Stigmatised Identity and Public Service Usage in Disadvantaged Communities:

Residents', community workers' and service providers' perspectives

Clifford Stevenson[1*], Niamh McNamara[2] & Orla Muldoon[3]

[1]School of Psychology,

Queens University Belfast,

Belfast,

Northern Ireland.

[2]School of Medicine,

University College Dublin,

Dublin,

Republic of Ireland.

[3]Department of Psychology,

University of Limerick,

Limerick,

Republic of Ireland.

*Corresponding Author: Clifford Stevenson, School of Psychology, Queen's University

Belfast, Belfast, Northern Ireland. Tel: +353 (0) 61 233211

Email: clifford.stevenson@qub.ac.uk

Stigmatised Identity and Public Service Usage in Disadvantaged Communities:

Residents', community workers' and service providers' perspectives.

Abstract

The impact of community stigmatisation upon service usage has been largely overlooked from a social identity perspective. Specifically the psychological mechanisms by which stigmatisation hinders service use remain unspecified. The present study examines how service providers, community workers, and residents recount their experiences of the stigmatisation of local community identity and how these shape residents' uptake of welfare, education and community support services. 20 individual and group interviews with 10 residents, 16 community workers, and 6 statutory service providers in economically disadvantaged communities in Limerick, Ireland were thematically analysed. Analysis indicates that statutory service providers endorsed negative stereotypes of disadvantaged areas as separate and anti-social. The awareness of this perceived division and the experience of 'stigma consciousness' is reported by residents and community workers to undermine trust, leading to under-utilisation of community and government services. We argue that stigmatisation acts as a 'social curse' (Kellezi & Reicher, 2012) turning a potentially cooperative *intra*group relationship into a fraught *inter*group one by undermining shared identity between service users and providers. We suggest that tackling stigma is an important step towards creating positive service interactions for both service users and providers that are based on a sense of shared identity, trust and co-operation.

Keywords: stigmatisation; community identity; social identity; community engagement; service use; stigma consciousness; social exclusion

INTRODUCTION

Engagement with local and statutory services is essential for residents of socially disadvantaged neighbourhoods to access the resources necessary for their community to thrive (Campbell & Jovchelovitch, 2000; Tyler & Blader, 2003). Neighbourhood stigmatisation, or the attribution of negative characteristics to people on the basis of their area of residence, has been identified as a significant barrier to service use on the part of members of socially devalued groups (e.g. Campbell & McLean, 2002). Stigmatisation can negatively impact interactions between service users and service providers leading to increased marginalisation and perpetuation of disadvantage among already deprived communities (Kellaher, Warr, Feldman, & Tacticos 2010; Warr, 2005). Despite the importance of this issue, the precise mechanisms whereby stigmatisation affects service use remain unexplored. In this paper, we apply a social identity perspective to uncover the process by which stigmatisation hinders service use.

Successful engagement with services depends on the identity dynamics that exist between service user and service provider with a sense of shared identity between both parties leading to positive interactions (Haslam, Reicher & Levine, 2012; Renedo & Marston, 2011; Tyler & Blader, 2003). New developments in the social identity tradition suggest that a number of positive psychological outcomes are associated with social or shared identities – a phenomenon that has been termed the 'social cure' (Jetten, Haslam & Haslam, 2012). A sense of shared identity forms the psychological basis of many aspects of co-operation within groups: shared worldview, trust, enhanced coping ability, and engagement with group authorities (Jetten, Haslam & Haslam, 2012; Tyler & Blader, 2003). Given that public services exist for the purposes of serving the local community (i.e. the in-group), a sense of

shared identity should facilitate a sense of trust and cooperation between service users and providers and hence encourage service engagement and use.

However, we suggest that stigmatisation undermines these effects. We apply Kellezi & Reicher's (2012) conceptualisation of stigma as 'social curse' and propose that stigma turns a cooperative *intra*group relationship into a fraught *inter*group one by reducing the level of shared identity between service users and providers. In effect, this 'social curse' (Kellezi & Reicher, 2012) works to corrode relations with those tasked with service provision and discourages service use.

The Effects of Stigma upon Community Identity and Engagement

The effects of stigmatisation on communities are pervasive and corrosive (Warr, 2005). At the level of the individual, stigmatisation of social groups has been associated with a range of adverse psychological effects on their members including poor mental health, poor social functioning, and underachievement in educational and work settings (Major & O'Brien, 2005). These effects are thought to have a self-fulfilling quality such that high levels of 'stigma consciousness' (the expectation of being treated in terms of one's negative group stereotype) will result in negative expectations and evaluations of outgroup behaviour and consequently elicit negative responses towards outgroup members (Pinel, 2002). These negative responses leave stigmatised community members vulnerable to further stigmatisation.

