to which mothers who had given birth to more than one illegitimate child - repeaters - were particularly prone)⁴² were often recommended on moral grounds. For example, at Warwick quarter sessions in 1627, it was proclaimed:

"..... that one Bridget Walker of Asley.... is of very rude and evil behaviour and hath had three bastards and hath not received any condign punishment for the same, whereby she taketh encouragement to go on still in that lewd course, it is therefore ordered by the court that she shall be sent to the house of correction there to remain a year and a day....."⁴³

However, the fact that unmarried mothers could obtain a premature release from such an institution if they could convince local magistrates that they would not become dependent upon parish relief in the future tends to suggest that financial considerations were again of paramount importance. For instance, in Warwick in 1649, Alice Ireland was granted an early discharge from the house of correction after the putative father had

"given good security to the..... parishioners to free them from any charge that may happen by reason of the bastard child." 44

Indeed, the justices tended to take a dim view of any mother who declined to accept an offer of maintenance. In 1642, the Warwick justices decided to reduce the allowance paid by the inhabitants of Spernall towards the keep of Anne Mawdick because of this woman's refusal to accept an offer of financial support from a local gentleman.⁴⁵

The conditions prevailing within houses of correction can only be described as abject. Inmates were not only forcibly set to work but also subjected to physical punishments for even the most minor breach of the regulations. Not surprisingly, therefore, the health of many of the unmarried mothers who were sent to these institutions declined to such an extent that they were unable to undertake any work. For instance, in 1631 the master of the Warwick house of correction informed the inhabitants of Sowe that Goodith Checkley and her child (for whom they were responsible) were

"likely to perish unless some speedy course be taken for their relief....."46

In the same year, Mary Barber was given 12d. a week from the Studley poor fund because she was

"very sick and weak and not able to get work or get any livelihood or maintenance for herself or her.... child... whereby they are likely to perish for want of sustenance." 47

Even those unmarried mothers who were fortunate enough to secure their release from a house of correction were liable to be re-admitted for an indefinite period if they gave birth to another chargeable bastard.⁴⁸

The Warwick judiciary's unfavourable treatment of unmarried mothers and other members of the undeserving poor contrasts markedly with the approach they adopted towards other needy groups during this period. For instance, the justices had no compunction about ordering the wardens of Woolverton to provide a servant (who had become unemployable - and hence destitute - as a result of lameness) with

"a convenient habitation.... fit for a Christian to dwell in....."49

At a local level, parishes used every available means to prevent unmarried mothers and their children from becoming dependent on poor relief. For example, parish officers were not averse to forcibly removing an expectant, unmarried woman from their locality in order to prevent her from becoming a charge on parish funds.⁵⁰ A statute of 1662, which had been introduced to clarify the issue of settlement, tended to encourage action of this kind.⁵¹ Under this act, local overseers were authorised to remove (within forty days) any recent arrivals in their parish (who were renting a tenement worth £10 a year or less) whom they considered likely to become dependent on parish aid in the future. The fact that illegitimate children were to be granted settlement in the area in which they were born clearly provided an incentive for parish officers to remove poor, expectant, single women from their locality. Unmarried women, who became pregnant whilst being employed as domestic servants, were particularly likely to be forcibly removed by parish officials (such women were often working away from home in an area in which they were not legally settled).

Clause nineteen of this statute (which permitted local churchwardens and overseers of the poor to seize, by way of recompense, the property of those parents whose illegitimate children were being supported by the parish) also had serious repercussions for poor, single, expectant women. Such women were frequently pressurized into naming the putative father of their child so that the parish could serve maintenance orders, where appropriate. Midwives often played a key role in securing this information: they would frequently refuse to

provide assistance to unmarried women in labour unless the name of the putative father had been disclosed.⁵²

The large increase in illegitimacy in the 18th century⁵³ (the causes of which are difficult to unravel)⁵⁴ led to further steps being taken to limit parish liability for unmarried mothers and their children. Legislation introduced in 1733⁵⁵ attempted to deal specifically with the problem of obtaining maintenance payments from putative fathers. To this end, substantial credence was accorded to the declarations of single women (who were expecting children deemed likely to become a burden on the poor rate) concerning the identity of putative fathers. On the basis of these oaths, putative fathers were liable to be summoned to appear at the local quarter sessions, where they could be ordered to make a regular payment towards the upkeep of their children.

Although this measure improved the financial situation of a small number of unmarried mothers (i.e. in cases where the putative father was relatively wealthy) it did little to help the vast majority of such women (many putative fathers proved difficult to trace or were very poor). Mothers in this latter category continued to be admitted to houses of correction and, subsequently, to workhouses (which were frequently used as⁵⁶ maternity wards for poor, homeless, pregnant, single women). As Oxley points out, many parish authorities believed that indoor relief was particularly suitable for unmarried mothers and their children.

".... outdoor accommodation was likely to be costly and the woman's time used inefficiently because the need to care for the child would keep her from work. In the workhouse a few could look after the children while the remainder were set on useful tasks." 57

Public provision for unmarried mothers and their children did not improve during the 18th and early 19th centuries despite the growth of charitable activity in this area (e.g. foundling⁵⁸ and magdalen⁵⁹ hospitals). It was still commonly believed that unmarried mothers and their children were nothing more than an unnecessary burden on public expenditure. This viewpoint was never more clearly expressed than in the Poor Law Report of 1834.

The authors of this report contended that the immoral conduct of unmarried women was the root cause of the problem of bastardy. Accordingly, they recommended that unmarried mothers should be held legally responsible for the maintenance of their illegitimate children.

"This is now the law with respect to a widow; and an unmarried mother has voluntarily become a mother, without procuring to herself and her child the assistance of a husband and a father. There can be no reason for giving to vice⁶⁰ privileges which we deny to misfortune."

The commissions suggested a number of ways in which the public cost of illegitimacy could be reduced. For example, they recommended that other family members (i.e. parents) should be required to contribute towards the upkeep of an unmarried mother and her child.

"In a natural state of things they must do so, whether the child be legitimate or not; and we consider that, in the vast majority of cases, the neglect or ill-example, and in many cases the actual furtherance of those parents has occasioned their daughter's misconduct, it appears not only just, but most useful, that they should be answerable for it." 61

Even some of the commissioners' more humane recommendations were based on financial considerations. For instance, their disapproval of the hounding of expectant unmarried women by parish officials certainly fits into this category.

"We feel confident that if the woman were allowed to remain unmolested until she asked for relief, she would, in many cases, by her own exertions, and the assistance of her friends, succeed in maintaining herself and her infant;....." 62

As a result of the commissioners' deliberations, the Poor Law (as it related to illegitimacy) was modified in six important ways.

1. Unmarried mothers were no longer to be detained in houses of correction.
2. An illegitimate child was to acquire the same settlement as its mother.
3. Affiliation orders were only to be made out if the mother's evidence concerning paternity could be independently verified.
4. Maintenance payments were to be fixed at realistic levels (i.e. the actual cost of supporting a child); these payments were to continue until the child was seven.
5. Money recovered from putative fathers was not to be paid directly to the mothers concerned.
6. Men who failed to comply with the terms of a maintenance order by virtue of poverty were not to be imprisoned.

These modifications proved highly unpopular. As Henriques points out:

"A stream of petitions flowed into parliament, complaining that bastardy cases in quarter sessions were far too expensive; that affiliation orders were only enforceable against propertied men, so that only the rich could be made to pay for fathering bastards; that parishes were prevented from recovering the cost of supporting mother and child; that the law dealt severely with the weaker party and overlooked the stronger and generally more blameable one; and that, relieved of the fear of punishment, the men did what they pleased." 63

Although the Poor Law commissioners attempted to counter these criticisms by arguing that their measures were proving successful in reducing the incidence of illegitimacy (a highly dubious claim), they eventually succumbed to this pressure and the rights of parishes to obtain maintenance payments from putative fathers were accordingly restored. 64 65 66

As a result of the 1834 Poor Law Amendment Act, poor, unmarried mothers were forced, along with other members of the undeserving poor, to enter the workhouse if they required public aid. In many of these institutions unmarried mothers were treated more harshly than other inmates. As Longmate points out:

"To remind them that they were moral outcasts, many unions put their unmarried mothers into a distinctive yellow uniform, the colour of a ship's plague flag, the wearers being nicknamed 'canary wards',....." 67

Some workhouse guardians also recognized the deterrent value of 'badging' unmarried mothers. For example, in 1837, the Andover guardians reported to the Poor Law commissioners that the introduction of a yellow stripe on the uniforms of unmarried mothers

"had proved a great success and that several women had left the workhouse as soon as the stripe had been forced upon them." 68

Advances in welfare provision for pauper children during the latter part of the 19th century (e.g. 'scattered homes',

boarding out and educational opportunities)⁶⁹ brought little benefit to those unmarried mothers who did not wish to be parted from their children (or to remain with their children in the workhouse). Such mothers were often left with no alternative but to leave their children in the 'care' of woefully inadequate baby farmers, if they wished to retain their economic independence in the wider community.

The poor standard of much of this provision was brought to public attention in the late 19th century when a number of foster mothers were prosecuted for neglect.⁷⁰ The public outcry which greeted these revelations improved the position of some unmarried mothers in society. For example, the bastardy laws were amended in 1872 in an effort to alleviate some of the economic difficulties which had necessitated unmarried mothers to place their children with baby farmers (under this act unmarried mothers were:

- (i) given more time in which to submit maintenance claims;
- (ii) provided with higher weekly allowances).⁷¹

These measures were, however, completely irrelevant to those unmarried mothers who had been forced to accept institutional relief. Indeed, workhouse mothers were even faced with the prospect of losing their last few remaining parental rights. Legislation introduced in 1889 and 1899 permitted boards of guardians to assume parental control over those children who were deemed to have unfit parents. Extensive use was made of this legislation (some 12,000 children were, for example,⁷² 'adopted' in this way in 1908).

This compulsory form of adoption provides yet another example of the repressive way in which unmarried mothers were treated by secular authorities in the period from 1500 to 1900. Throughout this period, attempts were made to limit the demands made by unmarried mothers (and their children) for public aid. Given that the public dependency of unmarried mothers was deemed to be both wilful and unnecessary it is not surprising to find that the secular authorities showed little compunction about using harsh sanctions to contain this particular source of public expenditure.

In addition to this institutional form of stigmatization, unmarried mothers were also liable to experience hostile reactions and sanctions (e.g. loss of accommodation or employment) from their immediate family, their employer and other members of the community.

From the end of the 19th century onwards, however, one can detect a gradual softening of secular attitudes towards unmarried mothers. There are a number of possible explanations for this change. First, unmarried mothers benefited from the growing concern that was displayed by both governments and the general public towards the poor during this period. For example, it can be argued that late 19th century politicians were compelled, as a result of the enfranchisement of large numbers of the working class (which had been brought about by a series of legislative measures from 1867 to 1885) and the spectre of socialism, to re-examine their attitudes towards the poor. The Webbs contend, for instance, that government reforms aimed at improving the care

of elderly paupers, which were introduced immediately prior to the 1885 general election, were a deliberate attempt to secure the support of some two million first time working

class voters.⁷³ In addition, the social surveys conducted by Booth (London) and Rowntree (York) in the 1880s served to discredit the prevailing individualistic notions of poverty. Both researchers concluded that poverty was far more likely to be experienced as a result of an inadequate income from work, sickness or disability than through idleness, drunkenness or some other 'character' defect.⁷⁴

Second, the more enlightened approach that was adopted towards the needs of deprived children during the 20th century (the social and economic benefits of providing for the basic needs of all children was clearly recognized in this period) inevitably led to consideration being given to some of the various ways in which unmarried mothers could be helped to bring up their children. For example, the 1948 Children's Act encouraged local authorities to reunite children (who were in care) with their natural parents or guardians wherever possible.⁷⁵

Third, the effects of war served to underline the fact that the material needs of unmarried mothers were very similar to those of other, supposedly more deserving, categories of single parents such as widows. As a result, unmarried mothers have become more generally regarded as a group worthy of some form of public support.

Fourth, recent (post 1940) social science research in the areas of sociology, social administration and psychology has

helped to dispel the notion that unmarried mothers are immoral, promiscuous women who are undeserving of public support. It is important to note, however, that many researchers in this area may have hindered (often unwittingly) the development of even more favourable public attitudes being displayed towards unmarried mothers by their assertion that such women have a tendency to be psychologically disturbed and/or socially deprived (in terms of their social background). This contemporary source of stigma will be discussed more fully later in this chapter.

Fourth, the establishment of pressure groups such as the National Council for the Unmarried Mother and her Child (1918) helped to increase public awareness of the problems faced by unmarried mothers and their children. In particular, the NCUMC played a key role in persuading the general public and central and local government of the need to provide unmarried mothers with an opportunity to care for their own children.

Finally, the realisation that harsh, deterrent sanctions had little effect in terms of regulating sexual behaviour in society prompted secular authorities to consider other ways of dealing with publicly dependent unmarried mothers. Let us now look in more detail at this second distinctive stigmatization period.

Stigmatization Period Two: 1900 to the present day

The Majority Poor Law Report of 1909 provides a good example of how secular attitudes towards publicly dependent unmarried mothers were changing at the beginning of the 20th century.

Unlike their predecessors, the majority did not accept the idea that all unmarried mothers should be treated in a uniform way. Instead, they argued that there were three distinctive types of unmarried mother.

- (1) The feeble-minded.
- (2) The depraved.
- (3) The unfortunate.

According to the majority, women who fell into this first category needed to be strictly supervised and controlled as they were liable to continually give birth to 'chargeable' illegitimate children. ⁷⁸ The depraved

("women who habitually make a convenience of the workhouse for the purpose of being confined with illegitimate children.") ⁷⁹

were considered to be more amenable to treatment. The majority therefore recommended that this group of mothers should be detained in a suitable institution for a fixed period of time in order to regain their respectability. The majority were even more optimistic about the rehabilitative potential of the unfortunates (young mothers who had ⁸⁰ lapsed for the first time). They suggested that this group should be cared for in voluntary homes rather than in the workhouse. Although there was a degree of benevolence in this particular proposal it should be remembered that the conditions in many of these homes were little different from those pertaining in workhouses. As Middleton points out, the regimes in such homes were often

"callously punitive and exploitative, based on long hours of drudgery in the damp, hot, working conditions of a steam laundry or an institutional kitchen, the only respite from the round of toil and sleep being religious services and limited food." ⁸¹

The majority also made recommendations relating to maternity and after-care facilities for mothers and the system of affiliation awards. In terms of the latter, the majority questioned the advisability of the existing direct payments scheme. They argued that this procedure (which necessitated a mother making a visit to the putative father at his place of work or at his lodgings in order to collect her weekly allowance) could prove most unsettling for mothers who were trying to regain their respectability.

"... it soon becomes well-known why she is there... with the result that her shame is blazoned abroad and she becomes... the centre of a degraded notoriety." 82

Although Poor Law guardians were continually reminded of the need to discriminate between these different categories of unmarried mothers, ⁸³ they showed little inclination to act on the recommendations contained in the majority's report. As a result, most publicly dependent unmarried mothers continued to be sent to workhouses rather than voluntary homes. ⁸⁴

The plight of single parents was given considerable attention after the outbreak of the first world war. The government of the day accepted that it had a responsibility to protect the widows and wives (both lawful and illicit) of servicemen from Poor Law dependency. It was decided, therefore, to set up a national relief fund to help those who had suffered financial hardship as a result of the war (1914).

The Women's Advisory Committee at the Ministry of Reconstruction expressed particular concern about the situation of unsupported mothers during this period. ⁸⁵ For example, in a

report submitted in 1918, the committee suggested that pensions should be provided for all unsupported mothers. However, when statutory provision was eventually introduced in this area (1925), it was decided (on financial and 'social' grounds) to exclude all but widows from the scheme. As Finer and McGregor point out:

"..... the mothers' pension movement broke down on its inability to translate an aspiration into an administrative system that was viable in itself and acceptable to current notions of family responsibility, legal and moral. Thus, for divorced, deserted or separated wives, and the mothers of illegitimate children, the situation remained at the outbreak of the last world war as it always had been: either they could secure maintenance from their husbands or the fathers of their children by agreement, or a court order, or failing such means of support, they had to seek subsistence from the public." 90

Unmarried mothers did, however, derive benefit from a number of inter-war social policy initiatives. For example, maternity and child welfare services were substantially improved during this period. The high mortality rate amongst young illegitimate children (particularly workhouse children) prompted the introduction of the Maternity and Child Welfare Act in 1918. This statute empowered local authorities (in conjunction with voluntary agencies) to improve services for expectant and nursing mothers and for children below school age.

A number of unmarried mothers also benefited from the introduction of the 1926 Adoption Act. For example, this statute provided unmarried women with an alternative means of parting with an unwanted child (previously such women were forced to resort to either abortion or infanticide). In addition, this act permitted unmarried mothers to adopt their own children (many young mothers experienced difficulties, however,

when they attempted to exercise their rights in this regard).⁹⁴

It is important to note, though, that this act was not universally welcomed. For example, a young, financially impoverished unmarried mother who expressed a wish to keep her child was liable (because of this statute) to be pressurised (by her family and welfare workers) into placing her child for adoption.⁹⁵ In addition, this statute enabled a number of adoption associations to exploit unmarried mothers. These organisations would often require mothers to make an undertaking that they would engage in unpaid domestic work (for periods of up to two years) before an adoption would be arranged. Given the heavy demand for 'unwanted' children, it was possible for the more unscrupulous of these agencies to obtain

"a double rake-off, the first payment coming from the girl for being relieved of her child, the second for finding a suitable child from couples who were willing to pay sums ranging from £5 to £100." 96

Further attention was given to the plight of the unmarried mother during the second world war - a period in which the number of illegitimate maternities rose sharply.⁹⁷ As Ferguson and Fitzgerald point out:

"The war affected not only the size but also the character of the social problem which was caused by illegitimacy: unmarried mothers met with greater obstacles in trying to help themselves or to obtain help. They were often away from their home communities, living in hostels, billets or service camps. The social services were curtailed and disorganised. There were fewer beds in hospitals and homes. There was less chance of finding foster-mothers or places in nurseries for the babies. There were fewer welfare workers to devote their time to the problems of unmarried mothers." 98

As the war progressed, the government gradually recognized that the needs of unmarried mothers could not be adequately met by voluntary and Poor Law services.⁹⁹ For example, in a Ministry of Health circular issued in 1943, local welfare authorities were encouraged to improve the services they offered to unmarried mothers. In particular, it was suggested that these authorities should:

- (i) appoint their own social workers;
- (ii) introduce subsidized foster-mother schemes;
- (iii) provide hostels and other residential accommodation.¹⁰⁰

It is clear that the situation of publicly dependent unmarried mothers improved markedly as a result of the collectivist nature of much second world war welfare policy-making.

Accordingly, post-war unmarried mothers were no longer forced to rely on charity or Poor Law relief. Instead, they were seen as having a clear entitlement to various welfare benefits and services. For example, unmarried mothers (or expectant unmarried women) were to be provided with:

1. Free maternity care either at home or in hospital.
2. Sickness benefits during any period of incapacity prior to the birth of their child (employed women only).
3. Maternity allowances of 36s/week (for a period of thirteen weeks) during their absence from work at the time of their confinement (this allowance could also be supplemented by discretionary National Assistance Board payments).
4. Free accommodation in a public or voluntary home in the event of homelessness.¹⁰¹

It is important to note, however, that post-war income maintenance schemes for unmarried mothers still bore the

remnants of the ethos of less eligibility. For example, in his report on social insurance, Beveridge contended that single parenthood was not a suitable case for this form of income support.¹⁰² Accordingly,

"the principles on which the State made provision for one-parent families remained after the Beveridge Report precisely what they had been before. Widows received pensions with the possibility of supplementation, from the Poor Law or public assistance or, after 1948, from National Assistance. But divorced, deserted or separated wives and unmarried mothers remained throughout dependent on the Poor Law or its substitutes, in the event of their receiving no support from their husbands." 103

Unmarried mothers have experienced considerable degrees of stigmatization as a result of this continued dependency on means-tested social security benefits. The administrative procedures of the National Assistance Board (1948-1966) and, subsequently, the Supplementary Benefits Commission (1966-1980) have been identified as an important source of this stigmatization.¹⁰⁴ For example, in line with previous legislation, the Supplementary Benefits Act of 1976 was designed to restrict demand for public aid. To this end, all potential claimants were deemed to have certain obligations with regard to both the maintenance of their immediate dependants and to the seeking of employment.¹⁰⁵

Unmarried mothers have expressed concern about two particular aspects of the liability to maintain regulations. In the first place, a number of mothers who have exercised their right to withhold information about the whereabouts of the father of their child, have complained that they have been treated unfavourably by social security officials. In certain cases mothers have even been informed (quite incorrectly) that their

benefit will be withdrawn if they fail to provide information
 106
 about their child's father. Secondly, unmarried mothers
 have complained about cohabitation regulations. Mothers
 suspected of cohabiting have frequently reported being
 107
 harassed by social security officials.

In addition, mothers who are not required to register for
 work (on the grounds that they are caring for a dependent
 child) have reported that officials have exerted considerable
 pressure on them to return to full-time employment. A good
 example of such pressure is provided by one of Marsden's
 respondents.

"They've [National Assistance Board officers] been
 right nasty with me. They're always trying to get
 me to get a job. They made me sign on twice a week
 at the Labour Exchange. They kept telling me 'You've
 got to find a job,' and that used to make me nervous
 and insecure, because I used to think they might cut
 off my assistance and leave me with nothing." 108

It should be noted that the distressing nature of both liable
 relative and seeking work regulations may be compounded by
 the attitude adopted by some of the officials who administer
 these rules (i.e. unmarried mothers may be subjected to
 adverse comments about their sexual conduct).

The difficulties experienced by unmarried mothers during
 their contact with social security officials was one of the
 issues considered by the Finer Committee in its report on
 109
 one-parent families, which was published in 1974. The
 publication of this report can justifiably be regarded as
 a landmark in terms of public recognition of the needs of
 unmarried mothers and other single-parent families. In the
 view of the Committee, a thorough-going review of the pro-

vision made for single parents in society was essential given the change that had occurred in post-war public attitudes towards sexual relationships and family life.

"In this climate of opinion, compassion for the disadvantages suffered by one-parent families has grown quickly. The old tariff of blame which pitied widows but attached varying degrees of moral delinquency to divorced or separated women or to unmarried mothers is becoming irrelevant in the face of the imperative recognition that what chiefly matters in such situations is to assist and protect dependent children, all of whom ought to be treated alike irrespective of their mothers' circumstances." 110

The Committee devoted considerable attention to the question of the financial situation of one-parent families. They recommended that improvements should be made in both the administration of court orders and supplementary benefit. 111 For example, in terms of the latter, the Committee proposed that:

1. A special additional allowance should be paid to all lone parents.
2. The full adult non-householder scale rate should be paid to lone parents under eighteen (provided that they are receiving supplementary benefit in their own right).
3. The withdrawal of benefit on grounds of cohabitation should be delayed until the mother concerned has been given a written statement of the facts and an opportunity to appeal. 112

The proposed introduction of a new, non-contributory, benefit for all one-parent families (Guaranteed Maintenance Allowance) was the most important financial recommendation made by the Committee. This new benefit was intended to:

1. Replace the existing, inadequate, system of maintenance payments.
2. Offer single parents a real choice about whether or not to work.
3. Provide help for those with part-time or low full-time earnings.
4. Be available to all categories of single parents.
5. Be simple to claim (i.e. postal application).
6. Be equitable vis-a-vis low income two-parent families. 113

The proposed introduction of this benefit, which was to be paid (at a rate dependent on individual circumstances) to all single parents with sole responsibility for a dependent child was warmly received by a number of commentators. For example, Murch argues that GMA represented a

"serious attempt to offer single fathers the opportunity of staying at home and single mothers the opportunity of going to work. Quite apart from the material benefits the symbolic significance is that 90 per cent of single parents would be spared prolonged dependence on a system which is still stigmatically associated with the Poor Law and pauperism. In this way GMA would offer some single parents a chance to recover their lost dignity." 114

Others, however, have been rather critical of certain aspects of this scheme. For example, both Kincaid 115 and Townsend 116 have expressed reservations about the inclusion of a means-test in the administration of this benefit and the high marginal rate of tax or benefit reduction that single parents would experience upon resuming work.

The Committee also recognized that provision for single parents needed to be improved in other areas - housing, 117
 employment, 118 day care, 119 personal social services, 120
 education 121 and family planning. 122 For instance, in the

case of the personal social services, the Committee were concerned that single parents were not using this form of provision because of ignorance or fear of disapproval.¹²³

The Committee recommended, therefore, that social work services should be more effectively publicized and that improvements should be made in reception and interviewing facilities, office opening times and the system of financial payments.¹²⁴ The Committee did not think it advisable, however, to recommend the establishment of some form of separate provision for one-parent families within each local social service department.

"Such an arrangement would tend to isolate one-parent families from other families with social problems, and a certain amount of stigma might come to attach to the new service."¹²⁵

The main recommendations of the Finer Report have shown little sign, however, of being implemented.¹²⁶ Importantly, there has been a complete absence of official support for the introduction of a Guaranteed Maintenance Allowance for single parents.¹²⁷ As a result, large numbers of single parents have been forced to rely on supplementary benefit (392,000 - November/December 1981)¹²⁸ and family income supplement (65,000 - April 1982)¹²⁹ as a means of financial support. The unsatisfactory nature of this type of provision is reflected in the fact that substantial numbers of needy, single parents fail to claim the benefits to which they are entitled (single parent take-up has been estimated at 89% for supplementary benefit (1977)¹³⁰ and 53% for family income supplement (1981)¹³¹). Take-up has also been disappointing for the special single parent supplement - one parent benefit (formerly child benefit increase) - which was introduced in 1977 (estimated take-up 70% in December 1981).¹³²

Although certain improvements have been made in both the supplementary benefits system (e.g. an increase in the earnings disregard for claimants;¹³³ the payment of supplementary benefit to schoolgirl mothers between the ages of sixteen and eighteen)¹³⁴ and in housing provision (e.g. the housing needs of single parents and other groups were given priority under the 1977 Housing (Homeless Persons) Act)¹³⁵ since the publication of the Finer Report, it can generally be concluded that there has been no major attempt to improve the material and social circumstances of single parents in recent years.

Unmarried mothers have undoubtedly benefited from a number of 20th century social policy initiatives (i.e. the provision of certain welfare benefits and services has enabled this group to obtain a limited degree of economic and social security). Nevertheless, despite the emergence of this more enlightened approach, unmarried mothers have continued to be denied full social acceptance. Indeed, instead of being seen as an integral part of society, unmarried mothers have tended to be regarded as a social problem for society.

Dependency on public aid is the principal reason why unmarried mothers continue to be regarded as a social problem. The demand for public aid made by unmarried mothers is only to be expected, though, given the difficulties this group face if they wish to remain financially independent. For example, financial self-sufficiency necessitates unmarried mothers (and other single parents with dependent children) finding:

1. A local job which is relatively well-paid.
2. An employer who appreciates that there will be

a need to take time off work at short notice.

3. Suitable day-care facilities for their children.

Given these difficulties, which are compounded by the precarious position of women in the labour market, it is not surprising that unmarried mothers are prone to public dependency.

The recent growth in the number of unmarried mothers (and of one-parent families in general (see Table 3.1) has tended to intensify public concern about this source of public dependency. It should not be assumed, however, that this increase results from some rapid rise in the number of illegitimate births (though there has been a marked increase since 1977 (see Table 3.2). This increase

Table 3.1 Estimated number of one-parent families in Great Britain in 1971, 1976 and 1979

Sex and Marital Status	1971		1976		1979		Percentage Change: 1971-1979
	Number (000's)	%	Number (000's)	%	Number (000's)	%	
<u>Mothers</u>							
Single	90	16	130	17	140	16	56
Widowed	120	21	115	15	110	13	- 8
Divorced	120	21	230	31	310	36	158
Separated	170	30	185	25	200	23	18
Total	500	88	660	88	760	88	52
<u>Fathers</u>							
Total	70	12	90	12	100	12	43
TOTAL	570	100	750	100	860	100	51
(All Families)							

Sources: compiled from: Leete, R., op.cit., Table 4. p.7 and One Parent Families, 1981, op.cit., p.2

Table 3.2 Illegitimate live births in England and Wales since 1945

Year	Illegitimate Live Births	Percentage of all Live Births (The Illegitimacy Ratio)
1945	63,420	9.3
1950	35,250	5.1
1955	31,145	4.7
1960	42,707	5.4
1965	66,249	7.7
1970	64,744	8.3
1975	54,891	9.1
1976	53,766	9.2
1977	55,379	9.7
1978	60,637	10.2
1979	69,467	10.9
1980	77,372	11.8

Source: One-Parent Families, 1982, op.cit., Table 6, p.20

in the number of unmarried mothers owes far more to the reluctance shown by such women to either marry or place their children for adoption.

136

Doubts about the ability of unmarried mothers to perform certain vital familial duties is another (related) reason why this group continue to be regarded as a social problem. For example, according to Perlman, an infant

"presents a problem of social concern when he is kept by a socially, economically, and culturally impoverished mother. There is question and concern whether children reared under such complex disadvantaged conditions can grow into 'good citizens'." 137

The fact that relatively large numbers of illegitimate children have been received into care over the years ¹³⁸ has often been cited as an example of the general inability of unmarried mothers to provide a secure home environment for their children. Obviously, the social standing of unmarried mothers has not been enhanced by the expression of these doubts about their parenting skills.

When considering some of the reasons as to why stigma has continued to attach to unmarried mothers in recent years, it is important to reflect on the part played by social researchers in this process. Since the 1940s, the unmarried mother and her child have been the subject of a number of social science research studies (particularly in Britain and the United States). Clearly, the results that have emerged from such investigations are likely to have some effect on the way in which the unmarried mother is regarded by both official bodies and the general public. It is useful, therefore to look in some detail at research in this area.

Studies of the unmarried mother have generally been undertaken from either a psychological or sociological perspective. Let us look at each of these approaches in turn.

Psychological Studies

Like Bowlby, most 'psychological' researchers in this field have tended to assume that

"in a western community, it is emotionally disturbed..... women who produce illegitimate children of a socially unacceptable kind." 139

Accordingly, attempts have been made to identify the particular personality factors which predispose unmarried women to engage in behaviour likely to lead to the birth of an illegitimate child.

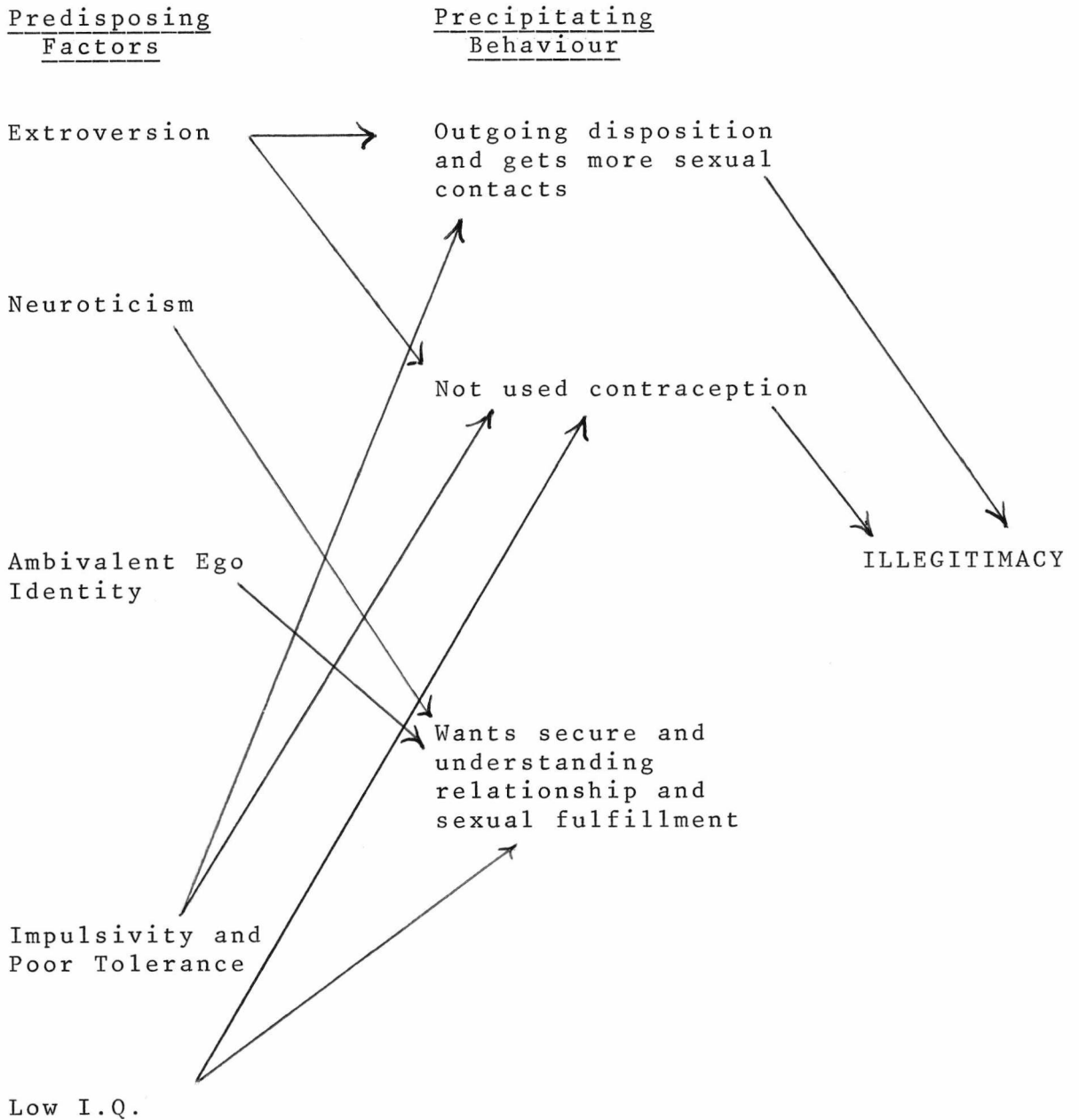
Extroversion, neuroticism, ambivalent ego identity, impulsivity, poor tolerance and low I.Q. have been identified as the predisposing factors which are likely to precipitate behaviour which will lead to illegitimacy. For example, a neurotic girl might become pregnant in order to secure a relationship with her boyfriend (see Diagram 3.A).

It should be noted at this point that a number of researchers have specifically studied the unmarried mother from a psycho-analytical perspective. Crucial to this form of investigation (which derives largely from the work of Freud)¹⁴⁰ is the idea that all behaviour has an underlying meaning. According to Young, this method of investigation has helped to dispel the myth

"that having an out-of-wedlock child is something that just happens. On the contrary, everything points to the purposeful nature of the act. Although a girl would obviously not plan consciously and deliberately to bear an out-of-wedlock child, she does act in such a way that this becomes the almost inevitable result." 141

Although psycho-analytical studies will be referred to in the subsequent discussion, it should be remembered that a number of psychologists have expressed grave doubts about the scientific rigour of this particular form of investigation.¹⁴²

Diagram 3.A Psychological Explanations of 'Illegitimacy'



Source: Vincent, J.A., Illegitimacy, p.128

Evidence of psychological disturbance amongst unmarried mothers was found in a number of studies conducted in the 1940s. For example, in one such study, Kasanin and Handschin (United States: 1941) came to the conclusion that each of

their sixteen respondents had displayed some form of unresolved Oedipal conflict. In another survey (of ten unmarried mothers aged between thirteen and seventeen) Bernard ¹⁴⁴ (United States: 1944) found that:

"All the girls showed effects of early emotional malnutrition; they received too little parental love, protection, esteem, encouragement, and liberation to develop adequate emotional security or inner controls and ideals in harmony with reality. This general anxiety-ridden personality disturbance seems basic to the elaboration of their psychosexual pathology." 145

After studying a random sample of one hundred unmarried mothers, ¹⁴⁶ who were known to an agency dealing with this group, Young (United States: 1945) came to the conclusion that dominant parents (especially mothers) could have an adverse effect on the subsequent sexual behaviour of their daughters.

"Fifty-eight out of the 100 girls had known mothers who controlled their lives and their emotional development to an extent that could only result in damage to the whole structure of their personalities. The degree of that damage seemed to be in direct proportion to the power and destructive quality of that control. In other words, the more dominating, the more sadistic, the more rejecting the mother, the sicker and more hopeless was the girl." 147

For Young, all of these 'unhappy' girls

"had blindly sought a way out of their emotional dilemma by having an out-of-wedlock child." 148

¹⁴⁹ Pearson and Amacher (United States: 1956) collected data on 3,594 unmarried mothers, who had been tested by the Minnesota Department of Public Welfare psychological service as part of a child placement programme (1946-1951). Although 2,506 of these mothers were judged to be emotionally and behaviourally normal, some 657 were deemed to be neurotic (19%); 123 - psychopathic (3.6%); 116 - primary mental deficient (3.4%);

28 - psychotic (0.8%) and 20 neurologically disordered in various other ways (0.6%). As they were unable to draw any general conclusions from their study (a control group had not been used), Pearson and Amacher had to be content with merely expressing a hope

"that the incidence of rather serious personality or behavioural inadequacy (in the general population) would not approach the 27.4% which we encountered in our sample of unwed mothers." 150

Psychological disturbance amongst unmarried mothers has also been found in a number of research studies which have been conducted since the 1940s. For example, Cattell¹⁵¹ (United States: 1954) found that each of the fifty-four unmarried mothers he interviewed in a New York nursing home in the early 1950s were suffering from some form of personality problem (30 were deemed to have a character disorder; 7 to be neurotic; and 17 to be schizophrenic).

