EN SITUATION PRÉCAIRE: POVERTY, STIGMA, AND MENTAL HEALTH IN GENEVA, SWITZERLAND

By

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To my family and friends for their love and support, to Dorin, Nadim, and Tania for their trust and friendship, and to all in Geneva who find themselves in a “precarious” situation
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EN SITUATION PRÉCAIRE: POVERTY, STIGMA, AND MENTAL HEALTH IN GENEVA, SWITZERLAND

By

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May 2010

Chair: Allan Burns
Major: Anthropology

In the Western world, stigmas against people in poverty, such as the working-poor, the unemployed, and the homeless, are pervasive and often severe. Through processes of separation, labeling, and discrimination, these disadvantaged groups face daily challenges to their personal and social identities. This study explores the production and experience of stigma in the low-income communities of Geneva, Switzerland, and assesses its qualitative associations with mental health.

Access to research sites was gained through collaboration with the Unité mobile de soins communautaires (UMSCO) – a mobile clinic that offers health care for the uninsured and undocumented people who frequent the city’s social services. I explored the lives of those who used these services from December 2005 to October 2006, triangulating methods of participant-observation (N = 55), qualitative interviews (N = 18), and cultural domain analysis (N = 64). I collected narrated and observed instances of encounters between informants and the people or institutions that stigmatize them. Using free-list, pile sort, and paired comparison activities, I assessed the group understanding of labels for people en situation précaire (in a precarious situation).
Poor immigrants were viewed as some of the most stigmatized people in Geneva, particularly Romanians, North Africans, and former Yugoslavs. The label profiteur (profiteer) ranked high in both severity and frequency of use, linked to the stereotype that the poor “take advantage” of society. Among 237 encounters collected, common sources of stigma were: (1) social service workers (23%); (2) other people defined as précaire (13%); (3) police officers (10%); and (4) members of the general public (10%). Informants reacted to encounters with a continuum of response types, which had varying associations with mental health outcomes and suggested a recursive model of stigma. Case studies of three key informants illustrate the different pathways that link stigma and mental illness.

Recommendations focused on three themes: (1) conflict among social service users; (2) cultural sensitivity of volunteers; and (3) the fair and consistent application of social service rules. Findings point to new hypotheses in the etiology of mental illness and new tools for measuring stigma in future studies.
CHAPTER 1
INTRODUCTION

On the night of October 9, 2008, a homeless man named John McGraham was brutally murdered in public – doused with gasoline and set on fire on a sidewalk in the Los Angeles neighborhood where he had lived for twenty years (Stateman 2008). The local residents and shopkeepers who rushed to his aid after the attack were unable to save him. These were people who had come to know McGraham’s presence as part of their everyday lives, passing him in the streets, taking for granted his unkempt beard and dirty, oversized jacket, offering him food and clothing. After his death, they left candles and words of sympathy and grief at the spot where he was killed, and hundreds later honored him in a chapel at a local Presbyterian church (Stateman 2008; Roosevelt 2008; Rubin 2009).

McGraham, who had once worked as a bellman at the Ambassador Hotel, suffered from depression (Rubin 2009). For two decades he resisted the efforts of family members to get him off the streets and into treatment. His mental condition and constant outdoor exposure made him vulnerable to the deliberate and hateful act that ended his life. A 30-year-old man was arrested for McGraham’s murder four months later, based on witnesses and forensic evidence collected at the crime scene. The Los Angeles Police Department (LAPD) deputy chief described the suspect’s motive as “straight-up personal dislike” for McGraham and “a little bit crazy” (Rubin 2009).

Unfortunately, violence of the kind that killed John McGraham is not uncommon in the United States. According to the National Coalition for the Homeless (2008a), since 1999, nearly 800 violent acts have been perpetrated against homeless individuals in 45 states across the country, as well as Puerto Rico. Nor are attacks against the
homeless unique to the United States. A study of homeless men and women in the United Kingdom found that over half had experienced violence in the past year, which was 13 times the rate in the general population (Newburn and Rock 2005). While much of this violence is carried out by other individuals on the street (and in cases of theft and sexual assault, with clear motives), nearly one-third of attackers are members of the general public. Survey research conducted with passers-by has shown that public perception of such attacks is high across Europe; in the cities of Belfast, Cambridge, and Vienna, greater than half of respondents cited public attacks as a source of danger for the homeless (Brandon et al. 2000).