Furthermore, stigmatisation has been found specifically to deter service use such as participation in community programmes and accessing mental health services (Campbell & McLean, 2002; McLean, Campbell & Cornish, 2003). As Renedo & Marston (2011) point out, the power relations between authorities (who typically provide services) and service users are such that stereotypical beliefs held by service providers are likely to define and

impose negative identities upon the users, who in turn can potentially resist but more often submit or disengage. While resistance and collective action against negative stereotypes is possible (Howarth, 2006; Schmitt & Branscombe, 2002), neighbourhood stigmatisation is often associated with community fragmentation and the exit of community members (Howarth, 2002a; Campbell & McLean, 2002), the undermining of collective community action, and the adoption of negative identities as a badge of honour (Howarth, 2002a; McNamara, Stevenson & Muldoon, 2013). This is typically accompanied by a withdrawal from participation in wider society and a decrease in community well-being (Kellaher et al., 2010). Thus, service use is demonstrably a site at which stigmatisation directly impacts upon community well-being.

Stigmatisation as 'Social Curse' and the Consequences for Service Use

The experience of a shared identity plays a pivotal role in facilitating positive interactions between individual group members and can potentially influence the quality of service experiences (Haslam, Reicher & Levine, 2012). First, a shared identity leads to the expectation that one will share a common set of values and beliefs about the social word (Turner, 1991; Neville & Reicher, 2011). Second, sharing an identity leads to an increased likelihood of feeling empathy for fellow group members and hence increases the likelihood of helping to group members in distress (Levine, Prosser, Evans & Reicher, 2005). Moreover, it also increases the likelihood of accepting help from another in the spirit in which it is given and hence fosters trust and cooperation. This basic level of ingroup trust leads to the expectation that one can expect support from fellow members when needed (Haslam et al., 2004). Few studies to date have looked at service use from a social identity perspective. However, studies of health service provision (Johnson, Roter, Powe & Cooper, 2004) indicate that GPs spend more time with, provide more information to, and receive more information

from patients of similar socioeconomic status and ethnic group suggesting that identity may indeed facilitate positive service interactions.

In terms of interactions with authorities, Tyler and colleagues suggest that in such situations, individuals must perceive their group to be positively evaluated by others for the encounter to be positively experienced (Tyler & Blader, 2003). Feeling pride in one's group predicts engagement with community activities while feeling that one's identity is respected and fairly treated predicts cooperation with the community's authorities (DeCremer & Tyler, 2007). However, members of marginalised and vulnerable groups are unlikely to feel respected by the rest of their society. We suggest that stigma impacts on the dynamics between service users and providers by reducing a sense of shared identity and lowering the levels of cooperation and trust which would normally frame interactions between group members and group authorities. The result, that encounters then come to be seen as intergroup rather than intragroup encounters means that stigmatised individuals may expect to be stereotyped on the basis of their group membership which in turn creates a set of negative expectations and self-fulfilling prophecies in interactions with service providers (Pinel, 2002; Dovidio, Helb, Richeson & Shelton, 2006).

While the effects of stigmatisation on service use in marginalised groups are extensively documented, the precise mechanisms whereby stigma results in collective disengagement remain under-theorised. To address this, we propose the conceptualisation of stigmatisation as the reversal of the processes of shared identity previously outlined. There, we noted that by creating a set of positive expectations of the views and treatment received from others, a 'virtuous circle' or 'upward spiral' of identification and engagement is created: a 'social cure'. Here we suggest that conversely, by expecting prejudice and discrimination from others on the basis of one's identity, a negative feedback loop of discrimination and disengagement should occur: a 'social curse' (Kellezi & Reicher, 2012).

We apply this concept to a residential setting and propose that the group dynamics flowing from an absence of shared identity *and* the expectations of being treated negatively on the basis of one's community identity are likely to undermine relations between service users and providers. By using a qualitative approach we aim to examine the perceptions and experiences of stigmatisation among community members and service providers as well as how it is reported to affect community life. Specifically, we aim to explore how the expectations of being negatively treated on the basis of group membership affects engagement and interactions with services.

Case Study: Disadvantaged Areas of Limerick City, Ireland

Limerick City (population 91,000) is the most economically polarised in Ireland (Hourigan, 2011). Even during Ireland's 'Celtic Tiger' years, economic development in the city lagged behind the rest of the country. Since the 1960s and the demolition of the city's slum areas, this high proportion of poorer residents were housed in several large residential estates of mixed social and private housing. The geographical isolation of these estates, the level of deprivation within them and a series of widely criticised housing policy decisions facilitated the development of drug crime and high-profile gang activity. Though constituting a relatively small proportion of Ireland's crime (and involving only a small minority of residents), this activity received disproportionate media attention such that these residential estates gained national notoriety (Devereux, Haynes & Power, 2011).