In another survey (of thirty-one, randomly selected, unmarried, pregnant women), Greenberg et al¹⁵² (United States: 1959) found that:

"the ego of most of the subjects appeared infantile and fragile. Generally speaking, their concerns and orientations appeared definitely pre-oedipal in quality and not primarily explainable by the dependency state of pregnancy. They were particularly sensitive to separations and often described themselves as both frequently and severely depressed." 153

Further investigations indicated that these mothers (unlike a control group of twenty married mothers)

"had marked, overt psychopathology prior to pregnancy." 154

155
Eysenck (Great Britain: 1961) compared the personalities of one hundred primiparous women with a similar sample of married women. On the basis of her results, Eysenck provisionally concluded that

"girls who might be expected to become pregnant before marriage, would be those with high extroversion scores, or those with high neuroticism scores, or, most likely of all, those who score high on both." 156

In a study of fifty-one unmarried mothers (who had received casework services from the Children's Aid Society of Pennsylvania during the years 1959 to 1961), Bonan¹⁵⁷ (United States: 1963) found that each of his subjects had a narcissistic character structure. According to Bonan, a woman with such a character structure is unlikely to become pregnant by accident.

"in her acting out she is trying to escape from a serious internal problem. Her level of ego development is infantile, or primitive, and she has not developed mature methods for resolving conflicts. Her reality-testing is defective; she is self-absorbed and she cannot love others." 158

159
Kravitz et al (Canada: 1966) interviewed eighty-three unmarried mothers (aged between fourteen and thirty-nine) who had been referred to a special hospital clinic for unmarried mothers. They found that unmarried women became pregnant

"primarily as a result of a deficient ego control in the presence of sexual drive." 160

Two studies of the unmarried mother were undertaken by Naiman¹⁶¹ (Canada: 1966 and 1971). In the first of these investigations, a group of fourteen unmarried mothers (who had attended the Montreal Children's Service between

December 1963 and March 1965) were compared with eighteen married mothers (who had attended the obstetrics clinic at a Montreal hospital between February 1964 and March 1965). Both of these groups were comprised of white, Protestant, Canadian born, women aged between eighteen and twenty-five. It was found that the unmarried mother group has

"a greater degree of impulsivity and a poorer ability to form stable relationships," 162

than the control group of married mothers. In the second of these surveys, the same group of unmarried mothers was compared with a group of fifteen, predominantly white, Canadian born, women (aged between eighteen and twenty-five) who had applied for a therapeutic abortion at a Jewish general hospital. After finding a similarity between the personalities of this 'abortion group' and the 'married group' in the previous survey, Naiman felt confident enough to suggest that:

"unmarried mothers constitute a distinct group, with particular if not unique psychodynamic characteristics and that other unmarried women either do not get pregnant or, if they do, handle the matter either by getting married or by getting an abortion...." 163

164

Floyd and Viney (Australia: 1974) attempted to test the applicability of a number of psychoanalytic hypotheses concerning the ego identity and the ego ideal of unmarried mothers. They compared thirty-two, unmarried pregnant women (aged between 15 and 25, who were residing in charitable homes) with two control groups:

1. Thirty, single, non-pregnant women who had been matched by age and socio-economic status.
2. Fifteen, married, pregnant women who had been matched by occupation, socio-economic status and education.

It was found that the unmarried pregnant women were more ambivalent about their ego identities (the ability to experience one's self as something that has continuity and sameness, and to act accordingly) and less inclined to view themselves as adequate feminine individuals than either of the control groups.¹⁶⁵

Finally, evidence from a number of studies has suggested that unmarried mothers who keep their children are more likely to be psychologically disturbed than those who place their children for adoption. For example, Vincent¹⁶⁶ (United States: 1961) tested the personalities of one hundred and five unmarried mothers who were living in two Californian maternity homes. Mothers who decided to keep their children were found to display a greater degree of neuroticism than those who opted to place their children for adoption.¹⁶⁷

Jones et al¹⁶⁸ (United States: 1962) studied ninety unmarried mothers who had been clients at a private New York City social welfare agency. When compared with the women who had surrendered their children for adoption, the nineteen mothers who had kept their children were found in general to be

- (a) lower in intelligence;
- (b) lower in ego strength or emotional stability;
- (c) more submissive.¹⁶⁹

Yelloly¹⁷⁰ (Great Britain: 1965) compared eighty-eight unmarried mothers who had kept their children with seventy-two mothers who had offered their children for adoption (all of these mothers had been referred to a voluntary social work

agency in the west of England). She found that unstable or emotionally disturbed mothers were more likely to keep their children

"despite the presence of characteristics which would ordinarily tend towards adoption." 171

(e.g. a married putative father).

Two points should be borne in mind when considering the results obtained in these various psychological studies of the unmarried mother. Firstly, research in this area has tended to focus almost exclusively on those unmarried mothers who have been living in mother and baby homes or similar institutions. Clearly, respondents obtained from such sources are unlikely to provide a representative cross-section of the unmarried mother population. Secondly, results based on personality tests or professional evaluations of an individual's psychological make-up should be treated with the utmost caution, given the highly subjective nature of these procedures. In particular, it should be remembered that unmarried mothers have often been encouraged (or, indeed, required) to adopt a psychological interpretation of their previous behaviour by the welfare professionals they have come into contact with. 172

Public acceptance of the notion that unmarried mothers are likely to be psychologically disturbed owes much to the emergence of professional social work practice in both Britain and the United States. Psychological theories were widely adopted by social workers for two main reasons. First, these theories were ideally suited to the dominant social work method - casework. For example, as Croxson points out, psychoanalytic theory provided social workers with

"A therapeutic procedure and a whole technique of enquiry." 173

By the use of this theory, social work clients could thus be encouraged

"to analyse their situation, come to terms with their problem, adjust accordingly and re-enter the social system as 'cured' individuals." 174

Secondly, the adoption of these theories enabled social workers to press their claims for professional status. By emphasising the psychological basis of many of the problems that were being experienced by various members of society, social workers attempted to demonstrate that the care and therapy required by those in need necessitated the involvement of well-trained experts rather than unqualified voluntary workers.

Unmarried mothers were considered (amongst others) to be a particularly suitable client group for psychoanalytical casework. For instance, the fact that relatively large numbers of unmarried mothers tended to reside in maternity homes (of one sort or another) both before and after their confinements, (provided social workers with a ready made opportunity to establish the long-term casework relationships (which were deemed essential if this form of intervention was to prove beneficial) with this group. In addition, it was possible to gauge the effectiveness of this form of therapy with unmarried mothers in a relatively straightforward way (i.e. by examining the level of 'recidivism' ¹⁷⁵ and the extent of dependency on welfare services).

It is now pertinent to consider the possible effect that this evidence of psychological disturbance has had upon the stigma attaching to the unmarried mother.

Cheetham, for example, argues that the development of psychological theories of unmarried motherhood

"represents an attempt, most important and much needed, to challenge the sometimes sentimental or ill-informed stereotypes of unmarried mothers as either the innocent victims of predatory men or as over-sexed women whose uncontrollable urges make them careless and indiscriminating in their sexual relations." 176

As she continues:

"such explanations can be extremely useful in attempting to understand the pregnancies of women who seem very ambivalent about what course of action they should take; of those who are at a loss to explain how they became pregnant; of the older, educated or sophisticated woman whose pregnancies would seem, at first sight, to be a social and personal disaster which apparently they could have avoided; of some of those who repeatedly conceive outside marriage; and of the girls who seem caught in a web of unhappy family relationships. In some circumstances these explanations throw light on behaviour that is apparently meaningless, self-centred and self-damaging, and can alert workers to the importance of designing help which takes account of the complex needs and emotions contributing to such behaviour." 177

Clearly, from this perspective psychological explanations of unmarried motherhood are seen as having a positive role to play in terms of countering the stigma that has attached to the unmarried mother. Indeed, Gill even suggests that a prior softening of public attitudes towards illegitimacy was necessary in order to facilitate the acceptance of these particular theories. 178

In contrast, it can be argued that psychological explanations of unmarried motherhood have merely reinforced the stigma that has attached to such mothers. Individuals deemed to be psychologically disturbed in contemporary society are unlikely to be treated in a particularly favourable way by their fellow citizens. 179

On the contrary, they are liable instead to

experience a considerable degree of social rejection (e.g. snubs, adverse comments, difficulties in obtaining and retaining a job). In addition, the psychologically disturbed are liable to be subjected to official forms of control and treatment on the grounds that they constitute some form of threat to society. Indeed, unmarried mothers have been a target for a particularly repressive form of such control in the not so distant past (e.g. compulsory detention under the 1913 Mental Deficiency Act).¹⁸⁰

This approach to the impact that psychological explanations of unmarried motherhood are likely to have upon the stigma attaching to this group appears to be far more plausible than the one previously outlined. Although psychological theories may be of some use in explaining the pregnancies of a small number of unmarried women, it seems highly questionable to suggest (or, at least, imply), as many researchers appear to have done, that unmarried motherhood per se is evidence of some underlying psychological disturbance. Such a contention only serves to sustain the notion that unmarried motherhood is a social problem which requires containment and control. As a result, little or no attention is given to the possibility that women may deliberately choose to become (or, at least, are prepared to become) pregnant outside of marriage. Importantly, psychological explanations of unmarried motherhood can effectively serve to conceal the major, underlying reason why stigma continues to attach to unmarried mothers - namely, their dependency on public aid.

Sociological Studies

A number of sociological studies have tended to suggest that

unmarried motherhood is more likely to be found amongst the poorer sections of society and in certain racial groups.

Unmarried Motherhood: Lower Social Class Association

Evidence associating illegitimacy with the lower social classes has been found in a number of studies. For example, in a survey of 278 illegitimate births in a Midlands city ('Midboro') in the late 1940s, Hughes¹⁸¹ (Great Britain: 1949) found that the majority of the mothers concerned came from the lower social classes. Similarly, after studying the records of all women who had given birth to an illegitimate child in Aberdeen during the years 1949 to 1952, Thompson¹⁸² (Great Britain: 1956) came to the conclusion that

"illegitimacy tends to be associated with unskilled, unattractive, or menial occupations."¹⁸³

This finding was confirmed in a subsequent survey of illegitimacy in Aberdeen in the early 1960s. (It should be noted, however, that the association between illegitimacy and lower social class membership was not found to be as strong as in the previous survey: see Gill¹⁸⁴ (Great Britain: 1977).

Unmarried mothers have also been found to have a lower social class profile in a number of other surveys. For example, in a study of 39 cohabiting, and 27 non-cohabiting, unmarried mothers, who were living in south-east Essex, Yarrow¹⁸⁵ (Great Britain: 1964) found that 36 of the former and 22 of the latter could be classified as working class. Hopkinson¹⁸⁶ (Great Britain: 1976) also found that the vast majority (86%) of the 116 unmarried mothers she interviewed in the early 1970s came from social classes III to V. In addition, evidence from surveys conducted by Yelloly¹⁸⁷ (see pp.133-134) and

Weir ¹⁸⁸ (Great Britain: 1970) suggests that lower social class unmarried mothers are more likely to keep their children than place them for adoption.

Before looking at the question of the potential impact of these sociological studies upon the stigma attaching to the unmarried mother, it is necessary to point out that neither Weir ¹⁸⁹ (who collected data on 288 illegitimate maternities in an area of Scotland) nor Crellin et al ¹⁹⁰ (Great Britain: 1971) who examined the social background of 679 illegitimate children as part of the National Child Development Study) found any evidence to suggest that working class women were ¹⁹¹ over-represented in their surveys of illegitimacy.

Despite the usual objections that can be made about the sampling procedures used in these research studies, there does not appear to be any valid reason why one should reject the notion that working class women are more likely to become unmarried mothers than their middle class counterparts. However, greater caution needs to be exercised when one comes to examine some of the explanations that have been put forward to account for the fact that illegitimacy tends to be more prevalent amongst the lower social classes. For example, a number of commentators have argued that the higher rate of illegitimacy amongst this section of the population is directly attributable to the defective nature of working class culture. As Thompson, an exponent of this viewpoint, states:

"Illegitimacy, like delinquency, thrives when social values, cultural as well as material, are low. Insecure family life, poor and overcrowded homes, lack of constructive recreational aims and outlets,

lack of general planning ability, and permissive attitudes to extra-marital relations may all contribute to its occurrence." 192

This 'working class culture' explanation of illegitimacy has proved extremely popular despite the existence of alternative (and arguably more persuasive) explanations as to why working class women are more likely to have illegitimate children. For example, it can be argued that working class women run a far greater risk of involuntary unmarried motherhood because of the fact that they tend to:

- (i) be more poorly informed about the availability and use of contraceptives;
- (ii) find it more difficult to obtain an abortion.

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The fact that most researchers working in this field have tended to accept the assumption that unmarried motherhood constitutes a serious social problem for society, is one of the reasons why this working class culture explanation of illegitimacy has proved so popular (i.e. it is an explanation which suggests that the 'problem of unmarried motherhood' can be solved within the existing structure of society).

Indeed, many researchers have presented and interpreted their survey findings in ways which have enabled this particular explanation of illegitimacy to flourish. For example, the interpretation that has frequently been placed on the fact that working class unmarried mothers are more likely to keep their children than place them for adoption is that such women lack social responsibility because of the inadequacy of their cultural background. However, this type of explanation is clearly open to question. As Macintyre points out:

"it is equally plausible to attribute higher rates of keeping among working class women to socially valued characteristics such as a greater love for children, a greater willingness to sacrifice reputation and personal advancement for the sake of a child, and on the part of kin and neighbours to provide support." 194

The appeal of this working class culture explanation of illegitimacy can be linked to other theoretical developments in the social sciences. In particular, it is necessary to refer (in this context) to the culture of poverty thesis which has been advanced by Lewis and others. ¹⁹⁵ Lewis contends that the poor have, in response to their experiences of deprivation (e.g. ill-health, low incomes, unemployment, inadequate housing), developed their own distinctive culture. According to Lewis, this culture of poverty is characterised by: early sexual experience, promiscuity, high illegitimacy and desertion rates and non-participation in formal and informal social agencies such as trade unions or clubs. In addition, those imbued with the culture of poverty are deemed to be ¹⁹⁶ fatalistic, impulsive, helpless and prone to dependency. Lewis lays great stress on the resilient nature of the culture of poverty, arguing that it can be transmitted from one generation to the next.

"By the time slum children are age six or seven they have usually absorbed the basic values and attitudes of their sub-culture and are not psychologically geared to take full advantage of changing conditions or increased opportunities which may occur in their lifetime." 197

Despite the fact that Lewis' culture of poverty thesis has ¹⁹⁸
attracted numerous theoretical and methodological criticisms,
it has nonetheless proved to be extremely popular in certain ¹⁹⁹
political quarters in both Great Britain and the United States.

For example, Sir Keith Joseph (paying scant regard to Lewis' assertion that a culture of poverty is unlikely to flourish in an advanced capitalist society with adequate welfare services) ²⁰⁰ has argued that a 'cycle of deprivation' exists in Britain. Joseph and others who subscribe to this hypothesis believe that:

"Certain inadequate parents do not provide the love, firmness, guidance and stimulus which most normal children receive. Being poorly socialized, their children do not acquire the motivation, skills and capacities necessary to avail themselves of educational and job opportunities. In turn, they will grow up only to transmit the same behaviour patterns to their offspring who, therefore, will also remain in poverty." ²⁰¹

Importantly, unmarried mothers have been identified as one group of 'inadequate' poor parents who are likely to transmit such deprivation. ²⁰²

By linking illegitimacy with the culture of poverty it has been possible to reinforce the notion that unmarried motherhood is socially disreputable (i.e. it is a phenomenon peculiar to the poorer (and behaviourally deficient) sections of society).

Unmarried Motherhood: The Dimension of Race

The racial dimension of unmarried motherhood has been given a good deal of attention in the United States. ²⁰³ In particular, illegitimacy has tended to be linked with negro culture. It has been argued, for example, that the 'acceptance' of illegitimacy by the negro population can be directly traced back to the forcible enslavement of their forebears (i.e. negro slaves were permitted, and often encouraged, to form

illicit sexual relationships).²⁰⁴ Following the 'emancipation' (latter half of the 19th century) and subsequent migration of negroes from the rural south to the industrial north (early 20th century), the white community began to express considerable concern about what they perceived as deficiencies in the negro family structure. As Gutman points out:

"The twin evils of familial 'instability' and sexual 'immorality' supported the advocacy of new forms of external control over blacks, including disenfranchisement and increasingly rigorous legal separation."²⁰⁵

Sociological research studies on negro unmarried mothers have tended to reflect this 'white' concern about negro culture. For example, after studying eleven, unmarried, pregnant negro women in North Carolina, Hertz and Little²⁰⁶ (United States: 1944) came to the conclusion that

"illegitimacy can best be understood when examined in its cultural context, which may be responsible for the differential rate of illegitimacy between white and negro groups."²⁰⁷

Similarly, Knapp and Cambria²⁰⁸ (United States: 1947) found (after interviewing 49 negro unmarried mothers who had been accepted for study and treatment by the Family Service Association of Washington during 1945) that the greater acceptance of illegitimacy amongst this group was primarily related to cultural factors.

The assertion that illegitimacy can be linked to deficiencies in negro culture has also received official support in the United States. For example, in a Department of Labor report - The Negro Family: The Case for National Action (The Moynihan Report: 1965)²⁰⁹ - it was argued that high illegitimacy rates and welfare applications amongst the negro population could

be explained by reference to cultural factors.

The assertion that the negro family structure is inherently unstable has, however, been challenged by a number of commentators. For instance, Ryan has drawn attention to the way in which negro culture explanations can effectively serve to conceal the fact that the organisation of American society provides disproportionate advantages for the white, middle class section of the population.

"Pointing to the supposedly deviant Negro family as 'the fundamental weakness of the Negro community' is another way to blame the victim. Like 'cultural deprivation', 'Negro family' has become a shorthand phrase with stereotyped connotations of matriarchy, fatherlessness, and pervasive illegitimacy." 211

Interestingly, there has been a movement in the United States (since the late 1950s) to distinguish between the culture of middle and lower class negroes (the former being seen as much more inclined to accept white, middle class values). As the Billingsleys' point out, middle class negroes have come to be regarded as having

"tendencies towards monogamy, stable residence, the ideal of economic dominance by the father, rigid discipline and sex mores, heterogeneous occupations, thrift, caution, inhibition of aggression and sex, ambition, initiative and manners." 212

In contrast, lower class negroes have continued to be regarded as impulsive, aggressive and lacking in rigid sexual mores.

Although illegitimacy has not been linked with race to anything like the same degree in Great Britain, it is important to note that a greater emphasis has been given to the factor

of ethnicity in recent years. In particular, medical and other welfare personnel have been showing increased concern about the incidence of illegitimacy amongst young, 'West Indian' women. ²¹⁴ It seems likely, therefore, that the racial dimension of unmarried motherhood will be subjected to more extensive scrutiny in forthcoming years. Indeed, there are already signs of a movement in this direction. For example, one notable commentator has recently argued that the civil disturbances in Brixton during the Summer of 1981 can be attributed to the growth of 'West Indian' single-parent ²¹⁵ families.

What effect, then, is this association between illegitimacy and race likely to have upon the stigma attaching to the unmarried mother? It seems highly probable that this association will only serve to intensify the stigma which has come to be attached to the unmarried mother. By linking illegitimacy with racial groups, who are commonly regarded as socially inferior, it has been possible to highlight the unacceptable nature of unmarried motherhood. Similarly, persistent levels of illegitimacy amongst certain ethnic groups is likely to be regarded by many as yet further 'evidence' of the innate inferiority of this section of the population. Researchers working in this area who wish to avoid intensifying the stigma which has attached both to the unmarried mother and certain racial groups would be well advised, therefore, to exercise caution when presenting their 'findings'.

When considering the part social researchers may have played in reinforcing the stigma which has attached to the unmarried mother, it is also necessary to examine a number of social

administration studies of the illegitimate child (the highlighting of the social and economic disadvantages suffered by illegitimate children who are not adopted can clearly help to sustain the belief that unmarried mothers are unlikely to make adequate parents).

Social Administration Studies of the Illegitimate Child

The National Child Development Study has provided some of the most detailed information about the circumstances of illegitimate children (see p. 139). As part of this study, Crellin et al²¹⁶ compared the development of a group of illegitimate children (679) with a sample of legitimate children (16,321). In this investigation, it was found that the mortality rate amongst illegitimate children (in the first seven years of life) was markedly higher than in the legitimate group²¹⁷ and that the former tended to be more clumsy and restless than the latter.²¹⁸

Illegitimate children who remained with their natural mothers also showed poorer intellectual ability and attainment (i.e. in terms of arithmetic, reading, general knowledge, oral ability, creativity and perceptual development) than either illegitimate children who had been adopted or legitimate children.²¹⁹ In addition, illegitimate children who remained with their natural mothers were also found to experience greater difficulties in terms of their behaviour and adjustment in school.²²⁰

Non-adopted illegitimate children also fared less well in terms of their home environment than either of the other groups.

"A high proportion among the illegitimate sample lived in a home which had no father figure; a majority of the mothers went out to work, both before and after the child went to school; mobility was high and so was the degree of overcrowding; a third of the children's homes lacked the use of one or more of such amenities as an indoor lavatory, hot water supply, a bathroom and their own cooking facilities; and a high proportion of the children experienced some form of substitute care, either on a day or residential basis." 221

In the light of this evidence, it was not surprising to find that these authors came to the conclusion that illegitimate children:

"were beset by a multiplicity of unfavourable circumstances which not only gave them a relatively poorer start in life but which continued to build up into a complex web of cumulative and interacting disadvantages and deprivations. Thus at the present time, to be born illegitimate is still to be born disadvantaged." 222

Subsequent surveys by Ferri²²³ (Great Britain: 1976) and Lambert and Streater²²⁴ (Great Britain: 1980) (which made use of the same population group) have merely served to confirm the fact that illegitimate children are prone to experiences of deprivation.

Unfavourable evidence relating to illegitimate children has also been found in other studies.²²⁵ In one such study, the home backgrounds of 79 illegitimate children who were either living with their natural mothers (70) or with relatives (9) were assessed by caseworkers on behalf of Steel²²⁶ (Great Britain: 1955). The care received by a third of these children was adjudged to be unsatisfactory.

"In some cases there were quarrels and rivalry over the upbringing of the child between the mother and the grandmother, who often had the care of the child during the day when the mother was at work. In other cases the mother was backward or unbalanced, lazy or promiscuous. Some mothers frequently changed their work and their lodgings, their home backgrounds having little stability." 227

In another study, in which the circumstances of one and two-parent families in five areas of Great Britain were compared, Hunt et al²²⁸ (Great Britain: 1973) found that children living in one-parent households were more likely to be deprived in some way (e.g. in terms of the level of household income, standard of housing and educational opportunity).

Evidence of maladjustment and emotional disturbance amongst illegitimate children (and amongst children from one-parent families in general) has also been found in a number of surveys in this field. For example, in a study of children in residential maladjusted schools, Pringle²²⁹ (Great Britain: 1961) found that 15% of the children concerned were illegitimate and that a further 53% had suffered some form of family disruption.²³⁰ A Scottish Education Department working party (Great Britain: 1964) also found evidence that illegitimate children brought up in female-headed households were quite frequently maladjusted.

Murchison²³¹ (Great Britain: 1974) has also drawn attention to the results obtained in two inner London educational reports. The first report was based on a study of an inner London maladjusted school. It was found that all of the 100 children who had been admitted to this school during the period from December 1964 to November 1970 (30% of whom had come from single-parent families)

"had serious problems of behaviour or conduct, and all had severe learning disturbances, despite being of at least average intelligence."²³²

The second report was concerned with a study of 30,000 eight year old children who were attending inner London schools

during 1968-69. It was found that children from one-parent families (of varying income levels) were more likely to experience emotional problems than other deprived children. 233

Both Dell ²³⁴ (Great Britain: 1972) and Gill ²³⁵ (Great Britain: 1977) have found evidence that children living in single-parent families are poorer in terms of intellectual ability and attainment than children being brought up in two-parent households. Dell studied 1,562 fourteen year old Glasgow schoolchildren and found that pupils from one-parent families performed less well on reading tests than their two-parent counterparts.

Gill, in a random survey of primary schoolchildren in Aberdeen, found that the educational attainment of those children who had spent the whole of their life in a single-parent family compared unfavourably with those children who had been brought up either in a two-parent family or in an 'anomalous' family situation (i.e. with step-parents or adoptive parents). However, Gill is quick to point out that the poorer educational achievements of children living in single-parent families

"may be attributed as much to the lower social class of these families as to the experience itself." 236

Surveys by Packman ²³⁷ (Great Britain: 1968) and Rowe and Lambert ²³⁸ (Great Britain: 1973) have also indicated that large numbers of illegitimate children are likely to be taken into (and remain in) some form of residential care. In a study of 4,500 applications for reception into care, Packman found that illegitimate children accounted for 28% of the long-term admissions. Rowe and Lambert collected data on

2,812 children (aged 11 or under) who had been in the care of either a local authority or a voluntary agency for at least six months. They found that some 50% of their total sample was illegitimate. Unlike legitimate children in care, this illegitimate group tended to: come into care when very young; have little contact with their natural parents; remain in care for relatively long periods of time; be in poorer health; be at greater risk of inherited illness; be lower in average intelligence and more prone to behavioural problems.

In other surveys, illegitimate children (and children living in single-parent families) have been found to be particularly prone to delinquency.²³⁹ For example, in a study of 92, teenage illegitimate children (aged between fourteen and fifteen), who had been brought up by their natural mothers, The Unmarried Parenthood Committee of the Welfare Council of Toronto²⁴⁰ (Canada: 1943) found that nearly a quarter of this group had engaged in some form of delinquent behaviour.

In another survey (based on a long-term investigation of 411 boys who had attended one of six junior primary schools in a working class district of London), West²⁴¹ (Great Britain: 1969) found that illegitimate boys (25) were

"particularly delinquent-prone; 10 of the 25 became juvenile delinquents, of whom 7 had a record of at least two delinquencies, and when convictions of young adults were included, 11 were delinquents, with 10 of them having more than one delinquent record." 242

More favourable evidence relating to illegitimate children has, however, been found in other surveys. For instance, in a study

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in Leicester (Macdonald Great Britain: 1956) health visitors were asked to assess the home circumstances and physical and emotional development of 238, five year old illegitimate children (the vast majority of whom (182) were living with their natural mothers). Macdonald reports that:

"In the great majority of cases the assessments in all respects were satisfactory, there being no financial or emotional problem in the home, the care, physical and mental development of the child, and the child's emotional development being satisfactory." 244

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In a survey by Steel (Great Britain: 1960), caseworkers also formed a favourable impression of the progress that a group of six year old illegitimate children, whom they had been asked to assess, had made (these children had all been brought up by their natural mothers).

Three studies in the United States lend support to the view-point that illegitimate children can be satisfactorily cared for by their natural mothers. In the first of these studies, Reed ²⁴⁶ (United States: 1962) found that the physical, mental and emotional development of illegitimate children being cared for by their natural mothers (118) was, in the majority of cases, highly satisfactory.

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In a survey by Wright (United States: 1965), caseworkers were asked to make an assessment of the progress that had been made by a group of three and four year old illegitimate children who had been brought up by their natural mothers. Contrary to their expectations, these caseworkers found that the majority of these children had been well cared for and were progressing satisfactorily.

After comparing the care and development of a sample of black, illegitimate children, who had remained with their mothers, with a matched group of legitimate children, Oppel²⁴⁸ (United States: 1969) could find no significant differences between the two groups. In addition, it should be noted that studies by Buchinal²⁴⁹ (United States: 1964), Feldman and Feldman²⁵⁰ (United States: 1975) and Raschke and Raschke²⁵¹ (United States: 1979) have all indicated that children are not adversely affected by living in single-parent households.

The fact that these favourable results can be used to counter the less favourable impressions of the circumstances of illegitimate children which have been presented in other social administration studies in this area, does not negate the need to give consideration to the possible impact that these latter findings may have had upon the stigma attaching to the unmarried mother in contemporary society.

At the onset, it must be stressed that researchers working in this field have not deliberately set out to stigmatize the unmarried mother. Indeed, many researchers have constantly drawn attention to the need for greater public support and improved levels of material aid for unmarried mothers and their children.²⁵² However, there has been a marked tendency to regard unmarried mothers, per se, as unsatisfactory parents. For example, when speculating about why unmarried mothers may find it difficult to satisfactorily carry out their parental obligations, many researchers have seen fit to focus exclusively on the individual characteristics of mothers themselves, rather than on the impact that social and economic deprivation may have in this regard.²⁵³ Crellin et al provide a useful illus-

tration;

"One would expect, for example, that a stable, well-educated woman of 25 with some professional training might well be able to provide a satisfactory environment for her child even though he lacks a constant father figure; at least, she is more likely to do so than say a 17-year-old, backward girl....." 254

In addition, researchers often refer to the individual characteristics of unmarried mothers when making suggestions for reform in 'family policy'. Consider, for instance, the following suggestions that Pringle, a leading exponent in this field, has put forward:

"The myth of the blood tie should be replaced by the concept of responsibility and informed parenthood. The ability and willingness to undertake its responsibilities are neither dependent nor necessarily consequent upon, biological parenthood. Rather it is the unconditional desire to provide a caring home, together with the emotional maturity to do so, which are the hallmarks of good parenting. Responsible parenthood also includes having only as many children as the couple can emotionally tolerate and financially afford." 255

"... a social climate will have to be created in which it is considered irresponsible to have children before, say, the age of twenty-two or twenty-three." 256

"Bringing up children is too important a task to be left entirely to those parents who are patently in need of support, guidance and, where necessary, sanctions on part of the community." 257

Clearly, unmarried mothers, who are likely to

- (a) experience financial difficulties in bringing up their children;
- (b) be under twenty-two years of age when their child was born (see Table 3.3) and
- (c) require various forms of community support

are one group of parents whom Pringle would regard as potentially unsuitable parents. Indeed, she even seems to be

suggesting that some unmarried mothers (perhaps the majority) should not be permitted to care for their own children.

Table 3.3. Illegitimate Live Births by Mother's Age at Birth: 1980 (England and Wales)

Age of Mother at Birth	Illegitimate Live Births	%
Under 16	1,274	1.6
16 - 19	24,586	31.8
20 - 24	26,607	34.4
25 - 29	13,462	17.4
30 - 34	7,588	9.8
35 - 39	3,047	3.9
40 - 44	761	1.0
45 - 49	44	0.1
50 and over	3	-
All Ages	77,372	100.0

Source: One-Parent Families, op.cit., Table 4, p.19

Such statements merely serve to sustain the belief that unmarried motherhood (being a reflection of some form of individual inadequacy) is a social problem requiring policies of containment and control. No credence is given to the possibility that unmarried motherhood might be better regarded as an alternative, but equally acceptable, family unit.

It is difficult to assess the impact that unfavourable social science research findings relating to unmarried motherhood may

have upon the stigma attaching to this group. For example, it can plausibly be argued that the limited circulations of the journals in which social science research tends to be published will minimise the potential impact that unfavourable findings may have upon either the attitudes of policy-makers or the general public. Alternatively, though, research findings may (as a result of dissemination via the mass media) receive a good deal of attention and, as such, play a significant role both in the formation of public opinion and in terms of influencing policy-makers. From this latter perspective, the publication of unfavourable research findings could (in the absence of any reference to the various economic and social disadvantages which unmarried mothers are forced to endure) reinforce the stigma attaching to the single mother.

In this chapter, then, it has been contended that there are two principal reasons why stigma has attached to the unmarried mother over the centuries -

- (1) The challenge presented to Christian beliefs;
- (2) 'Blameworthy' public dependency.

As was shown earlier, ecclesiastical authorities attempted to express their disapproval of illegitimacy by imposing some form of penance on those unmarried mothers who were brought before the church courts. Although it is difficult to assess the impact that this form of stigmatization had upon unmarried mothers, it seems likely that the public humiliation involved would have adversely affected a large percentage of those women who were sanctioned in this way.

Although 'Christian stigmatization' of the unmarried mother

has markedly declined since the 16th century, it is important to note that unmarried motherhood is still regarded as a serious moral problem by certain sections of contemporary society. In addition, the Christian church has continued to take an active interest in the moral welfare of the unmarried mother and her child (e.g. by the employment of their own social workers).

'Blameworthy' public dependency has, however, been identified as the main reason why stigma has tended to attach to the unmarried mother over the centuries (particularly since 1500). During the period from 1500 to 1900, secular authorities attempted to limit the demands made by unmarried mothers upon public funds by means of the imposition of various physical and economic sanctions. Since 1900, however, there has been a detectable softening in secular attitudes towards the unmarried mother. Four possible explanations for this change were identified:

- (i) greater commitment towards the poor on the part of governments;
- (ii) a more enlightened approach towards the needs of dependent children;
- (iii) the effects of war;
- (iv) the impact of social science research.

It was pointed out, though, that implicit forms of secular stigmatization have still tended to persist in recent decades (e.g. unmarried mothers have tended to be given either inadequate or inappropriate forms of economic and social support).

In the latter part of this chapter, attention was also given to one (rather neglected) way in which the stigma attaching to the unmarried mother may have been reinforced in recent

years - namely the influence of social science research. It was argued that the tendency on the part of researchers working in this field to associate unmarried motherhood with other negative characteristics (e.g. psychological disturbance) could, in the absence of more detailed discussions about the social and economic disadvantages that these mothers are likely to experience, tend to create the impression that single motherhood is an unacceptable social phenomenon rather than an alternative (but equally acceptable) family formation.

In the next chapter, consideration will be given to the views of a group of contemporary unmarried mothers (all of whom were living in south-east England in the late 1970s) with regard to the issue of felt stigma.

CHAPTER 4

FELT STIGMA AND THE UNMARRIED MOTHER:
A STUDY BASED ON THE VIEWS OF THIRTY-SIX
UNMARRIED MOTHERS LIVING IN SOUTH-EAST ENGLAND

In order to cast further light on the concept of stigma, this chapter will be concerned with the findings obtained from a small study of unmarried mothers, which was undertaken in south-east England in the late 1970s. This chapter will be divided into five sections:

- (1) Background to the study.
- (2) Illegitimate pregnancy: the views of respondents and their evaluations of the reactions/help they received from 'significant' others.
- (3) Respondents' views on their 'welfare' experiences.
- (4) Respondents' comments on other aspects of unmarried motherhood.
- (5) Conclusions.

Section 1 - Background to the study

Clearly, there are practical limitations in terms of the amount of fieldwork that can be undertaken during a three year post-graduate research programme. For the purpose of this particular project, therefore, it was decided to focus attention on just one aspect of stigma - namely felt stigma. Such an investigation appeared to be particularly appropriate given the dearth of information concerning the incidence of felt stigma in society. In general, there has been a tendency to assume that individuals will automatically feel stigmatized if they:

- (i) possess a stigmatizing attribute (sociological literature);

- (ii) are subjected to stigmatizing administrative procedures in the field of welfare (social administration literature).

Initially, it was hoped to examine the notion of felt stigma in relation to three specific 'stigmatized' groups - each being an example of a distinct stigma type (see pp. 5-6). However, this proposal was modified as it was thought unlikely that the necessary fieldwork could be completed within the limited time available. Instead, it was decided to concentrate on one stigmatized group - namely unmarried mothers. Unmarried mothers appeared to be a particularly suitable group to study given that they:

- (i) have been subjected to considerable degrees of stigmatization over the centuries (See Chapter 3);
- (ii) are still likely to experience stigmatization in both formal (e.g. contact with officials) and informal (e.g. adverse comments from neighbours) social situations;
- (iii) have been the subject of much 'social administration' interest.

The primary aim of this survey, then, was to collect qualitative data about the incidence of felt stigma amongst a group of unmarried mothers in the hope that this would cast further light on some of the theoretical issues which were discussed in the earlier chapters. In particular, it was hoped that this survey would:

- (i) help to highlight the main sources of stigmatization to which unmarried mothers are prone;
- (ii) enable evidence to be collected about the effect that stigmatization can have upon the self-esteem of unmarried mothers.

Methodology

The personal interview was considered to be the most suitable mechanism for the collection of data on the incidence of felt stigma. Although a postal questionnaire could have been used for the purpose of this study, it was felt that the personal interview had two main advantages. Firstly, given the comparatively novel nature of this study, it was thought likely that respondents would experience a number of difficulties when answering the questionnaire. Given such a possibility, it seemed advisable to interview respondents in order to ensure that any difficulties they might have with regard to the survey could be dealt with both quickly and efficiently. In contrast, a relatively detailed instruction booklet (which could have confused, or even deterred, potential respondents) would have had to have been included with a postal questionnaire. Secondly, in a qualitative study of this kind it is often necessary to ask a number of additional questions (e.g. in order to follow-up a particularly interesting remark). A personal interview is more appropriate for this purpose than a postal questionnaire.

The proposed interviews for this survey could have been conducted in either an informal or formal way.¹ In the case of informal interviews there are generally no set questions or pre-coded answer frameworks. For example, in terms of this study, the use of informal interviews would merely have involved asking respondents to comment on various events during their 'career' as an unmarried mother with particular reference to the notion of felt stigma. In contrast, in formal interviews efforts are made to ensure that uniformity is maintained both with regard to the asking of questions and the recording of

answers. In this type of procedure, interviewers are generally requested to:

- (i) ask questions in a specific order;
- (ii) 'probe' only in permitted circumstances;
- (iii) avoid varying the wording of questions.