In the United States, the majority of attacks have been carried out by teenage boys and younger men, who cite boredom, thrill-seeking, and opportunity as motives (National Coalition for the Homeless 2008a). Furthermore, the perpetrators' characteristics, motives and weaponry are similar to those of people who commit hate crimes against known discriminated groups, suggesting that stigma attached to homelessness plays a role in this violence. Erving Goffman, widely credited as being the first to address stigma as a subject of sociological study, defined stigma as an attribute that reduces someone from a “whole and usual person” to a “tainted, discounted one” (1963:3). Solitary and with little social support, the homeless are especially vulnerable to the consequences of stigma, which includes becoming the object of violent acts at the hands of strangers.

Despite the efforts of homeless advocates and sympathetic local residents, such as those who helped John McGraham, people living on the streets continue to be shunned, ignored, and deemed without social status by much of the general public (Falk
The stigma of homelessness may be equal in severity to that of mental hospitalization – in which stereotypes of contagion and dangerousness stoke fearful responses from the public (Phelan et al. 1997). In the United Kingdom, the homeless have been subject to blatantly disrespectful offenses by strangers, including being publicly insulted, harassed, struck by thrown objects, intimidated, and urinated on (Newburn and Rock 2005). In contrast to the LAPD deputy chief’s statement that “personal dislike” motivated McGraham’s attacker, it is more likely collective dislike that explains the rising violence confronting the homeless in developed countries today.

**Stigma and the Sociopolitical Dimensions of Poverty**

The stigma of homelessness has its roots in the broader beliefs, stereotypes, and moral judgments about the urban poor in general, legitimized by the idea that the poor are responsible for their own condition, whether through criminal or deviant behaviors, laziness, or dependence on others (Waxman 1977). This stigma affects not only the homeless, but the unemployed, the working-poor, people living in low-income neighborhoods, and people receiving welfare or disability benefits. Furthermore, through the association of poverty with certain demographic groups and social problems, it affects people of minority or disadvantaged ethnicities, immigrants (documented or not), alcoholics, drug addicts, sex-workers and those who commit petty crimes. The wide range of identities that comprise the poor suggests that the stigma attached to poverty is more accurately conceived in the plural, as *stigmas of poverty*.

These stigmas are an integral part of the social and political dimensions of poverty in developed countries, where technological, economic, and scientific revolutions of the past three centuries have reduced the extent and intensity of material deprivation (Khusro 1999:102). In Europe and North America, the experience of poverty
is not simply a matter of being without sufficient income, clean water, or shelter. Limited or dysfunctional social networks, disenfranchisement and obstruction of civil rights, and the deprivation of dignity and self-respect that comes with social exclusion, discrimination, and status loss all qualify the lives of the urban poor – reducing the potential for change and at times exacerbating existing problems. As Sundir Anand and Amartya Sen wrote for the United Nations, “it is ultimately in the poverty of the lives that people can lead that poverty manifests itself” (1997:5).

Following this line of reasoning, many authors have recognized the importance of a multidimensional perspective – in which the lived experience of poverty is understood through its articulation with social, political, and cultural structures and practices. While low income is an essential component of Western poverty, of greater salience may be effects such as denial of opportunities for social achievement and integration (Sen 1992), deprivation of ordinary forms of interpersonal relationships (Townsend 1993), and the “subjective feeling of being poor,” either in absolute terms or in relation to other members and groups of society (Khusro 1999 4). Viewing poverty as multidimensional allows scholars in many disciplines – ranging from the humanities, to economics and the social sciences, to the medical sciences – to focus their academic and applied studies on the causes of poverty, its natural history, and solutions for overcoming it. While viewed from Marxist and development perspectives as a political, economic and social problem, the detrimental effects of poverty on communities, neighborhoods, families, and ultimately, on bodies and minds (Wilkinson 1994; O’Neil 2006), stresses the urgency for its equal consideration as a medical problem.
A strong case may therefore be made for holistic studies of poverty that lend weight to all of its dimensions – an endeavor that the field of medical anthropology is well-suited to address. Among the leading medical anthropologists who have taken a comprehensive and critical approach toward understanding poverty, Paul Farmer (2003) points to the influence of “structural violence,” emphasizing the ways in which political and economic forces shape global inequalities and patterns of health. Likewise, under the rubric of “critical medical anthropology,” Hans Baer, Merrill Singer, and Ida Susser have sought to explain social problems associated with poverty – such homelessness and drug abuse – as corresponding “directly to changes in the U.S economy… rather than to individual failings” (1997:64) and understood in historic context (1997:75).