Previous research has demonstrated that people living in other parts of Limerick city display implicit as well as explicit prejudice towards these deprived areas and their residents and that this prejudice is internalised as stigma by the residents themselves (McNamara, Muldoon, Stevenson & Slattery, 2011). Survey research into the levels of social capital in these areas indicates that residents have low levels of trust in the government institutions seen as responsible for the social problems faced by these communities (Hourigan, 2011).

In order to explore the specific effects of stigma upon service use in these communities, we elected to examine the experiences and beliefs of statutory service providers as well as that of community workers (who have a stake in community life, but also provide a range of services to residents) and residents themselves. This consideration of multiple perspectives affords an insight into the potentially divergent perceptions of service use encounters.

METHOD

20 interviews were conducted with three samples of individuals involved in public service delivery and uptake across the four main disadvantaged areas of Limerick. Six individuals working for different statutory government service providers (five female, one male) were interviewed, including members from the local council, social welfare, primary healthcare and child as well as adult education. This spans the range of statutory service provision in these areas. Given each interviewee's position as representing a specific service with distinct institutional rules and practices, these were individual interviews.

A further six interviews were held with ten residents (six male, four female) from each of the four main stigmatised estates across Limerick. These participants ranged in age from 20 to 70, contained a mix of employed and unemployed participants as well as residents who had lived in the areas from 3-25 years. Four interviews were conducted with pairs of interviewees. This was intended to provide some peer-support as well as a more egalitarian participant-focused arena for participants who typically expressed some anxiety about the interview situation (Wilkinson, 2003). Multiple participant interviews are particularly useful in elucidating evidence of social consensus or dissensus on controversial issues (Howarth, 2002b) and this was found to be the case. Two further interviews were held on a one-to-one basis at the request of interviewees who expressed concern about the confidentiality of their

views. Notably these interviewees reported higher levels of social isolation than the others, but their other experiences and views of local services did not fundamentally differ.

In addition, a further six multiple participant interviews were conducted with groups of community workers from these areas (n=16: ten female, six male; four three-person interviews, two paired interviews) involved in a range of local community organisations which provide non-statutory services including youth clubs, crèches, job clubs as well as adult social and recreational activities. Again, the multiple participant interviews accorded with the participants' stated preferences and provided them with a forum within which to support or question and clarify one another's views which resulted in rich detailed data.

Service providers and community workers were approached, recruited and interviewed in their place of work. While this may inhibit the expression of personal views, these are the sites of service delivery which lends authenticity to the opinions expressed there. All interviews were conducted in a private room to facilitate confidentiality. In an effort to minimise self-selection bias, all residents in the deprived areas of Limerick had previously been contacted personally on a door-to-door basis and invited to take part in survey and interview research into their community. From those who had expressed a willingness to be interviewed, this sample was selected so as to span the diversity of the local population. These interviews were conducted in local community centres.

Participants were informed that the interviews would be anonymised and that they concerned people's experiences of living and working in the local communities as well as the use/provision of local services as appropriate. Interviews were semi-structured and conducted by the second author using an open-ended schedule. Interviews lasted between 40 minutes and 105 minutes (mean of 70 minutes). All aspects of this research had ethical approval from the lead author's University Research Ethics Committee.

All discussions were audio-taped, transcribed verbatim and entered into Atlas.ti text-tagging software for analysis. All instances in which participants talked about stigmatisation and community engagement were identified, resulting in 91 extracts across the 20 interviews. The extracts were analysed using theoretically-guided thematic analysis (Braun & Clarke, 2006). Specifically, after extensive reading, rereading and discussion of the data, three broad themes were identified which captured and made sense of participants' accounts in the light of our theoretical perspective: 'stigmatisation as social curse'; 'consequences of stigmatisation for perceptions of services and engagement' and 'stigmatised service use interactions'. As expected the interviewee's perspective on these experiences varied according to their particular group and this divergence was used to inform the analysis.

RESULTS

Theme One: Stigmatisation as 'Social Curse'

There was a high degree of consensus across the interviews that criminal activity in these communities had received significant negative media coverage and that, as a result, these communities were perceived as distinct and separate from the rest of the city. Residents fiercely resisted these stereotypes and reported them to be unfair generalisations which negatively impact on their daily lives. Many reported discrimination on the basis of where they lived and presented this as unjust:

Extract 1: Residents Group 3

Int   Yeah, well we might talk about the regeneration in a little bit

R1   I know that, I'm just saying like, that's what I'm saying, that's kinda the way I feel like

you know, cos I get painted with the same brush, I'd love to say I'm from [deprived

area] you know, I'm proud to be from [deprived area] but if you say you're from

[deprived area] 'ah you must be a scumbag'. The last two jobs, the last, as I said the

last job I had in [nearby town] now for fifteen years, everything I applied for I never

put down [deprived area]

Here this interviewee reports that even revealing his address evokes negative responses from those outside the area. In this way the issue of stigmatisation is automatically framed in intergroup terms, as all outsiders, even those from other towns, are attributed with the same tendency to stigmatise. The expected reactions from outsiders are presented as irrationally automatic and unthinking (*'ah you must be…'*) but nonetheless are reported to have shaped this resident's actions.