In the case of formal interviews, questions tend to be either of an 'open' or 'pre-coded' kind. In terms of the former, respondents are usually permitted to answer questions in a relatively free manner (their answers are then coded and summarized at a later date). In the case of the latter, information is coded at the interview stage. For instance, respondents may be given a set of model answers and then be asked to select those replies which most accurately reflect their own views. Alternatively, respondents' replies to open questions may be coded in relation to an 'answer framework'² (i.e. specimen answers) used by the interviewer concerned.

A combination of both formal and informal procedures were used in this survey. For example, it was considered impractical to use pre-coded questions in this survey not only because of the qualitative nature of the study but also because of the difficulties which were encountered in terms of devising an effective form of pre-coding (extensive 'piloting' could not be undertaken due to problems in obtaining an adequate sample of respondents - this particular difficulty will be discussed more fully later on in this part of the chapter). However, it was decided to use a fairly standard set of questions in this survey. Standard questions were felt to be appropriate, given the likelihood that respondents would have had a number of similar life experiences (e.g. having to disclose that they were expecting an illegitimate child; contact with various

welfare officials; social and economic difficulties). In addition, standard questions would enable the comments of respondents to be aggregated to some extent. Although the purpose of this study was to collect qualitative rather than quantitative data, it was felt that aggregation could be useful in terms of making initial assessments about the relative importance of the various sources of felt stigma. Finally, the use of standard questions can help to minimize the possibility of obtaining data of a too generalized nature.

After deciding to use a standard set of uncoded, open, questions it seemed appropriate to tape-record all of the proposed interviews with respondents. By using tape-recorders, interviewers are spared the tedious task of making lengthy, handwritten, time-consuming and often inaccurate accounts of respondents' viewpoints during the interview. In addition, tape-recording provides interviewers with an opportunity to spend more time on evaluating respondents' comments, thereby increasing the possibility of obtaining better quality data (i.e. more extensive forms of probing can be undertaken). It is important to note, however, that tape-recording has two principal disadvantages:

- (i) It may deter potential respondents (i.e. concern may be expressed about the issue of confidentiality).
- (ii) It involves time-consuming, post-survey transcription and analysis.

Despite these disadvantages, it was still decided to use tape-recordings in this survey.

Obtaining Respondents for the Survey

At first glance unmarried mothers would appear to be a fairly homogeneous group. However, further reflection alerts one to the shortcomings of making such an assumption. For example, the term unmarried mother could be applied to any of the following women:

- (1) A single, never married, woman who is bringing up her child on her own.
- (2) A single, never married, woman who places her child for adoption.
- (3) A single, never married, woman who lives with the father of her child in a 'conventional' family situation.
- (4) A single, never married, woman who lives with her child and with a man who is not the child's father.
- (5) A separated woman whose only child was not fathered by her husband.
- (6) A widow whose only child was not fathered by her late husband.

In any survey of unmarried mothers it is necessary, therefore, to refer to the precise circumstances of the respondents concerned. Although all 'types' of unmarried mothers have been studied in previous surveys, there has been a distinct tendency to concentrate on 'classical' unmarried mothers (i.e. young, never married, women who have kept their illegitimate child). It should be noted, though, that many psychological studies have tended to focus attention on young, never married, pregnant
3
women.

The subject matter of this particular study (i.e. felt stigma) provided a good reason for seeking interviews with 'classical'

as opposed to other types of unmarried mothers. 'Classical' mothers appeared to be far more likely to have been subjected to stigmatization (and to have experienced feelings of stigma) than, say, for example, cohabiting unmarried mothers. The latter are likely to regard themselves as 'married' or, at least, as an established two-parent family (a viewpoint that is likely to be shared, in some instances, by relatives and other acquaintances). It seemed highly probable that such mothers would regard many questions relating to unmarried motherhood as inappropriate or even irrelevant. It was decided, therefore, to try and obtain a sample of single, never married, women, who were living on their own or with friends or relatives (but not cohabiting) whilst caring for a dependent child aged sixteen or under.

Theoretical considerations also led to the exclusion of coloured unmarried mothers from this survey. Such mothers might have been subjected to potentially humiliating forms of stigmatization not only as a result of their unmarried status but also because of their ethnicity. Clearly, data collected from these mothers might just as easily reflect the stigma that attaches to race as unmarried motherhood. As the questionnaire would have needed substantial modification in order to ensure that these two sources of stigma were distinguished (whenever possible), it was decided to exclude these particular unmarried mothers from the survey.

It was proposed to interview approximately fifty unmarried mothers who met the criteria outlined above and who lived in the specified study area (i.e. three towns in a southern English county). Although this particular study did not require a

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random or representative study, it was decided, nonetheless, to avoid some of the more obvious selection pitfalls in order to ensure that a reasonably 'balanced' sample of unmarried mothers was obtained (i.e. some variety in terms of age and background). For example, a sample drawn exclusively from mother and baby homes would probably have resulted in an 'over-representation' of very young unmarried mothers.

In order to contact unmarried mothers it is generally necessary (unless some direct form of contact is undertaken - e.g. newspaper advertisements) to enlist the support of some organisation or agency which has dealings with this group. Given the desirability of obtaining a 'balanced' sample of unmarried mothers, it was decided to seek the assistance of general practitioners with regard to the obtaining of potential respondents. It was felt that respondents obtained from this source would be more 'representative' of the total population group of unmarried mothers than a sample of mothers obtained from the more selective caseloads of Supplementary Benefits offices or Social Service departments.

With the help of Dr. John Butler of the Health Services Research Unit at the University of Kent (who prepared a list of G.P.s whom he thought would be most likely to co-operate in a project of this kind) contact was made with eight senior partners in the early part of 1977. It was envisaged that access could eventually be gained to the patient lists of some twenty-seven G.P.s if the senior partners contacted could be persuaded to:

- (i) give their personal support to the project;
- (ii) secure the co-operation of their colleagues.

It was recognised that G.P.s would be unwilling (for reasons of confidentiality) to release the names and addresses of unmarried mothers known to them without having first obtained the permission of the mothers concerned. With this consideration in mind, leaflets and stamped addressed envelopes were prepared for participating G.P.s to pass on to potential respondents (See Appendix 1). If an unmarried mother wished to take part in the survey she merely had to complete the address form which was provided and return it directly to me. It was felt that this procedure would:

- (i) find favour with those G.P.s who might have had reservations about the demands the project could make on their time;
- (ii) reassure G.P.s and potential respondents alike about the issue of confidentiality.

Seven of the eight senior partners who were contacted agreed to help with the project. The one senior partner who refused to co-operate did give serious consideration to my request for assistance but (after some six months of deliberation) came to the conclusion that the project would not be in the 'best interest' of patients known to him and his colleagues.

The co-operation of the other senior partners did not prove particularly fruitful in terms of obtaining respondents for the survey. Only four unmarried mothers indicated (by returning one of the address forms which they had been given by their G.P.) that they would be willing to be interviewed. As most G.P.s indicated that they had few, if any, unmarried mothers on their caseloads, this low response rate was not altogether surprising.

Given this poor response rate it was decided to seek the co-operation of other welfare agencies. Consideration was, for example, given to the possibility of eliciting the support of both local supplementary benefits offices and health visitors. However, as initial enquiries revealed that formal authorisation (which could have taken several months) was needed before any form of co-operation could be given, it was decided to seek assistance elsewhere.

After some favourable initial responses, it was decided to make a formal approach to one local authority housing department, and seven divisional social services offices for help with the project. Support was only obtained, however, from the housing department and two divisional offices. The response rate from these agencies was extremely disappointing (one respondent). In addition, the co-operation of a mother and baby home proved equally disappointing (one respondent). In this particular case, the poor response rate was due almost entirely to the fact that most of the residents (and recent ex-residents) were coloured.

Faced with such a poor response rate, it was decided to seek the assistance of a leading voluntary self-help organisation for single parents - Gingerbread. The central Gingerbread office in London expressed interest in the project and provided me with the names and addresses of the secretaries of local groups. The secretaries of the eighteen Gingerbread groups within the study area (which had been extended to cover the whole county rather than just three towns - see p.164) were all contacted in the latter part of 1977. All of them agreed to

hand out leaflets to potential respondents on my behalf and, as a result, interviews were eventually obtained with eleven unmarried mothers. Although this response rate was a good deal more encouraging, it was still comparatively low (most secretaries reported that they had few, if any, unmarried mother members; indeed, respondents were only obtained from six of the eighteen groups contacted).

As contact with these various Gingerbread groups had proved relatively successful it was decided to seek the co-operation of an additional eighteen groups (a decision which necessitated extending the survey area - i.e. three southern counties). The assistance provided by each of these groups enabled interviews to be conducted with a further twelve unmarried mothers. Twelve south London Gingerbread groups also offered to help with the project. However, the response rate from these groups proved disappointing (one respondent).

In a final attempt to obtain respondents for this survey a request for assistance was made (on the recommendation of the then Director of the National Council for One-Parent Families, Margaret Bramall) to the Director of the Southwark Diocesan Council for Wel-Care (an anglican charitable organisation which provides various forms of help to single parents and their children who are living in the diocese of Southwark. The organisation is made up of ten autonomous local associations situated in London (5) and a southern county (5). The Director of Wel-Care, Miss Janet Evanson, expressed considerable interest in the project and offered her fullest co-operation (this included a personal recommendation to each local association that

every assistance should be given with the project). Although all the local associations agreed to help with the project, only four reported having any success in terms of tracing potential respondents (interviews were eventually obtained with nine mothers known to these associations). The other six associations were singularly unsuccessful in terms of finding suitable interviewees (social workers in these associations reported that most of the mothers on their caseloads did not fit my selection criteria).

By the end of the main survey period (November 1977-August 1978), interviews had been conducted with just thirty-six unmarried mothers. Although this figure was far less than had been hoped for at the start of the survey, it was considered to be relatively satisfactory given the numerous difficulties that had been encountered in terms of finding respondents. As Table 4.1 shows, most of the main survey respondents were obtained from Gingerbread (66%) or Wel-Care (25%). As such, it can justifiably be argued that this particular sample of unmarried mothers is 'untypical'. However, it should be noted that most of the respondents had had very little regular contact with the 'referring' agency. For example, many of the respondents who had been contacted through Gingerbread were not active members of their local group.

The difficulties encountered in obtaining respondents for this survey can be attributed to various factors. Firstly, the selection criteria were quite strict (i.e. single, white, never married, non-cohabiting, women who were living on their own or with friends whilst caring for a dependent child under 16).

Table 4.1 Referral agencies of the main survey respondents

Organisation/ Agency	Number of Contacts Made	Number of Contacts Which Resulted in Respondents Being Obtained	Number of Respondents	%
General Practitioners	8	1	1*	3
Social Services Offices	7	1	1	3
Local Authority Housing Departments	1	0	0	0
Mother and Baby Homes	2	1	1	3
Gingerbread	48	15	24	66
Wel-Care	10	4	9	25
Total	76	22	36	100

Note: *Four other respondents, who took part in the pilot survey, were also obtained from this source.

If, for example, cohabiting or coloured unmarried mothers had been included, a substantially higher response rate could have been obtained. It should be noted, however, that the selection criteria were relaxed to a limited extent in response to the difficulties experienced in finding potential participants. Mothers who had more than one illegitimate child (three respondents) or who had conceived an illegitimate child after being divorced or widowed (three respondents) were included in the survey.

Secondly, the fact that the co-operation of 'third parties' was needed in order to gain access to potential respondents could also have contributed to the low response rate. For instance, the 'gatekeeper' role adopted by these third parties tended to vary quite considerably. In the case of the various Gingerbread groups, assistance was readily offered once assurances about confidentiality had been given. In contrast, other agencies often required some evidence that the project would be of benefit to the mothers interviewed or to society in general. For example, the management committee of one mother and baby home refused to help with the project on the grounds that there was

"nothing to be gained, from the girls' point of view, by conducting these interviews."

Many of the 'professional' agencies that were approached also expressed reservations about the subject matter of the research (i.e. stigma). They pointed out that they would have been far more willing to have offered assistance if the study was to have been conducted along 'classical' social problem lines (i.e. a study which was concerned with obtaining information which could help to reduce the incidence of unmarried motherhood). In addition, a number of professional agencies wanted certain alterations to be made to the questionnaire. For instance, one social worker felt that questions relating to the early stages of an unmarried mother's career should be omitted on the grounds that they could cause distress in certain cases.

The use of third parties also meant that very little control could be exercised over the way in which the survey was presented to potential respondents. For example, one potential respondent was given the standard leaflet (which outlined the

main aims of, and the methods that would be used in, the survey) with the following accompanying note:

"I hope you won't be offended by my passing this on to you. By all means throw it in the bin if you don't want to take part."

The fact that potential respondents could not question me directly about any of the reservations they might have had about participating in the survey is clearly likely to have affected the response rate in an adverse way.

It is also important to note that a few professional agencies insisted upon operating their own additional selection procedures (i.e. they were not prepared to offer certain 'types' of unmarried mother the opportunity of participating in the survey). For instance, one social worker did not think it appropriate to permit unmarried mothers who were either of 'low intelligence' or who were 'content to sit at home on social security' to take part in the survey.

The poor response rate could, thirdly, have been due to an unwillingness on the part of those mothers contacted to take part in the survey. Some potential respondents may have been deterred from participating because of the subject matter of the study. As one non-participant informed me:

"I am sure you will understand that I feel very strongly about my past life and would not like to discuss it."

In addition, some potential respondents may have been deterred from participating because the interviews were to be tape-recorded or because of the demands that would have been made on their time.

The Pilot Survey

A pilot survey (comprising of just four interviews) was undertaken in order to ensure that any major weaknesses in the questionnaire could be identified, and rectified, before the main survey was started. The pilot survey helped to clarify a number of issues. Firstly, it was found that respondents did not refer directly to feelings of shame or stigma unless they were specifically asked to do so. For example, when respondents were asked about their reactions to unfavourable experiences there was a marked tendency to refer to feelings of resentment or injustice as opposed to shame or stigma. As a result of this finding it was decided to adopt a uniform pattern of questioning whenever respondents made reference to any of the unfavourable reactions they had received from others. The format adopted was as follows:

- (i) Were you surprised by the reaction? (It was hoped that this question would provide information on expectations of stigmatization).
- (ii) Did the reaction make you feel ashamed?
- (iii) Did you resent the reaction?
- (iv) Did the reaction make you feel stigmatized?
- (v) Did you think the reaction was fair?

In addition, if respondents referred to favourable reactions it was decided to ask just one additional question:

Were you surprised by the reaction?

The pilot survey also highlighted the inappropriateness of certain question. For example, the uniform pattern of questioning outlined above was found to be in need of a slight modification whenever questions of a more general nature were posed. For instance, if a respondent was asked a question

such as

Do you think the quality of your life has been reduced since becoming an unmarried mother?

it was found to be appropriate (if an affirmative answer was given) to ask additional questions relating to shame, resentment, and stigma. However, respondents found it difficult to apply the concept of fairness to such questions. Accordingly, in the main survey, it was decided to use the notion of fairness only in relation to questions which were directly linked to the unfavourable reactions of individuals or agencies. (See Appendix 2 for details of the main questionnaire).

The pilot study also dispelled any doubts there may have been about the use of the term stigma. All the respondents interviewed expressed familiarity with the concept (thereby lending support to Pardo's contention

"that the word has become part of the layman's lexicon.") 5

and, as such, were able to clearly state whether they had felt stigmatized during their career as an unmarried mother.

Finally, the use of a tape-recorder did not appear to inhibit the pilot respondents in any detectable way (i.e. they all freely engaged in conversation).

Social and Economic Characteristics of the Survey Respondents

As Table 4.2 indicates, most of the respondents who took part in this survey were of at least twenty-five years of age at the time of interview. In addition, unlike other surveys,⁶ respondents in this study tended to have had a longer experience of unmarried motherhood (i.e. the majority (61%) were caring for a child of at least three years of age - See Table 4.3).

Table 4.2 The age of respondents at the birth of their child and at the time of interview

Age	Birth of Child		At Interview	
	No.	%	No.	%
Under 20	11	30.6	4	11.1
20-under 25	10	27.8	10	27.8
25-under 30	8	22.2	7	19.4
30-under 35	3	8.3	7	19.4
35-under 40	4	11.1	6	16.7
Over 40	0	0.0	2	5.6
Total	36	100.0	36	100.0

Note: The age recorded (under the heading Birth of Child) for mothers with more than one illegitimate child (4) relates to the first child.

Table 4.3 The age of respondents' children at the time of interview

Age	No.	%
Under 1	7	19.4
1-under 3	7	19.4
3-under 5	7	19.4
5-under 7	8	22.2
7 and over	7	19.4
Total	36	100.0

As Table 4.4 shows, most of the respondents who were interviewed for this survey were single, never-married, women who were caring for one illegitimate child.

Table 4.4 Respondents by marital status and number of illegitimate children

Status/Number of Illegitimate Children	No.	%
Single, never-married, mothers with one illegitimate child	27	75.0
Single, never-married, mothers with two illegitimate children	4*	11.1
Single, never-married, mothers with three illegitimate children	1	2.8
Widows with one illegitimate child	1	2.8
Divorcees with one illegitimate child	3	8.3
Total	36	100.0

*Note that one of these mothers had twin illegitimate children

The majority of respondents in this survey came from working class backgrounds as judged by the occupation of their fathers (i.e. social classes III, IV and V - See Table 4.5). It should be noted though that, unlike other studies, a relatively large proportion of respondents came from middle class backgrounds (i.e. social classes I and II). Prior to becoming pregnant, 44% of respondents had been employed in non-manual occupations (e.g. clerks, shop assistants); 28% had held professional jobs (e.g. teaching, nursing); 14% had been employed in semi or unskilled occupations (e.g. factory work) whilst 6% had been working in skilled manual occupations (e.g. hairdressing).

Most of the mothers interviewed had only received a standard education (78% had left school by the time they were sixteen; only 19% had received some form of further education - see Table 4.6). Although 39% of respondents obtained at least one 'O' level, a similar percentage left school without any qualifications whatsoever.

Table 4.5 The social class of respondents as judged by the occupation of their father and their own occupation prior to pregnancy

Registrar General's Social Classes	Respondents' Fathers' Occupation		Respondent's Own Occupation	
	No.	%	No.	%
I	1	3.0	-	-
II	11	33.3	10	27.8
III Nm	3	9.1	17	47.2
III M	9	27.3	1	2.8
IV	5	15.2	3	8.3
V	2	6.1	2	5.6
Army	2	6.1	-	-
Student	-	-	2	5.6
Housewife	-	-	1	2.8
Total	33	100.0 (approx.)	36	100.0 (approx.)
No information	3			

Table 4.6 Respondents' age when they left school and qualifications gained at school and during further education

Age Left School	No.	%	Qualifications Gained at School and During Further Education	No.	%
14	4	11.1	None	14	38.9
15	10	27.8	CSE	4	11.1
16	14	38.9	'O' Level	14	38.9
17	5	13.9	'A' Level	1	2.8
18	3	8.3	Secretarial	3	8.3
			Other	3	8.3
Total	36	100.0		39*	108.3

Note: * Some respondents obtained more than one type of qualification

As can be seen from Table 4.7, supplementary benefit was the most important source of income for the majority of respondents (i.e. supplementary benefit was the sole or major source of income for 75% of the mothers interviewed).

Table 4.7 Respondents' source(s) of income at the time of interview

Means of Support*	No.	%
Supplementary Benefit Only	18	50.0
Supplementary Benefit/Child Benefit	4	11.1
Supplementary Benefit/Child Benefit/'Maintenance'	1	2.8
Supplementary Benefit/'Maintenance'	2	5.6
Supplementary Benefit/Employment	2	5.6
Employment Only	1	2.8
Employment/'Maintenance'	2	5.6
Employment/Family Income Supplement	1	2.8
Employment/Supplementary Benefit/Child Benefit	1	2.8
Employment/Income from Rent	1	2.8
'Maintenance'/Supplementary Benefit	1	2.8
Grant	1	2.8
Occupational Pension	1	2.8
Total	36	100.0 (approx.)

Note: * The most important source of income is stated first in each instance.

In terms of accommodation, 84% of respondents were living on their own at the time of interview (See Table 4.8). The remainder were either living with their parents, foster parents or another relative. The majority of those mothers who were living on their own were renting accommodation from a local authority (47%).

Table 4.8 Respondents' accommodation by type of tenure if living alone) or by co-occupancy (if living with others) at the time of interview

Type of Tenure/Co-Occupancy	No.	%
Local Authority Rented	17	47.2
Local Authority 'Half-Way House' Rented	1	2.8
New Town Commission Rented	1	2.8
Housing Association Rented	1	2.8
Privately Rented	5	13.9
Charitable Trust Rented	2	5.6
Owner Occupiers	2	5.6
Living with Parents	5	13.9
Living with Foster Parents	1	2.8
Living with Other Relatives	1	2.8
Total	36	100.0 (approx.)

In this first section of the chapter then, attention has been given to: the methodology employed in the survey; the difficulties experienced in obtaining a satisfactory number of respondents; the pilot survey and the social and economic characteristics of the thirty-six unmarried mothers who eventually took part in the main survey. In the second section of this chapter, consideration will be given to respondents' views on their early experiences of 'unmarried motherhood'.

Section 2 Illegitimate Pregnancy: the views of respondents and their evaluations of the reactions they received from, and the help they were offered by, 'significant' others

Any single woman who becomes pregnant is likely to find her condition potentially problematic given the stigma that attaches to unmarried motherhood. With this in mind, respondents were asked a series of questions relating to various events in the early part of their career as an unmarried mother.

(A) Illegitimate Pregnancy: the views of respondents

Seeking medical confirmation of pregnancy

The majority of respondents did not consider stigma to be an important factor in terms of seeking medical confirmation of pregnancy. Most mothers (30) merely consulted their G.P. (27) or arranged an appointment at their local family planning clinic (3). Practical considerations were uppermost in the minds of these mothers:

"It seemed the most natural thing to do. It had to be done. I thought I was pregnant and I had to find out."

Only three mothers were concerned about the possibility of stigmatization. Two of these mothers decided to visit a private medical agency - one was concerned about the possibility of receiving an unfavourable reaction from her G.P., whilst the other feared that her G.P. would disclose the news of her pregnancy to others. The third of these mothers did not seek any form of medical confirmation of pregnancy because she feared she would receive a hostile reaction from her G.P. It should be noted, though, that this particular mother was generally fearful of the possible reactions of others:

"I didn't want to tell anyone so I hid it until I was eight months."

The three remaining mothers did not seek medical confirmation of pregnancy. Two of these mothers discovered that they were pregnant by accident (i.e. they had consulted their G.P. because they had felt unwell) whilst the other felt that her own diagnosis was sufficient in this regard.

Respondents' views on being pregnant outside of marriage

In order to put respondents' views about becoming pregnant into some kind of perspective, it is necessary to give due regard to the type of relationship that each had had with the father of their child at the onset of pregnancy. To this end it is useful to distinguish between those mothers who had planned their pregnancies and those who had not.

Five of the six respondents who had planned their pregnancies were living with the father of the child during the early stages of their career as an unmarried mother. All five of these respondents had confidently expected that their 'long-term' relationship (i.e. a relationship which had lasted for over a year) with the father of their child would continue both during and after pregnancy. The other respondent who had planned her pregnancy already had two illegitimate children. Her relationship with the father of her child had lasted for less than six months ('short term') and she had no idea at the time whether it would continue. She had become pregnant primarily to complete her family.

None of these respondents regretted becoming pregnant. Instead, they all looked forward to the birth of their child in much the same way as a married mother would. As one mother stated:

"It was something I'd longed for. Something I'd always wished and prayed for."

Although none of these respondents felt ashamed about being pregnant (they all believed that there was nothing shameful about being pregnant and unmarried), two mothers did admit to feeling stigmatized about their situation. One of these mothers reported feeling stigmatized because of the possibility that her family would respond unfavourably to the news of her pregnancy, whilst the other had felt stigmatized because of the possibility that she would lose her job.

Thirty respondents did not plan their pregnancies (sixteen of these mothers had been having a long-term relationship with the father of their child, whilst short-term relationships had been entered into by the other fourteen mothers - see Table 4.9).

Table 4.9 Respondents' views on becoming pregnant in terms of feelings of regret, shame and stigma by duration of relationship with the father of the child and the 'type' of pregnancy

Duration of Relationship with the Father of the child/Type of Pregnancy	Feelings About Pregnancy				
		Regret	Shame Only	Stigma Only	Stigma and Shame
	No	No	No	No	No
'Long-Term' Planners	5	-	-	2	-
'Short-Term' Planners	1	-	-	-	-
'Long-Term' Non-Planners	16	8	-	1(1)	6(4)
'Short-Term' Non-Planners	14	7	1(1)	2(1)	-
Total	36	15	1(1)	5(3)	6(4)

Notes: (a) 'Long-Term' refers to a relationship of at least a year's duration. 'Short-Term' refers to a relationship of six months or less.

(b) Numbers in brackets refer to those who regretted becoming pregnant. For example, only five of the eight 'Long-Term' Non-Planners who regretted becoming pregnant reported shame and/or stigma experiences.

Fifteen of these non-planners did not regret becoming pregnant. On the contrary, like the planners, they were pleased to be pregnant. In contrast, fifteen non-planners regretted becoming pregnant. For most of these mothers pregnancy was not welcomed because of the restrictions it would impose on their lifestyle. As one mother commented:

"I would liked to have done lots of things if I hadn't become pregnant. I would liked to have travelled and all the rest of it."

Seven non-planners stated that they had felt ashamed about becoming pregnant. For five of these mothers such feelings were clearly linked to their unmarried status. As one respondent explained:

"I've still got this feeling (that)... to be married and have children is better. The family influence and your upbringing comes over onto you and part of you feels you should be married, that is the proper way to do things."

One of the other two mothers felt ashamed because she was so young when she became pregnant (seventeen) whilst the other felt ashamed because of the adverse effect her pregnancy might have upon the social standing of her family.

The twenty-three non-planners who had not felt ashamed about becoming pregnant gave various reasons for their response:

(i) No shame attached to unmarried motherhood (9 respondents)

"I don't see why just because you're not married it should count as something not right. I mean it's only natural to have babies. I don't see there's anything wrong with it."

(ii) The prevalence of unmarried motherhood in (3 respondents) society

"I'd made a mistake all well and good. But other people made it as well, I knew people who'd had children before they were married and friends of mine had got married pregnant.... so it didn't worry me to that extent."

(iii) Favourable public attitude towards (2 respondents) unmarried mothers

"I think the attitude in general has changed towards single parents, unmarried mothers in particular. There's nothing to be ashamed about having a child. You can be living with someone, you can get married and have a child and divorce, it's basically the same in the end."

(iv) Determination to avoid feeling ashamed (2 respondents)

"I got myself in a state of mind.... I was pregnant - there was nothing possibly to be done about it and there was little point going around feeling ashamed."

(v) Issue not considered (7 respondents)

"I never even thought about it. It never occurred to me that I'd become an unmarried mother."

In addition, nine non-planners reported that they had felt stigmatized because they were expecting an illegitimate child. For three of these mothers feelings of stigma were related to the possibility of receiving unfavourable reactions from others. For example, one such mother (who was a Roman Catholic) was particularly worried about the reaction she would receive from members of her family.

"Things like that just don't happen in our family.... It's the worse thing that could happen. It's worse than if you're dying, the sorrow and the heartbreak. It's the biggest tragedy.... it's the worse disgrace of all."

Three non-planners felt stigmatized because of their unmarried status: one because of her age at pregnancy (See p.184); another because of the possibility that she would lose her accommodation and one because of the difficulty in concealing

information about her irregular sexual conduct during the latter stages of pregnancy -

"I think if you could be pregnant and still be 'flat' it would be O.K."

The reasons given by the twenty-one non-planners concerning the absence of feelings of stigma closely resembled the replies that had been given in relation to questions about the absence of feelings of shame (see above).

Overall, two-thirds (i.e. twenty-four respondents) of those interviewed (planners and non-planners) reported that they had not experienced either feelings of shame or stigma as a result of becoming pregnant whilst unmarried. In contrast, feelings of both shame and stigma had been experienced by six mothers; stigma but not shame by five mothers, and shame but not stigma by one mother.

It is interesting to note that three of the respondents who stated that they had experienced feelings of both shame and stigma distinguished between the causes of such feelings. For example, one mother (who had admitted feeling ashamed because of her unmarried status) reported that she had felt stigmatized because of the possibility of adverse reactions from others. Indeed, there was some evidence that respondents were tending to distinguish between feelings of shame and stigma. Mothers tended to refer to the former when they accepted that their conduct was reprehensible and to the latter when they thought they were likely to receive what they regarded as inappropriate (i.e. unfavourable) reactions from others.

Informing others about pregnancy

(i) First confidant

Given that stigma attaches to unmarried motherhood it was thought likely that some respondents would experience difficulties in disclosing information about their pregnancy to others. Accordingly, respondents were asked whom they had first informed about their pregnancy and the reason for their choice. As Table 4.10 indicates, the majority of those interviewed reported that they had informed either the father of their child or a friend.

In the majority of cases (twenty-nine), the choice of first confidant was not based on considerations of stigma. For example, eleven of these twenty-nine mothers were guided in their choice by a sense of obligation. As one mother (who had felt obliged to tell the father of her child in the first instance) commented:

"We were going out for a long time, we were close together and as soon as I found out the result I let him know. I thought he should know first."

Ten mothers confided in a close friend whilst the other eight mothers merely informed the first available person. For example, one respondent confided in her sister-in-law

"because she was home and my mother wasn't. She was the first person I could tell. I just wanted to tell somebody. I was big with news!"

Seven mothers were, however, influenced by considerations of stigma in terms of their choice of first confidant. All of these mothers chose first confidants other than their parents because they were fearful of the reactions they would receive from the latter. As one of these mothers stated:

"I didn't want to tell my mum 'cause you're scared of your parents at a time like that."

Table 4.10 Respondents' first confidant concerning pregnancy

Person Nominated	No.
Father of the Child	11
Friend	11
Mother	5
Official/Employer/Landlord	3
Brother/Sister	2
Other Relative	2
Another Child in the Family	2
Total	36

(ii) Informing parents

Respondents were also asked about the way(s) in which they had disclosed the fact that they were pregnant to their parents (See Table 4.11). Eighteen respondents referred to practical considerations when they were asked to explain why they had chosen one method of disclosure rather than another. For instance, a number of those who had written to, or phoned, their parent(s) stated that they had done so because of the impracticability of a personal meeting (i.e. they lived too far away). Similarly, a personal meeting seemed to be the most appropriate means of communication for many of those respondents who either lived with their parents or who visited them regularly.

Table 4.11 Method of disclosure employed to inform parent(s) about pregnancy

(A) Same method employed for parent(s)

Method	No.
Personal Meeting	13
Letter/Phone Call	6
Third Party	3
Did not inform Parents	3
Parents dead or whereabouts unknown	3

(B) Different method employed for Mother/Father

(3) Personal meeting with Mother/Mother informed Father (5)	8
Total	36

Twelve respondents were guided in their choice of disclosure method by the fear of stigmatization. For example, two respondents asked their G.P. to inform their parents, whilst another sought assistance from her grandmother. Two other respondents decided to write to their parents rather than visit -

"I thought it was the easy way out in a letter."

In addition, two respondents decided not to inform their parents -

"I knew how they'd react anyway. I knew I'd get thumped or something.... They'd have hit the roof."

Five of the respondents who asked their mother to inform their father also did so because they feared they would receive an adverse reaction -

"My dad's a bit funny about things like that and I think if it hadn't been for my mum being here he would have put me out into the streets, into a home or whatever they do."

Two other respondents felt obliged to disclose news of their impending unmarried motherhood during a personal meeting with their parents -

"It's the hardest thing I've ever done in my life. I had to do it. I had to go and see her."

(iii) Informing other people

Seventeen respondents were apprehensive about disclosing the fact that they were expecting an illegitimate child to others. Thirteen of these mothers thought they might receive unfavourable reactions from other relatives and acquaintances. For example, one mother did not relish the prospect of telling some of her friends that she was pregnant

"because their views on sex outside marriage were different to mine and I knew they were pretty prudish."

The other four mothers were concerned about the economic implications of disclosure (two thought they would lose their jobs; one her accommodation, whilst the other (who already had one illegitimate child) felt that her social security entitlements would be reduced).

In contrast, nineteen respondents were not worried about disclosing the fact that they were pregnant outside of marriage. Twelve of these mothers thought that the reactions of others would be favourable -

"I wouldn't care how anyone else thought about it. If they didn't like it I feel more sorry for them if they make a fuss."

Abortion and Adoption

Respondents were also asked whether they had considered two of the alternatives to unmarried motherhood - namely abortion or adoption.

(i) Abortion

Most respondents (twenty-eight) reported that they were unwilling to have had an abortion. These mothers gave two main reasons as to why they had rejected this option:

(a) Ethical/religious objections (18 respondents)

"I personally don't believe in abortions but it doesn't mean to say I object to other people having abortions."

"I don't believe in it... You might just as well let the baby be born and strangle it. It's the same thing."

(b) Desire to keep the child (10 respondents)

"I had this baby inside me and I didn't want to get rid of it."

The other eight mothers gave various reasons as to why they had considered abortion. Two of these mothers thought that they might not be able to cope either emotionally or financially if they had the child; one felt that any chances she might have of marrying the father of her child would disappear if she carried her pregnancy to term; one was concerned that her child might be deformed whilst two others resented the disruption that having a child would have on their lifestyles. Indeed, one of these latter mothers was only deterred from seeking an abortion because such procedures were illegal at the time she was pregnant -

"I did try pills. I did try the hot baths and gin and all the rest of it. Nothing happened. If it had been available and I could just go to the doctor and apply for it and get a second opinion and all the rest of it I would have tried it."

Only two mothers considered abortion because of considerations of stigma. One of these mothers applied to have an abortion -

"To save embarrassment for my family."

However, her pregnancy was too far advanced for this procedure to be carried out. The other mother planned to have an abortion because of feelings of stigma but eventually decided to continue her pregnancy after visiting a local abortion clinic -

"I saw all the young girls, eighteen, nineteen, it was just like a factory and I think it was that, the thought of, you were just like a machine. You were going in one end and coming out the other minus a baby."

(ii) Adoption

Twenty-seven mothers stated that they were unwilling to place their child for adoption. These mothers gave various reasons for their rejection of adoption:

(a) Desire to keep the child (16 respondents)

"I wanted to keep the baby. It might be for selfish reasons but I think I'm entitled to be a bit selfish."

"I was prepared to keep it for better or worse... Having decided to have it that was it. I was going to keep it."

(b) Ethical objections (8 respondents)

"I think adoption is worse than anything, even abortion. It's unfair to the child."

"You cannot guarantee that the adopting parents are going to be happily married and I reckon that the child would be better off with a permanent mother."

(c) Emotional bond (6 respondents)

"You carry a child for nine months, it's part of you and to give part of you away, to me it doesn't seem right. I think it's harder to give a child away than keep it."

"I couldn't go all through it and give it away... I'd rather not have it at all than go through it all and then not see it."

(d) Personal responsibility (2 respondents - Note that numbers in brackets add up to more than original number because some respondents gave more than one answer)

"I felt that if I was bringing the baby into the world it was my responsibility to look after it, not to give it to somebody else to look after."

The nine mothers who considered adoption did so for various reasons (though none of them referred to stigma).

(a) One-parent family formation unsuitable for children (4 respondents)

"I thought home's sort of two rather than just one... I felt that a child needs a balance... I just didn't think it was fair on the child."

"From the financial side not having any security, living accommodation and so forth I felt it would be quite evil to bring a child up without a father.. I knew it would be totally cruel to the child."

Two of these mothers were very close to placing their children for adoption. The first mother (who had signed initial adoption papers) decided to keep her child after seeing him shortly after the birth -

"I didn't really want to see him because I thought if I did I'd want to keep him. (The sister) was holding him, she said to me 'What are you going to do?' I said 'Well, I'm going to have him adopted.' Just something about the look that passed over her face, all she simply said was 'Well, I should imagine whoever has him will love him' and I walked out of the intensive care unit, and don't ask me why, maybe it was something to do with what she had said, I was absolutely determined that I would keep him no matter what happened."

The second mother changed her mind about adoption after discovering that her child had been born retarded -

"I said I'd take her back and try. I kept the child knowing that there was a possibility that she'd be mentally retarded and I knew that she would never be adopted, that she would just be nobody's child."

(b) Effect on personal lifestyle (2 respondents)

"I wanted to get it over with. I'd made a mistake. I wanted to start life afresh."

(c) Pressure exerted by friends and relatives (2 respondents)

"A friend..... did her utmost to dissuade me from keeping the child and she so badgered me and went at me hammer and tongs that perhaps for that night I felt Oh God, am I doing the right thing or the wrong thing and she advised me to go and see some woman who arranged adoptions, a welfare officer. I went to see her the next day as I was very unsettled in my mind and she said 'What do you really want to do?' I said, 'Well really I want to keep it.' She said, 'O.K., go ahead and keep it.' One's in a fairly unstable state at the time. It doesn't take much to upset you or put doubts in your mind."

(d) Lack of maternal feelings (1 respondent)

"Up to the time my daughter was born I had no feelings for her.... If I couldn't stand the sight of her what's the use of keeping a child that you've got no care for because if I didn't want her then there are plenty of people who do."

Section 2 (A) Summary

Stigma was not found to be a particularly significant consideration for respondents in terms of the seeking of medical confirmation of pregnancy (only three mothers were concerned about the possibility of stigmatization). However, a greater proportion of respondents (nine 'non-planners' and two 'planners') admitted to feeling stigmatized because they were expecting an illegitimate child (seven 'non-planners' also stated that they had felt ashamed).