In this paper, I follow the lead of these and other scholars, presenting ethnographic work that explores experiences of stigma among the homeless and poor of Geneva, Switzerland – a developed city of western Europe where poverty is independently linked to both immigration and domestic social problems. While operating from the widely held view that poverty, stigma and discrimination are structural processes – originating in social institutions and systems – the central thesis guiding my work contends that it is through interaction with other individuals in society that the poor realize and make sense of their experiences of poverty and stigma. Thus, I follow the work of anthropologists who have studied problems of homelessness – James Spradley (1970), Irene Glasser (1988), Carl Cohen and Jay Sokolovsky (1989), and Patrick Gaborieau (1993) – in taking a more local and micro-ethnographic approach, examining the interactions of the poor with other people they encounter in their day-to-day lives.
Study Rationale

The problem of poverty – defined broadly as the deprivation of access to basic needs, such as food, water, clothing, shelter, education, and health care – has been estimated by the World Bank to affect 1.4 billion people in the developing world alone (Chen and Ravallion 2008). The extreme poverty found in the world’s poorest countries is characterized by hunger and malnutrition, illiteracy, poor water and housing conditions, and a resulting host of infectious diseases – including tuberculosis, leprosy, cholera, typhoid, diphtheria, and in the last three decades, HIV (McMichael 2001). In urban settings, poverty brings additional hardships in the form of environments that are “overcrowded, unhygienic and physically precarious” (McMichael 2001:252), proximity to industrial sources of pollution (Brown 1995), and the destruction of housing through urban renewal, resulting in the displacement and isolation of the urban poor (Susser 1996:417).

In developed countries, the severe consequences of poverty such as hunger and malnutrition are less evident as in the developing world. Absolute poverty is replaced by relative poverty, and material deprivation is overshadowed by social exclusion – a process marked by “precariousness of labor and unemployment on the one hand, and the breakdown of social bonds through the crisis of the welfare state, the rise of individualism and the weakening of primary solidarity (of family networks, for example) on the other” (Bhalla and Lapeyre 1999:5). The burden of poverty in developed countries is therefore understood not only through disparities in income, but disparities in access to jobs, health care, education, and adequate housing between the richest and poorest members of society, with an emphasis on deficiencies in social support – whether of family, friends, or public institutions.
Studies that focus on how social exclusion and isolation manifest socially and are experienced by the poor (specifically, as elements of stigma) have both theoretical and practical relevance. First, stigma may function as a contributing factor in the occurrence and reproduction of Western poverty – through the effects of stereotypes and divisive attitudes on policies governing welfare and other social programs, of discrimination on employment and housing opportunities for the poor; and of perceived stigma on willingness to seek help. From a structural perspective, in which poverty is considered the result of social, economic and political forces beyond the individual, efforts toward poverty reduction require understanding how these forces operate and may potentially be changed.

Second, stigmas of poverty may have an adverse effect on mental health – decreasing self-esteem among those who internalize negative stereotypes and attitudes, and increasing symptoms of depression, anxiety, or personality disorders through the cumulative impact of experienced discrimination, harassment, or abuse. From a practice perspective, which emphasizes the individual's agency in negotiating structural obstacles, adapting to or overcoming poverty, there is both a social and health benefit in studies that address the social and psychological resources of the individual. Research on stigmas of poverty may yield knowledge useful from both perspectives, working on the one hand to help reduce the production of poverty in developed countries, and on the other to increase the health status and quality of life among the poor.

**Social Exclusion and the Production of Urban Poverty**

Unemployment, considered among the key indicators of poverty in developed countries and arguably its primary cause (United Nations Development Programme...
may be viewed on the one hand as a function of individual choices and capacities, and on the other as a consequence of the interaction of human networks and institutions, of historic and geo-political processes. In the countries of Western Europe, academic discourse has turned toward explanations that emphasize the latter, such that the term “social exclusion,” rather than “poverty,” is used to describe socioeconomic disparities (Bhalla and Lapeyre 1999). From this perspective, the unemployed are seen as excluded from the labor market, both directly and through the effects of other domains of exclusion, such as education, housing, and health care.