This 'stigma consciousness' was pervasive throughout the interviews with residents. They reported that it characterised all of their interactions with outsiders, unless they took measures to hide their identity and pass as non-stigmatised. Indeed this expectation of being negatively evaluated was even evident in the interview situation itself where residents were often at pains to protest to the interviewer that they personally had nothing to do with criminality (though this had not been suggested).

In contrast, the statutory service providers (responsible for delivering social welfare, health, education, and housing services) often commented on the stereotypes as more or less reflective of people in the local community. Here a medical service provider is discussing changes in the local area:

Extract 2: Service provider 2

R   *[…the government] did nothing about the underlying problem which was all the*

       social nutcases that got sort of, anyway it's confidential, that were living there and in

       particular the elements of criminality, the strong elements of criminality weren't kind

       of touched and the basic kind of fabric- how you build a society is that you put decent

       people into it and make normal, decent behaviour the norm. Whereas what they had

       was abnormal, criminal behaviour where people had no source of income and no

       source of work became the norm. And so it was normal to deal drugs because that's

the way you would earn money. It was normal to steal cars, it was normal you know

do all the kind of things that we as I suppose middle-class brought from a different

area would regard as abhorrent and illegal and that.

Here deprived areas of Limerick city are described as a distinct subculture, existing separately from the rest of Limerick society and being characterised by anti-social behaviour. The service provider does not directly impute criminality to all residents, but the areas are elided with a culture or 'norm' of criminal behaviour. While this is presented as a matter of perspective (the participant acknowledges his own middle-class bias) and the speaker does acknowledge the outside influences involved, at the same time this is clearly a stigmatising discourse (Hastings, 2004) as communities are contrasted to "normal, decent" people and any sense of commonality with the rest of the city is denied.

Often the awareness of these negative service providers' attitudes among residents was reported, especially by community workers (involved in the delivery of non-statutory community development and education services) who could comment upon this without fear of being perceived as part of a criminal underclass. In the following extract, the community worker has previously been commenting upon potential barriers to service use among their residents and here suggests that residents often encounter negative attitudes and assumptions in their interactions with services in general (and government agencies in particular).

Extract 3: Community Workers Group 3

R2   *People are very judgemental, they're very judgemental and it comes down to as well*

         where you're from again do you know? And as I say if you're not educated enough to

         maybe ask the questions or if you're not really understanding what they're saying to

         you back and all that kind of stuff like do you know.

R3   *Probably more so from Government-type agencies rather than communities I'd say…*

        It's probably that the Government agency will focus on a wider group and again it

        comes back to that judgemental thing.

R   *Stereotypes*

R3   *Their stereotypes and they're making assessments, here's someone from [deprived*

        area] they're here to you know suck the blood out of the Government or something

        like that.

Service interactions are characterised as framed both by the prejudices of outsiders and the intractable nature of stigma. On the other side of the relationship, this situation is suggested to be exacerbated by low levels of education and confidence among residents. Notably though, unlike in extract 2 above, the community workers use a 'normalising' description (Hastings, 2004) of these neighbourhoods as populated mainly by ordinary citizens and so the social division is attributed to the skewed perception of the agencies and the disadvantage of the residents rather than any intractable characteristics of the residents themselves.

Theme Two: Consequences of Stigmatisation for Engagement and Perceptions of Services

The impact of this stigma consciousness upon residents' service engagement varied. At the most basic level, stigma consciousness could lead to shame. In the following extract the residents have been discussing the availability of government and community services in their area:

Extract 4. Residents Group 3

Int   *So why do you think some people mightn't want to seek help from services?*

R2   *Well, you see, they might, they're working all their lives, are they embarrassed to go*

        cap in hand begging for something you know

R1   *Too ashamed to go*

R2   *Yeah, you know, some people are ashamed, you know 'do I really need it'?*

This short extract illustrates the problem of reputation management facing residents. Living in economically deprived areas means that residents are more vulnerable to unemployment and reliance on welfare and this leaves them open to criticisms of dependency and mendicancy (Stuber & Schlessinger, 2006). As Kellezi and Reicher (2012) point out, shame is an especially pernicious emotion as it divides the individual from their group and isolates them from sources of support. Here we see it deterring service use.

In addition, residents believed that stigma also resulted in poor service provision which suggested a negative view of service providers. They described incidences in which planned services for their area never materialised or basic services were withdrawn.