In addition, seven respondents reported that they had not disclosed the fact that they were pregnant to their parents in the first instance because of considerations of stigma. Indeed, some twelve respondents stated that they had exercised care in terms of the choice of method they had eventually used to disclose the fact that they were pregnant to their parents in order to minimize the possibility of receiving an adverse reaction. It was also found that nearly half of the respondents (seventeen) were apprehensive about admitting that they were pregnant to certain 'significant' others. Finally, relatively few respondents considered the possibility of either having an abortion (eight - of which only two referred to the factor of stigma) or placing their child for adoption (nine).

(B) Illegitimate Pregnancy - respondents' evaluations of the reactions they received from, and the adequacy of the help they were (or were not) offered by 'significant' others

(1) Other family members

(a) Respondents' mothers (n=31)

The reaction received

The majority of respondents (twenty-four) reported that the disclosure of illegitimate pregnancy had resulted in a favourable response from their mother. Whilst most of these respondents (sixteen) expected this type of reaction, a minority (eight) were quite surprised -

"I thought she'd jump down my throat but she never."

Seven respondents received unfavourable responses -

"Her reaction was it'll kill my father and I'd better not get in contact with her again."

"She cried, she didn't talk to me. She went on for days at me to have an abortion. I was kicked out. They were going to get a divorce if I didn't get an abortion. My mother was going to die if I didn't have an abortion."

Only one of these respondents was surprised that she had received an unfavourable reaction -

"I'd have expected her to say O.K. I'll help you, you keep the baby... and it didn't happen."

As Table 4.12 indicates, these respondents tended to evaluate the unfavourable reactions they had received from their mothers in terms of resentment and/or injustice rather than shame or stigma.

Table 4.12 Respondents' evaluation of unfavourable reaction from their mother (n=7)

Type of Feeling	No.
Shame/Stigma/Resentment	1
Resentment	3
Resentment/Unfair	2
No Negative Feeling	1
Total	7

Help offered

Only eight respondents (of whom three had previously received an unfavourable reaction) felt that the help offered or given by their mother was inadequate (though only two were surprised by this lack of help). Again, these respondents tended to evaluate this absence of help in terms of resentment or injustice as opposed to shame or stigma. (See Table 4.13).

Table 4.13 Respondents' evaluation of inadequate help from their mother (n=8)

Type of Feeling	No.
Resentment	2
Resentment/Unfair	1
Unfair	2
No Negative Feeling	3
Total	8

The other twenty-three respondents thought that they had received adequate forms of help from their mothers (only two expressed surprise at receiving such support).

(b) Respondents' Fathers (n=23)

The reaction received

Only ten respondents said that they had received a favourable reaction to their pregnancy from their father. Five of these respondents were surprised by their father's reaction. As one mother stated:

"My father's always very strict and I thought he'd blow his top, you know go to town, but he didn't."

In contrast, thirteen mothers received the unfavourable reaction they had been expecting from their father.

"I wasn't staying under his roof. I should have more sense than to get pregnant. I couldn't expect any money from him 'cause I wouldn't get it. He wasn't going to help me. I put myself in the mess and I could get myself out of it."

"He didn't talk to me for a year and a half. Anything he had to say he said through my mum. Anything I had to say to him was said through my mum."

Once again, respondents tended to evaluate the unfavourable reactions they had received from their fathers in terms of resentment and/or injustice rather than shame or stigma (See Table 4.14).

Table 4.14 Respondents' evaluation of unfavourable reaction from their father (n=13)

Type of Feeling	No.
Shame	1
Shame/Resentment	1
Stigma	1
Resentment	1
Resentment/Unfair	4
Unfair	3
No Negative Feeling	2
Total	13

Help offered

Sixteen respondents considered that the help that they had been offered by their father was adequate (six of these mothers were surprised by their father's decision to offer assistance).

However, seven mothers (of whom five had previously received an unfavourable reaction) felt that their fathers had not provided sufficient assistance. Only one of these mothers was surprised

by her father's lack of help -

"I feel he's in a position (to help) whatever he feels towards me. It's his grandchild and he should do more. I don't think he should sit in judgement."

Most of these mothers experienced a feeling of resentment and/or a sense of injustice as a result of their father's 'neglect' (See Table 4.15).

Table 4.15 Respondents' evaluation of inadequate help from their father (n=7)

Type of Feeling	No.
Resentment	1
Resentment/Unfair	4
No Negative Feeling	2
Total	7

(c) Respondents' Brothers and Sisters (n=31 - Note that some respondents received favourable and unfavourable reactions).

The reaction received

Twenty-eight respondents stated that they had received a favourable reaction from their brother(s) and/or sister(s). Only five of these mothers were surprised by the reaction they had received -

"I thought they would be quite shocked really and a bit embarrassed about it but they weren't at all."

Eight mothers received unfavourable reactions. One of these mothers stated that her sister had refused to communicate with her -

"She got rather angry. She wouldn't talk to me because I'd already got one and she didn't think it was fair to have another."

Four mothers were surprised at the unfavourable reactions they had received -

"She'd always helped me in the past and all of a sudden she was really pulling me down completely. She had me sitting on a bridge once about to jump off."

These unfavourable reactions tended to induce feelings of resentment and/or injustice amongst the respondents concerned (see Table 4.16).

Table 4.16 Respondents' evaluation of unfavourable reaction from their brother(s) and/or sister(s) (n=8)

Type of Feeling	No.
Shame/Stigma/Resentment/Unfair	1
Shame/Stigma/Resentment	1
Resentment/Unfair	4
Unfair	1
No Negative Feeling	1
Total	8

Help offered

Although twenty-eight respondents considered that the help they had been offered by, and had been expecting from, their brother(s) and/or sister(s) was adequate, three mothers (all of whom had previously received unfavourable reactions from the person concerned) did not. Only one of these latter mothers was surprised by the lack of help she had been offered. Indeed she stated that she had felt resentful, ashamed and stigmatized precisely because she had been expecting an offer of

assistance (negative feelings were not experienced by the other two mothers).

- (d) Respondents' other relatives (n=28 - Note that some respondents received favourable and unfavourable reactions)

The reaction received

Twenty-one respondents reported that they had received favourable reactions from other relatives (or, at least, some of their other relatives). Six of these mothers were surprised by the reaction they had received -

"One aunt in particular is very straight-laced, but there was no repercussion or sort of saying to me well you shouldn't have done that..... which I did expect from her."

However, twelve mothers were treated unfavourably:

"They just didn't want to know. I had a letter from my aunt saying come and stay with us by all means but please don't bring the baby."

"My grandmother didn't speak to me for days... She told my sister if she ever saw me she'd shout at me. And she told her to tell me to keep out of her way, so I did."

Although eight of these mothers expected to receive an unfavourable reaction

("They were brought up in a different age.")

"She's very religious.")

four did not. For example, one mother was 'very surprised' by her grandmother's attitude -

"To me she's always been such a broad-minded person. But I think it's because when she hears about this sort of thing in other families she thinks it happens to anybody but when it actually happens to somebody close to her it was a bit of a shock. I didn't think she'd react like that at all. It was really quite bad."

These unfavourable reactions were again evaluated in terms of resentment and/or injustice rather than shame or stigma (See Table 4.17). Interestingly, one mother stated that she had felt ashamed because her aunts and uncles had

"shouted quite a lot of abuse at me at the time"

but not stigmatized because

"if I'd done anything wrong it would have been the same."

Table 4.17 Respondents evaluation of unfavourable reaction from other relatives (n=12)

Type of Feeling	No.
Shame/Stigma/Resentment/Unfair	1
Shame/Resentment/Unfair	1
Resentment	1
Resentment/ Unfair	4
Unfair	3
No Negative Feeling	2
Total	12

Help offered

Twenty respondents stated that the help offered by some or all of their relatives had been adequate (four were surprised by this fact).

For eight mothers though (of whom six had previously received an adverse reaction), the help offered by certain of their relatives was inadequate (though none were surprised by this eventuality).

This lack of assistance led some of these latter mothers to experience feelings of resentment and/or injustice (See Table 4.18).

Table 4.18 Respondents' evaluation of inadequate help from other relatives (n=8)

Type of Feeling	No.
Shame/Stigma/Resentment/Unfair	1
Resentment/Unfair	2
Unfair	2
No Negative Feeling	3
Total	8

(2) The Putative Father and his Parents

(a) The Putative Father (n=34)

Reaction received

Twenty-one (six 'planners' and fifteen 'non-planners') stated that they had received a favourable reaction from the father of their child. Five mothers were surprised by the reaction they had received. As one pointed out:

"I was really surprised. Most men are absolutely horrified if they're married and they're going to be a dad and they're usually rather rude about it, so I was rather surprised."

Unfavourable reactions were received by thirteen mothers (all of whom were 'non-planners').

"He was rather shocked and he didn't believe me. I went to tell him and he didn't want to know.....I thought he would have at least come and spoke to me about it."

"He denied it. I wasn't very pleased. I didn't think he had it in him to say things like that. I didn't expect complete rejection."

"I told him I was going to the doctor for an abortion and he was very casual about the whole affair. He said, 'Oh well, it's no worse than having an appendix out or a bad tooth..... He was relieved because he thought I'd done all the 'work' (but) when I hadn't had it done, all hell broke loose."

Although seven of these mothers expected to receive an unfavourable reaction from the father of their child

("He was that type of person."

"It's the sort of reaction I'd expect from blokes.")

six did not

("Yes I was surprised because, you know, I thought in the end, I don't know why, that we'd eventually get married.")

Feelings of resentment and injustice were again prominent in these respondents' evaluations of the reactions they had received (See Table 4.19).

Table 4.19 Respondents' evaluation of unfavourable reaction from the putative father (n=13)

Type of Feeling	No.
Shame/Stigma/Resentment/Unfair	1
Stigma/Resentment/Unfair	1
Resentment	1
Resentment/Unfair	8
Unfair	2
Total	13

Help offered

Only five mothers (one 'planner' and four 'non-planners') considered that the father of their child had offered an adequate form of assistance (all of these mothers had previously received a favourable response from their 'partner'). Two of these mothers were surprised by the offer of help -

"I didn't expect him to want any great involvement and he did and I was very surprised."

On the other hand, twenty-nine respondents (five 'planners' and twenty-four 'non-planners') were dissatisfied with the conduct of their child's father in this regard (all of this group had previously received an unfavourable reaction from the father of their child). This lack of assistance came as no surprise to thirteen of these mothers -

"It's always lumbered onto the woman isn't it?"

"He's the kind of person you'd expect to be thinking of himself all the time. He's quite a selfish person."

Sixteen mothers were surprised by the neglect shown by the putative father.

"I thought we were going to get married and then about a month after I actually told him I was pregnant he moved in with another girl and after that he just didn't want to know."

"I was really surprised. Having a baby is very expensive. I never had any help."

Most of these twenty-nine respondents experienced a sense of injustice and/or resentment as a result of their 'partner's' lack of assistance (See Table 4.20).

Table 4.20 Respondents' evaluation of inadequate help from the putative father (n=29)

Type of Feeling	No.
Shame/Stigma/Resentment/Unfair	2
Shame/Resentment/Unfair	1
Stigma/Resentment/Unfair	4
Resentment/Unfair	13
Unfair	5
No Negative Feeling	4
Total	29

(b) The putative Father's Parents (n=10)

Reaction received

Five respondents received a favourable reaction from the putative father's parents (only one of these mothers was surprised by this occurrence -

"I expected them to have nothing to do with me or to say go out and live on your own, you're not our responsibility but they didn't."

whilst five others received the unfavourable reaction they had been expecting. Negative feelings were only reported by two of this latter group (one felt stigmatized, resentful and unfairly treated whilst the other felt stigmatized and unfairly treated but not resentful).

Help offered

The help offered by the putative father's parents was deemed to be inadequate by three respondents (of whom two had previously received favourable reactions. Two of these mothers were surprised by the offer of help they had received -

("I was very surprised that they were offering a stranger help even though it was their grandchild.")

Seven mothers were dissatisfied with the help (if any) they had been offered (four of these mothers had previously received a favourable reaction). Two of these respondents were surprised by the lack of assistance from this particular source

("I didn't get anything, not even a baby's dress.")

Table 4.21 indicates how these seven mothers felt about the inadequacy of the help they were offered.

Table 4.21 Respondents evaluation of inadequate help from the putative father's parents (n=7)

Type of Feeling	No.
Stigma/Resentment/Unfair	1
Stigma/Unfair	1
Resentment/Unfair	2
Unfair	1
No Negative Feeling	2
Total	7

(3) Friends, Neighbours and Work Associates

(a) Friends (n=33 Note - that some respondents received favourable and unfavourable reactions)

Reaction received

Thirty-two mothers stated that they had received a favourable reaction from their friends (or some of their friends). Only two respondents were surprised -

("I was surprised by two people's reactions... I thought they would be hostile but in fact they turned out and surprised me and not one of them was hostile towards me.")

Only three mothers received an unfavourable reaction from their friends (or some of their friends). Although two of these mothers thought that they would receive an adverse reaction, the other did not -

("I thought friendship was something you went through good and bad but as soon as the 'trouble' arose they didn't want to know. I knew some people were going to take that reaction against me 'cause it happens. People do turn. It surprised me with a few of the people I thought were close friends.")

Feelings of resentment and injustice were reported by all three of these mothers but not shame or stigma.

Help offered

Thirty mothers reported that they were satisfied with the help they had been offered by their friends (nine of these mothers did not expect offers of assistance).

Three respondents were dissatisfied with (and surprised by) the lack of help offered by their friends (only one of these respondents had received an unfavourable reaction previously). One of these mothers thought that her friends should have done far more to involve her in social activities after the father of her child had left her -

("When you're on your own people seem to view you differently. Once you become on your own their (friends) reactions are vastly different in all ways. You get invited out for coffee in the day but you wouldn't get invited when the husband's at home. When they were making up a party..... you found they were saying 'Oh well, it will make the table look odd' or 'You're on your own.' It was a funny reaction I thought

at the time. I felt then that I was getting all the reactions of being an unmarried mother."

As a result, this mother experienced feelings of shame, stigma, resentment and injustice. One of the other mothers who thought that the help she had been offered by her friends was inadequate experienced a sense of injustice whilst the other mother felt stigmatized, resentful and unfairly treated.

(b) Neighbours (n=25 Note - that some respondents received favourable and unfavourable reactions)

Reaction received

Twenty-four respondents received favourable responses from their neighbours (or some of their neighbours). Five of these mothers were surprised by the reaction they received:

("They were a lot older and I thought if anybody condemned me it's going to be that lot sitting in their posh houses, but really they were nice.... which surprised me a great deal.")

Six mothers received unfavourable reactions -

("Rather than have to speak to you they would cross the road and pretend they hadn't seen you.")

"You get one or two snotty buggers who think you're disgusting.")

None of these mothers was surprised by the adverse reactions they received -

("They always liked a good 'stir' about us.")

"They had their set attitudes. They had their morals and beliefs.")

Only two of these mothers were adversely affected by the unfavourable nature of their neighbours' reactions (both felt resentful and unfairly treated).

Help given

Most respondents (twenty-four) were satisfied with the help they had been offered by their neighbours. Fourteen mothers were surprised by their neighbours' actions in this regard:

("They were very kind to me. They gave me presents and money and you know they've been very sweet to the baby and pleased. They've always taken notice of her. I didn't expect them to do anything at all. You know they had their own families and I didn't expect help from outside.")

Only one mother (who had previously received an unfavourable reaction) was dissatisfied with the help offered by her neighbours -

("At times my nerves were bad and they knew this and I felt they could have just given me a smile or a couple of words to cheer me up. They never did.")

Feelings of injustice and resentment were experienced by this mother, even though she had expected such treatment.

(c) Work Associates (n=21)Reaction received

Seventeen mothers reported that they had received favourable reactions from the people they worked for or with. Eight of these respondents were surprised by the reaction they had received. For example, two mothers were pleasantly surprised by the response of their employer.

"She could have been a lot worse. In fact, I was surprised. She was a bit fairer than I thought she might have been 'cause I'd already accepted the fact that I'd got to leave. I was going to tell her and that was going to be it. So when she said 'We'll keep you on as long as possible until you get really big,' I was pleased."

"I hadn't been long in the job. I thought it's easy for them to sack me now but they said 'We're very pleased with you. If you want to come back after you've had the baby you're welcome to'."

Four mothers stated that the reactions of their work associates had (as expected) been unfavourable. For instance, one of these mothers was displeased with the reactions she received from members of staff at the college she was attending.

"They didn't like the fact that I was there and wasn't married and pregnant because they had a lot of sixth formers coming straight from school into the college and they sort of hinted that I'd need a lot of money and wouldn't it be a good idea if I went out and did some work and dropped out of college - in other words get out."

This mother felt resentful, ashamed and unjustly treated as a result of this response.

Another of these mothers stated that she had experienced a sense of resentment and injustice because of the adverse remarks she had received from some of her colleagues at work.

"I got sly digs in some respects. I don't know that I was being extra sensitive or what but there would be discussions of deformed children and things like that. There was a play on and one of the characters was a Catholic and one of them a Jew and they were married. The father of my child was Jewish and they were discussing how they'd hate to have a Jewish baby. Obviously, I felt it was a dig at me."

The other two mothers who received unfavourable reactions from their work associates did not experience any negative feelings.

Help offered

Eighteen respondents were satisfied with the help that their work associates had offered. Eight of these mothers were surprised by the offers of help they received from their colleagues/employers.

However, three mothers (all of whom had received an unfavourable reaction previously) considered that the help they had been offered (if any) was inadequate, though not surprising.

One of these mothers experienced feelings of stigma, resentment and injustice as a result of the inadequate help she had been offered.

Section 2 (B) Summary

Given the stigma that tends to attach to unmarried motherhood, it seems reasonable to expect that respondents in this survey might have experienced certain difficulties (i.e. adverse reactions, lack of help) in their relationships with 'significant' others. However, in general, it was found that most respondents were treated quite favourably by the significant others they came into contact with (in particular, their mother, brother(s) and/or sister(s), friends, neighbours and work associates).

Respondents were far less pleased with the way in which they were treated by their father, the father of their child and some of their other relatives. For example, thirteen respondents reported that their disclosure of pregnancy had elicited an unfavourable response from their father whilst twenty-nine mothers were dissatisfied with the help (if any) they were offered by their child's father.

Importantly, respondents tended to evaluate the unfavourable forms of treatment they had received in terms of resentment and injustice rather than shame or stigma. In other words, the respondents did not tend to accept that their conduct was worthy of condemnation. On the contrary, most respondents conveyed the impression that unmarried motherhood should not be viewed in a negative light (i.e. they tended to be 'rejectors' rather than acceptors - see pp.21-23) Indeed in a few

cases, respondents did not experience any form of negative feeling although they had been subjected to stigmatization. For instance, one mother thought that the unfavourable reactions she had received from her neighbours were fair on the grounds that

"if they feel that way all well and good as far as I'm concerned."

In the next section, consideration will be given to respondents' views of their 'welfare' experiences.

Section 3 Respondents' views on their 'welfare' experiences

Unmarried mothers are likely to make use of various forms of welfare provision. As such, it is important to consider whether the respondents in this survey experienced any feelings of stigma as a result of social service use.

(1) Health Services

Respondents' health service experiences will be examined in two parts:

- (i) The Hospital Sector (e.g. mothers' comments on the reactions they received from National Health Service staff.
- (ii) 'Primary' Care (e.g. mothers' views on the reactions they received from their G.P. and their health visitor).

(i) The Hospital Sector

(a) The reactions of NHS staff

Ante-Natal Clinic Staff (n=33 - Note that some respondents received favourable and unfavourable reactions)

Thirty-two mothers stated that they had received favourable reactions from all (or some) of the ante-natal clinic staff they had come into contact with. Six respondents were

surprised by the reaction they received .

"I didn't really expect an ante-natal clinic to be so much in touch. I just expected them to be very cold."

"I expected them to be condemning.")

Six mothers pointed out that they had been treated unfavourably by certain staff members :

"He told me I shouldn't be bringing illegitimate children into the world and he thought it was disgusting."

(Comment about a junior doctor).

"When I first went to the ante-natal clinic the consultant gave me a good dressing down. He asked me if I didn't know about contraceptives. I said, 'yes', he said 'Well why didn't you use them?' "

(Comment about a consultant).

"Because she knew I was single she turned round and said, 'You mustn't have too many boyfriends because it will be upsetting for the child to have too many fathers.' I could just picture what she meant by that. I'd be going out everynight with my boyfriends leaving the child and not looking after him properly."

(Comment about a paediatrician).

Five of these six mothers were surprised by the adverse reactions they received. As one mother stated when discussing the conduct of a junior doctor:

"He had no right to condemn my morals. I was unmarried, I was bringing a child into the world but it was no concern of his. His job was to make sure the baby came into the world safely. I didn't expect him to condemn me for being pregnant. For all he knew I could have been living with a man and been pregnant, he didn't know. All he knew was that I was unmarried. I was very upset and went to see the consultant and said, 'I don't want him near me again'."

As Table 4.22 indicates, most of these mothers experienced feelings of stigma (and other negative feelings) as a result of their contact with certain ante-natal clinic staff members.

Table 4.22 Respondents' evaluation of unfavourable reaction from ante-natal clinic staff (n=6)

Type of Feeling	No
Shame/Stigma/Resentment/Unfair	1
Stigma/Resentment/Unfair	3
Stigma/Resentment	1
Resentment	1
Total	6

Hospital stay during confinement

Hospital Doctors (n= 34 note that two of these respondents received favourable and unfavourable reactions)

Thirty-two mothers said that they had received favourable reactions from some or all of the hospital doctors they had come into contact with. Eight of these mothers did not expect to receive a favourable reaction -

("I thought they might put you in a corner on your own.")

"I thought they might look at me funny..... but they didn't. They treated you the same as everybody else.")

Four respondents received unfavourable reactions. Two of these mothers disliked (and were surprised by) the fact that their doctors insisted on referring to them as 'Mrs.'

("It annoyed me 'cause they all insisted on calling me 'Mrs.' Even now when people know I'm not married and they insist on calling me 'Mrs.' it annoys me. It's like calling you by your wrong name.")

The other two mothers (who were also surprised by the adverse reaction they had received) voiced complaints about the attitudes displayed by their doctors

("They come to see you and they say: 'Have you got your family planning appointment?' so you wouldn't have another one sort of thing. They're assuming that you're a bit daft or that you'll let it happen again.")

Negative feelings were experienced by all of these mothers (Shame/Stigma/Resentment/Unfair - 1; Stigma/Resentment/Unfair - 2; Unfair - 1).

Nursing Staff (n=36 - note that some respondents received favourable and unfavourable reactions)

Thirty mothers stated that they had received favourable reactions from members (or, at least, some members) of the nursing staff. Eight of these mothers were surprised by the reaction they had received

("The nurses were there the whole time, they were my age and I just felt, Oh God, they're going to do something like be a bit sharp with me or something, but they weren't.")

"When you realise there is prejudice and you get a reaction that is completely opposite you're surprised.").

Unfavourable responses were reported by twelve respondents.

One of these mothers considered the reaction of one particular nurse to be 'dreadful'.

"One morning she had me crying from half past eight to half past twelve. You're feeling depressed anyhow and I was reading a book and she said, 'I think that ought to be the Bible you're reading.' She told me I was very extravagant and a spoilt child and that I should have known better at my age..... and did I realise I was bringing a child into the world without a father. It was pretty evil. She even brought another nurse over to my bed to help her make the bed and went on to her about me."

Another mother (who had suffered a womb infection which had restricted her movement) complained bitterly about the way many of the nurses had treated her when she went to visit her baby (who was being kept in a separate ward).

"They spoke to me very very sarcastically. It took me about an hour or so to get up the corridor. The nurses used to say, 'Aren't you going to feed your baby?' instead of bringing the baby down knowing the state I was in. They shouted, 'Why can't you hurry up, your baby's screaming.' "

All of these mothers were surprised by the 'unprofessional' attitude of the staff members concerned. In addition, nearly all of these respondents experienced some form of negative feeling (see Table: 4.23).

Table 4.23 Respondents' evaluation of unfavourable reaction from hospital nursing staff (n=12)

Type of Feeling	No.
Shame/Stigma/Resentment/Unfair	2
Stigma/Resentment/Unfair	4
Resentment/Unfair	2
Unfair	3
No Negative Feeling	1
Total	12

(b) Other aspects of respondents' hospital stayFeelings during visiting time (n=35)

Respondents were asked to comment on the feelings they experienced in hospital during visiting times (a situation in which respondents may have been made acutely aware of their unmarried status).

Eighteen respondents did not experience any negative feelings during visiting periods. Various reasons were cited for the absence of such feelings:-

The presence of visitors (8 respondents)

"My mum came round, my brothers came round. One day a whole load of relations came round. Never having a husband, it's never been important to me."

The presence of the father of the child or father substitute (7 respondents)

"If the father of the child hadn't been there I suppose I would have felt very very out."

Nothing special about visiting time (3 respondents)

"I couldn't care less. I used to sit there, have a rest. If somebody visited me all right. If I was left alone it didn't worry me that no one visited me."

Negative feelings were experienced, however, by seventeen mothers. Various factors gave rise to such feelings:-

The absence of the father of the child (11 respondents - note that some mothers gave more than one answer)

"Why couldn't I have a husband to come and see me, why couldn't I be like everybody else? I thought the child's father might come into hospital just to see me. I was hoping but of course he didn't. It upset me a great deal."

The absence of visitors (5 respondents)

"They've (married mothers) all got the flowers and the cards and there's you with nothing. I used to just disappear into the nursery."

Unmarried status (5 respondents)

"That's the only time I felt different from being married."

Reaction or potential reaction of other patients' visitors (3 respondents)

"I felt singled out not by the mothers but by the fathers and children that visited. I felt that they were wondering, sort of chatting about me to themselves."

Eleven of these seventeen mothers stated that they had felt ashamed and/or stigmatized during visiting times (Shame - 3; Shame/Stigma - 1; Stigma - 7).

Other situations in which respondents felt ashamed and/or stigmatized (n=36)

Six mothers felt ashamed and/or stigmatized because of other events which occurred during their hospital stay.

Two of these mothers felt ashamed and stigmatized (whilst another merely felt ashamed) because of the fact that their unmarried status was continually being highlighted by hospital personnel -

("They used to bring the student doctors round. They were told, 'This lady isn't married.' You were sort of peered at and looked down on. You just keep being reminded all the time. You just want to be normal, not pigeon-holed all the time.")

Two other mothers felt ashamed when they went to register their child's birth in hospital.

("When I had to go down and register the baby it took me a whole week. I had to be 'beaten' into doing it. I was made, I had to do it. I just didn't like to go and say 'I'm not married.' I left it to the last minute.")

One mother felt ashamed and stigmatized (whilst another merely felt stigmatized) because of the attitude of a hospital administrator -

("You're very sensitive when you're pregnant and you're even more sensitive when you've had the baby. She said, 'Are you going to work?' I said, 'Yes.' She said, 'What's going to happen to the baby?' and I said 'I'm going to put it in a nursery.' And she said, 'That's it, you just go and have the baby and you just stick it off in the nursery.' She really upset me. Apart from being indignant I was very upset. But I didn't say anything even though I was indignant. I went away and had a weep.")

It is important to note, finally, that the vast majority of respondents (thirty-two) considered that they had been treated as well, if not better, than the married mothers they had shared a ward with (only three respondents felt that they had received worse treatment overall). Indeed, a number of respondents were full of praise for members of the hospital staff they had come into contact with -

("They all took a big interest in me. They treated me so well that they sent me £10 for me to get something for the child.")

(ii) 'Primary' Care

The reactions of General Practitioners (n= 35)

Thirty-four respondents stated that they had received favourable reactions from their G.P. Although most of these mothers (twenty-nine) expected a reaction of this kind

("I don't think doctors are the sort of people to be unfavourable towards you. I think if they have any (adverse) reactions they should keep it to themselves and not pass it on to the patient.")

"They're there to treat me when I'm ill, not to moralise.")

a few (five) were surprised

("I was surprised that he wasn't pretty nasty and cold and hadn't said 'Your fault - get out.' ")

Only one mother considered that the reaction of her G.P. had been unfavourable -

("He still calls me 'Mrs.' even though he knows I'm 'Miss'. It does annoy me. I prefer to be called by my proper name.")

This mother (who was surprised by the reaction she had received) experienced feelings of shame, stigma, resentment and injustice.

The reactions of health visitors (n=28)

The reactions of health visitors were adjudged favourably by most respondents (twenty-six). Most of these mothers (twenty-two) were not surprised by the reaction they received :

("I expected them to be nice, it's their job, they have to be nice.")

"Health visitors come in contact with unmarried mothers all the time. They're very helpful. When they know you're an unmarried mother, especially when you're young, they're even more helpful. They want to boost you up, boost your confidence.")

Four mothers were surprised.

("She's quite an elderly lady and inclined to be still behind the times.")

"She could have come out with odd comments about it but she didn't.")

Two mothers stated that they had been treated unfavourably because of their unmarried status (though only one of these mothers was surprised by this occurrence).

"The one I saw treated me as if I was a complete idiot. She asked me all sorts of questions which I thought at the time were a bit useless. She was asking me such idiotic questions as if I had mental age of ten."

"She wasn't very nice 'cause she thought I was feeding the baby all wrong. She kept on and on about feeding the baby properly and everything 'cause the baby was being continuously sick and she said it was my fault."

Both these mothers experienced feelings of resentment and injustice.

(2) Housing

The reactions of local authority housing officials (n=27)

Twenty-two mothers expressed satisfaction with the way in which they had been treated by local authority housing officials. Although ten of these mothers expected a reaction of this kind (i.e. applying for council housing was not seen as problematic), twelve did not.

"Everybody else has to wait for years don't they and it seemed to me as if I'd jumped the queue. I don't know whether it was just my face fitted or whether it was my situation or whether it was because I didn't 'natter' (pester) them."

"I thought being unmarried they'd leave you to stay with your parents and not help in any way. They wouldn't even accept you on a council list as far as I was concerned."

Five respondents were of the opinion that their unmarried status had led to unfavourable reactions from L.A. housing officials.

"They don't seem bothered about me. They don't seem to understand that to bring up a child the way you want to bring them up you have to be on your own."

"I was informed that I had been given a council flat. I went and asked for the keys and they refused to give them to me. They said I would have to pay a week's rent on the following Monday and then I could have the key. I turned it down 'cause I couldn't see the place I was going to rent. I was disgusted."

Three of these mothers were surprised by the reaction they received -

("I thought they may be more helpful. I think you've got to have a lot of mouth and trousers to get a place.")

Negative feelings were experienced by all of these mothers (Shame/Stigma/Resentment/Unfair - 1; Stigma/Resentment/Unfair - 2; Resentment/Unfair - 2).

(3) Social Security (Supplementary Benefit)

Respondents' attitudes towards the receipt of supplementary benefit (n:32)

Twenty of the thirty-two respondents who had been dependent on supplementary benefit for all or part of their unmarried mother career disliked this form of income support. These mothers disliked this form of state dependency for various reasons:-

- (a) Prefer to obtain income through work (15 respondents - note some respondents gave more than one reason)

"I would rather be working and providing for my daughter myself with the things that she has."

"I've always worked. I've always been to work, been independent and paid my own way."

- (b) Dislike the way in which the service is 'administered' (6 respondents)

"They're so sort of nosey when they (officials) come round. They want to know everything - How many sets of clothes you've got, how many pairs of pants, bras etc. How many cigarettes do you smoke? What do you do with your money? They just want to know everything about your life and I'm not prepared to tell them."

"You feel your life's not your own. If you work you've got to tell them. If you've got anybody in you've got to tell them every little thing. If you've got a boyfriend they can try and accuse you of cohabiting."

(c) Feeling like a scrounger (6 respondents)

"When I cash my book the person at the Post Office throws the book under the counter at me and I think Oh God she's getting at me 'cause I'm an unmarried mother 'sussing out' her taxes."

(d) Poor public image of claimants (5 respondents)

"As soon as you go on supplementary benefit or receive any help you tend to become a problem family as far as people are concerned."

As Table 4.24 shows three quarters of these mothers experienced some form of negative feeling as a result of receiving supplementary benefit.

Table 4.24 'Negative' feelings of those respondents who disliked receiving supplementary benefit (n=20)

Type of Feeling	No.
Shame/Stigma/Resentment	11
Stigma/Resentment	2
Resentment	2
No Negative Feeling	5
Total	20

Fourteen mothers stated (for various reasons) that they did not have any objection to receiving supplementary benefit:-

(a) Need for some form of income support (9 respondents - note some respondents gave more than one answer)

"At one time I would have been upset if I'd had to go on supplementary benefit but when it became unavoidable I didn't worry about it."

(b) A return for previous contributions (4 respondents)

"I've worked since I've left school, paid in towards something and so many people get a hell of a lot more than I do so I don't see why I shouldn't."

(c) Supplementary Benefit a 'right' (3 respondents)

"Nowadays of course I see it as a right."

Reactions of supplementary benefits officers (n=33 - note that some respondents received favourable and unfavourable reactions)

Twenty-two respondents stated that they had received favourable reactions from some (or all) of the supplementary benefits officers with whom they had come into contact. Surprisingly, perhaps, thirteen of these mothers expected to receive a positive reaction:-

"They're just doing a job. I think they've seen it all before. They just find out all the particulars, how much money you've got and your income and your outcome and all that and it's just a matter of sorting out the figures on everything."

Nine of these mothers were surprised by the favourable reaction they had received:

"Everybody else has troubles don't they. I don't know why I didn't, perhaps they liked my accent. I found them more than fair."

"I always expected them to be a bit 'I'm above you and you're down there' but he was very nice. You always class social security people as being ogres 'cause I thought they'd pry on things but they don't. They're very nice and very friendly."

Unfavourable reactions were reported by twenty-one mothers.

"There's a lot of questions they ask you which are quite unnecessary. They don't need to know things like 'When did you last have intercourse?' "

"I applied for a grant when I was expecting my child for the baby stuff. They turned round and said 'You should know by now not to get yourself like that. Next time you want to do that (have sexual intercourse) I'll show you how to avoid it.' Honestly, nobody would believe you would they?"

"When I first went on social security there was a lot of hassle about me working and all this, that and the other but I stood my ground and said I wouldn't work until she (her daughter) was at least a year."

"The visiting officer said, 'You can't go about having kids all over the place.' He insisted on taking my books. I was confronted with not having any money and needing to buy food for the kids. I got so cross that I really had to tell him if you want to take the book you just better take the two kids. I felt at the time that he thought he could behave like that because had I taken it up and put in a complaint I think his words would have been so much stronger than mine that he could have denied the lot."

"It wasn't directly said that 'I don't like you going on the dole 'cause you're a single parent' but it was indirectly said. The visiting officer said, 'Our first priority is to the taxpayer and we've got to look after them first before you.' Those were his exact words. I told the guy you don't have to come and insult me, it's not the sort of situation that I wanted to be in. They want to know all your business, nosing in, sending spies round to see if you've got a man hidden in your cupboard."

"There was one chap, he was very nasty actually 'cause I was in tears when he left. He said, 'Just because you're an unmarried mother doesn't mean to say you can scrounge off the state as you are, You've got to tell me the father's name so we can get our money back from him.' He kept on and on about the father's name, trying to trip me up, 'Oh what did you say his name was?' I was glad to see the back of him."

Although eight of these mothers expected to receive unfavourable reactions

("I can look at it from their point of view. I've made a mistake, the child's father has made a mistake as well. I've become pregnant and there's a child here and they're paying out for it.")

"Who hasn't had the same reaction? I always knew they were like that.")

thirteen did not.

("I didn't think an official person should have behaved in that manner.")

"No one's got the right to make a judgement over anyone else.")

Negative feelings were experienced by all of the twenty-one mothers who had received an unfavourable reaction from a supplementary benefits officer (see Table 4.25).

Table 4.25 Respondents' evaluation of unfavourable reaction from supplementary benefits officers (n=21)

Type of Feeling	No.
Shame/Stigma/Resentment/Unfair	4
Shame/Resentment/Unfair	1
Stigma/Resentment/Unfair	8
Stigma/Resentment	2
Resentment/Unfair	6
Total	21

It is interesting to note that a sizeable number of respondents reported that they had experienced feelings of stigma (as well as resentment and injustice). Even more interesting, perhaps, is the fact that a number (eight) of respondents who experienced feelings of stigma did not feel ashamed.

("Not ashamed, annoyed. You feel like fighting back.")

"It didn't make me feel ashamed, just bloody annoyed.")

In the light of this 'evidence' it is possible to speculate that the respondents in this survey were:-

- (i) more likely to refer to feelings of shame in situations where they accepted that the conduct of stigmatizers was justified (see p. 21);
- (ii) more likely to refer to feelings of stigma in situations where they wished to draw attention to the unacceptable conduct of stigmatizers.

(4) Social Work Services

The reactions of social workers (n=20 - local authority social workers (12)
Church social workers (8))

Thirteen respondents received a favourable reaction from their social worker (local authority (ten); Church (three)). Most of these mothers (eleven) expected a reaction of this kind:

"Social workers have to be nice don't they?"

"She's got to be a neutral person if she's a social worker.")

Seven mothers received unexpected unfavourable reactions (local authority (two); Church (five)).

"I find it's all right if you go along with them. If you've got your own ideas then it doesn't work out. I didn't really feel she was on my side. I felt that she thought, O.K., you're living in one room, be grateful for that and you shouldn't look for any higher, be second rate citizens instead of thinking my child deserves a better deal.")

(Comment about a local authority social worker).

"I don't like her. She wanted me to sort of be obliged to her and I haven't been. She felt she was a little bit above.")

(Comment about a Church social worker).

"She is the only social worker who I've met who condemns unmarried mothers. She can't understand the fact that somebody who's intelligent and reached higher education can get herself in that position. We're allowed one mistake but not another.")