While I will argue that stigmas of poverty play a role in the occurrence of unemployment, its initial structural causes are linked to the more impersonal cycles of capitalism. Rates of unemployment in developed countries rise and fall with fluctuations in the national product and investment activity that are inherent to free-market economies (Khusro 1999). Economic recessions have affected industrialized societies with increasing frequency and duration since World War II, producing unemployment rates that vary from five to ten percent of the workforce (Khusro 1999:103). In the United States, the present recession that began in December 2007 resulted in a two-fold increase in the national unemployment rate, to almost 9% by April 2009 – producing an overall loss of nearly 6 million jobs (U.S. Bureau of Labor Statistics 2009). When viewed in the aggregate, this burden of unemployment results primarily from non-discriminating processes of social exclusion, which originate not from malicious or misguided practices by people or groups in power, but from the dynamics of an economic system that by nature cannot guarantee full employment for all members of society.
The effects of stigma on unemployment (and consequently, poverty) are more evident when observing policy responses to unemployment and other social problems, particularly in the latter half of the 20th century. Bhalla and Lapeyre (1999) document the effects of global secular trends on rising unemployment rates since the age of Fordism (during the 50s and 60s), when Western countries underwent significant growth in both economic productivity and wages. In response to crises of the welfare state and of profitability in the 70s, the United States, the United Kingdom, and other nations of the Organisation for Economic Co-operation and Development (OECD) began to adopt a "neoliberal form of capitalism" (Bhalla and Lapyere 1999:87). This new economic strategy stressed flexibility, competitiveness, deregulation, privatization and state withdrawal from economic activity. Throughout the 80s, it led to "an end to social compromise within firms" (that had characterized Fordism) and weakening of worker's rights, social benefits and labor standards (Bhalla and Lapeyre 1999:88).

Unemployment rates have subsequently increased in many of these countries. Citing data from the *U.N. Statistical Yearbook*, Khusro (1999:110) shows that between 1975 and 1985, rates of unemployment increased two-fold in France and Germany, and by three times in the United Kingdom. Peak unemployment in the period following the recessions of the early eighties ranged from 9.7% in the United States to 13.1% in the United Kingdom (both in 1983). Neoliberal economic policies accentuate the lines of separation between the working and non-working members of society, as well as those between the working-poor and the middle class. Through reduction or denial of social benefits, these policies magnify the effects of periodic economic downturns and
contribute to conditions of chronic unemployment that persist even after the economy improves.

As unemployment rates rise in a population, so does the percentage of people living below the income poverty line. When defined as 50% or less of a country’s median income, poverty rates among the OECD nations ranged between 4.9% in the Czech Republic to 17.0% in the United States between 2000 and 2004 (United Nations Development Programme 2007). Even in countries where overall GNP is high, such as the United States, income disparities result in the persistence of high poverty rates. In 2007, U.S. households in the lowest income quintile shared only three percent of the nation’s aggregate household income, while those in the highest income quintile shared 50% (DeNavas-Walt et al. 2008:9). The U.S. poverty rate – defined by set income thresholds that vary by family size and composition – was 12.5% in 2007, resulting in an estimated 37.3 million people living in poverty (DeNavas-Walt et al. 2008:12).

In turn, unemployment and low income translate to more tangible and immediate signs of poverty in Western countries. Among the most visible and troubling is homelessness, which is estimated to affect 3.5 million people in the United States in a given year (National Coalition for the Homeless 2008b). A similar estimate – 3 million homeless – has been cited for the 12 member states of the European Union (Bhalla and Lapeyre 1999:89). Since the economic recessions of the early 80s, the faces of the homeless have been associated not only with the deinstitutionalized mentally ill, the solitary “tramp” or “bag lady,” but also with the working-class poor evicted from their homes, families, single mothers, and runaway youths (Glasser and Bridgman 1999). While homeless people in the United States suffer from the same health problems as
other Americans, their problems are magnified by the lack of social, economic and housing support, poor nutrition, and reduced access to medical services (Baer et al. 1997:66).

Homelessness represents the most extreme consequence of the unbalanced politics of space that characterizes poverty in Western countries. The homeless individual is excluded from all private spaces, poor or rich, and having nowhere else to go, intrudes into the public domain (Susser 1996:417). Among the housed, the poor cluster geographically in underdeveloped, undesirable and unsafe neighborhoods, both as a function of their affordability and by actions of separation on the part of wider society. Socioeconomically disadvantaged neighborhoods, often composed of ethnic minorities, can persist for generations and are associated with high rates of criminality, single motherhood, use of public assistance, substance abuse and other mental disorders (Silver et al. 2002; Casciano and Massey 2008). Such neighborhoods are exemplified in the urban ghettos of Spanish Harlem, where Latino street gangs and drug dealers vie for territory and respect (Bourgois 1989), as well as the low-income banlieues (low-income suburbs) of Paris, long-associated with juvenile delinquency among North African youths (Grewal 2007). The riots that erupted in France during November 2005 – instigated by the accidental electrocution of two teenagers from a Parisian banlieue who were hiding from the police in an electrical substation – highlighted the political nature of tensions that can arise between society and the minority residents of poor neighborhoods (Sahlins 2006).