Extract 5. Residents Group 1

R2   *One major part of [deprived area] has no bus service, none whatsoever, so we say like ehm now they've stopped going back to the back part of [deprived area], the bus cuts its journey short, and like I said, if somebody throws a stone at the bus in [deprived area] that's it we're not going over to [deprived area] no more, we can pull off for the night we don't have to go to [deprived area], I mean a bus driver was intimidated by a three year old child holding a water pistol at him and going 'give me the money sir' and for three for three or four days, we had no bus service*

Int   *What do you think would happen if that was in [affluent area]?*

R2   *I can tell you, eh I know of a place where the bus is battered every night of the week, in the winter months, and the buses are never stopped, it's called [affluent area], and they are actually battered by children from the so called higher, higher er standing than [deprived area] people*

Residents felt that essential services could be withdrawn from their area with little justification. They felt that the same was not being done in more affluent areas where as reported by the resident in Extract 5 bus services were on the receiving end of much more consistent anti-social behaviour than the reported isolated incident that led to an extended withdrawal of service from the deprived area. Residents interpreted poor service provision in disadvantaged areas as reflecting broader stigmatisation of their communities by service providers and as indicative of service providers being unwilling to provide full services to their area in comparison with other affluent areas in the city.

This lack of faith in and negative perceptions of services also extended to other non-governmental community services. In interviews, residents often revealed that they had low levels of trust in any community services:

Extract 6. Residents Group 4

Int   *So what do you think ehm in terms of if we just move onto the services part of things ehm what services would you think are available to people in the area?*

R2   *I, I really don't know, and probably because, do I want to know at times, because I don't, cos there's people in these service areas, that while they're there, you still don't want to know them, and they're doing things for people in the area but at times you're going to be saying 'I'm not going to them, to [let them] know my business', or, you know or something like that, you know what I mean? Some people in it are good, they're good for the area, they are, but there's one or two of them that are in it and you don't know whether they're*

R1   *They can be trusted?*

R2   *Whether you can, yeah, trust you know?*

Here the resident is reporting a reluctance to engage with local community services due to a general suspicion of service providers. The resident is suggesting that by engaging with local

community services he risks exposing his private business to unfriendly scrutiny. Though most non-statutory community services have no direct link to local government, this popular suspicion was sufficient to undermine trust in local community organisations.

Moreover, the perception that those accessing local services were the more anti-social elements of the community was sometimes reported to deter other residents:

Extract 7. Community Workers Group 6

R1   *We were a 'mainstream' service but that was very difficult because a lot of the kids that were very good at accessing services may have more 'at risk' behaviour you know? So they were deterring others from accessing the service because of who they were or what they were you know or where they'd been or what, you know it's all that. So the kids would be scared to come down and the ones that need it or the service was designed for and or the parents wouldn't let them come.*

Here we can see a complex intersection of the various concerns outlined above. On the one hand there is recognition that many of the services in the community will have been necessitated by, and targeted at anti-social behaviour ('at risk behaviour'). Consequently, when new 'mainstream' services designed for use by the majority of residents are introduced, those previously using the targeted services are more likely to avail and thus new users are likely to be deterred. In other words, this popular association between service provision and anti-social behaviour deters some from availing of other services which are designed to build the community due to a fear of encountering those who may be engaged in criminal or anti-social behaviour.

Theme Three: Stigmatised Service Use Interactions

The negative expectations of both service users and providers were reflected in their experiences of service use encounters. From the perspective of the government service providers, local residents were expected to be too ready to avail of services and having too

great a sense of their entitlements. Sometimes these expectations were gendered and linked to heavily stigmatized notions of 'welfare mothers' (McCormack, 2004).

Extract 8. Service Provider 1

R: *Oh the young girls who have babies at sixteen, here, ehm it's a celebration, actually, the Christening is a huge thing, eh whereas a girl from [nearby, more affluent area] who has a baby, that's shock and horror, that's just shouldn't have happened sort of thing, but here there's a different mindset, ehm, the christening is a whole celebration, the birth, the coming in for clothes, cos we get two hundred Euros for the items [lists benefits] , it's kind of it's kind of ehm 'happy days', and that's the way some girls look at it, not all of course, but that's the way some girls look at it [...] she'll come in always with her mammy. The girl here [deprived area], it's her own business she will never have a mammy, ehm she'll come in here and she'll know exactly what she's to apply for cos she's had information from her peers, her friends. Ehm they may be a bit older but any of the young girls who come here now, I didn't have to tell them what they're entitled to, ehm because they knew exactly. 'What about my? When do I get my?', because they know, they know what's on the guidelines,*

As noted in relation to extract 2, the service providers often invoked social class differences to explain the behaviour of residents and attributed distinct and separate social norms to these communities. Contrasting values attributed to affluent and deprived communities on teen pregnancy are used here to explain the different approaches to service use among members of different communities. The service provider suggests that teen pregnancy is viewed negatively by the more affluent, 'respectable' areas and the teenaged mother is censored and contrite when she approaches services. In contrast, teen pregnancy is celebrated and rewarded in the more deprived areas and this is reflected in service use whereby girls from deprived areas are aware of their entitlements through information they have received from others in

the community. Thus an issue which is a source of shame in wider society is perceived to be celebrated by residents in the deprived areas. The thorough knowledge of the benefits that can be claimed by single mothers on the part of residents of deprived communities could be interpreted by service providers as being indicative of a willingness to depend on state benefits without any associated sense of shame (in comparison to those from the affluent community where this is not the norm).