(*Repeater's'comment about a Church social worker).

Negative feelings were experienced by all seven of these mothers (Shame/Resentment/Unfair - 1; Stigma/Resentment/Unfair - 2; Resentment - 1; Resentment/Unfair - 3).

(5) Education

Reaction of headteacher at child's school (nursery/primary/secondary) (n=15)

Fourteen mothers stated that they had received a favourable reaction from the headteacher at their child's school.

Although nine of these mothers expected such a reaction -

("As far as I was concerned my daughter was going to school for an education and they're there to teach them whether I'm unmarried or not.")

five did not -

("It's a Roman Catholic school and I thought they'd be a bit more concerned with matters like that but he's (headteacher) been ever so nice about it.")

Only one mother received an unfavourable response -

("The headteacher is one of those who believe that a mother's place is in the home and because I'm not there all day therefore I'm not a very good parent.")

This mother was surprised by the reaction she received and stated that she had experienced feelings of resentment and injustice.

Section 3 Summary

In general, respondents reported that their 'welfare experienced' had been quite favourable. For example, respondents voiced few complaints about the reactions they had received from health sector employees (G.P.s, health visitors and hospital doctors were particularly well regarded in this respect). However, some respondents did experience negative feelings as a result of the reactions they received from some NHS employees (most notably nursing staff - see pp. 216-217). These particular mothers stated that they had experienced negative feelings because some NHS employees had:-

- (i) directed adverse comments towards them;
- (ii) acted in insensitive ways.

For example, in terms of the latter, a few respondents were displeased by the fact that certain NHS employees had seen fit to address them by the title of 'Mrs.' without having enquired firstly as to whether this would be acceptable.

Those mothers who stated that they had received unfavourable reactions from local authority housing officials and/or social workers did not (except in one instance) report that they had been the subject of adverse comments. However, these mothers felt that they had been provided with a relatively poor standard of 'professional' service because of their unmarried status.

Not surprisingly, in the light of evidence from other studies (see pp.66-68) a sizeable number of respondents in this survey stated that they had felt aggrieved by the response they had received from supplementary benefits officers (though it should be noted that favourable responses were also widely reported - see pp.225-7). Some fourteen respondents stated that they had experienced feelings of stigma as a result of receiving an unfavourable reaction from a supplementary benefits officer (stigmatizing comments from such officials were the most frequent source of complaint).

This examination of respondents' 'welfare' experiences has also served to highlight the fact that it is possible for those with conduct stigmas to experience feelings of stigma without having been either formally or informally stigmatized by others

(see pp. 17-18). For example, a number of respondents stated that they had experienced feelings of stigma:-

- (i) during hospital visiting periods;
- (ii) because of their dependency on supplementary benefit as a means of income support.

Finally, respondents showed a greater tendency to report feelings of stigma as a result of unfavourable welfare experiences than they had done previously when they were questioned about their responses to unfavourable reactions and insufficient offers of help from significant others (although it should be noted that feelings of resentment and injustice figures just as prominently as previously).

In the next section consideration will be given to some of the other experiences of respondents and to their views of various issues pertaining to unmarried motherhood.

Section 4 Respondents' comments on other aspects of unmarried motherhood

In this section attention will be given to the following issues:

- (1) Reactions of casual contacts/forming close relationships with men/marriage prospects.
- (2) 'Passing'.
- (3) Respondents' evaluations of public attitudes to unmarried motherhood.
- (4) The issue of illegitimacy.
- (5) Overall assessment of the unmarried mother lifestyle.

(1) Reactions of casual contacts/forming close relationships with men/marriage prospects

- (i) Reactions received from casual contacts (n=36 - Note that some respondents received favourable and unfavourable reactions).

Twenty-nine respondents stated that they had received favourable reactions from people (or, at least, some people) they had met on a casual basis :

"I find people accept me as I am."

"I don't think they attach any stigma to it really."

"They usually say, 'Gosh, you're really brave. I really admire you for looking after the child by yourself.' "

A large number of these mothers (twenty-one) expected to receive a favourable reaction -

"I think it's happening all the time. Nearly everybody you come across says they had the baby before they were married. Seems something that happens now."

"Society's attitudes are changing all the time.")

Eight mothers were surprised, however, by the favourable nature of the reaction they received from casual contacts -

("I felt it would be difficult but I think a lot of people respect me because I'm not married and can keep my child in such good condition, looking smart, healthy and so forth.")

Unfavourable reactions were received by ten respondents from some (or all) of the people they had met on a casual basis.

("A woman was going to do some childminding for me. I went along to see her. I told her my circumstances and she immediately withdrew and was very unfriendly. She obviously didn't approve or like it or anything.")

"It was a playgroup. There was a girl I met up there. We used to sit and natter while the children were playing. One day she asked me what my husband did and I said, 'Oh, I'm not married.' She just turned her back on me and started talking to the girl next to us. She took her little boy away from my little girl and she wouldn't let him near her. She said (to her child) 'You're not to play with that little girl again. You leave her alone.' That annoyed me.")

Unfavourable reactions were expected by almost all of these respondents (nine).

("I suppose it's just a natural reaction really isn't it for lots of people?")

I'm not surprised. It just depends on where people have been, how they feel, how understanding they are, who they have met before or come across.")

In addition, negative feelings were experienced by six of these mothers (Shame/Stigma/Resentment/Unfair - 1; Stigma/Resentment/Unfair - 3; Stigma/Unfair - 1; Resentment/Unfair - 1).

- (ii) Forming close relationships with men (n=32 - Note that four respondents stated that they had no desire to form such relationships at the time of interview)

Eighteen respondents stated that they had not found it any more

difficult to form close relationships with men since becoming an unmarried mother.

("No one's ever rejected me. If anything it makes one more interesting.")

"There are a lot of men on the market who want stable sort of women with a happy sort of attitude to life and they seem to flock this way and quite honestly it isn't difficult at all.")

Although half of these respondents (nine) did not expect to find any particular difficulties in forming close relationships with men

("People are more liberated nowadays.")

"Men don't think about it as such. They don't seem to worry about that sort of thing.")

the remainder did

("At the beginning I thought it might be more difficult. It can give you 'labels' and this sort of thing.")

"I would have thought it would have been worse. You pick up a magazine, you know, these true life magazines and you get stories of girls on their own with babies and they write and say, 'When I meet someone I'm frightened to tell them I've got a baby' and that's what I thought it would be like but I haven't found it so.")

Fourteen mothers reported that they had found it more difficult to form close relationships with men since becoming an unmarried mother because of the fact that men tended to respond to them in unfavourable ways.

("Men are scared stiff of families. You imagine meeting a girl with a family. Obviously you think she's got more commitment. She wants more out of a man than going out for a meal or going out dancing. It frightens them a bit. They think you're probably after someone to support you.")

"They'll ask you for another date but as soon as they find out you've got a kid then that's it, it's all off."

"I think they think you're easy. They label you as just being easy, she's got a kid, she's easy.")

Thirteen of these mothers expected close relationships with men to prove more difficult -

("I'm not surprised. They see you, they've formed an opinion of you and once they find out that you're an unmarried mother they think differently about you.")

All but two of these fourteen respondents stated that they had experienced negative feelings because of the difficulties they had encountered in forming close relationships with men since the birth of their child (Shame/Stigma/Resentment - 3; Stigma/Resentment - 7; Resentment - 2).

(iii) Marriage prospects (n=33 - note that 3 respondents stated that they had no intention of getting married)

Thirteen respondents were of the opinion that their marriage prospects had not been reduced because of their unmarried motherhood:

("If I wanted to get married it's the easiest thing in the world.")

"Maybe ten years ago it might have been difficult but not now because people accept it more. If I had another one it may be a drawback but not with one.")

Most (twelve) of these respondents did not expect their marriage prospects to be reduced -

("People like you for what you are not whether you had a kid after or before you married. I don't think that comes into it.")

Twenty mothers, by way of contrast, thought that their marriage prospects had been impaired.

("I think there's just the problem of finding someone who's willing to have a ready-made family. I always thought there were quite a few of them about but there obviously isn't.")

"If you're divorced it's not quite all your fault. When you're unmarried they class it as all your fault. They assume you've slept around.")

Although seventeen of these mothers were not surprised that their marriage prospects had been reduced

("I feel that's the general attitude of society.")

three were.

("A lot of people I know who've had children men have taken them on.... and the children as well. I was just unlucky.")

Only seven of these twenty respondents reported that they had experienced negative feelings as a result of the perceived reduction in their marriage prospects (Shame/Stigma/Resentment - 2; Shame/Stigma - 1; Stigma/Resentment - 1; Resentment - 3).

(2) 'Passing'.

In chapter one reference was made to the fact that some stigmatized individuals may find it necessary and/or desirable to pass as 'normal' during interaction with others (see pp.24-6). It was thought appropriate, therefore, to ask the respondents in this survey whether they had ever:

- (i) avoided disclosing their unmarried mother status to others;
- (ii) deliberately pretended to be married.

(i) Avoiding disclosure of 'unmarried' status (n=36)

Nineteen respondents stated that they had never avoided disclosing their unmarried mother status to others.

("There's no reason to avoid it. If it comes up in conversation, if it's relevant to the conversation there's no reason to hide the fact. In fact, it might be positively beneficial to mention it. If people have prejudices I think the best way to start knocking them down is for them to meet ordinary people and then discover that they're the people they're prejudiced against.")

"I'm just not ashamed of it. People have got to know I've got a baby and why shouldn't they know I'm unmarried? It doesn't make any difference to me. If it makes any difference to them then it's their hard cheese really.")

The seventeen mothers who had avoided telling certain others that they were unmarried did so for various reasons:

- (a) To save causing embarrassment to others (6 respondents - Note that some respondents gave more than one answer)
- ("If it was somebody it was likely to offend I would (avoid disclosure). Very old people can be chatting quite happily to the baby, they'll say something and you just get the impression straight away that it's better not to say anything, just leave them alone.")
- (b) Unmarried motherhood a private concern (7 respondents)
- ("I don't see it's anybody's business, not people I meet casually. I just don't go about telling anybody but I'm not ashamed of the fact.")
- (c) Concern for the child (2 respondents)
- ("For myself I couldn't care less but I've got to protect my child now.")
- (d) Fear of unfavourable reactions (7 respondents)
- ("I don't like to go about saying I'm an unmarried mother, that's just asking for stones to be thrown at you.")

All of the latter mothers (i.e. (d)) experienced negative feelings because they had failed to disclose their unmarried status to certain others (Shame/Stigma/Resentment - 3; Shame/Stigma - 2; Resentment - 2).

- (ii) Deliberately pretending to be married (n=32 - Note that four mothers could 'legitimately' use the title 'Mrs.' as they had previously been married)

A large number of respondents (twenty-four) stated that they had never pretended to be married.

"I'm not married and that's a fact and I don't pretend to be anything I'm not. You only get yourself into trouble by pretending you're something you're not. People always find you out. I think it's best to be honest with all people at all times."

"When I first became pregnant my mum said, 'Get a wedding ring.' I said, 'What for? I'm not married, I'm not ashamed at not being married.'").

The eight mothers who had passed as married in certain circumstances did so for the following reasons:

- (a) To save causing embarrassment to others (1 respondent)
- (b) Concern for the child (1 respondent)
- (c) Fear of unfavourable reactions (3 respondents)
- (d) Practical considerations (3 respondents)

("Getting things from shops - it was sometimes easier to say I was married if I had things delivered.")

Three of these mothers experienced adverse feelings as a result of their decision to pass as married (Shame/Stigma/Resentment - 1; Stigma/Resentment - 1; Resentment - 1 (Reason in all cases fear of unfavourable reactions).

(3) Respondents' evaluations of public attitudes to unmarried motherhood (n=36 - note that some respondents thought that the public displayed both sympathetic and hostile attitudes)

Twenty-three mothers were of the opinion that the general public were sympathetic to unmarried mothers (at least to some degree).

"I think that most people are sympathetic. I don't think it worries most people. Times have changed, the government helps the mothers more and I suppose the public accept it. There are so many more unmarried mothers these days. It's not frowned on so much."

"I think it's an accepted fact in the twentieth century that this happens. It's unfortunate but it happens. We must do what we can for them.")

Only five of these mothers were surprised by favourable public attitudes.

("Yes I am surprised. It's getting better because at least nowadays you can have a child without getting married and you don't have to feel so terribly ashamed about it whereas years ago you might do. You'd consider nothing but adoption or abortion. Nowadays you can lead your life peacefully without the worry of it all.")

Twenty-seven respondents stated that hostile attitudes were still being displayed (to greater or lesser extents) by members of the general public.

("The general public are hostile. They're moaning about we made a mistake, we should be out working and the child should be taken into care while we're working or the child should be given to people that are waiting on adoptive lists. If we're irresponsible enough to get pregnant we're not responsible enough to cope with the child.")

"You get hostile people like Adrian Love (a radio programme presenter) telling you that unmarried mothers are very sloppy, careless people.")

Although most of these mothers (twenty-one) expected some form of public hostility

("I'm not really surprised. Some people have got grudges against all sorts of things, Pakistanis, blacks and all sorts. They've got to pick on somebody.")

a few (six) were surprised

("I can't see anything to be hostile against really because we're not doing any harm. We brought it on ourselves, we're bringing up our children. I can't see how it can affect them, they haven't got to bring up the child.")

Just over half of these twenty-seven respondents (fourteen) stated that they had experienced feelings of shame and/or stigma and/or resentment because of the hostility of the general public (Shame/Stigma/Resentment - 4; Stigma/Resentment - 4; Resentment - 6).

Interestingly, most of these twenty-seven respondents (eighteen) felt that women were more hostile towards unmarried mothers than men.

"Women are more vitriolic."

"Women are more security minded and they tend to value marriage and a home and stability."

"Women don't like their own sex to be brought down. They feel that affects them.")

Only four respondents thought that men were more hostile (four other respondents thought there was no difference whilst another did not voice an opinion).

(4) The issue of illegitimacy

Respondents were questioned about two aspects of the issue of illegitimacy:

- (i) their evaluations of public attitudes to illegitimate children;
 - (ii) their likely reaction to possible future discrimination against their child on the grounds of illegitimacy.
- (i) Respondents' evaluations of public attitudes to illegitimate children (n=36 - note that some respondents thought that the public displayed both sympathetic and hostile attitudes)

Thirty-two mothers stated that some or all of the general public were sympathetic towards illegitimate children.

"I don't think they blame the child. The public are unsympathetic towards the parent but not the child."

"I don't think they're sort of hostile towards the children themselves 'cause you can't really be hostile to a child."

Most of these particular respondents (twenty-eight) expected the general public to display sympathetic attitudes towards illegitimate children.

("People accept the situation more now than years ago.")

"Times have changed so much haven't they?")

Eleven respondents thought that some or all of the general public were hostile towards illegitimate children.

("There's more hostility to illegitimate children than towards children of other one-parent families. It's the old moral thing. All the time you've got marriage and laws against illegitimate children then you're going to have people feeling..... discriminatory. If you get rid of actual discrimination, then you have a much greater possibility of removing feelings of discrimination.")

Although six of these mothers expected public hostility

("People are a product of their upbringing. If they were brought up to believe that sex was wrong and illegitimacy was wrong then they are going to carry on feeling that way.")

five did not.

("I think they are narrow minded and they don't understand. They probably don't understand 'cause they don't want to understand. It's not the child's fault. It has got a father, all illegitimate children have got fathers, it's just not put down on paper.")

Nearly all of these respondents (ten) stated that they had felt ashamed and/or stigmatized and/or resentful because of public hostility towards illegitimate children. (Shame/ Stigma/Resentment - 2; Stigma/Resentment - 5; Resentment - 3).

(ii) Possible discrimination against respondents' children (n=35) - note that one respondent did not answer this question because she did not believe that any discrimination would occur).

Respondents reported that they would either be annoyed (twenty-four) or saddened (eleven) if their child was discriminated against in the future on the grounds of illegitimacy.

Annoyed

("I'd be hopping mad if there was any discrimination. I don't think there's any need for that these days at all.")

"I should be extremely annoyed because you should never stigmatize. Children are not at fault, they never are. They should be treated equally with children of two parents.")

Saddened

("I would very much regret it. I just hope it doesn't happen.")

"I think I'd be really upset because he's getting the blame for a mistake that I've made.")

Sixteen respondents expected their child to suffer some form of discrimination.

("Things are better now but they are not perfect.")

"I wouldn't be surprised because it's the same as being coloured or looking odd. It's the same story.")

However, the other nineteen respondents did not expect their child to experience any form of discrimination.

("I couldn't think of any reason why he should be (discriminated against). If he was a job applicant and he was turned down on the basis of his illegitimacy, I'd be very surprised.")

"I'd be very surprised because I find most people don't stigmatize the child.")

As Table 4.26 shows, most respondents thought that they would experience some form of negative feeling if their child was discriminated against on the grounds of illegitimacy.

Table 4.26 Respondents' expected reaction if their child was discriminated against on the grounds of illegitimacy (n=35)

Reaction	No.
Shame/Stigma/Resentment	12
Stigma/Resentment	8
Resentment	12
No adverse feeling	3
Total	35

(5) Overall assessment of the unmarried mother lifestyle

Respondents were asked a series of questions in order to gain some insight into their overall assessment of the unmarried mother lifestyle. They were asked:

- (i) to compare their own situation with that of other female single parents and married mothers;
- (ii) to comment on their day-to-day lifestyle;
- (iii) to give details of the advice they would give to pregnant, unmarried women in the light of their own experiences;
- (iv) how often they had felt stigmatized in their unmarried mother career and whether they considered that unmarried motherhood was their most important attribute.

(i) Comparison of lifestyle with other female single parents and married mothers

Respondents were asked whether they thought they were better off or worse off than other female single parents and married mothers. (Note that respondents were permitted to interpret the terms worse off and better off in any way they saw fit).

- (a) Other unmarried mothers - (n=33 - note that 3 respondents did not answer this question because they felt that they did not have sufficient knowledge of the circumstances of other single mothers).

Thirty-two respondents stated that their own situation was either more favourable (twenty-three) or about the same (nine) as other unmarried mothers. The former (i.e. the more favourable) felt that they were better off than other unmarried mothers because of one or more of the following factors:

1. Family support (fourteen respondents)

"A lot of them, their family won't stand behind them so they are literally out on their own. I suppose it's one of the ways I'm lucky, that my family have stayed by me."

2. Accommodation (thirteen respondents)

"Some unmarried mothers are living in a one-room flat or one room bed-sitter. At least I've got a two-bedroomed flat."

3. Maturity (nine respondents)

"I think the younger ones, sort of sixteen, seventeen years, I think they're less stable."

4. Financially (seven respondents)

"I think a lot of them are financially badly off."

Only one respondent felt that she was worse off than other single mothers. This respondent experienced feelings of resentment and stigma because of her relati-

vely poorer financial position.

- (b) Separated and divorced mothers - (n=30 - note that 6 respondents did not answer this question because they felt they did not have sufficient knowledge of the circumstances of separated and divorced mothers).

Twenty-three respondents felt that their own situation was either more favourable (eleven) or about the same (twelve) as separated and divorced mothers. Respondents who felt that they were better off than the divorced and separated gave one or more of the following reasons when they were asked to account for their views:-

1. Absence of emotional trauma (seven respondents)

"I think they're (separated and divorced) worse off. I think the break up of a marriage is a hellish thing because people don't seem able to cope with it. You do occasionally get the friendly parting of the ways but it's usually tied up with so much bitterness that people really suffer."

2. Not having to rely on maintenance payments (five respondents)

"They (separated and divorced) have to fight for every penny they get. Some of them go for weeks and weeks and don't get any money. They're really worse off than any unmarried mother."

3. More favourable public attitude towards unmarried mothers (one respondent)

'There's a certain sort of social stigma as a divorced or separated woman. People have got more sympathy with someone who's been left in the lurch by a bloke to somebody whose husband left. An unmarried mother would get a better reaction."

Seven respondents considered themselves to be worse off than separated and divorced mothers. The separated and divorced were thought to be: financially better off - three respondents; regarded more favourably by the public - two respondents; more fortunate because their

children had regular access to their father - one respondent; treated more favourably by supplementary benefits officials - one respondent.

Negative feelings were experienced by three respondents who considered that they were worse off than separated and divorced mothers. (Stigma/Resentment - two (Reason: financial - one; poorer public image - one). Resentment - one (Reason: financial)).

- (c) Widowed mothers - (n=31 - note that 5 respondents did not answer this question because they felt they did not have sufficient knowledge of the circumstances of widowed mothers).

Nineteen respondents were of the opinion that their own situation was either better (fifteen) or about the same (four) as widowed mothers. Respondents who felt that they were better off than widowed mothers gave one or more of the following reasons for holding this view:-

1. Had not experienced the loss of a husband (twelve respondents)

"I think they (widowed mothers) are worse off. If you're a widow, in a way you're in the same situation but you've just lost some very big part of your life whereas you've never had that part of your life if you're an unmarried mother so you haven't got that problem."

2. Financially (five respondents)
3. Family support (four respondents)

"A lot of their (widowed mothers) families don't bother with them and I think it's tragic."

Twelve respondents considered themselves to be worse off than widowed mothers. These respondents gave one or more of the following reasons when they were asked for the basis of their views:-

1. Widowed mothers regarded more favourably by the public (six respondents)

"I think they're (widowed mothers) better off because in some people's minds they did everything legally. It was just unfortunate that their husband died but with an unmarried mother it's not quite the same thing."

2. Financially (six respondents)

"They're (widowed mothers) much better off financially speaking 'cause they get a widowed mother allowance which is quite a high allowance.

3. Accommodation (one respondent)

4. Easier to explain widowhood as opposed to unmarried motherhood to child (one respondent)

"They (widowed mothers) can say to their children their dad's died where you have to say your dad's left you. I don't think it's quite so bad as saying he left you."

Negative feelings were experienced by four mothers who considered themselves to be worse off than widowed mothers (Shame/Stigma/Resentment - one (Reason: financial) Stigma - one (Reason: poorer public image) Stigma/Resentment - one (Reason: financial) Resentment - one (Reason: financial)).

- (d) Married mothers - (n=30 note that 6 respondents did not answer this question because they felt that they did not have sufficient knowledge of the circumstances of married mothers).

Twenty respondents thought that their own situation was either better (eight) or about the same (twelve) as married mothers. The eight mothers who felt that they were in a more advantageous position than married mothers referred to their independence and/or the lack of an unfavourable spouse when they were asked to account for their views.

1. Independence (eight respondents)

"They're (married mothers) tied to the clock. Got to get the dinner on the table, the washing must be done. I mean I please myself what I do and when I do it."

2. Unfavourable husbands (seven respondents)

"When you come to see some of them, black eyes, no money and a drunkard as a husband I think to myself they'd (married mothers) be better off on their own."

The ten respondents who felt that they were worse off than married mothers gave one or more of the following reasons when they were asked for the basis of their views:-

1. Lack of a husband's companionship and support (eight respondents)

"On your own you have to make all the decisions yourself. It must be lovely to have somebody there that's going to say 'That costs too much, we can't have that', whereas if you have to make all the decisions yourself it's a bit of a heavy load sometimes."

2. Financially (six respondents)

"They're (married mothers) more likely to have fitted carpets, colour t.v.s - all those material things."

3. Lack of a father for their child (five respondents)

"Their (married mothers) children do have a father which is the main thing in my eyes."

Four respondents reported that they had experienced negative feelings as a result of being worse off than married mothers (Shame/Stigma/Resentment - two (Reason: financial - one; lack of a husband's companionship and support - one) Stigma/Resentment - two (Reason: financial - two)).

- (ii) Respondents' comments on their day to day lifestyle and the advice they would give to pregnant unmarried women in the light of their own experiences

Respondents were also asked:-

- (a) what they considered to be the best and worst things about life as an unmarried mother;
- (b) if they would choose to 'put the clock back' if they had the opportunity;
- (c) what advice they would give to pregnant unmarried women (aged eighteen and twenty-five) in the light of their own experiences.

- (a) Best and worst things about life as an unmarried mother (n=36)

Best things

Respondents referred to one or both of the following when they were asked to state what they thought were the best things about life as an unmarried mother:-

1. The child (twenty two respondents)

"You've got your own child that's the best thing, there's that closeness."

"The joy of bringing up a child 'cause children can be a joy most of the time."

2. Independence (eighteen respondents)

"I don't have anyone else interfering with my judgement. If I think it's a good idea I do it. The only person that argues is the child and I can overrule him!"

"You're free to do what you like. If you want to go for a day in the country you can just pack your bags and go and you don't have to worry about coming home in time for your husband's tea. You are able to freely do what you like."

Worst things

Respondents referred to one or more of the following when they were asked for their opinions concerning the

worst things about life as an unmarried mother:-

1. Lack of a husband's companionship and support (twenty seven respondents)

"Apparently when the husband comes in they're really good at taking over the child so you can get on cooking a meal. When you're living on your own you can't have a break, you can't ask the husband to take the child for a walk."

"Having to make all the decisions. Your child's life depends entirely on you. You've got that feeling that if the child grows up to do wrong you're directly responsible."

2. Domestic chores (eight respondents)

"Washing, cleaning, cooking - just the general housework."

3. Financial pressures (five respondents)

"Counting your money, wondering if you can afford a packet of cigarettes or an extra bottle of milk for yourself. If a friend turns up you've got to think can I afford to give them some toast or a boiled egg. It's very hard 'cause you haven't got the money. Whereas you'd like to buy yourself a new pair of tights you can't."

4. Boredom (two respondents)

"With me it's boredom. I get so fed up sitting here looking at the walls."

5. Lack of day care provision (one respondent)

"You've got the problem of day care but all lone parents and a lot of two parent families have got that problem."

- (a) 'Putting the clock back' (n=33 - note that 3 respondents did not answer this question because of its hypothetical nature).

The sixteen respondents who stated that they would not put the clock back to the time before they were pregnant even if they had the opportunity gave one of the following reasons in support of their view:-

1. Greater overall happiness (seven respondents)

"Everything just fell into place. Everything's much better."

2. Fulfilment provided by the child (six respondents)

"I've had immense happiness with my child. I wouldn't be without her for the world."

3. No point of comparison (three respondents)

"If I was to put the clock back I'd probably do it again simply because I don't know what the result would have been if I'd done differently. When your kid is playing up or being a real horror you think 'Oh my God, why did I ever have you?' but there are restrictions whether you're married or unmarried."

Eleven respondents said that they would put the clock back if they were given the opportunity. These mothers based their views on one of the following factors:-

1. Restrictions on their own lifestyle (four respondents)

"I'm not able to do the things I want to do. I'm not able to go out when I want to sometimes. I haven't got the money to spend on myself that I want to sometimes."

2. Unmarried status at time of child's birth (three respondents)

"Everybody would like to do it right and be married and have children. I would have liked to have done it properly."

3. Lifestyle unfair to the child (one respondent)

"It hasn't been fair to the kids. It wasn't right to produce kids in such circumstances."

4. Hostility from others (one respondent)

"Although the end result has turned out good in as much as I've had my son, the trauma of having him and what I went through I wouldn't go through again."

5. Unhappiness caused to one's family (one respondent)

6. Emotional strain of parenthood (one respondent)

"You go into it with rose-tinted spectacles which you lose after about two weeks. The emotional strain is greater than I ever thought it would be."

Six mothers were undecided about whether they would turn the clock back or not. Four of these mothers acknowledged the happiness that their child had brought them but resented the restrictions that unmarried motherhood had placed upon their own lifestyle; one welcomed the happiness that her child had provided her with but resented the fact that her marriage prospects had been reduced since becoming an unmarried mother. The other mother had experienced greater personal happiness since the birth of her child but had found the emotional strain of parenthood excessive.

(c) Respondents' advice to pregnant unmarried women in the light of their own experiences

Advice to pregnant, unmarried, eighteen year old women (n=36)

Over half of the respondents (nineteen) who were asked about the advice they would give to an eighteen year old, pregnant, unmarried woman stated that such a woman should consider all the options that were open to her (e.g. abortion, adoption, keeping the child). Nine respondents, by way of contrast, reported that they would not offer any advice to such a woman -

"You cannot give advice to anyone. I had a friend of a friend who was pregnant and she came running to me saying what should she do, what should she do. All I could say is how I found it and that I liked having the child and I'm glad I didn't have an abortion or have him adopted but I couldn't tell her what to do 'cause she would be a completely different character who, perhaps, couldn't cope in the same way. I wouldn't give anybody advice."

Six respondents were firmly of the opinion that such a woman should not have/keep the child -

"It's a big thing, I couldn't have coped at eighteen. It's a human being you're bringing up and you've got to give an awful lot for it. I've seen eighteen year old girls trying to cope and it's not for an eighteen year old."

However, two other respondents were equally adamant that such a woman should keep her child -

"I'd advise anybody to have babies if they want them. Most people find themselves pregnant and they don't know what to do. They don't realise what it's like having babies, it's really fantastic."

Advice to pregnant, unmarried, twenty-five year old woman (n=36)

Most respondents (thirty) stated that their advice to a twenty-five year old, pregnant, unmarried woman would not differ in any way from the advice they would (or would not) give to an eighteen year old woman in the same position. Six respondents stated that they would offer different advice to a twenty-five year old unmarried mother to be. Five of these six respondents stated that a twenty-five year old unmarried woman should (because of her greater maturity) consider all the options available to her if she became pregnant (these respondents felt that an eighteen year old in the same position should not consider keeping her child). As one of these respondents commented:

"A twenty-five year old is more mature, she knows more about life. Although you're mature in your body you're not mature in your mind at eighteen, though you like to think you are."

The other respondent (who had stated that she would not offer any advice to an eighteen year old who was pregnant and unmarried) felt that a twenty-five year old should be advised to keep her child because

"she must have wanted it."

Only one mother felt that a twenty-five year old mother to be should definitely not keep her child -

"I'd say, no don't do it, no matter what age."

(iii) Other experiences of felt stigma/the importance of the unmarried mother attribute/frequency of felt stigma experiences

By way of conclusion, respondents were asked:

- (a) if they had experienced feelings of stigma in any situation not previously referred to;
- (b) if they thought that unmarried motherhood was an important personal attribute;
- (c) how often they had experienced feelings of stigma in their unmarried mother career to date.

(a) Other experiences of stigma (n=8)

Only eight respondents stated that they had experienced feelings of stigma in a situation not previously referred to. Three of these mothers reported that they had felt stigmatized as a result of adverse treatment from a member of the clergy. Here are just two examples:-

"The church refused to christen my child and that hurt a hell of a lot. When I asked the vicar if he'd do it he wouldn't say, right I'm not going to christen your son 'cause you're an unmarried mother or you've committed adultery whichever way round you want to put it. Instead I got the news from a neighbour of mine and I was livid. I said, 'I'm the person who's committed the sin, not the child. The child didn't ask to be born.' I said, 'Right, this is the last time I will go into church,' and I haven't been back since. I was very surprised as I thought the church was far more generous in their opinion of unmarried mothers. If the vicar had said, 'you can't come to communion,' I would have accepted that, but the fact that he was going to refuse my child admission to the church I found unacceptable."

(Comment about a Church of England vicar).

"When I first knew I was pregnant I was frantic with worry and I just didn't have a clue as to how to go on about this. I went to a priest 'cause I'm a Catholic. Oh my Lord, did he tear me off a strip as to how much I'd sinned and everything. I came home and took a load of sleeping tablets. I must have slept for a couple of days. It really did affect me. I must have been about three months pregnant and I thought, God, is this how everybody's going to treat me? It really shook me."

(Comment about a Roman Catholic priest)

Two mothers said that they had felt stigmatized when they went on holiday:

"I've been on holiday and it's all two parents and usually two kids. You feel 'out'. Other unmarried mothers have felt that as well. You feel 'out' because it's two parents, two, three or four kids. You feel odd, 'out'."

One mother stated that she had felt stigmatized because of the 'adverse reactions' she tended to receive from post office staff:

"They tend to label you there. You hand in your (supplementary benefit) book and you get one eyebrow raised looking at you 'cause it says Miss on the cover. I feel they (the government) make unnecessary difficulties by doing that."

whilst another experienced such a feeling because of the unfavourable treatment she had received from local shopkeepers:

"You don't get served very quickly. Half the time you have to wait for service and then they'll say, 'Well, what do you want?' They can be very awkward. They are reacting to unmarried motherhood obviously. If you pulled them up on it they would say, 'Oh no, of course we're not doing it to you,' but you know damn well that is it."

The last of these mothers stated that she had experienced feelings of stigma on odd occasions because of an unintentional stigmatizing remark from a stranger:

"I was telling off my child in the town for doing something wrong and a woman walking past said 'Tut, tut, tut, shouldn't be able to have a child if she treats it like that.' I just blew up. Maybe that woman doesn't know I'm unmarried but it just makes me feel irresponsible."

(b) Importance of unmarried mother attribute (n=36)

Twelve respondents felt that unmarried motherhood was a very important personal attribute. As one of these mothers stated:

"It's a status. Everybody's in different categories and there is a category for unmarried mothers. There's a little box for them."

However, a contrary opinion was expressed by the majority of respondents (twenty-four).

"An unmarried mother is really just another term for a woman who had a child. It doesn't describe you at all. It wouldn't describe my features or my personality or anything."

"I wouldn't see that (unmarried motherhood) as the thing to describe myself with. I'd describe myself as sort of happy-go-lucky."

(c) Frequency of felt stigma experiences (n=36)

Mothers gave one of the following replies when they were questioned about how often they had experienced feelings of stigma in their career as an unmarried mother to date:-

1. Always (two respondents)

"I think it's something that's there all the time. You just live with it."

2. Sometimes (six respondents)

"I feel stigmatized when I haven't got any money. I wish I could have my hair done, I wish I could buy some make-up. I look in the flat and wish I could buy some wallpaper."

3. Rarely (eighteen respondents)

"I don't feel stigmatized very often, just in certain situations not day to day. In fact, it takes my breath away the questions you ask 'cause they never enter my mind."

"I wouldn't let myself feel stigmatized very often because you know I feel I shouldn't do. I feel I've got nothing to be ashamed of. I don't want to feel that way (stigmatized) 'cause I don't want it to rub off onto my child."

4. Never (ten respondents)

"I don't feel stigmatized at all. There are still people who make remarks about it (unmarried motherhood) and probably discriminate but I haven't found any so I can't really say I have felt stigmatized."

"There have been one or two occasions when people have reacted badly and I have been resentful of that but I don't think I've felt stigmatized."

As Table 4.27 indicates, respondents' replies to this particular question tended to 'correlate' quite well with their previous comments concerning felt stigma experiences. For example, the ten respondents who stated that they had not experienced any feelings of stigma during their career as an unmarried mother did not provide any evidence to the contrary in their earlier replies. However, it is interesting to note that one of the 'continually stigmatized' (i.e. 'always' category) respondents only reported feeling stigmatized in four specific instances. It appeared that stigmatization was not a particularly important source of felt stigma for this respondent (see, on this issue, pp.15-21).

Table 4.27 Respondents' overall perception of felt stigma experiences by specific felt stigma experiences in the survey as a whole (n=36)

Overall perception of felt stigma experiences	No.	Specific felt stigma experiences in the survey as a whole (1)			
		Under 5	5-Under 10	10-Under 15	15 and Over
Always	2	1	1	0	0
Sometimes	6	1	0	4	1
Rarely	18	7	7	4	0
Never	10	10 ⁽²⁾	0	0	0
Total	36	19	8	8	1

Notes: (1) Caution should be exercised in comparing specific felt stigma experiences because of variations in respondents' careers (i.e. one respondent may have received far more unfavourable reactions than another).

(2) None in each case.

Section 4 - Summary

It is useful to summarize the information that has been presented in this section of the chapter under various headings.

1. Reactions of casual contacts/forming close relationships with men/marriage prospects

Most respondents (twenty-nine) stated that they had received favourable reactions from the people (or some of the people) they had met on a casual basis. However, negative feelings were experienced by six of the ten respondents who had received adverse reactions from casual contacts (five of these respondents said they had felt stigmatized).

Feelings of stigma were also reported by ten of the fourteen respondents who had found it more difficult to form close relationships with men since becoming an unmarried mother. However, a sizeable number of respondents (eighteen) did not experience any difficulties in this regard.

In addition, some twenty respondents felt their marriage prospects had been reduced because of their unmarried motherhood. Seven of these respondents felt ashamed and/or stigmatized and/or resentful because of this fact.

2. 'Passing'

Nearly half of those interviewed (seventeen) admitted that they had avoided disclosing their unmarried mother status to others on certain occasions. However, only seven of these respondents had passed in this way because of the possibility of adverse reactions from others (all seven of these respondents experienced negative feelings as a result of such passing).

Negative feelings were also experienced by three other respondents who had pretended to be married on certain occasions in their career as an unmarried mother (all three respondents had passed in this way to avoid the possibility of stigmatization).

3. Respondents' evaluations of public attitudes to unmarried motherhood

Respondents' views concerning the question of public attitudes towards unmarried mothers tended to vary somewhat.

Nine respondents thought that the general public were sympathetic; thirteen thought that they were hostile whilst fourteen others thought they were both sympathetic and hostile.

Negative feelings were experienced by just over half (fourteen) of the twenty-seven respondents who thought that the general public were (at least to some degree) hostile towards unmarried mothers. In addition, two thirds of these twenty-seven respondents felt that women were more hostile towards unmarried mothers than men.

4. The issue of illegitimacy

Respondents tended to concur far more over the question of public attitudes towards illegitimate children. Twenty-five mothers thought that the general public were sympathetic; four thought they were hostile whilst seven thought they were both sympathetic and hostile.