Residents reported high levels of anxiety when approaching services due to expectations of negative evaluation and treatment. In the following extract, one resident reports that government services deliberately made the bureaucratic system complicated.

Extract 9: Residents Group 1

Int   So, are you saying that they wouldn't correct you, and say "oh no it's not a 'shoe' allowance it's a 'footwear' allowance, here's the form"? but they wouldn't say that

R2   No, up to five years ago they were told no, if a person asked incorrectly, your answer was 'No, we don't do a thing like that'. [but we would say] 'Ah but my friend gets the coal allowance, my friend gets it every week, once the winter comes in, she gets the five pound, we're on the same money every week' and you know

The gist of this extract is that until recently statutory service providers withheld the information necessary for residents to claim their legal entitlements. In a striking inversion of the previous extract, these residents report that a lack of precise knowledge of the system means that they will be denied access to even the most basic of aid. In other words, even though these residents know that they are entitled to these resources by law, their expectation of obstructive bureaucracy means that they report having to display high levels of knowledge of the system.

Indeed here the participants are reporting the sharing of knowledge of other previously successful cases ('my friend gets the coal allowance') to ensure fair and even-

handed treatment. However in light of the previous extract 10, we can note in passing that such information sharing could perhaps perpetuate a perception among service providers of an opportunistic attitude.

More detailed accounts of service use encounters revealed how relatively ambiguous actions by service providers or users could be interpreted as aggressive and antagonistic:

Extract 10. Residents Group 5

R1 *At the end of the day, I went into the labour exchange I did one day, and your one says to me, 'you're wanted upstairs', I said, 'Am I?', I went up, [they] said 'We haven't seen you in eighteen years', I said, 'Is that right, does that bother you?' I said 'That you haven't seen me in eighteen years?', I said, 'Look it bitch', I said 'Let's get this straight now cos I'm up to here', I said 'with you', do you know what I mean? 'I'm after standing in a queue for an hour like and then I get this? You would not be in a job' I said, 'If it wasn't for the likes of me and those people down there, you'd be in the queue', so I said 'Don't be giving me your bullshit at all girl', now I said, 'If you've got something to say, say it, other than that don't go wasting my time', 'Go on go away'[she said]. I said 'What?', 'Ehm no we're finished', she said. [...] "I haven't seen you in eighteen years, where were you?" (she said). My mother wouldn't have asked me that question.*

The core objection of the respondent is that although he has only recently needed to use this service, he was unnecessarily questioned by the service provider. His reported response makes it clear that he feels being questioned about his lack of service use indicates that the service provider is implying impropriety on his part. He directly challenges the assumption that as an unemployed person his time is now not valuable '*don't go wasting my time*' as well as the implicit moral distinction between service provider and user '*you'd be in the queue*'.

However, it is notable that the question asked by the service provider is relatively ambiguous as to its intentions: perhaps to clarify records or to ensure correct service delivery. Despite this, it is presented to the listeners here as unequivocally invasive and the interviewer and other focus group members are being invited to agree that an ambiguous question coming from a service provider is likely to have been ill-intentioned, thus justifying an aggressive response and leading to a termination of the encounter. In other words, the expectation of service providers' prejudice is embedded in this account leading to the consequence of conflict escalation.

CONCLUSION

Our research adopts the concept of 'social curse' (Kellezi & Reicher, 2012) to capture the social psychological mechanisms whereby stigma affects service use in disadvantaged communities. In doing so, we show that stigma is more than simply the presence of a negative group stereotype: it is an active, corrosive process which undermines relations between communities and the service providers who are there to serve them. First, stigmatisation undermines shared identity turning an intragroup relationship into a fraught intergroup one where service users come to expect negative treatment by service providers on the basis of their group membership. Second, the lack of shared identity and the expectation of negative evaluation and treatment fosters mistrust of others leading to misunderstanding and conflict in interactions. Ultimately, community stigmatisation can result in individual disengagement from community and statutory services.

These corrosive impacts of stigma upon local communities are all evident in our analysis. Residents are seen as separate and distinct from the broader Limerick population and report pervasive experience of stigma consciousness in their dealings with outsiders. They respond by either hiding their identities, disengaging from services, or developing coping mechanisms to deal with discrimination (see also Howarth, 2002a, 2002b).

Conversely, government service providers did not acknowledge these concerns, instead often endorsing stereotypes of the residents as anti-social and over-entitled. Residents' awareness of these negative evaluations of the community act to undermine community trust and deter use of both government and non-government services.

Moreover, these antagonistic intergroup dynamics inevitably shaped the actual encounters between service providers and users. In line with previous research, stereotyped expectations frame such encounters and demonstrably shape the perceptions of unfolding behaviours of interactants (Dovidio, et al., 2006). Specifically, the intergroup framing of service use encounters evidently leads to divergent expectations among providers and users. As each group's actions form the context for the interpretation and reaction of the other (Reicher, 1996), these expectations lead to a divergence in interpretation of behaviour that in turn lends itself to conflict escalation. In other words the 'social curse' demonstrably acts to poison negative intergroup service use encounters which in turn perpetuates stigmatisation and marginalisation of community members.

Our work is a first step in identifying and understanding this phenomenon and requires further research to document the occurrence, prevalence and means to reverse these processes in local communities. Our small samples may capture some of the diversity of experiences in these specific areas, but do not exhaustively document the range and impact of service use encounters. While there was an absence of positive encounters in our data, future research should seek out such encounters and identify the shared identity factors that contribute to positive service experiences so as to inform best practice and suggest a way forward for service development.

Moreover, our data constitute reports of the experience of stigmatisation and stigma consciousness rather than analysing the actual occurrence of stigmatised interactions themselves. We suggest that future research into real-life, identity-based interactions between

residents and service providers is essential to fully understand how these encounters become self-fulfilling prophecies. The implications for ameliorating the impact of stigma in community settings are that community engagement initiatives need to fracture the vicious cycle of stigmatisation. Challenging negative stereotypes in the media (Hastings, 2004; Devereux et al., 2011) is not enough. Prejudice needs to be challenged among the local authorities and services who provide the daily context for the lives of local communities. These efforts then need to be broadcast to the community itself, such that the residents will expect fair and respectful treatment. In the longer term, attempting to rebuild a shared identity between service providers and users would in turn undermine stigma consciousness and help recover the positive dynamic of community identity and community engagement.

REFERENCES

Braun, V. & Clarke, V. (2006). "Using thematic analysis in psychology." *Qualitative Research in Psychology,* 3, 77-101. DOI: 10.1191/1478088706qp063oa

Campbell, C. & Jovchelovitch, S. (2000). Health, community and development: towards a social psychology of participation. *Journal of Community and Applied Social Psychology 10* (4) 255-270. DOI: 10.1177/1359105304040886

Campbell, C., & McLean, C. (2002). Representations of ethnicity in people's accounts of local community participation in a multi-ethnic community in England. *Journal of Community & Applied Social Psychology*, *12*(1), 13-29. DOI: 10.1002/casp.650

DeCremer, D. & Tyler, T. (2007). The Effects of Trust in Authority and Procedural Fairness on Cooperation. *Journal of Applied Psychology* 92, 3, 639–649 DOI: 10.1037/0021-9010.92.3.639

Devereux, E., Haynes, A. & Power, M. J. (2011). At the edge: Media constructions of a stigmatised Irish housing estate. *Journal of Housing and the Built Environment,* 26, 2, 123–142. DOI: 10.1007/s10901-011-9210-4

Dovidio, J. F., Hebl, M., Richeson, J. A., & Shelton, J. N. (2006). Nonverbal communication, race, and intergroup interaction. *The Sage Handbook of Nonverbal Communication*, 481-500.

Haslam, S.A., Jetten, J., O'Brien, A. & Jacobs, A. (2004). Social identity, social influence, and reactions to potentially stressful tasks: Support for the self-categorization model of stress. *Stress and Health*, 20, 3–9. DOI: 10.1002/smi.995

Haslam, S. A., Reicher, S. D., & Levine, M. (2012). When other people are heaven, when other people are hell: How social identity determines the nature and impact of social support. In J., Jetten, Haslam, C., & Haslam, S. A. (Ed.s) *The social cure: Identity, health, and well-being*, 157-174. East Sussex: Psychology Press

Hastings, A. (2004). Stigma and social housing estates: Beyond pathological explanations. *Journal of Housing and Built Environment*, 19, 233–254. DOI: 10.1007/s10901-004-0723-y

Howarth, C. (2002a). 'So, you're from Brixton?' The struggle for recognition and esteem in a stigmatized community. *Ethnicities*, *2*(2), 237-260. DOI: 10.1177/1468796802002002658

Howarth, C. (2002b). Identity in whose eyes? The role of representations in identity construction. *Journal for the theory of social behaviour*, *32*(2), 145-162. DOI: 10.1111/1468-5914.00181

Howarth, C. (2006). Race as stigma: positioning the stigmatized as agents, not objects. Journal *of Community & Applied Social Psychology (16)*, 442-451. DOI: 10.1002/casp.898

Hourigan, N. (2011). *Understanding Limerick: Social Exclusion and Change.* Cork: UCC.