Negative feelings were reported by ten of the eleven respondents who thought that the general public were hostile (or partially hostile) towards illegitimate children.

Many respondents also expected to experience negative feelings if their child was discriminated against on the grounds of illegitimacy. Thirty-two mothers expected to feel ashamed and/or stigmatized and/or resentful if such discrimination were to occur.

5. Overall assessment of the unmarried mother lifestyle

In general, respondents felt that their own lifestyle compared quite favourably with the lifestyles of other female single parents and married mothers (see Table 4.28). For example, some thirty-two respondents thought that their own situation was either better or about the same as other unmarried mothers. Only one respondents felt that she was worse off than other single mothers. This mother felt resentful and stigmatized because of her relatively poorer financial situation.

Table 4.28 Respondents' evaluations of their own lifestyle vis a vis other female single parents and married mothers

Comparison Groups	Number of Respondents Giving View	Respondents' Evaluations of their own Position		
		Better Off	The Same	Worse Off
Other Unmarried Mothers	33	23	9	1
Separated and Divorced Mothers	30	11	12	7
Widowed Mothers	31	15	4	12
Married Mothers	30	8	12	10

Note: Respondents were permitted to interpret the terms better off, the same, and worse off in any way they saw fit.

Negative feelings were also experienced by:-

- (a) three of the seven respondents who thought that they were worse off than separated and divorced mothers.
- (b) four of the twelve respondents who thought that they were worse off than widowed mothers.
- (c) four of the ten respondents who thought that they were worse off than married mothers.

Relative financial deprivation was the main reason for these negative experiences.

(ii) Respondents' comments on their day to day lifestyle and the advice they would give to pregnant unmarried women in the light of their own experiences

When mothers were asked about what they considered to be the best and worst things about their life as an unmarried mother they referred (in terms of the former) to their child (twenty-two) and/or their independence (eighteen) and (in terms of the latter) to the lack of a husband's companionship and support (twenty-seven), domestic chores (eight), financial pressures (five), boredom (two), and lack of day care provision (1).

Some mothers clearly felt that the advantages of the 'unmarried mother lifestyle' outweighed the disadvantages (i.e. sixteen respondents said that they would not put the clock back to the time before they were pregnant even if they had the opportunity). However, eleven other respondents said that they would put the clock back whilst a further six mothers were undecided on this issue.

In addition, it could be argued that respondents' unwillingness (in the vast majority of cases - see Table 4.29) to offer specific advice to pregnant, unmarried, women aged eighteen and twenty-five was indicative of their awareness of the difficulties involved in weighing up the various advantages and disadvantages of the 'unmarried mother lifestyle'.

Table 4.29 Respondents' advice to pregnant, unmarried women aged eighteen and twenty-five in the light of their own experiences (n=36)

Type of Advice	Age of Woman being Advised	
	18	25
Consider all options	19	24
Would not offer advice	9	8
Do not have/keep the child	6	1
Keep the child	2	3
Total	36	36

(iii) Other experiences of felt stigma/the importance of the unmarried mother attribute/frequency of felt stigma experiences

Only eight respondents stated that they had experienced feelings of stigma in a situation not previously referred to in the survey (unfavourable reaction from a member of the clergy - three respondents; holidaying away from home - two respondents; adverse reaction from post office staff - one respondent; unfavourable treatment from local shopkeepers - one respondent).

In addition, the majority of respondents (twenty-four) did not think that their unmarried motherhood was a particularly important personal attribute. Given this fact, it is perhaps not surprising that a substantial number of respondents (twenty-eight) voiced the opinion that they had rarely, if ever, experienced feelings of stigma. Indeed, throughout this survey respondents have tended to indicate that their experiences of felt stigma have been highly situational in character. This and

other issues which have arisen from the survey will be discussed more fully in the final section of this chapter.

Section 5: Conclusions

As was mentioned earlier (see p.159) the aim of this survey was to obtain information about two aspects of the notion of stigma - namely felt stigma and (to a lesser extent) stigmatization. It is useful, therefore, in this final part of the chapter to draw some general conclusions about the data that has been obtained in this survey in relation to these two aspects of stigma.

1. Felt Stigma (and other negative feelings)

One of the most interesting findings to have emerged from this study is the fact that the majority of participants did not experience feelings of stigma to any great extent. This finding can be linked to three main factors.

(i) Favourable responses/adequate offers of help from 'significant' others

Relatively few respondents reported that they had received unfavourable reactions and/or inadequate offers of help from significant others. (See Table 4.30). In addition, feelings of stigma were not a common experience for those respondents who were subjected to unfavourable forms of treatment by significant others. Such respondents tended to report feelings of resentment and injustice as opposed to stigma.

(ii) Favourable 'welfare' experiences

Most respondents also reported that their 'welfare' experiences had been quite favourable (though it should be noted that a sizeable number of mothers voiced complaints about the way in which they had been treated by supplementary benefits officers (see Table 4.31).

Although respondents tended to evaluate the unfavourable responses they had received from welfare personnel in terms of resentment and injustice (see Table 4.31) it is noticeable that there were

Table 4.30 Respondents' evaluations of the reactions they received and the help they were (or were not) given by significant others and their assessment of unfavourable responses

Significant Other	No. of Respon- dents to whom question applied	Type of Reaction/ Adequacy of Help Offered	Assessment of Unfavourable Reaction/ Inadequate Offer of Help					No Neg- ative Feeling	
			Fav./Unfav.	Adq./Inadq.	Shame	Stigma	Resent- ment		Unfair
Mother	31	(R)	24:7		1	1	5	2	1
		(H)		23:8	0	0	3	3	4
Father	23	(R)	10:13		2	1	6	7	2
		(H)		16:7	0	0	5	4	2
Brother(s)/ Sister(s)	31	(R)	28:8		2	2	6	6	1
		(H)		28:3	1	1	1	0	2
Other Relatives	28	(R)	21:12		2	1	7	9	2
		(H)		20:8	1	1	3	5	3
Putative Father	34	(R)	21:13		1	2	11	12	0
		(H)		5:29	3	6	20	25	4
Putative Father's Parents	10	(R)	5:5		0	2	1	2	3
		(H)		3:7	0	2	3	5	2
Friends	33	(R)	32:3		0	0	3	3	0
		(H)		30:3	1	2	2	3	0
Neighbours	25	(R)	24:6		0	0	2	2	4
		(H)		24:1	0	0	1	1	0
Work Associates	21	(R)	17:4		1	0	2	2	2
		(H)		18:3	0	1	1	1	2

Notes: (1) (R) = Type of Reaction; (H) = Help Offered

(2) Some respondents received favourable and unfavourable reactions from certain significant others (e.g. brother(s)/sister(s)).

(3) For additional information concerning this table - see Section 2:B

Table 4.31 Respondents' evaluations of the reactions they received from welfare personnel and their assessments of unfavourable responses

Welfare Personnel	Number of Respondents to whom Question Applied	Type of Reaction	Assessment of Unfavourable Reaction					
			Favourable/ Unfavourable	Shame	Stigma	Resentment	Unfair	No negative Feeling
Ante-Natal Clinic Staff	33	32:6		1	5	6	4	0
Hospital Doctors	34	32:4		1	3	3	4	0
Nursing Staff	36	30:12		2	6	8	11	1
GP's	35	34:1		1	1	1	1	0
Health Visitors	28	26:2		0	0	2	2	0
L.A. Housing Officials	27	22:5		1	3	5	5	0
Supplementary Benefits Officers	33	22:21		5	14	21	19	0
Social Workers	20	13:7		1	2	7	6	0
Headteacher	15	14:1		0	0	1	1	0

- Notes: (1) Some respondents received favourable and unfavourable reactions from welfare personnel (e.g. Nursing Staff).
- (2) Both Local Authority and Church Social Workers are included in the social worker category (see p.228).
- (3) For additional information concerning this table - see Section 3

proportionately more felt stigma reports than previously (i.e. unfavourable responses and inadequate offers of help from significant others were less likely to be a cause of felt stigma). This may indicate that welfare and other forms of 'official' stigmatization are a more important source of felt stigma than 'informal' types of stigmatization (e.g. adverse comments from relatives or neighbours).

(iii) 'Rejection' of the notion that unmarried motherhood should be regarded as a negative attribute

Throughout this survey there has been a good deal of evidence to suggest that respondents have tended to reject the notion that unmarried motherhood should be regarded as an inferior attribute (see pp.21-23). For example, the prevalence of a 'rejection' attitude would appear to be indicated by the fact that respondents tended to evaluate unfavourable reactions and inadequate offers of help from others in terms of resentment and injustice as opposed to shame or stigma (see Tables 4.30 and 4.31). In addition, the fact that twenty-four respondents did not experience either feelings of shame or stigma after they had discovered that they had conceived an illegitimate child lends further support to this rejection hypothesis. However, it would be misleading (given that feelings of shame, stigma, resentment and injustice were not found to be mutually exclusive in this survey) to assume that respondents who reported experiencing feelings of stigma should be automatically classified as 'acceptors' as opposed to 'rejectors' (see on this issue pp.20-21).

Respondents' experiences of felt stigma were (save in two cases - see pp. 256-257) highly 'situational' in character. In other words, felt stigma experiences were linked to particular 'events' (e.g. the adverse reaction of a significant other) or problems (e.g. difficulties in establishing close relationships with men).

The fact that respondents only tended to experience feelings of stigma in certain situations may well offer some encouragement to those who believe that the 'problem of stigma' can be solved (or, at least, reduced) by reformist measures. For example, in the welfare field it may well be possible (by means of more extensive forms of consumer research) to pinpoint more accurately (and then eliminate) some of the main causes of felt stigma. It may be found, for instance, that the felt stigma experiences of those in 'need' could be reduced by the adoption of more favourable attitudes towards them on the part of welfare officials and professionals. Indeed, Davies'⁸ research on free school meals tends to suggest that contextual factors may be of great importance in the sphere of felt stigma. (Davies found that mothers who had formed a more positive impression of their child's school were less likely to feel stigmatized about claiming free school meals for their child). However, it is important not to overstate the positive potential of reformist measures in the area of social policy. For example, a sizeable number of respondents (thirteen) in this survey reported feeling stigmatized merely because they were in receipt of supplementary benefit. If one accepts that the level of such benefits and the way in which they are administered are a reflection of dominant social values, it may well be the case that more far-reaching measures (including changes in the economic and social structure of society) will be necessary if the incidence of felt stigma in this and other spheres of social life are to be reduced to any great extent (this issue will be examined in greater detail in Chapter 5).

Examination of factors which might predispose certain respondents to experience feelings of stigma

It would be inappropriate, given the nature of this study, (i.e. a small survey of an unrepresentative group of 'self-selected' unmarried mothers) to make any bold assertions concerning possible links between such factors as the age or religion of respondents and their predisposition to felt stigma. Nevertheless, it is useful (at least for the purpose of future research) to highlight any differences which might have been found between those mothers who always (two) or sometimes (six) felt stigmatized and those who rarely (eighteen) if ever (ten) experienced such feelings. For instance, the discovery of a strong connection between felt stigma and social class might suggest that a more thorough investigation of this link should be undertaken in the future. However, as Table 4.32 indicates, no significant differences (in terms of age; duration of unmarried mother career; the type of pregnancy (i.e. planned or unplanned)/relationship with the father of the child; social class prior to pregnancy; school leaving age; religion; number of illegitimate children; means of support or type of tenure) were found between those who always or sometimes felt stigmatized and those for whom such experiences were either rare or non-existent.

This finding is not altogether surprising given that feelings of stigma are likely to be highly individualised (see p. 16). For instance, although the economic and social circumstances of two particular unmarried mothers may be roughly comparable, their reactions to a neighbour's adverse comment may differ sharply (one might shrug off a reaction of this kind whilst the other might experience an intense feeling of stigma).

Table 4.32 Frequency of Felt Stigma Experiences/Social Characteristics of Respondents

Frequency of Felt Stigma Experiences (n=36)	Respondents' Age at Interview	Duration ¹ of U/M Career	Relation ² with Father of child/Type of Pregnancy	SCPP ³	SLA ⁴	Religion ⁵	No. of illegitimate children	Means ⁶ of Support	Tenure/ ⁷ Occupancy
<u>ALWAYS (2)</u>									
1	31	9	LTP	IIIM	14	COE	2	SB	HA
2	22	1	LTNP	II	15	Jew	1	SB	LA
<u>SOMETIMES (6)</u>									
3	37	1	LTP	II	15	COE	1	SB	LA
4	25	4	LTP	IIINm	15	COE	1	SB/CB Main	LA
5	23	5	STNP	IV	17	COE	1	SB/Emplt.	CR
6	32	7	LTNP	II	15	COE	1	SB/CB	LA
7	24	1	LTNP	IIINm	16	None	1	SB/CB	WP
8	21	2	LTNP	IIINm	15	RC	1	SB	LA
<u>RARELY (18)</u>									
9	33	4	STNP	II	16	None	2	SB/Main	LA
10	27	5	LTNP	II	16	SA	1	SB/Main	LA
11	42	4	LTNP	IIINm	16	RC	1	SB	LA
12	34	3	STP	II	18	COE	3	SB	PR
13	42	7	LTNP	IIINm	15	COE	1	Main/SB	WR
14	19	1	LTNP	V	14	None	2 (twins)	SB/CB	LA
15	21	3	LTNP	V	15	COE	1	SB	WP
16	39	10	LTNP	II	16	None	1	Emplt.	PR
17	27	9	STNP	IIINm	16	COE	1	Emplt./ Main	LA
18	17	1	STNP	IIINm	16	COE	1	SB	WFP
19	37	7	STNP	H/wife	14	None	1	SB	LA
20	20	1	LTNP	Studnt.	14	None	1	SB	CR

Table 4.32 Frequency of Felt Stigma Experiences/Social Characteristics of Respondents continued

Frequency of Felt Stigma Experiences (n=36)	Respondents' Age at Interview	Duration ¹ of U/M Career	Relation- ² ship with Father of Child/Type of Pregnancy	SCPP ³	SLA ⁴	Religion ⁵	No. of Illegitimate Children	Means ⁶ of Support	Tenure/ ⁷ Occupancy
<u>RARELY</u> ctd.									
21	24	5	LTNP	IIINm	16	RC	1	Emplyt/ Rent	OO
22	27	6	STNP	IV	15	RC	1	Emplyt/ FIS	WP
23	19	1	STNP	IIINm	16	RC	1	SB	LAHH
24	30	5	LTP	II	16	BAP	1	SB	LA
25	31	2	LTNP	IIINm	17	RC	1	Emplyt/ Main	LA
26	27	1	STNP	IIINm	16	RC	1	SB/CB	PR
<u>NEVER</u> (10)									
27	29	4	LTNP	II	16	COE	1	SB	LA
28	31	9	STNP	IIINm	18	None	1	Grant	LA
29	23	4	STNP	IIINm	17	COE	2	Emplyt/ SB/CB	LA
30	18	1	STNP	Studt.	18	RC	1	SB	PR
31	35	6	STNP	IV	15	RC	1	SB	NTR
32	39	4	STNP	II	17	COE	1	Occ.Pen.	OO
33	36	6	LTP	IIINm	17	COE	1	SB/Emplyt	PR
34	27	7	STNP	IIINm	16	COE	1	SB	LA
35	22	2	LTNP	IIINm	15	Meth	1	SB	WP
36	21	1	LTNP	IIINm	16	COE	1	SB	WP

See next page for Notes

Table 4.32

Notes:

- 1 This figure is rounded up in each case (e.g. a career of less than one year would be recorded as one year's duration).
- 2 LTP = Long-term relationship (i.e. a relationship of at least a year's duration)/Planned Pregnancy
 LTNP = Long-term relationship/Pregnancy not planned
 STP = Short-term relationship (i.e. a relationship of six months or less)/Planned pregnancy
 STNP = Short-term relationship/Pregnancy not planned
- 3 SCPP = Respondents' social class prior to pregnancy (Registrar General's classification).
- 4 SLA = School leaving age.
- 5 COE = Church of England; RC = Roman Catholic; Meth = Methodist; SA = Salvation Army; BAP = Baptist; Jew = Jewish.
- 6 The most important source of income is stated first in each instance.
 SB = Supplementary Benefit; CB = Child Benefit; Main = Maintenance payment; Emplty = Income from employment; FIS = Family Income Supplement; Occ Pen = Occupational Pension; Rent = Income from rent
- 7 Respondents' accommodation is classified by the type of tenure in the case of those who are living on their own or by co-occupancy in the case of those living with others.
 HA = Housing Association rented; LA = Local Authority rented; CR = Charitable Trust rented; PR = Privately rented; LAHH = Local Authority 'Half-way' house rented; NTR = New Town Commission rented; OO = Owner Occupier; WP = Living with parents; WFP = Living with foster parents; WR = Living with other relatives

It would appear, then, that more extensive forms of research (i.e. large scale surveys) will need to be undertaken if worthwhile assessments are to be made about the possible link between felt stigma experiences and factors such as those mentioned above.

Stigma and Shame

In Chapter 1 (see pp.19-21), it was suggested that it may be useful to distinguish between feelings of shame (an unpleasant sensation most commonly experienced when one fails to match up to the requirements of a particular social role) and stigma (a more severe form of unpleasant sensation - i.e. a feeling of total inferiority which is caused, in general, by the possession of a stigma). The results obtained in this survey do not provide any conclusive evidence as to whether it is useful to continue to distinguish between these two kinds of sensation. Nevertheless, it is interesting to note that respondents were more inclined to evaluate unfavourable events which had occurred during their career as an unmarried mother in terms of stigma rather than shame (see, for example, Tables 4.30 and 4.31).

Moreover, throughout the survey, respondents demonstrated a tendency to refer to feelings of shame when they accepted that their conduct (i.e. becoming an unmarried mother) was reprehensible and to feelings of stigma when they considered the unfavourable and hurtful responses of others to be inappropriate. Accordingly, it could be argued that a feeling of shame is, in practice, a more severe form of unpleasant sensation than stigma (i.e. a respondent who reports a feeling

of shame may well have experienced a more serious loss of self-esteem than one who merely admits to a feeling of stigma. However, given (i) the limited number of shame and stigma reports and (ii) the fact that feelings of shame and stigma were not found to be mutually exclusive in this survey, it would be unwise to draw any firm conclusions about this particular issue on the basis of the results obtained in this study.

Felt Stigma: 'Non'-Stigmatization, 'Courtesy' Stigmas, and Passing

(a) 'Non'-Stigmatization

It was pointed out earlier (see pp.17-18) that individuals may experience feelings of stigma even though they have not been subjected to stigmatization by other individuals or groups. This contention is supported by some of the evidence obtained from this survey. For example, the mere fact of becoming pregnant outside of marriage (eleven) or being dependent on supplementary benefit (thirteen) was sufficient to induce feelings of stigma amongst a sizeable minority of respondents. In addition, eight mothers reported feeling stigmatized at visiting times during their period of confinement in hospital.

It is important to note, though, that in terms of the former (i.e. illegitimate pregnancy/dependency on supplementary benefit) it could be argued that such respondents have been subjected to 'institutional' stigmatization (i.e. their experiences of felt stigma in this regard can be linked to the prevailing economic and social structure of society). Indeed, the fact that feelings of stigma are not always linked to 'direct' forms of stigmatization (i.e. by individuals or groups) would tend to suggest that more detailed information would have to be obtained from the stigmatized themselves (whose knowledge of the various sources of felt stigma would be second to none) if any worthwhile attempts to reduce the

incidence of felt stigma in society were to be undertaken.

(b) 'Courtesy' Stigmas

It was also pointed out earlier (p.18) that individuals with courtesy stigmas (i.e. the friends, the family and associates of the stigmatized) could also experience feelings of stigma. Given that stigma attaches both to the unmarried mother and her illegitimate child, it is clearly possible for an unmarried mother to not only experience feelings of stigma in her own right but also as a result of an unfavourable event in the life of her child (e.g. if her child came home in tears after being called a bastard at school). Although all respondents in this survey stated that they had not experienced any feelings of stigma because of their courtesy stigma, a sizeable number (twenty) thought that they would experience such feelings if their child was discriminated against on the grounds of illegitimacy in the future (see p. 243).

(c) Passing

The passing (see pp.24-26) undertaken by a number of survey respondents (seventeen mothers stated that they had avoided disclosing their unmarried status to certain others; eight mothers reported that they had pretended to be married in particular situations) was not found to be linked to fear of stigmatization to any great extent (see pp.236-238). For example, only seven of the seventeen mothers who avoided disclosing their unmarried

status to others did so because they feared they would receive an unfavourable reaction of some kind. In general, respondents tended to engage in passing for practical (e.g. obtaining credit) or personal (e.g. high value attached to privacy) reasons. Not surprisingly, therefore, relatively few mothers experienced feelings of stigma as a result of either avoiding disclosure of their unmarried status (five) or pretending to be married (two). Moreover, given the paucity of felt stigma reports in the survey as a whole, and the 'rejection' attitude displayed by many respondents, it would have been surprising to have found any substantial degree of stigma-based passing.

2. Stigmatization

In turning to the question of stigmatization, it is important to draw attention to the limitations of the evidence obtained in this survey with regard to this phenomenon. For example, the data relating to stigmatization was only obtained from the stigmatized themselves. Accordingly, when examining such evidence it is important to remember that there are likely to have been serious disagreements between the stigmatized and stigmatizers over the question of whether or not certain remarks or actions of the latter should have been regarded as stigmatization. For instance, it is not uncommon for those accused of stigmatization to express the view that their remarks or actions have been misinterpreted by oversensitive, stigmatized individuals.

In addition, it should be noted that the term stigmatization was interpreted quite widely in this survey (i.e. all

unfavourable forms of treatment received by mothers on the basis of their unmarried status were deemed to be examples of stigmatization).

Reports of stigmatization were not found to be prominent in this survey. For example, most respondents stated that they had (in the main) been treated favourably by both significant others and welfare personnel. It is interesting to note that a sizeable number of respondents expected to receive favourable reactions and adequate offers of help from significant others. For instance, twenty-three (out of twenty-eight) respondents were not surprised to have received favourable reactions from their brother(s) and/or sister(s) (see Table 4.33). Similarly, twenty of the twenty-three respondents who received adequate offers of help from their mothers were not surprised by this occurrence. Respondents' intimate knowledge of the personalities of their relatives, friends and associates could well explain their lack of surprise at receiving favourable reactions and adequate offers of help from such individuals. Indeed, the fact that (i) neighbours' (whom respondents might have known less well) offers of help were a source of surprise and that (ii) surprise was rarely expressed by those respondents who were treated unfavourably by certain significant others lends support to this contention. However, respondents' expectations of favourable responses from significant others could also have been linked to their own positive attitude towards unmarried motherhood (see p.268), and to their perception of a softening of public attitudes towards unmarried mothers. For example, twenty-three mothers con-

Table 4.33 Respondents' expectations concerning the reactions they received and the help they were (or were not) given by significant others

Significant Other	Number of Respondents To Whom Question Applied		Type of Reaction (Favourable Or Unfavourable)/ Expectation (Surprise -S- or Not Surprised -NS-		Help Offered (Adequate or Inadequate)/ Expectation (Surprised -S- or Not Surprised -NS-	
			Favourable	Unfavourable	Adequate	Inadequate
Mother	31		$\frac{24}{8}$	$\frac{7}{1}$	$\frac{23}{2}$	$\frac{8}{2}$
		S:			S:	
		NS:	16	6	NS:	21
Father	23		$\frac{10}{5}$	$\frac{13}{0}$	$\frac{16}{6}$	$\frac{7}{1}$
		S:			S:	
		NS:	5	13	NS:	10
Brother(s)/ Sister(s)	31		$\frac{28}{5}$	$\frac{8}{4}$	$\frac{28}{0}$	$\frac{3}{1}$
		S:			S:	
		NS:	23	4	NS:	28
Other Relatives	28		$\frac{21}{6}$	$\frac{12}{4}$	$\frac{20}{4}$	$\frac{8}{0}$
		S:			S:	
		NS:	15	8	NS:	16
Putative Father	34		$\frac{21}{5}$	$\frac{13}{6}$	$\frac{5}{2}$	$\frac{29}{16}$
		S:			S:	
		NS:	16	7	NS:	3
Putative Father's Parents	10		$\frac{5}{1}$	$\frac{5}{0}$	$\frac{3}{2}$	$\frac{7}{2}$
		S:			S:	
		NS:	4	5	NS:	1
Friends	33		$\frac{32}{2}$	$\frac{3}{1}$	$\frac{30}{9}$	$\frac{3}{3}$
		S:			S:	
		NS:	30	2	NS:	21

Table 4.33 Respondents' expectations concerning the reactions they received and the help they were (or were not) given by significant others (continued)

Significant Other	Number of Respondents To Whom Question Applied	Type of Reaction		Help Offered (Adequate or Inadequate)/ Expectation (Surprised -S- or Not Surprised -NS)		
		Favourable or Unfavourable)/ Expectation Surprise -S- or Not Surprised -NS-		Adequate	Inadequate	
Neighbours	25		$\frac{24}{5}$	$\frac{6}{0}$	$\frac{24}{14}$	$\frac{1}{0}$
		S:				
		NS:	19	6	10	1
Work Associates	21		$\frac{17}{8}$	$\frac{4}{0}$	$\frac{18}{8}$	$\frac{3}{0}$
		S:				
		NS:	9	4	10	3

- Notes: (1) Some respondents received favourable and unfavourable reactions from certain significant others (e.g. neighbours)
- (2) For additional information concerning this table - see Section 2B

sidered that the general public were sympathetic towards unmarried mothers to some extent (see pp. 238-9).

Amongst the various significant others, the responses of fathers, other relatives and putative fathers were identified by those interviewed as the main sources of stigmatization. This finding would appear to lend some support to two commonly held beliefs:

- (i) Individuals who bring discredit upon their family will tend to be treated unfavourably by a number of their relatives.
- (ii) Unmarried mothers tend to be treated in an unsatisfactory way by the father of their child.

In considering respondents' welfare experiences, it is again noticeable that the stigmatization encountered was relatively minor in scope (see Table 4.34). Furthermore, respondents did not (in general) expect to experience stigmatization during their dealings with welfare officials and professionals. For example, large numbers of respondents reported that they had not been surprised by the favourable treatment they had received from their G.P. (twenty-nine) or their health visitor (twenty-two) - (though it should be noted that respondents found the favourable reactions of L.A. housing officials and supplementary benefits officers more surprising). However, those who were subjected to unfavourable reactions tended to be surprised by such occurrences (i.e. such conduct was thought to be unworthy of a public official). Although welfare stigmatization of this kind can be linked in part to differences in perception between providers and clients (see p. 277), human

Table 4.34 Respondents' expectations concerning the reactions they received from welfare personnel

Welfare Personnel	Number of Respondents to Whom Question Applied	Type of Reaction /Favourable or Unfavourable/Expectation (Surprised -S- or Not Surprised -NS-)	
		Favourable	Unfavourable
Ante-Natal Clinic Staff	33	$\frac{32}{6}$ S: 6 NS: 26	$\frac{6}{5}$ 5 1
Hospital Doctors	34	$\frac{32}{8}$ S: 8 NS: 24	$\frac{4}{4}$ 4 0
Nursing Staff	36	$\frac{30}{8}$ S: 8 NS: 22	$\frac{12}{12}$ 12 0
GP's	35	$\frac{34}{5}$ S: 5 NS: 29	$\frac{1}{1}$ 1 0
Health Visitors	28	$\frac{26}{4}$ S: 4 NS: 22	$\frac{2}{1}$ 1 1
L.A. Housing Officials	27	$\frac{22}{10}$ S: 10 NS: 12	$\frac{5}{3}$ 3 2
Supplementary Benefits Officers	33	$\frac{22}{9}$ S: 9 NS: 13	$\frac{21}{13}$ 13 8
Social Workers	20	$\frac{13}{2}$ S: 2 NS: 11	$\frac{7}{7}$ 7 0
Headteacher	15	$\frac{14}{5}$ S: 5 NS: 9	$\frac{1}{1}$ 1 0

Notes: see overleaf

- Notes: (1) Some respondents received favourable and unfavourable reactions from welfare personnel (e.g. Supplementary Benefits Officers).
- (2) Both Local Authority and Church social workers are included in the social worker category (see p.228).
- (3) For additional information concerning this table see Section 3).

fallibilities (e.g. a tactless remark made by a social worker to one of her clients) and resource starvation (which may lead to a lowering of 'professional' standards amongst overworked employees), it is important not to lose sight of the fact that the persistence of such stigmatization owes as much, if not more, to the woeful lack of interest that welfare professionals, government officials and others have shown in relation to the views of those in need with regard to service delivery.

Respondents' expressions of surprise at receiving unfavourable reactions from welfare officials and professionals contrast markedly with their expectations in relation to displays of animosity by the general public towards them. For example, most of the mothers (twenty-one out of twenty-seven - see pp.239-240) who thought that the general public were hostile (to some extent) towards unmarried mothers were not surprised by this occurrence. It could well be the case, therefore, that the stigmatized are more likely to be taken aback (and, perhaps, more likely to experience feelings of stigma - see p.265 and p.268) as a result of being subjected to formal (e.g. adverse treatment by officials) as opposed to informal (e.g. adverse treatment by one's family friends and associates) kinds of stigmatization.

The respondents in this survey did not then, in general, experience either feelings of stigma or stigmatization to any great extent. Indeed, mothers tended to convey the impression that the lifestyle of a contemporary unmarried mother could be quite tolerable. For example, a majority of respondents felt that their own lifestyle compared quite favourably with the lifestyles of other female single parents and married mothers (see pp. 244-8). However, there was more than enough evidence in this survey to suggest that it would be premature to conclude that the stigma attaching to the unmarried mother has now all but withered away. Indeed, the fact that contemporary unmarried mothers continue to be subjected to various forms of stigmatization merely serves to underline the importance of examining the links between prevailing patterns of stigmatization and the economic and social structure of society - a theme which will be taken up in the final chapter.

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This case study of the unmarried mother (Part Two) has attempted to highlight the importance of undertaking more detailed examinations of the concept of stigma within the field of social policy. By looking more closely at the reasons why, and the ways in which certain welfare groups such as unmarried mothers have been stigmatized both in the past and in the present it is possible to gain valuable insights into the role, scope and purpose of social policy measures. For example, evidence relating to the strengthening or weakening of the stigma attaching to a certain welfare group can be extremely useful in terms of determining the reformist potential or

otherwise of such measures.

A small survey such as this inevitably limits the significance of any conclusions that can be reached. There are two main reasons why these conclusions should be treated with caution. Firstly, the problems experienced in obtaining the sample seriously limited the explanatory potential of the data obtained. Secondly, the complex and elusive nature of the notion of stigma itself can only be partially captured in small scale research such as this. Accordingly, the wider issues which are to be explored in the final chapter are not dependent upon the particular findings of this small study of unmarried motherhood. Rather, this final chapter seeks to explore the relevance of the concept of stigma for the study of social policy from a more general, discursive perspective. To this end, attention will be given to the link between stigma and a number of other concepts commonly referred to in the social administration literature and, in particular, the social control functions of stigma.

PART THREE

STIGMA: AN OVERALL EVALUATION

CHAPTER 5

STIGMA: LINKS WITH OTHER 'WELFARE'
CONCEPTS AND ITS RELEVANCE FOR THE
STUDY OF SOCIAL POLICY

In Chapter two reference was made to the fact that social administrators have tended to be far more concerned with intervention and reform than with theoretical issues (see, for example, pp.84-86). As Mishra points out,

"This reformist tradition is pragmatic and practical rather than theoretical and speculative. Its interest lies not so much in building a knowledge base about social welfare institutions, as in understanding the nature and dimensions of a particular social problem - poverty, child abuse, homelessness - with a view to its solution. In short, the study of welfare is approached from an interventionist point of view; not academic knowledge per se but, rather, recommending a course of action or at least laying bare the choices facing a society with regard to a particular issue is the main objective. Given these practical concerns it is not surprising that social administration..... 1 deals far more in facts than in theories of welfare.

However, far greater attention has been paid towards theoretical issues in recent years. This interest in theoretical issues has been displayed in two inter-related ways. Firstly, a number of writers have attempted to clarify and refine some of the concepts most commonly referred to in discussions of social policy. By drawing attention to the complexities of concepts such as need² and equality,³ these writers have significantly advanced the level of welfare theorizing. Secondly, emphasis has been given to the different ideological positions regarding the role and purpose of state welfare in contemporary society.⁴ In particular, the emergence of Marxist analyses of the welfare state have done much to highlight the limitations of the 'institutional/residual' approach to the study of social policy.⁵

In the light of these developments it is useful to (i) indicate how the concept of stigma can be linked to a number of other key concepts in social policy and (ii) consider the social control function of stigma in contemporary society. By examining these two issues it is possible to highlight the importance of the concept of stigma for the study of social policy.

(1) The relationship between stigma and other 'welfare concepts

A. Stigma and Social Justice

It was pointed out earlier (see p.34) that the attention the concept of stigma has received in the field of social policy owes much to the efforts of those who can broadly be said to subscribe to the Fabian socialist or social democratic approach to welfare. The interest shown in the concept of stigma by the Fabian socialists can be linked to the value they attach to the related notion of social justice.

According to the Fabian socialists (e.g. Tawney, Crosland and Titmuss)⁶ a more just society can be created by means of purposeful government intervention. It is argued, for example, that a government committed to social justice can, by pursuing policies of equality, gradually bring about a fundamental change in the very nature of society. As Tawney states, in discussing the achievements of Attlee's first post-war Labour government:

"..... the experience of 1945-50 established, I think, one important point. It showed that a capitalist economy is not the solid, monolithic block, to be endured as a whole, or overthrown as a whole, that some simpletons suggested. It proved that a Socialist Government, with the public behind it, can change the power relations within the system, can ensure that a larger part of the resources yielded by it are devoted to raising the standard of life of the mass of the population,

and can compel those directing it to work on lines which, left to themselves, they would not choose." 7

Social policy is seen as having a key role to play in the creation of a more just society. According to Tawney,

"It is possible, by means of a wisely planned system of communal provision, to ensure that the whole population enjoys, as far as environmental influences are concerned, equal opportunities of health and education, and is equally protected against the contingencies of life." 8

As far as the Fabian socialists are concerned the pursuit of social justice is inextricably linked to the notion of need. This can clearly be seen if one considers their approach to the question of state welfare provision. They contend that the provision of state welfare services, on the basis of need, can help to counter the injustices and disadvantages which certain sections of the population are forced to endure as a result of the unfettered operation of the free market.

Given the importance that the Fabian socialists attach to 'institutional' forms of welfare, it is not surprising to find that they have been anxious to allay any fears that the public might have about using public welfare services. Accordingly, attempts have been made (e.g. the adoption of the principle of universalism; policies of positive discrimination - see pp.37-39) to minimise the potentially negative impact that a factor such as stigma can have upon the public's willingness to use particular welfare services. Clearly, if public welfare services become tainted by stigma they are unlikely to advance the cause of social justice to any great extent.

It is important to note that the Fabian socialists' objection to stigma is not based solely upon the detrimental effect that this phenomenon can have upon both potential and existing welfare recipients. At the heart of their objection is the belief that no society can be regarded as socially just if it permits the stigmatization of certain of its most vulnerable groups.

Support for this contention can be found in Rawls' influential work 'A Theory of Justice'.⁹ Rawls gives a good deal of attention to the principles of justice which individuals (under a 'veil of ignorance')¹⁰ might formulate if they were given the opportunity to decide upon the way in which their society should be ordered. Rawls suggests that the following two principles might serve their purposes well:¹¹

- "1. Each person is to have an equal right to the most extensive total system of equal basic liberties compatible with a similar system of liberty for all.
2. Social and economic inequalities are to be arranged so that they are both:
 - (a) to the greatest benefit of the least advantaged, consistent with the just savings principle, and
 - (b) attached to offices and positions open to all under conditions of fair equality of opportunity."

In constructing these principles, Rawls gives particular emphasis to the notion of primary goods. According to Rawls, all individuals require certain primary goods (e.g. rights, liberty, opportunities, power, income and wealth) if they are to enjoy a meaningful citizenship. As such, his principles of justice seek to maximize (as far as possible) every individual's access to such primary goods.

In terms of this particular discussion (i.e. the relationship between stigma and social justice) it is important to note that Rawls contends that self-respect is probably the most important primary good.¹²

"We may define self-respect (or self-esteem) as having two aspects. First of all..... it includes a person's sense of his own value, his secure conviction that his conception of his good, his plan of life, is worth carrying out. And second, self-respect implies a confidence in one's ability, so far as it is within one's power, to fulfil one's intentions. When we feel that our plans are of little value, we cannot pursue them with pleasure or take delight in their execution. Nor plagued by failure and self-doubt can we continue in our endeavours. It is clear then why self-respect is a primary good. Without it nothing may seem worth doing, or if some things have value for use, we lack the will to strive for them. All desire and activity becomes empty and vain and we sink into apathy and cynicism. Therefore the parties in the original position would wish to avoid at almost any cost the social conditions that undermine self-respect."¹³

From this basis it is possible to infer that the stigmatization of certain individuals or minority groups would be incompatible with the pursuit of social justice.

However, this alleged incompatibility may be challenged by those who reject the possibility of formulating a contractual theory of justice. For example, Miller suggests that conceptions of social justice are likely to vary according to the primacy given to a particular underlying principle (e.g. rights, desert or need).¹⁴ Thus, the stigmatization of certain individuals or groups might be deemed to be appropriate by those who adopt a desert based theory of justice. For instance, from this perspective the stigmatization experienced by a solvent family from their neighbours (e.g. verbal abuse) and the local housing department (e.g. forcible eviction to a 'sink' estate) on the grounds of rent arrears could well be regarded as socially just.

B. Stigma, Discretion and Welfare Rights

Over the centuries there has also been a strong link between the concepts of stigma and discretion, particularly in the realm of income maintenance programmes. For example, it has only been in the comparatively recent past that the poor have been regarded as having some form of entitlement to financial support from public funds.¹⁵ Previously, the acceptance or rejection of a request for public aid depended largely upon the discretionary benevolence, or otherwise, of local officials. This method of dispensing financial aid was clearly likely to have had a stigmatizing effect on some claimants. In particular, feelings of stigma were likely to have been engendered amongst those whose claims were refused on the grounds of some alleged character defect (e.g. the unemployed and other members of the 'undeserving' poor).

Attention has continued to be given to the stigmatizing potential of discretion in contemporary discussions of social policy. Before looking more closely at this debate, it is useful, firstly, to consider what is meant by the term discretion within the welfare field. For Davis

"A public officer has discretion whenever the effective limits on his power leave him free to make a choice among possible courses of action or inaction."¹⁶

This definition is particularly appropriate for our present discussion given the fact that 'official discretion' has often been regarded as problematic not only by those who administer, but also by those who receive, various forms of welfare provision.

In looking at the notion of discretion within the field of social policy, I think a distinction can be drawn between what can loosely be described as 'service' discretion and 'individual'

discretion. Consider, for example, the provision of health care in this country. Although all regional and district health authorities are expected to have regard to the medical needs of all members of their target population, they will be able to exercise a good deal of discretion when deciding upon the precise facilities and services to be provided at any given time (service discretion). Discretion will also be exercised by medics during their consultations with patients. For instance, a G.P. has the authority to decide upon what initial treatment (if any) a patient requires (individual discretion). Both these forms of discretion can, either directly or indirectly, be potentially stigmatizing. In the case of the former (service discretion), a decision to give priority to patients with acute conditions may result in some patients with non-urgent complaints (e.g. hernias, varicose veins) coming to feel stigmatized. Similarly, in the case of the latter (individual discretion) a manual worker with a persistent backache may feel stigmatized when his G.P. implies (by suggesting that there is no good reason why he should not return to work immediately) that he may be malingering.

The negative dimensions of discretion have been highlighted by a number of commentators.¹⁷ Not surprisingly, given the punitive forms of discretion which were employed in previous poor relief programmes, a good deal of this attention has been focussed on the supplementary benefits scheme.

The directives of the Supplementary Benefits Commission (which was abolished in 1980) - service discretion - and the apparently arbitrary nature of the decisions made by individual officers -

individual discretion - have been the subject of much criticism over the years. Concern has often been expressed, for example, about the guidelines which the SBC issued to its staff in relation to the payment of additional or exceptional allowances. For instance, the Commission contended that exceptional needs payments for clothing should only be awarded (in general) when:

"(a) the claimant has lived at or below supplementary benefits standards for some time before making a claim and may therefore be in difficulty over the replacement of major items;

(b) there are dependent children (where ordinary clothing is concerned; school uniforms are the responsibility of local education authorities);

(c) the claimant or one of his dependants is suffering from a chronic or serious disease where an adequate stock of warm clothing is essential, e.g. respiratory tuberculosis, or other serious bronchial conditions;

(d) hardship will result if a payment is not made to meet an urgent need."

These guidelines do not appear to offer much hope to certain 'short-term' claimants such as the single unemployed or childless couples under pensionable age. As such, it can justifiably be argued that this form of service discretion should be regarded as a form of stigmatization (i.e. some claimants are being seen as less worthy of additional support than others). However, claimants who have been refused additional allowances have tended to be far more critical of the official who actually dealt with their case than with the Commission in general. Indeed, the discretion exercise by individual officers has been a major source of grievance for many claimants.

SB officials are able to exercise a considerable degree of

negative discretion in their work (i.e. they have the power to refuse, withhold or reduce benefit payments). For example, although such officials are not permitted (when processing a new claim) to arbitrarily decide on the amount of benefit that should be paid or the level of resources which should be taken into account for the purpose of determining entitlement, they are authorised to use their discretion in related matters (i.e. when deciding whether a claim for a rent allowance is 'excessive' or whether resources have been 'unnecessarily squandered' just prior to an application for benefit). In addition, SB officials can exercise negative discretion when:

- (i) confronted with claimants who are suspected of defrauding the DHSS (e.g. claimants who neglect to inform the department that they are cohabiting with a wage earner or who fail to declare that they are in receipt of substantial part-time earnings);
- (ii) claims are submitted for exceptional circumstances additions (ECA's) or exceptional needs payments (ENA's).

Clearly, this type of negative individual discretion may cause some claimants to feel stigmatized. For example, a separated mother whose benefit is withheld because of a suspicion of cohabitation may well experience an intense feeling of stigma. Similarly, claimants who have had a request for an exceptional needs payment turned down may also feel stigmatized in certain circumstances. For instance, an unemployed man whose request for some new stair carpet is rejected may well feel stigmatized as a result of his experience, particularly if he discovers that other claimants in his locality have received awards for household items.

Indeed, it has been suggested that some SB officials are likely to give vent to their own prejudices when making discretionary payments. As such, 'deserving' claimants (e.g. pensioners, the disabled) may find it relatively easy to obtain additional payments whilst the 'undeserving' (e.g. the unemployed, single parents) may experience considerable difficulties in this regard.

It is important to note, however, that highly stigmatizing negative forms of discretion also occur in other spheres of social policy. For example, a social worker may decide to curtail her much-appreciated visits to an elderly client on the grounds that her time can be spent more 'profitably' with other clients on her caseload. More significantly, social workers may employ negative forms of discretion when deciding which of their clients should receive financial aid (e.g. under section one of the 1963 Children and Young Persons Act) or material aid (e.g. under the 1970 Chronically Sick and Disabled Persons Act). Indeed, there has been growing concern expressed in recent years over the question as to whether social workers should be able to make the provision of financial assistance dependent upon improvements in the behaviour of their clients.²⁰

One of the reasons why social workers and others employed in the welfare field such as doctors and teachers have been relatively immune from criticism relating to their discretionary powers can be linked to their professional status (i.e. they are generally seen to be using their 'professional judgement' as opposed to some form of arbitrary discretion). In contrast, relatively low-status employees such as SB officials

have been continually portrayed as exercising their discretionary powers in an arbitrary, unprofessional manner. ²¹

The stigmatizing nature of much welfare discretion, particularly in the field of income maintenance, has led a number of commentators to press for the introduction of a more extensive system of welfare rights. ²² As Jones points out: such advocates believe that once a

"right to welfare becomes a generally established conviction, then no stigma will attach to claimants or clients and that, conversely, without a basis of rights, welfare provision will inevitably be tainted with stigma." ²³

From this perspective, then, the establishment of welfare rights (by virtue of their capacity to enhance the self-esteem of those in need) is seen as being one of the most effective means for countering degrading forms of discretionary welfare provision (i.e. it is envisaged that individuals will eventually come to regard welfare services not as a form of charitable donation but as an entitlement of citizenship). As Jones states in a discussion of this issue:

"Charity precludes entitlement. The giving of charity is at the discretion of the charitable. The supplicant is, therefore, dependent upon the will of the donor and has no right to complain if he does not receive; on the contrary, he should feel indebted when he does receive. The relationship between giver and receiver in charity is inherently unequal and it is understandable, therefore, that the receipt of charity should be thought to involve a loss of esteem both in one's own eyes and in those of others. By contrast, to receive what is one's right is to receive no more than one is entitled to expect, requires no debt of gratitude, and, in itself, involves no loss of status." ²⁴

It is open to question, though, whether a more extensive system of welfare rights will eradicate the stigma which has attached to discretionary forms of social service provision.

For example, it is important to consider whether the establishment of welfare rights is intended to enhance the 'substantive' or merely the 'procedural' rights of individuals. As Adler and Asquith point out:

"Procedural rights refer to process - to a 'fair' trial, to having one's claims dealt with according to the rules or, in the absence of explicitly formulated rules, according to generally accepted conventions of natural justice. Substantive rights refer to outcomes - to the receipt of redundancy pay, or unemployment benefit at a given level for the unemployed, to the allocation of tenancies to homeless families or to medical (or social work) help of a certain kind to a sick person or someone with social or personal problems, etc. Most of those who have wished to limit discretion have wished to strengthen the procedural rights of those who are subject to it." 25

Improvements in citizens' procedural welfare rights are unlikely to have any significant effect in terms of reducing the stigma which attaches to the receipt of public aid if the services or benefits being provided are of poor standard. For example, it would appear to be highly optimistic to expect an unemployed worker to retain his self-esteem if the level of his unemployment benefit compares unfavourably with the incomes of the lowest paid workers.

However, if citizens' substantive welfare rights are dramatically improved there is no guarantee that this would have a positive effect on the self-esteem of social service recipients. For example (as was pointed out earlier - see p.42) Pinker has suggested that the dependent are always likely to feel stigmatized in a society where market values predominate. If this assertion is correct, it is difficult to envisage how improvements in citizens' substantive rights can be expected to reduce the incidence of felt stigma amongst

welfare recipients.

In addition, it should be noted that efforts to improve citizens' substantive welfare rights will only, at best, serve to remove one source of stigma in society (i.e. the stigma associated with the receipt of welfare benefits and services.)²⁶ Such measures will do little to counter the stigma which has attached to individuals or groups with other negatively valued characteristics (See Chapter One).

It has also been suggested that a successful welfare rights campaign may have the unintended consequence of making the needy even more reluctant to apply for services to which they have no clear-cut entitlement. As Jones states:

"... the stronger the sense of entitlement, the stronger will be the sense of charity when that entitlement is exceeded. (There is, therefore, a danger that, while inducing people to think in terms of rights may make them more willing to claim that to which they believe they have a right, it will also make them more reluctant to receive anything to which they believe they have none.)"²⁷

Finally, it can be argued that some welfare rights advocates have, perhaps, tended to neglect the positive dimensions of welfare discretion. For example, in a discussion of the supplementary benefits scheme, Titmuss maintains that positive discretion (individualised justice) provides a necessary complement to the rights dimension of the service (proportional justice).

"... we need... individualised justice in order to allow a universal rights scheme, based on principles of equity, to be as precise and inflexible as possible. These characteristics of precision, inflexibility and universality depend for their sustenance and strength on the existence of some element of flexible, individualised justice. But they do not need stigma."²⁸

Certainly, positive forms of welfare discretion have the potential to enhance the self-esteem of social service recipients. For example, the Supplementary Benefits Commission often used its discretionary powers in a humane and creative way (even to the extent, in one case, of providing funds for a new tyre for a man who had 'broken down' on a motorway with a car-load of children).²⁹ Such positive forms of welfare discretion may also help in the identification of unmet need within the community, thereby aiding the development of a more comprehensive system of welfare rights. However, it is important to remember that the status-enhancing potential of positive welfare discretion may be seriously limited in a market economy. As Marshall notes:

"It would be nearer the truth to say that this notion of discretion as positive, personal and beneficent can only be fully realised in a 'welfare society', that is to say a society that recognises its collective responsibility to seek to achieve welfare, and not only to relieve destitution or eradicate penury."³⁰

C. Stigma and Rationing

The introduction of a comprehensive system of welfare rights is obviously likely to have serious resource implications.

As Scrivens points out:

"For the past thirty years the British public have been able to receive free of charge or at a very reduced price, services such as health, education and personal social services. Expenditure on these services has increased over the period and has been accompanied by parallel increases in consumption and apparent demand which has mostly exceeded the resources available. The effect of demand increasing at a faster rate than available resources has led to concern about the ways in which the resources are allocated among the demands, and concern about how decisions are made to exclude some demands altogether. The methods by which these objectives are achieved have become known as rationing processes."³¹

A number of commentators have highlighted the various ways in which rationing operates within the sphere of social policy.³² From such discussions it is possible to identify seven principal devices which have been used to ration welfare services.

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(i) Charges

The imposition of charges can stem the demand for a particular welfare service in two main ways. Firstly, charging can help to curb 'frivolous' forms of demand (i.e. the demands made by those who aren't 'really in need'.) Secondly, and more importantly, charges can serve to limit the demands made by those in need who are unwilling or unable to contribute towards the cost of the provision they require.

(ii) Eligibility Regulations

It is also possible to ration social services by means of highly restrictive eligibility criteria (e.g. qualifications, age, residence). For example, many local housing authorities have found residential qualifications to be extremely effective in terms of limiting the 'demand' for publicly rented housing.

(iii) Delay

Delay has also proved to be a highly effective way of rationing welfare services. Such delays may be organised and explicit (e.g. queues, waiting lists) or unplanned and implicit (e.g. a decision by a social worker to defer an elderly client's request for a residential home place.)

(iv) Deflection

Potential social service recipients may also find that their requests for particular welfare services are 'deflected'(i.e. they are advised by one agency to apply elsewhere for the service they require). For instance, a woman with persistent backaches may be advised by her GP to visit a local osteopath.

(v) Dilution

Services can also be rationed by means of dilution. As Parker points out:

"There are many variations upon this theme. If more has to be done with the same resources standards have to be lowered and the service spread more thinly. In the home help service, for instance, extra demand is not often deflected, turned away or kept waiting. Instead the amount of time allocated to each recipient is reduced." 34

(vi) Inadequate Information

Poor publicity can also be deemed to be a form of rationing. There is always likely to be a shortfall in the take-up for various benefits and services if potential recipients are inadequately informed about the availability of such provision.

(vii) Deterrence

The final rationing device that merits attention is that of deterrence. In this case, attempts are made to restrict the demand for a particular welfare benefit or service by making the receipt of such provision deliberately unattractive. Such deterrence can take a variety of forms (e.g. censorious staff attitudes, complex administrative procedures, forbidding offices). As Parker notes, the image acquired

by a particular welfare service over the years may be of considerable importance in terms of its deterrent potential.

"How people imagine they will be treated, and what they believe they are entitled to may reflect the experience of a previous generation, and effectively stop them seeking assistance." 35

The notion of deterrence is the key element in the link between the concepts of stigma and rationing. Over the centuries, secular authorities have deliberately stigmatized certain sections of the poor in an effort to limit the demand for public aid. For example, under the 1834 Poor Law Amendment Act, relief was only provided for those who were willing to submit to a quite brutal form of personal and familial humiliation - namely the workhouse test (see p.30). Although this particular form of welfare stigmatization has fallen into disrepute, other forms have persisted.

In examining the ways in which stigma has been used as a form of deterrence in contemporary social policy it is useful to distinguish between 'formal' and 'informal' procedures. An example of the former would be explicit references to the need for deterrence in official policy statements, directives or reports. In general, little reference has been made (except in the case of fraud or other kinds of abuse) to the need for deterrence in such documents. This absence should not, however, be taken to indicate that present day governments are now unwilling to use stigma as a means of rationing welfare services. For instance, it is commonly acknowledged that substantial numbers of claimants are deterred from claiming the supplementary benefit to which they are entitled

(the take-up rate for SB was only 70% in 1979 according to official estimates) ³⁶ because of considerations of stigma (see pp.49 -54). The failure of successive governments to deal effectively with this problem can be explained in part by their reluctance to dispense with stigma as a rationing device. Indeed, the new housing benefit scheme (under which claimants' rent allowances are 'paid direct') provides yet another example of central government's willingness to reinforce the stigmatizing propensities of the SB scheme (i.e. claimants are now deemed to lack even the necessary responsibility to pay their rent regularly).

At an 'informal' level, stigma is often used to restrict demand for welfare services. For example, patients who make frequent use of the services of their GP for minor complaints are likely to be reminded either implicitly ('I hope you're not becoming a hypochondriac') or explicitly ('You housewives are forever wasting my time') that their requests for consultations are 'unreasonable'. Similarly, a pupil who requests the opportunity to sit an 'O' level examination paper may be dissuaded from this course of action by the stigmatizing remark of his teacher ('You're only CSE standard').

Although there are difficulties in estimating the overall impact that stigma has on potential or existing welfare recipients, it can safely be concluded that its effect is far from minimal in terms of restricting demand for social service provision.

D. Stigma and Participation

'Consumer participation' represents one possible way of combatting the stigma associated with the receipt of public welfare. As was mentioned in Chapter Two, stigma has tended to attach to three particular social services - namely - social security (especially the means-tested sector), local authority housing, and the personal social services (see p.46).

The introduction of some form of consumer participation would appear to be particularly apt in the case of these services given the fact that the vast majority of the recipients of such provision are unlikely to be in a position (owing to the nature or extent of their needs) to withdraw their 'custom' in the event of experiencing any of the stigma commonly associated with public dependency.

Consumer participation can help to reduce the possibility of welfare stigmatization in four main ways. Firstly, it can provide welfare recipients with an opportunity to express any grievances they might have about the quality of the services they are receiving. For example, consumers may want to draw attention to the stigmatizing nature of certain administrative procedures or highlight the patronizing treatment they have received from certain officials.

Secondly, consumer participation can help welfare administrators, professionals and officials to minimise the stigma that might arise as a result of some form of misunderstanding on the part of those in need. For instance, an elderly person in receipt of a supplementary pension may have been experiencing

feelings of stigma because of an erroneous belief that her allowance would be withdrawn if she permitted a relative to stay with her for a week.

Thirdly, the stigma that consumers are liable to experience as a result of being subjected to various forms of 'professional power' may also be reduced by more extensive forms of participation. For example, social workers may attempt to limit the negative aspects of their professional powers by taking their clients more fully into their confidence (e.g. by instigating joint consultations about the purpose and aims of the case-work relationship).

Finally, the self-esteem of welfare consumers may be considerably enhanced if they are invited to become more fully involved in the decision-making processes of the various services which they use.

Consumer participation has certainly been a popular theme in social policy in recent decades. For example, the Seebohm Report on the personal social services stressed the need for effective forms of consumer participation.

"Implicit in the idea of a community-oriented family service is a belief in the importance of the maximum participation of individuals and groups in the community in the planning, organisation and provision of the social services. This view rests not only upon the working out of democratic ideas at the local level, but relates to the identification of need, the exposure of defects in the services and the mobilisation of new resources. The consumer of the personal social services has limited choice among services and thus needs special opportunity to participate." 37

Similarly, the 1973 National Health Service Act provided for the establishment of Community Health Councils which were

required to

"feed back local opinion and to act as 'visitors' to the health amenities in their locality." 38

However, the effectiveness of such measures (in terms of reducing welfare stigma) is likely to depend to a large extent on the type of participation that is eventually established. For instance, Arnstein has argued that there are various types of participation ranging from manipulation and therapy (non-participation) to informing, consultation and placation (tokenism) and finally to partnership, delegated power and citizen control (citizen power).³⁹ It can justifiably be argued that consumer participation within the social services has never extended far beyond the tokenism stage. Participation in the field of social policy has always been tightly controlled from 'above' (i.e. what constitutes a representative view or a 'justifiable' grievance tends to be decided by those in authority. For example, although local housing authorities have actively encouraged tenant participation they have been extremely reluctant to concede to tenants' demands for a greater say over such matters as the level of rents, new building programmes or tenancy allocation procedures.⁴⁰

The cosmetic nature of much social service participation has led a number of commentators to speculate about some of the underlying reasons for the introduction of such measures. For example, Plant et al have suggested that:

"Co-operative participation..... does not challenge the structure of power and the existing distribution of benefits and burdens in society, but, on the contrary, it may well provide procedures for practical socialization in which the values of those who hold the power in society are learned and internalized by those who are involved in the participation. In this way people may learn to identify their needs or modify

their identification of them as a result of internalizing the goals, norms and conventions of the existing social and political order through participatory schemes." 41

From this perspective, it would appear to be optimistic in the extreme to believe that the introduction of limited forms of consumer participation will reduce the incidence of welfare stigmatization to any great extent.

It can be seen, then, that links do exist between the notion of stigma and a number of other important 'social policy' concepts. Analyses of this kind are extremely useful as they help to draw attention to the fact that the study of social policy necessitates consideration being given to wider issues such as the economic and social organisation of society. In order to highlight this fact the next section of this chapter will be devoted towards a consideration of the social control function of stigma in contemporary society.

2. The social control function of stigma in contemporary society

In this section attention will be given to an issue which has been referred to (albeit briefly) on various occasions in previous chapters (e.g. p.12 and p.85) - namely - the social control function of stigma.

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Ever since it was first coined by Ross in the late nineteenth century the term social control has figured prominently in sociological ⁴³ (and, much more recently, social policy) ⁴⁴ literature. Despite its relative popularity the theoretical development of this term has been somewhat stifled because of doubts about its value neutrality as a sociological concept.

For example, some critics on the left have argued that because the concept was formulated and developed within a highly conservative sociological tradition it has become too closely associated with order or consensus models of society. In contrast, others have expressed disquiet about the more recent association of the term with social repression in western society. Limitations on the use of this concept should, however, be resisted as the term can usefully be employed in the study of any community or society. As Donajgrodzki states:

"The use of social control, like the concept of 'socialisation' does not imply adherence to a sociology based on any particular ideology." 45

Stigma can justifiably be regarded as a major form of social control in contemporary society. Indeed, Pinker believes that:

"The imposition of stigma is the commonest form of violence used in democratic societies. Stigmatization is slow, unobtrusive and genteel in its effect, so much so, that when the stigmatized hit back physically in Londonderry or Chicago they can technically be accused of being the first to resort to force. Stigmatization is a highly sophisticated form of violence in so far as it is rarely associated with physical threats or attack. It can best be compared to those forms of psychological torture in which the victim is broken psychologically and physically but left to all outward appearances unmarked." 46

In general, stigmatization has tended to be regarded as an extreme form of psychological social control (i.e. persistent, negative, psychological sanctioning). It is useful, therefore, to look in a little more detail at the way in which psychological sanctions can be used as a form of social control.

At an informal level, it can be argued that virtually all members of society will resort, at some time or other, to the use of psychological sanctions in order to exert social control. This form of disapproval may be expressed in a variety of ways. Displeasure may, for instance, be displayed in a non-verbal way. To be on the receiving end of a solemn facial expression, an outright glare or a 'forced' smile is likely to alert all of us to the possibility that our present or past conduct has caused offence. Confirmation of this possibility may lead many of us not only to offer an apology to the offended party but also to make an undertaking to improve our behaviour in the future (a variety of factors are, however, likely to determine the precise response adopted in any situation, e.g. the relationship between the actors concerned). If this relatively minor form of psychological control fails to induce conformity, it is possible that a more direct type of sanction will be employed. In such circumstances, individuals may be directly informed about the unacceptable nature of some aspect of their conduct. For example, a woman may reprimand her former husband for failing to make regular maintenance payments. In this situation the woman concerned may attempt to induce feelings of shame in her ex-spouse (by drawing attention to the considerable hardship that their children are being forced to endure because of his neglect) in the hope that this will lead him to fulfil his obligations in a more satisfactory manner in the future. Such shaming can, of course, be intensified. In this particular case the woman concerned could decide to exert further pressure on her ex-husband by informing others of his reprehensible conduct.

Other types of psychological sanctions which are commonly used in informal social situations include snubbing, ridicule and ostracization. Snubbing can take various forms:

- (i) A deliberate decision to engage only in the most superficial conversation with those individuals of whom one disapproves. (Former lovers who - having parted on less than favourable terms - find themselves obliged to engage in conversation with one another at a subsequent social gathering often employ this form of snubbing).
- (ii) The withdrawal of an invitation. (A university may decide to withdraw a lecture invitation because of the highly contentious political views of the prospective speaker).
- (iii) The return of a gift. (An elderly man may decide to return the birthday present he has received from his daughter in order to register some form of protest about her infrequent visits).

Ridicule is another prominent form of psychological sanctioning. Most of us have been instigators of, as well as targets for, some form of ridicule. Individuals who stray a little too far from existing group norms may be subjected to relatively mild forms of ridicule. For example, a junior typist, who spends her lunch breaks reading literary criticism rather than engaging in other activities, is likely to find that her less academically inclined colleagues will make occasional jokes about her intellectual pursuits. In addition, individuals who conform too exactly to a particular 'norm' may also experience mild forms of ridicule. As Roucek points out by way of illustration:

"The college professor who is so typical as to meet every expectation which goes with the stereotype of his calling may be laughed at for his typicality. The 'Joe College' who looks and acts exactly as a college student is expected to act may thereby become the butt of many jokes.

Such application of ridicule is aimed at making their subjects more 'human' and therefore less perfect in their roles." 47

In other situations, individuals may be subjected to much harsher forms of ridicule. For example, in their interaction with one another, children will often use quite severe forms of ridicule as a means of social control. Accordingly, a child who attempts to curry favour with her teachers may well find herself subjected to intense ridicule from her classmates. Adults, on the other hand, tend to use severe forms of ridicule in a much more selective fashion. Indeed, they often reserve this form of disapproval exclusively for those individuals who have behaved in deceitful or hypocritical ways. For example, an ex-serviceman who has frequently let it be known that he was decorated for gallantry during his commission in the army may find himself subjected to considerable ridicule when it is revealed that he received no such award during what was, in reality, a rather undistinguished military career, notably only for the fact that it had been brought to a premature end as a result of a dishonourable discharge.

Another important psychological sanction which individuals are likely to experience is ostracization. For example, a man who refuses to support a union strike call in furtherance of a wage claim may well find that he is 'sent to Coventry' when his colleagues return to work after the dispute has been resolved. Similarly, a mother who is known to have neglected her children may find that her application for membership of local women's organizations are continually turned down.

In many circumstances informal psychological sanctions can justifiably be regarded as 'positive' forms of social control - i.e. they are intended to induce conformity amongst those individuals who are deemed to have strayed too far from some particular behavioural norm. However, these sanctions can also be used in a negative way (stigmatization). For example, individuals with conduct stigmas are likely to be subjected to a whole range of psychological sanctions on the grounds that they constitute a threat to cherished norms and values. Accordingly, a homosexual may find that he is continually snubbed by his neighbours, ridiculed by local children and ostracized by work associates. In such cases, psychological sanctions can be said to serve two main purposes:

- (i) They enable individuals to express their personal disapproval of certain types of conduct.
- (ii) The attention of the 'public' can be drawn to the fact that a particular individual has a serious character defect.

'Negative' forms of psychological sanctioning are even likely to be experienced by those with courtesy stigmas (see pp.10 & 18). For example, a woman may find that her neighbours and friends shun her after she has informed them that her husband is receiving psychiatric treatment at the local hospital.

Exposure to negative psychological sanctions may induce some individuals (who would, in general, tend to be acceptors rather than rejectors - see pp. 21-23) to seek ways of improving their public image (in such circumstances negative sanctions can be said to have had unintended 'positive' effects). For example, in the hope of regaining some form of

social acceptance, an ex-convict may offer to organise fund-raising activities for various local charities. However, as was noted earlier (see p. 21), it may prove very difficult for such individuals to regain complete social acceptance.

In turning to the question of formal psychological sanctions, it is useful, for the purpose of illustration, to examine certain aspects of the law enforcement process. Within this sphere, relatively mild psychological sanctions are often administered. For instance, a motorist who commits a minor traffic infringement is much more likely (at least in certain areas) to receive a stern lecture ('words of advice') from a police officer than to be formally charged with the particular offence. In situations of this kind the mere threat of a court appearance is often sufficient to prompt the offender concerned to make an undertaking to drive more carefully in future.

Criminal prosecutions, by way of contrast, frequently involve the use of more punitive psychological sanctions. Indeed,⁴⁸ given their potential for tarnishing personal reputation, court appearances can usefully be regarded as a highly effective form of social control in their own right. Accordingly, most of us will seek to minimize such appearances by behaving, whenever possible, in a law-abiding way.

A formal stigma is the most severe psychological sanction that can be imposed within the court setting. A conviction for an offence such as theft, soliciting or murder carries with it an inherent stigma. To be officially degraded⁴⁹ in this way can often have a detrimental effect on an individual's

self-image. As Matza argues:

"To be signified a thief does not assure the continuation of such pursuits; but it does add to the meaning of a theft in the life of the perpetrator..... To be signified a thief is to lose the blissful identity of one who among other things happens to have committed a theft. It is a movement, however gradual, towards being a thief and representing theft."⁵⁰

In addition, an individual's negative self-image can often be reinforced by the reactions of others. Those formally labelled as criminals may, for example:

- (i) receive hostile reactions from their family, friends and other associates;
- (ii) experience difficulties in obtaining employment and/or accommodation;
- (iii) be continually subjected to official scrutiny (e.g. by the police).

There is likely to be considerable disagreement over the question of whether the imposition of formal psychological sanctions should be regarded as a positive or negative form of social control. For example, there are grounds for contending that criminal convictions are essentially a positive form of social control (i.e. this sanction enables social disapproval to be expressed in a way that maximises the possibility of rehabilitation). Indeed, a number of measures have been introduced for the specific purpose of rehabilitation. For instance, the Rehabilitation of Offenders Act (1974) provides special forms of legal protection for 'rehabilitated' offenders. As Walker points out:

"A rehabilitated offender must be treated for all purposes in law as if he had not committed, been charged with, prosecuted for, convicted of, or sentenced for the offence in question, so that he can safely deny this, and sue for defamation if it is alleged in a defamatory way." 51

In a similar vein, children are often given special forms of legal protection when they are brought before a juvenile court (e.g. the media are expressly prohibited from identifying any of the children who are required to attend these hearings).⁵²

In contrast, though, the fact that many individuals have experienced severe forms of economic and social hardship as a result of a criminal conviction provides powerful support for the viewpoint that these sanctions should properly be regarded as a negative form of social control (i.e. certain types of offenders tend to be denied full social acceptance by other members of society).

The impact of formal labelling has also been given serious consideration within the field of social policy. This is certainly not surprising given that most welfare service users are likely to be categorized in either a general (patient, client, claimant) or specific (homeless person, neurotic, educationally sub-normal) way. The question that concerns us here is whether some of these classifications can be used for the purpose of psychological social control. In certain cases there would appear to be valid reasons for supporting this supposition. For example, an individual who is informed that she requires compulsory psychiatric care is likely to experience a severe loss of self-esteem. As Schur remarks:

"Mental illness designations are highly stigmatizing and thus impose reductions in power and social standing. ... despite the undoubted benefits that voluntary psychotherapy may confer, and notwithstanding the good intentions of most therapists, compulsory impositions of psychiatric

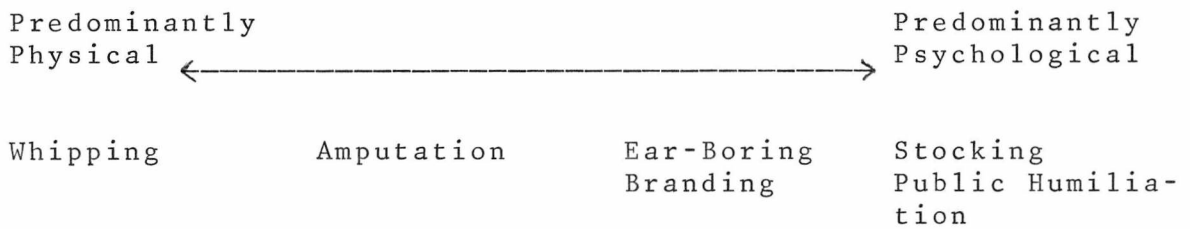
'help' represent a significant mode of social control. Particularly when the state becomes implicated in its public uses, psychiatry may become a potent tool for controlling any or all individuals deemed to threaten or undermine the (political as well as social or cultural) status quo." 53

In this passage, Schur also alludes to the principal argument that has been put forward to counter the suggestion made above. Proponents of this latter perspective contend that welfare categorizations are used solely for benevolent purposes. For instance, a classification such as educationally sub-normal should not, it is argued, be viewed in a negative light. On the contrary, such a classification is seen as being extremely useful in terms of helping to ensure that children of limited intelligence are placed in an educational environment that best serves their needs (i.e. a school in which the other pupils have similar intellectual capabilities). In short, from this perspective, welfare classifications are seen as being an entirely favourable form of social control. However, the fact that many individuals have reported feeling stigmatized as a result of welfare labelling⁵⁴ tends to suggest that such categorizations should, at the very least, be regarded as an unintentional form of negative, psychological social control.

It is important to note that psychological sanctions are not the only means employed to maintain social control in society. Both physical (e.g. bodily assaults and other related forms of coercion such as imprisonment and enforced exile) and economic (e.g. threat of unemployment, fines) sanctions are used for this purpose. Indeed, social control may be maintained by

a 'combination' of these sanctions. For example, many of the punishments meted out to the 'undeserving' poor in the sixteenth century were intended to be both physically and psychologically painful (see Diagram 5.1).

Diagram 5.1 An example of 'combined' physical and psychological sanctions: The Punishment of the 'Undeserving' Poor in the 16th Century



Psychological sanctions are also used in conjunction with physical and/or economic penalties in contemporary society. For instance, in the field of international relations, a government may decide to use physical (armed aggression), economic (trade embargo) and psychological (cutting off diplomatic ties) sanctions in order to exert control over another nation state. Similarly, in the area of criminal justice, psychological sanctions (official labelling disseminated via the media) will often be combined with either economic (fines) or physical (imprisonment) penalties.

It should also be remembered that although the term stigmatization has come to be associated with negative forms of psychological sanctioning, it is often used (quite appropriately) in a much broader way. For example, any discussion of the stigmatization suffered by racial minorities would have to be concerned with the application of physical (e.g. police

harassment of black youths) and economic (e.g. the discriminatory recruitment policies of some employers) as well as psychological (e.g. verbal insults, snubs) sanctions.

Certainly, any analysis of welfare stigmatization cannot be concerned solely with psychological sanctions. Consider, for instance, the case of local authority housing. Although the harsher aspects of the tenancy agreements that were imposed by the early 'philanthropists' have all but withered away, contemporary council tenants continue to be subjected to quite stringent forms of social control. As Ginsburg argues:

"The local housing authority..... manages tenants in accordance with the dictates of landlordism, and council housing management has acted as a form of social control of the working class in the hope that 'order in the home' will generate social order and respect for property in general, and the prompt payment of rent and respect for the council's property in particular." 55

The furtherance of these aims has almost inevitably resulted in the adoption of stigmatizing administrative procedures. For example, in terms of allocation decisions, emphasis may be placed on the 'deserving' or 'undeserving' qualities of prospective tenants. Applicants who are assessed as being clean, quiet, respectable and improbable rent defaulters are likely to receive preferential treatment, at least in terms of the accommodation they are offered, than those with 'less eligible' characteristics. In addition, tenants who incur the displeasure of their local housing department by falling behind with their rent payments without 'good cause' or by behaving in an 'anti-social' manner are likely to be stigmatized in a quite explicit way (e.g. forcible eviction).

It is important to emphasize that there is likely to be considerable disagreement over the question of the appropriateness or otherwise of contemporary forms of welfare stigmatization. For example, the anti-collectivists (e.g. Hayek, Friedman and Seldon)⁵⁶ tend to regard existing forms of welfare stigmatization as both necessary and just (i.e. a positive form of social control). The anti-collectivists' acceptance of the need for potentially stigmatizing forms of residual state welfare provision (e.g. strict eligibility tests for the recipients of public aid) reflects their generally favourable opinion of the existing economic and social order (though it should be remembered that they would like to see a substantial reduction in the level of public expenditure and an end to what they regard as completely unnecessary governmental regulation of commercial activity). In particular, the anti-collectivists believe that public commitment towards the dominant value system (with its stress on independence, self-help and competition) must be maintained if economic objectives such as high levels of growth (which, it is alleged, will benefit all members of society) are to be achieved. Accordingly, welfare stigmatization is seen as having a useful economic and social function.

The Fabian socialists, by way of contrast, regard welfare stigmatization as a negative form of social control. According to advocates of this perspective the persistence of welfare stigmatization owes much to the primacy that has continually been accorded to economic as opposed to social values (e.g. equality, co-operation and fellowship). Importantly, though, the Fabian socialists firmly believe that it

is possible to redress the balance in favour of social imperatives. The state is seen as having a crucial role to play in this process. For example, Crosland argues that:

".... the state and the political authority have removed a wide, and strategically decisive, segment of economic decisions out of the sphere of purely market influences, and made them subject to deliberate political control. Through fiscal policy, and a variety of physical, legislative, and financial controls, the state now consciously regulates (or seeks to regulate) the level of employment, the distribution of income, the rate of accumulation, and the balance of payments; and its actions heavily influence the size of industries, the pattern of output, and the direction of investment decisions. The passive state has given way to the active, or at least the ultimately responsible, state; the political authority has emerged as the final arbiter of economic life....." 57

This belief in the benevolent potential of state intervention has led the Fabian socialists to press for the introduction of universal, socially integrative, need-based, public welfare services (complemented where necessary by positive forms of discrimination - see pp.38-39). According to the Fabian socialists reformist measures of this kind can effectively counter the stigma that continues to attach to the recipients of state welfare provision.