Jetten, J., Haslam, S.A., & Haslam, C. (2012). The case for a social identity analysis of health and well-being. In J., Jetten, Haslam, C., & Haslam, S. A. (Ed.s) *The Social Cure: Identity, health and well-being,* 1-19. East Sussex: Psychology Press

Johnson, R. L., Roter, D., Powe, N. R., & Cooper, L. A. (2004). Patient race/ethnicity and quality of patient-physician communication during medical visits. *American Journal of Public Health*, *94*(12), 2084-2090. DOI: 10.2105/AJPH.94.12.2084

Kellaher, M., Warr, D. J., Feldman, P., & Tacticos, T. (2010). Living in 'Birdsville': Exploring the impact of neighbourhood stigma on health. *Health and Place,* 16, 381–388. DOI: 10.1016/j.healthplace.2009.11.010

Kellezi, B., & Reicher, S. (2012). Social cure or social curse? The psychological impact of extreme events during the Kosovo conflict. *The social cure: Identity, health, and well-being. London: Psychology Press. Bloomsbury.*

Levine, M., Prosser, A., Evans, D., & Reicher, S. (2005). Identity and emergency intervention: How social group membership and inclusiveness of group boundaries shapes helping behavior. *Personality and Social Psychology Bulletin, 31*, 443–453. DOI: 10.1177/0146167204271651

Major, B., & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review of Psychology*, 56, 393–421. DOI: 10.1146/annurev.psych.56.091103.070137

McCormack, K. (2004). Resisting the welfare mother: The power of welfare discourse and tactics of resistance. *Critical Sociology*, *30*(2), 355-383

McLean, C., Campbell, C., & Cornish, F. (2003). African-Caribbean interactions with mental health services in the UK: experiences and expectations of exclusion as (re) productive of health inequalities. *Social science & medicine*, *56*(3), 657-669.DOI: 10.1016/S0277-9536(02)00063-1

McNamara, N., Muldoon, O., Stevenson, C. & Slattery, E. (2011). Citizenship Attributes as the Basis for Intergroup Differentiation: Implicit and Explicit Intergroup Evaluations. *Journal of Community and Applied Social Psychology*, 21, 2, 243-254. DOI: 10.1002/casp.1090

McNamara, N., Stevenson, C. & Muldoon, O., (2013) Community Identity as Resource and Context: A mixed-method investigation of the role of social identity in coping and collective action in a disadvantaged community. *European Journal of Social Psychology.* DOI: 10.1002/ejsp.1953

Neville, F., & Reicher, S. (2011). The experience of collective participation: shared identity, relatedness and emotionality. *Contemporary Social Science*, *6*(3), 377-396. DOI: 10.1080/21582041.2012.627277

Pinel, E.C. (2002). Stigma consciousness in intergroup contexts: the power of conviction. *Journal of Experimental Social Psychology,*38,178–85. DOI: 10.1006/jesp.2001.1498.

Reicher, S. D. (1996). 'The Battle of Westminster': Developing the social identity model of crowd behaviour in order to explain the initiation and development of collective conflict. *European Journal of Social Psychology, 26*, 115–134. DOI: 10.1002/(SICI)1099-0992(199601)

Renedo, A. & Marston, C. (2011). Healthcare Professionals' Representations of 'Patient and Public Involvement' and Creation of 'Public Participant' Identities: Implications for the Development of Inclusive and Bottom-Up Community Participation Initiatives. *Journal of Community and Applied Social Psychology*, 21: 268–280 DOI: 10.1002/casp.1092

Schmitt, M.T., & Branscombe, N.R. (2002). The meaning and consequences of perceived discrimination in disadvantaged and privileged social groups. *European Review of Social Psychology, 12*(1), 167-199. DOI: 10.1080/14792772143000058.

Stuber, J., & Schlesinger, M. (2006). Sources of stigma for means-tested government programs. *Social Science & Medicine*, *63*(4), 933-945. doi: 10.1016/j.socscimed.2006.01.012

Turner, J. C. (1991). *Social influence*. Thomson Brooks/Cole Publishing Co.

Tyler, T. R., & Blader, S. L. (2003). The group engagement model: Procedural justice, social identity, and cooperative behavior. *Personality and Social Psychology Review, 7,* 349–361. DOI: 10.1207/S15327957PSPR0704_07

Warr, D.J. (2005). Social networks in 'discredited' neighbourhoods. *Journal of Sociology*, *41*(3), 285-308. DOI: 10.1177/1440783305057081

Wilkinson, S. (2003). Focus Groups. In J. A. Smith (Ed.), *Qualitative Psychology. A practical guide to research methods* (pp. 184–204). London: Sage.