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The Marxists (e.g. Ginsburg, Gough and Navarro) also contend that welfare stigmatization should be regarded as a negative form of social control. However, they reject the Fabian socialists' assertion that welfare stigmatization can be eradicated by the introduction of social reforms. The Marxists do not believe that the 'state machine' can be used to challenge the long-term economic interests of the capitalist class. ⁵⁹ As Gough points out:

"The common element in all Marxist theories of the state, which distinguishes them from all other theories, is the subordination of the state to the particular mode of production and to the dominant class or classes within that mode. In other words, the economically dominant class is also the politically dominant or ruling class." 60

Accordingly, the Marxists (although they would be the first to acknowledge the part played by the working class in terms of securing welfare reforms) contend that state welfare services have tended (in terms of their implementation and administration) to reflect the interests of the dominant economic class. For example, the Marxists claim that stigmatizing administrative procedures in the social security sector are designed not only to deter those in need from seeking public aid but also to reinforce the association between public dependency and inferiority. As Ginsburg states:

"Claimants are subject to expectations which stigmatize them as poor whatever they do, although the stigma is not as strong perhaps as in the days of the Poor Law. It is not an anachronism nor a vestige of the Poor Law which can be eradicated by administrative reform and repackaging. The stigma of being a claimant is an essential ingredient in a system designed to discipline claimants and to promote the values of insurance and family self-help." 61

The dispute between the Fabian socialists and the Marxists over the question of whether welfare stigmatization can be eradicated by means of social reforms can be linked quite neatly to the earlier discussion on the unmarried mother (Part Two). The Fabian socialists would argue that the stigma which has attached to this group (because of their 'blameworthy' public dependency) can be countered by well formulated and skilfully executed social policies. The Fabian socialists could certainly point to a good deal of

evidence in support of their assertion in this regard. For instance, a number of social policy initiatives during this century have done much to improve the life chances and, one would expect, the self-esteem of unmarried mothers (see pp. 112-123). In addition, it could be argued that the results obtained in the survey referred to in the previous chapter (i.e. a limited number of felt stigma and stigmatization reports) provides further evidence of the benevolent potential of social welfare measures (i.e. social policy initiatives can help to reduce the stigma attaching to the unmarried mother by:

- (i) improving the material situation of such women and
- (ii) creating a social climate in which single mothers are seen as being worthy of the public's support - not their condemnation).

However, the fact that the vast majority of unmarried mothers have continued to experience severe forms of economic and social deprivation tends to suggest that the stigma-reducing potential of welfare reforms may be seriously limited. If this is indeed the case, then the Marxist approach to welfare stigmatization would appear to be particularly worthy of consideration. From this perspective, the stigmatization of any group would be expected to continue if it could be said to serve the interests of the dominant economic class. Certainly, it seems quite plausible to argue that the continued stigmatization of the unmarried mother would benefit the capitalist class to some degree (i.e. from the viewpoint of the latter, unmarried mothers are likely to be regarded - because of their inability, in general, to remain economically independent as an unnecessary burden on the productive sector of society).

Accordingly, the continued stigmatization of unmarried mothers (an eventuality which would help to sustain the impression that such women are not only socially unacceptable but also undeserving of public support) is likely to be welcomed by members of the capitalist class on the grounds that such action is likely to ensure that only minimal forms of 'scarce' resources are devoted to the needs of this economically 'unproductive' group. Indeed, members of this class are likely to oppose any attempts to eradicate such stigmatization. For example, if it became widely accepted that unmarried mothers have a right to enjoy a standard of living which compares favourably with other, more affluent, sections of the community, it seems likely that attention would eventually have to be focussed on the very way in which the organisation of contemporary society militates against the interests of such mothers (i.e. the mode of production, the position of women in society, the role of the family, and so forth). It can be argued, therefore, that the stigmatization of unmarried mothers (and other negatively regarded groups) can help to forestall meaningful debate about the distribution of economic and social power in society.

The great strength of the Marxist approach is that it serves to highlight the importance of examining the link between welfare (and all other forms of) stigmatization and the mode of production. For instance, it seems likely, at least in theory, that there will be a significant difference in the pattern of stigmatization which prevails in capitalist as opposed to socialist societies (i.e. groups which are prone to stigmatization in the former, such as the disabled and

the unemployed, are likely to be treated far more favourably in the latter). Clearly, further research is needed in order to establish the strength, or otherwise, of the potential link between patterns of stigmatization and the mode of production. For example, an association would appear to be far more easy to establish in the case of disability or race than in the case of either homosexuality⁶³ or prostitution.

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CONCLUDING COMMENT

One of the main aims of this thesis has been to challenge the commonly held assumption that stigma is some kind of 'natural' entity which can be examined in isolation from the economic and social structure of a given society. The fact that the concept of stigma has rarely been subjected to critical appraisal in its own right has tended to perpetuate the idea that the reasons for, and the effects of, stigma are self-evident.

Any attempt to link a society's prevailing pattern of stigmatization with its underlying economic and social structure necessitates some initial attention being given to the various aspects of stigma. Accordingly, in Chapter one distinctions were made between stigmas, stigma recognition, stigmatization, felt stigma, responses to stigma acknowledgement, stigma disavowal and stigma management. A number of important issues were highlighted in this chapter. For example, it was argued that the process of stigmatization need not necessarily involve overt forms of hostility. It was pointed out that, in contrast to those with conduct stigmas (who are likely to be subjected to harassment and verbal abuse because of the 'blameworthy' nature of their 'failings'), the 'physically' stigmatized are unlikely (in general) to be treated in such an overtly hostile manner. However, they are likely to be stigmatized in other ways (e.g. over-sympathetic or inhibited responses from normals; denial of adequate educational and employment opportunities). In addition, it was argued that it should not be assumed that all individuals who possess a stigma will automatically feel stigmatized. Many stigmatized

individuals are likely, for example, to 'reject' any suggestion that they should be denied full social acceptance. Indeed, rejection attitudes were displayed by many of the unmarried mothers who were interviewed in the survey referred to in Chapter four. If such rejection attitudes are widely held by unmarried mothers we may be witnessing the emergence of a confrontation between this stigmatized group and their 'stigmatizers'. Confrontation of this kind has become quite commonplace in recent years. For instance (to cite just one case), people with physical impairments have formed pressure groups in an effort to publicize the various ways in which they are systematically 'disabled' by the very way in which economic and social activity is organized in society. The possibility of serious conflict between stigmatizers and the stigmatized serves to underlie the fact that any pattern of stigmatization is likely to further or sustain the interests of certain groups and classes at the expense of others.

The wider aspects of stigma (e.g. its potential for bolstering the prevailing economic and social order) have tended to be somewhat neglected in the social administration literature (see Chapter two). It was argued that this neglect is not altogether surprising given the dominance of a problem-solving ethos within this field of study (i.e. attention has tended to be given to the notion of stigma for practical - e.g. the adverse effect that this phenomenon can have upon the take-up rate for various means-tested, state welfare benefits and services - as opposed to theoretical reasons). Indeed, the concern which has been expressed by some commentators about the theoretical relevance, and the practical applic-

ability, of the concept of stigma for the study of social policy can be linked to the 'problem orientated' nature of the 'social administration' approach to this phenomenon (i.e. a failure to give due regard to the wider dimensions of stigma).

It is important, however, to underline the strengths of the 'social administration' approach to stigma. By highlighting the stigmatizing propensities of social service provision, social administrators have played a major role in various campaigns for welfare reforms. At the heart of this approach has been a genuine commitment to the needs and aspirations of the various underprivileged members of society. By pressing for the introduction of more enlightened forms of social policy provision (e.g. improved levels of benefits, non-stigmatized administrative procedures), 'traditional' social administrators have shown a commendable desire to create a more humane type of society.

In order to emphasize the importance of linking 'welfare' stigmatization with the economic and social structure of society, attention was given (in Chapter three) to some of the reasons why, and the various ways in which, one particular 'welfare' group - unmarried mothers - have been stigmatized over the centuries. It was argued that stigma has tended to attach to the unmarried mother for two main reasons:

- (i) The challenge they present to Christian teaching on marriage and family life.
- (ii) The 'blameworthy' nature of their dependency on public aid (this was identified as the most important reason as to why stigma has attached to the unmarried mother, especially since 1500).

Although the harsher forms of secular stigmatization which unmarried mothers were subjected to in the past have fallen into disrepute, it would be premature, it was argued, to assert that the stigma attaching to this group has now disappeared. For example, the fact that unmarried motherhood continues to be regarded as a social problem (a view which has been reinforced, either intentionally or unintentionally, by a number of researchers working in the fields of sociology, psychology and social administration - see pp.126-157) has tended to perpetuate the stigmatization of this group. Nevertheless, unmarried mothers have benefited from a number of social policy initiatives during this century (see pp.112-123). These measures are clearly likely to have played a part in the creation of a more favourable social climate for the unmarried mother. Indeed, the low reportage of stigmatization by the unmarried mothers in the survey referred to in Chapter four may well be indicative of the way in which social policy has helped to soften public attitudes towards this group.

The survey in Chapter four highlighted the importance of conducting fieldwork research into the notion of stigma.

For example, surveys of the 'stigmatized' can help:

- (i) with the identification of the various sources of felt stigma and stigmatization in society;
- (ii) to draw attention to the inextricable link between 'welfare' and other forms of stigmatization in society.

Fieldwork research of this kind can be complemented by more detailed considerations of the links between stigma and other concepts commonly referred to in the social administration literature (see Chapter five). Such endeavours can be extremely useful in terms of advancing the level of welfare theorizing.

Finally, it can be confidently asserted that the concept of stigma will remain a key concept for students, teachers and practitioners in the field of social policy (provided that it is not regarded simply as a 'technical' problem which can be resolved by a few minor administrative reforms - i.e. it must be examined within a much wider social context). Indeed, an appreciation of the concept of stigma is essential if one wishes to examine, in a critical fashion, the frequently voiced claims about the establishment of a welfare state or a welfare society. For example, a society which permits the widespread stigmatization of groups such as ethnic minorities, the unemployed or single parents can hardly be said to be one in which the 'welfare ethic' predominates.

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- 243 E.K. Macdonald, 'Follow-up of illegitimate children'
- 244 Ibid., p.363
- 245 See E.M. Steel, 1960, 'A final study of unmarried mothers and their children'
- 246 See E.F. Reed, 'Unmarried mothers who kept their babies'
- 247 See H.R. Wright, 80 Unmarried Mothers Who Kept Their Babies
- 248 See W.C. Oppel, 'Illegitimacy: a comparative follow-up study'
- 249 See L.G. Burchinal, 'Characteristics of adolescents from unbroken, broken and reconstituted families'
- 250 See H. Feldman and M. Feldman, 'The effect of father absence on adolescents'
- 251 See H.J. Raschke and V.J. Raschke, 'Family conflicts and children's self-concepts: a comparison of intact and single-parent families'
- 252 See, for example, A. Hunt, et al, op.cit., sections 12.1-12.3, pp.62-64; L. Lambert and J. Streater, op.cit., Chap. 16
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- 256 Ibid., p.157
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CHAPTER 4 - Felt Stigma and the Unmarried Mother:
A Study Based on the Views of Thirty-Six Unmarried
Mothers Living in South-East England

- 1 See C.A. Moser and G. Kalton, Survey Methods in Social Investigations (2nd ed), pp.270-271
- 2 Ibid., pp.275-281
- 3 See, for example, N.H. Greenberg, et al, 'Life Situations Associated with the Onset of Pregnancy'; J. Floyd and L.L. Viney, 'Ego Identity and Ego Ideal in the Unwed Mother'
- 4 See C.A. Moser and G. Kalton, op.cit., Chap. 6; see also G. Hoinville and R. Jowell and associates, Survey Research Practice, Chap. 4
- 5 L.E. Pardo, 'Stigma and Social Justice. The effects of Physical Disability Vis a Vis Moral Turpitude', p.1
- 6 See, for example, A. Hopkinson, Single Mothers: the First Year, Table VII, p.24
- 7 See, for example, B. Thompson, 'Social Study of Illegitimate Maternities', and A. Yarrow, 'Illegitimacy in South-East Essex'
- 8 See B. Davies in association with M. Reddin, Universality, Selectivity and Effectiveness in Social Policy, Chaps. 4 and 5

CHAPTER 5 - Stigma: Links with Other 'Welfare' Concepts and its Relevance for the Study of Social Policy

- 1 R. Mishra, Society and Social Policy, pp.3-4
- 2 See, for example, J. Bradshaw, 'The concept of social need', in M. Fitzgerald, et al, Welfare in Action; A. Forder, Concepts in Social Administration, Chap. 3; R. Plant, 'Needs and Welfare', in N. Timms, (ed), Social Welfare: Why and How?, Chap. 6; P. Taylor-Gooby and J. Dale, Social Theory and Social Welfare, Chap. 8
- 3 See, for example, J. Le Grand, The Strategy of Equality; A. Weale, Equality and Social Policy
- 4 See, for example, V. George and P. Wilding, Ideology and Social Welfare; R. Mishra, op.cit., G. Room, The Sociology of Welfare; P. Taylor-Gooby and J. Dale, op.cit.
- 5 See, for example, N. Ginsburg, Class, Capital and Social Policy; I. Gough, The Political Economy of the Welfare State; L. Harris, 'The state and the economy: some theoretical problems', in R. Miliband and J. Saville (eds), The Socialist Register 1980; London Edinburgh Return Group, In and Against the State

- 6 See, for example, R.H. Tawney, The Acquisitive Society;
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R.M. Titmuss, 1968, Commitment to Welfare
- 7 R.H. Tawney, The Radical Tradition, p.180
- 8 Ibid., p.155
- 9 See J. Rawls, A Theory of Justice
- 10 See ibid., pp.136-142
- 11 See ibid., p.302
- 12 See ibid., pp.90-95
- 13 Ibid., p.440
- 14 See D. Miller, Social Justice
- 15 See K. Jones, et al, Issues in Social Policy, p.140
- 16 K.C. Davis, Discretionary Justice: a Preliminary Inquiry, p.4
- 17 See, for example, M. Adler and S. Asquith (eds) Discretion and Welfare; H. Hodge, 'Discretion in Reality', in M. Adler and A. Bradley, (eds), Justice, Discretion and Poverty, Chap. V; O. Stevenson Claimant or Client? pp.43-45; R. Wilding, 'Discretionary benefits', in M. Adler and A. Bradley, (eds), ibid., Chap. IV
- 18 See, Supplementary Benefits Commission, Exceptional Needs Payments, SBA Paper No. 4, p.12
- 19 See Chapter Two, pp.65-68
- 20 See J. Handler, The Coercive Social Worker, Chap. 7;
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- 21 See on this issue, D. Donnison, 1982, The Politics of Poverty, pp.93-94
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- 23 P. Jones, 'Rights, Welfare and Stigma', in N. Timms, (ed),
op.cit., p.140
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- 25 M. Adler and S. Asquith, 'Discretion and Power', in
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- 26 See P. Jones, op.cit., pp.140-141
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- 28 R.M. Titmuss, 1971b, 'Welfare "rights", law and discretion', p.131
- 29 See D. Donnison, 1982, op.cit., p.94
- 30 T.H. Marshall, The Right to Welfare and Other Essays, p.88
- 31 E. Scrivens, 'Towards a theory of rationing', p.53
- 32 See, for example, K. Judge, Rationing Social Services; R. Parker, 'Social administration and scarcity', in E. Butterworth and R. Holman, (eds), Social Welfare in Modern Britain; A. Rees, 'Access to the Personal, Health and Welfare Services'; E. Scrivens, op.cit.; A.G. Stevens, 'Rationing in the Social Services'
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- 34 R. Parker, op.cit., p.208
- 35 Ibid., p.206
- 36 See DHSS, 1982, Social Security Statistics 1982, p.261
- 37 Report of the Committee on Local Authority and Allied Personal Social Services (Seebohm Report), para.491, p.151
- 38 M. Cooper, Rationing Health Care, p.76; see also on this subject, J. Hallas, CHC's in Action; R. Klein and J. Lewis, The Policies of Consumer Representatives. A Study of Community Health Councils
- 39 See S.R. Arnstein, 'A ladder of citizen participation'
- 40 See N. Boaden, et al, Public Participation in Local Services, Chap. 6
- 41 R. Plant, et al, Political Philosophy and Social Welfare, p.112
- 42 See E.A. Ross, Social Control. (This book was based on a series of articles which were published in the American Journal of Sociology in the late 1890's)
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- 46 R.A. Pinker, 1971, op.cit., p.175
- 47 R.T. Roucek and associates, op.cit., p.321
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- 49 See H. Garfinkel, 'Conditions of successful degradation ceremonies'
- 50 D. Matza, Becoming Deviant, p.156
- 51 N. Walker, Punishment, Danger and Stigma, p.149
- 52 See ibid., pp.150-151
- 53 E.M. Schur, 1980, The Politics of Deviance, p.30
- 54 See, for example, M. Rayman, 'My stigma - a care order'
- 55 N. Ginsburg, op.cit., p.156
- 56 See, for example, F.A. Hayek, The Road to Serfdom; M. Friedman, Capitalism and Freedom; A. Seldon, Wither the Welfare State
- 57 C.A.R. Crosland, The Future of Socialism, pp.29-30
- 58 See, for example, N. Ginsburg, op.cit.; I. Gough, op.cit.; V. Navarro, 'The crisis of the international capitalist order and its implications on the welfare state'
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- 60 I. Gough, op.cit., p.39
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- 62 See G.W. Allport, The Nature of Prejudice, Chap. 13; O.C. Cox, Caste, Class and Race; J. Dollard, Caste and Class in a Southern Town

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APPENDIX ONE

Examples of leaflets prepared for 'third parties' and potential respondents

A: Leaflet for Gingerbread group secretaries

B: Leaflet and reply form for potential respondents

UNIVERSITY OF KENT AT CANTERBURY

KEYNES COLLEGE
THE UNIVERSITY
CANTERBURY
KENT
CT2 7NP
TELEPHONE 66822

FACULTY OF SOCIAL SCIENCES

Dear

I am undertaking research at the University of Kent into the stigma attached to unmarried motherhood. I have, with the permission of the Central Gingerbread Office in London, been approaching local groups to see if they can help me with this project. I wish to interview unmarried mothers with one child under 16, who are living alone or with friends or relatives. For the purpose of the project, I am excluding those mothers who are at present cohabiting.

I enclose some forms which I hope it will be possible for you to distribute to members of your group who fit the criteria I have outlined. If, as is the case in many groups, the 'marital status' of members is not known, I hope it will be possible for you to mention my project and leave the leaflets for members to pick up. If a mother wishes to take part she can then contact me direct by returning one of the forms in the stamped and addressed envelopes.

The interview itself will be concerned with the views of the mother herself about her day to day life with sections on her stay in hospital and contact with agencies such as social security.

I will interview the mothers in their own homes using a small tape-recorder, as the questions will be quite general. All information I receive will, of course, be treated as strictly confidential and will not be divulged to any other party.

If you require any further information could you please ring the above telephone number on extension 7583 or write to me direct. Thank you for your help.

Yours sincerely,

Robert Page

Robert Page
Ph.D. student

Encs.

UNIVERSITY OF KENT AT CANTERBURY

KEYNES COLLEGE
THE UNIVERSITY
CANTERBURY
KENT
CT2 7NP
TELEPHONE 66822

FACULTY OF SOCIAL SCIENCES

COULD YOU PLEASE GIVE YOUR NAME AND ADDRESS BELOW
AND RETURN IT IN THE ENVELOPE PROVIDED IF YOU ARE
WILLING TO TAKE PART.

I WILL THEN CONTACT YOU TO ARRANGE A TIME TO MEET.

THANK YOU.

Robert Page

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

DAYS YOU WOULD PREFER ME TO CALL (IF ANY)

UNIVERSITY OF KENT AT CANTERBURY

KEYNES COLLEGE
THE UNIVERSITY
CANTERBURY
KENT
CT2 7NP
TELEPHONE 66822

FACULTY OF SOCIAL SCIENCES

Dear

I am undertaking research on the views of unmarried mothers about their day to day life. I hope you will be willing to help me with this project. All information I receive will be strictly confidential and will not be divulged to any other person.

If you would be willing to be interviewed perhaps you could contact me by returning the enclosed envelope. The interviews will be conducted by means of a small tape recorder as my questions will be quite general.

I hope you will be able to assist me.

Yours sincerely,

Robert Page

Robert Page

Enc.

APPENDIX TWOThe Main Survey Questionnaire (see Chapter four)PART ONEIllegitimate Pregnancy: the Views of Respondents

- Q.1 Whom did you see to confirm your pregnancy?
- Q.2 Why did you go to rather than elsewhere?
- Q.3 What were your feelings when you discovered that you were expecting an illegitimate child?
- Q.4 (i) Did you feel ashamed about expecting an illegitimate child?
(ii) Why was that?
- Q.5 (i) Did you feel stigmatized about expecting an illegitimate child?
(ii) Why was that?
- Q.6 Whom did you first inform about your pregnancy?
- Q.7 Why did you choose.... rather than anyone else?
- Q.8 (i) How did you inform your parents that you were pregnant?
(ii) Why did you inform your parents in that way?
- Q.9 (i) Were there any other people you were worried about disclosing your pregnancy to?
(ii) Why was that?
- Q.10 (i) Did you consider abortion at any time?
(ii) Why was that?
- Q.11 (i) Did you consider adoption at any time?
(ii) Why was that?

PART TWO (A)Illegitimate Pregnancy: Respondents' Evaluations of the Reactions they Received from 'Significant' Others

- Q.12 What was the reaction of your mother when she discovered that you were pregnant?

- Q.13 If reaction was favourable were you surprised and why?
- Q.14 (i) If reaction was unfavourable were you surprised and why?
(ii) Did her reaction make you feel ashamed?
(iii) Did you resent her reaction?
(iv) Did her reaction make you feel stigmatized?
(v) Did you think her reaction was fair towards you?
- Q.15 What was the reaction of your father when he discovered that you were pregnant?
- Q.16 If reaction was favourable were you surprised and why?
- Q.17 (i) If reaction was unfavourable were you surprised and why?
(ii) Did his reaction make you feel ashamed?
(iii) Did you resent his reaction?
(iv) Did his reaction make you feel stigmatized?
(v) Did you think his reaction was fair towards you?
- Q.18 What was the reaction of the father of your child when he discovered that you were pregnant?
- Q.19 If reaction was favourable were you surprised and why?
- Q.20 (i) If reaction was unfavourable were you surprised and why?
(ii) Did his reaction make you feel ashamed?
(iii) Did you resent his reaction?
(iv) Did his reaction make you feel stigmatized?
(iv) Did you think his reaction was fair towards you?
- Q.21 What were the reactions of the father of your child's parents when they discovered you were pregnant?
- Q.22 If reaction was favourable were you surprised and why?
- Q.23 (i) If reaction was unfavourable were you surprised and why?
(ii) Did their reaction make you feel ashamed?
(iii) Did you resent their reaction?
(iv) Did their reaction make you feel stigmatized?
(v) Did you think their reaction was fair towards you?

- Q.24 What were the reactions of your brother(s) and/or sister(s) when they discovered that you were pregnant?
- Q.25 If reaction was favourable were you surprised and why?
- Q.26 (i) If reaction was unfavourable were you surprised and why?
- (ii) Did his/her reaction make you feel ashamed?
- (iii) Did you resent his/her reaction?
- (iv) Did his/her reaction make you feel stigmatized?
- (v) Did you think his/her reaction towards you was fair?
- Q.27 What were the reactions of other relatives when they discovered that you were pregnant?
- Q.28 If reactions were favourable were you surprised and why?
- Q.29 (i) If reactions were unfavourable were you surprised and why?
- (ii) Did their reactions make you feel ashamed?
- (iii) Did you resent their reactions?
- (iv) Did their reactions make you feel stigmatized?
- (v) Did you think their reactions towards you were fair?
- Q.30 What were the reactions of your neighbours when they discovered that you were pregnant?
- Q.31 If reactions were favourable were you surprised and why?
- Q.32 (i) If reactions were unfavourable were you surprised and why?
- (ii) Did their reactions make you feel ashamed?
- (iii) Did you resent their reactions?
- (iv) Did their reactions make you feel stigmatized?
- (v) Did you think their reactions towards you were fair?
- Q.33 What were the reactions of your friends when they discovered that you were pregnant?
- Q.34 If reactions were favourable were you surprised and why?
- Q.35 (i) If reactions were unfavourable were you surprised and why?
- (ii) Did their reactions make you feel ashamed?
- (iii) Did you resent their reactions?
- (iv) Did their reactions make you feel stigmatized?

- (v) Did you think their reactions towards you were fair?
- Q.36 What were the reactions of work associates when they discovered that you were pregnant?
- Q.37 If reactions were favourable were you surprised and why?
- Q.38 (i) If reactions were unfavourable were you surprised and why?
- (ii) Did their reactions make you feel ashamed?
- (iii) Did you resent their reactions?
- (iv) Did their reactions make you feel stigmatized?
- (v) Did you think their reactions towards you were fair?

PART TWO (B)

Illegitimate Pregnancy: Respondents' Evaluations of the Adequacy or Otherwise of the Help they Were (or Were Not) Offered by Significant Others

- Q.39 Was the help offered or given by your mother adequate?
- Q.40 If adequate were you surprised and why?
- Q.41 (i) If inadequate were you surprised and why?
- (ii) Did the inadequacy of the help offered make you feel ashamed?
- (iii) Did you resent receiving inadequate help?
- (iv) Did the inadequacy of the help offered make you feel stigmatized?
- (v) In terms of help did you think that your mother treated you fairly?
- Q.42 Was the help offered or given by your father adequate?
- Q.43 If adequate were you surprised and why?
- Q.44 (i) If inadequate were you surprised and why?
- (ii) Did the inadequacy of the help offered make you feel ashamed?
- (iii) Did you resent receiving inadequate help?
- (iv) Did the inadequacy of the help offered make you feel stigmatized?
- (v) In terms of help did you think that your father treated you fairly?

- Q.45 Was the help offered or given by the father of your child adequate?
- Q.46 If adequate were you surprised and why?
- Q.47 (i) If inadequate were you surprised and why?
(ii) Did the inadequacy of the help offered you make you feel ashamed?
(iii) Did you resent receiving inadequate help?
(iv) Did the inadequacy of the help offered make you feel stigmatized?
(v) In terms of help do you think that the father of your child treated you fairly?
- Q.48 Was the help offered or given by the father of your child's parents adequate?
- Q.49 If adequate were you surprised and why?
- Q.50 (i) If inadequate were you surprised and why?
(ii) Did the inadequacy of the help offered make you feel ashamed?
(iii) Did you resent receiving inadequate help?
(iv) Did the inadequacy of the help offered make you feel stigmatized?
(v) In terms of help did you think that the father of your child's parents treated you fairly?
- Q.51 Was the help offered or given by your brother(s) and/or sister(s) adequate?
- Q.52 If adequate were you surprised and why?
- Q.53 (i) If inadequate were you surprised and why?
(ii) Did the inadequacy of the help offered make you feel ashamed?
(iii) Did you resent receiving inadequate help?
(iv) Did the inadequacy of the help offered make you feel stigmatized?
(v) In terms of help did you think that your brother(s) and/or sister(s) treated you fairly?
- Q.54 Was the help offered or given by other relatives adequate?
- Q.55 If adequate were you surprised and why?
- Q.56 (i) If inadequate were you surprised and why?
(ii) Did the inadequacy of the help offered make you feel ashamed?
(iii) Did you resent receiving inadequate help?
(iv) Did the inadequacy of the help offered make you feel stigmatized?
(v) In terms of help did you think that your other relatives treated you fairly?

- Q.57 Was the help offered or given by your neighbours adequate?
- Q.58 If adequate were you surprised and why?
- Q.59 (i) If inadequate were you surprised and why?
(ii) Did the inadequacy of the help offered make you feel ashamed?
(iii) Did you resent receiving inadequate help?
(iv) Did the inadequacy of the help offered make you feel stigmatized?
(v) In terms of help did you think that your neighbours treated you fairly?
- Q.60 Was the help offered or given by your friends adequate?
- Q.61 If adequate were you surprised and why?
- Q.62 (i) If inadequate were you surprised and why?
(ii) Did the inadequacy of the help offered make you feel ashamed?
(iii) Did you resent receiving inadequate help?
(iv) Did the inadequacy of the help offered make you feel stigmatized?
(v) In terms of help did you think that your friends treated you fairly?
- Q.63 Was the help offered or given by your work associates adequate?
- Q.64 If adequate were you surprised and why?
- Q.65 (i) If inadequate were you surprised and why?
(ii) Did the inadequacy of the help offered make you feel ashamed?
(iii) Did you resent receiving inadequate help?
(iv) Did the inadequacy of the help offered make you feel stigmatized?
(v) In terms of help did you think that your friends treated you fairly?

PART THREE

Respondents' Evaluations of their Ante-Natal and 'Hospital' Experiences

- Q.66 Did staff at the ante-natal clinic you attended know that you were an unmarried mother?
- Q.67 What reaction did you receive from the staff at the ante-natal clinic?

- Q.68 If favourable were you surprised and why?
- Q.69 (i) If unfavourable were you surprised and why?
(ii) Did their reaction make you feel ashamed?
(iii) Did you resent their reaction?
(iv) Did their reaction make you feel stigmatized?
(v) Did you think their reaction was fair towards you?
- Q.70 Did hospital doctors know that you were an unmarried mother?
- Q.71 What reaction did you receive from hospital doctors?
- Q.72 If favourable were you surprised and why?
- Q.73 (i) If unfavourable were you surprised and why?
(ii) Did their reaction make you feel ashamed?
(iii) Did you resent their reaction?
(iv) Did their reaction make you feel stigmatized?
(v) Did you think their reaction was fair towards you?
- Q.74 Did hospital nurses know that you were an unmarried mother?
- Q.75 What reaction did you receive from hospital nurses?
- Q.76 If favourable were you surprised and why?
- Q.77 (i) If unfavourable were you surprised and why?
(ii) Did their reaction make you feel ashamed?
(iii) Did you resent their reaction?
(iv) Did their reaction make you feel stigmatized?
(v) Did you think their reaction was fair towards you?
- Q.78 What were your feelings at visiting times when the married mothers in the ward had their husbands visit and you did not?
- Q.79 Why was that?
- Q.80 Did you feel ashamed at these times?
- Q.81 Did you feel stigmatized at these times?
- Q.82 Were there any other occasions during your hospital stay in which you felt ashamed because you were an unmarried mother?
- Q.83 Were there any other occasions during your hospital stay in which you felt stigmatized because you were an unmarried mother?

Q.84 During your hospital stay were you treated better or worse than the married mothers in your ward?

PART FOUR

Respondents' Other Welfare Experiences

- Q.85 Did your G.P. know that you were an unmarried mother?
- Q.86 What reaction did you receive from your G.P.?
- Q.87 If favourable were you surprised and why?
- Q.88 (i) If unfavourable were you surprised and why?
(ii) Did your G.P.'s reaction make you feel ashamed?
(iii) Did you resent your G.P.'s reaction?
(iv) Did your G.P.'s reaction make you feel stigmatized?
(v) Did you think your G.P.'s reaction was fair towards you?
- Q.89 Did your Health Visitor know that you were an unmarried mother?
- Q.90 What reaction did you receive from your Health Visitor?
- Q.91 If favourable were you surprised and why?
- Q.92 (i) If unfavourable were you surprised and why?
(ii) Did your Health Visitor's reactions make you feel ashamed?
(iii) Did you resent your Health Visitor's reaction?
(iv) Did your Health Visitor's reaction make you feel stigmatized?
(v) Did you think your Health Visitor's reaction was fair towards you?
- Q.93 Did local authority housing officials know that you were an unmarried mother?
- Q.94 What reaction did you receive from local authority housing officials?
- Q.95 If favourable were you surprised and why?
- Q.96 (i) If unfavourable were you surprised and why?
(ii) Did their reaction make you feel ashamed?
(iii) Did you resent their reaction?
(iv) Did their reaction make you feel stigmatized?
(v) Did you think their reaction was fair towards you?

- Q.97 Do you object to being dependent on supplementary benefit as a means of support?
- Q.98 Why is that?
- Q.99 If dislike being dependent on supplementary benefit:
- (i) Do you feel ashamed about being dependent on supplementary benefit?
 - (ii) Do you resent your dependency on supplementary benefit?
 - (iii) Do you feel stigmatized about being dependent on supplementary benefit?
- Q.100 Did supplementary benefit officers know that you were an unmarried mother?
- Q.101 What reaction did you receive from supplementary benefit officers?
- Q.102 If favourable were you surprised and why?
- Q.103
- (i) If unfavourable were you surprised and why?
 - (ii) Did their reaction make you feel ashamed?
 - (iii) Did you resent their reaction?
 - (iv) Did their reaction make you feel stigmatized?
 - (v) Did you think their reaction was fair towards you?
- Q.104 Did your social worker know that you were an unmarried mother?
- Q.105 What reaction did you receive from your social worker?
- Q.106 If favourable were you surprised and why?
- Q.107
- (i) If unfavourable were you surprised and why?
 - (ii) Did your social worker's reaction make you feel ashamed?
 - (iii) Did you resent your social worker's reaction?
 - (iv) Did your social worker's reaction make you feel stigmatized?
 - (v) Did you think your social worker's reaction was fair?
- Q.108 Did the headteacher at your child's school know that you were an unmarried mother?
- Q.109 What reaction did you receive from the headteacher at your child's school?
- Q.110 If favourable were you surprised and why?

- Q.111 (i) If unfavourable were you surprised and why?
(ii) Did the reaction of your child's headteacher make you feel ashamed?
(iii) Did you resent the reaction of your child's headteacher?
(iv) Did the reaction of your child's headteacher make you feel stigmatized?

PART FIVE

Respondents' Views on Other Aspects of Unmarried Motherhood

- Q.112 What reactions have you received from other people, whom you have met on a casual basis, who have discovered that you are an unmarried mother?
- Q.113 If reaction was favourable were you surprised and why?
- Q.114 (i) If reaction was unfavourable were you surprised and why?
(ii) Did these reactions make you feel ashamed?
(iii) Did you resent these reactions?
(iv) Did these reactions make you feel stigmatized?
(v) Did you think these reactions were fair?
- Q.115 Has the making of close relationships with men proved to be more difficult since you became an unmarried mother?
- Q.116 If no additional difficulty: were you surprised and why?
- Q.117 If more difficult:
(i) Were you surprised and why?
(ii) Do such difficulties make you feel ashamed?
(iii) Do you resent such difficulties?
(iv) Do such difficulties make you feel stigmatized?
- Q.118 Do you think your marriage prospects have been reduced since you became an unmarried mother?
- Q.119 If not reduced: are you surprised and why?
- Q.120 If reduced:
(i) Are you surprised and why?
(ii) Does this reduction in your marriage prospects make you feel ashamed?
(iii) Do you resent this reduction in your marriage prospects?

- (iv) Does this reduction in your marriage prospects make you feel stigmatized?
- Q.121 Would you avoid telling someone else you were an unmarried mother if possible and why?
- Q.122 If such 'passing' undertaken:
- (1) Did you feel ashamed by this action?
- (ii) Did you resent having to undertake such action?
- (iii) Did you feel stigmatized by this action?
- Q.123 Have you ever pretended to be married since becoming an unmarried mother?
- Q.124 Why is that?
- Q.125 If such 'passing' undertaken:
- (i) Did you feel ashamed by this action?
- (ii) Did you resent having to take such action?
- (iii) Did you feel stigmatized by this action?
- Q.126 Do you think the general public are sympathetic or hostile towards unmarried mothers?
- Q.127 If sympathetic: are you surprised and why?
- Q.128 If hostile:
- (i) Are you surprised and why?
- (ii) Does this hostility make you feel ashamed?
- (iii) Do you resent this hostility?
- (iv) Does this hostility make you feel stigmatized?
- (v) Do you think women or men are more hostile towards unmarried mothers?
- Q.129 Do you think the general public are sympathetic or hostile towards illegitimate children?
- Q.130 If sympathetic: are you surprised and why?
- Q.131 If hostile:
- (i) Are you surprised and why?
- (ii) Does this hostility make you feel ashamed?
- (iii) Do you resent this hostility?
- (iv) Does this hostility make you feel stigmatized?
- Q.132 What would your feelings be if your child was discriminated against in the future on grounds of illegitimacy?
- Q.133(i) Would you be surprised if such discrimination occurred?

- (ii) Would you feel ashamed if such discrimination occurred?
 - (iii) Would you resent such discrimination?
 - (iv) Would you feel stigmatized if such discrimination occurred?
- Q.134 Would you say you were better or worse off than other unmarried mothers?
- Q.135 If better off: are you surprised and why?
- Q.136 If worse off:
- (i) Are you surprised and why?
 - (ii) Do you feel ashamed because of this situation?
 - (iii) Do you resent this situation?
 - (iv) Do you feel stigmatized because of this situation?
- Q.137 Would you say you were better or worse off than separated and divorced mothers?
- Q.138 If better off: are you surprised and why?
- Q.139 If worse off:
- (i) Are you surprised and why?
 - (ii) Do you feel ashamed because of this situation?
 - (iii) Do you resent this situation?
 - (iv) Do you feel stigmatized because of this situation?
- Q.140 Would you say you were better or worse off than widowed mothers?
- Q.141 If better off: are you surprised and why?
- Q.142 If worse off:
- (i) Are you surprised and why?
 - (ii) Do you feel ashamed because of this situation?
 - (iii) Do you resent this situation?
 - (iv) Do you feel stigmatized because of this situation?
- Q.143 Would you say you were better or worse off than married mothers?
- Q.144 If better off: are you surprised and why?
- Q.145 If worse off:
- (i) Are you surprised and why?
 - (ii) Do you feel ashamed because of this situation?
 - (iii) Do you resent this situation?
 - (iv) Do you feel stigmatized because of this situation?
- Q.146 What are the best things about being an unmarried mother?

- Q.147 What are the worse things about being an unmarried mother?
- Q.148 Would you 'put the clock back' if you had the opportunity?
- Q.149 Why is that?
- Q.150 What advice would you give to a pregnant, unmarried, eighteen year old women in the light of your own experiences?
- Q.151 Why is that?
- Q.152 Would your advice differ if the woman concerned was twenty-five?
- Q.153 Why is that?
- Q.154 Have you felt stigmatized in any situation not previously referred to in the questionnaire?
- Q.155 If yes: Please give details
- Q.156 How important a personal attribute do you consider unmarried motherhood to be?
- Q.157 Why is that?
- Q.158 How often have you felt stigmatized in your unmarried mother 'career' to date?