In Western countries, there is strong evidence for a relationship among economic recessions, unemployment, and income poverty, producing periods in which millions of
people live in squalor, without work, income, or sometimes homes. These periods have occurred with increasing frequency in the last half of the 20th century, with the most recent recession of 2008 and 2009 among the most severe and wide-ranging. Adding to the burden of periodic poverty is the chronic homelessness and persistent neighborhood poverty that disproportionately affects ethnic minorities – which itself can be tied to disenfranchisement and social exclusion based on ideas of race or nationality. While of a different character than that observed in the developing world, the burden of poverty in Western countries is substantial, affects a wide-ranging demographic, and, given recent global economic trends, necessitates a timely and appropriate response from scholars, community and health workers, and policy-makers.

Research that aims to elucidate the stigmas of poverty in developed countries is important, firstly, because stigma plays a role in the occurrence and reproduction of this burden. In free-market economies, where full employment is not guaranteed, systems of public support are necessary to ensure that all members of society have an acceptable standard of living (Khusro 1999). Whether public spending to combat poverty comes in the form of job creation, vocational training and education, unemployment or welfare programs, community development or economic stimulus, the agencies responsible for designing and implementing these efforts are influenced by the broader beliefs and stereotypes attached to the poor. If stigma is high against a particular sub-group of the poor, the idea of providing the funds and programs needed to serve them may be met with little enthusiasm by lawmakers or their constituencies. For example, as a result of stigma against the homeless, some communities have been reluctant to approve
service facilities for homeless persons in their localities – a phenomenon known as the “NIMBY,” or “Not in My Back Yard” syndrome (Takahashi 1997).

At the interpersonal level, certain sub-groups of the poor, such as ethnic minorities from low-income neighborhoods and persons with known chemical dependencies or criminal records, are subject to discrimination (both legal and illegal) when seeking employment or housing. By potential employers, this discrimination can promote chronic unemployment and under-employment, making it difficult for the poor to secure meaningful and lasting jobs and consequently improve their quality of life. Unscrupulous real estate and lending practices such as “blockbusting” (misrepresentation of property characteristics) or “redlining” (denial of loans) can likewise lead to undesirable and dangerous neighborhood conditions among ethnic and other minorities – a form of direct discrimination that affects access to housing and may function as a precursor to homelessness (Brown 1995:27).

Lastly, those in extreme situations of poverty, such as the chronically homeless, may be inhibited from seeking help by their awareness of the stigmas directed against them and the shame associated with public exposure. Goffman (1963) described those whose stigmas are immediately apparent and visible to the public (as homelessness often is) as “discredited” – marked by a discrepancy between actual and virtual social identity. Low levels of seeking care are well-documented among persons with mental illness, sexually transmitted diseases, and drug addiction, whether they are fearful of being discredited by those told of their condition, or whether the notion that they are “morally tainted or a mortal danger to others” leads them to denial of their problems (Keusch et al. 2006:525). Similar mechanisms likely explain under-utilization of social
services that serve the poor, such as soup kitchens, homeless shelters, and welfare, disability, and unemployment assistance programs.

**Poverty, Identity, and Mental Health**

In addition to conditions that can be directly linked to structural forces, such as unemployment and homelessness, modern understanding of Western poverty also emphasizes internal factors focused on the individual – specifically, the social and psychological correlates of living in poverty such as depression, violent and criminal behaviors, substance abuse, and long-term dependency on social benefits (Kamerman and Kahn 1997). The relationship between chronic poverty and these social problems in academic and political debate is central to the construction of poor identities and stigmas of poverty. Proponents of the “underclass” concept argue that poverty is a problem of individual dysfunction and “pathological” behaviors (Kamerman and Kahn 1997), reflecting the neoliberal paradigm prominent in Anglo-Saxon thinking during the 1980s and 1990s (Bhalla and Lapeyre 1999:7).

While valid explanations for any human problem will invoke both agency (the role of the actor) and structure (the role of the environment), I contend that social policy in Western countries continues to be influenced by explanations that emphasize the character and behavior of individuals for understanding how poverty occurs. Individuals whose poverty can be cleanly associated with factors considered beyond their control – those classified as the “new poor,” single mothers, the disabled, and the mentally ill – are favored over those whose poverty is complicated by problems such as criminality or drug addiction. As Paul Farmer noted, the global political agenda “has never concerned itself with those popularly classified as the “undeserving” poor: drug addicts, sex workers, illegal “aliens,” welfare recipients, or the homeless, to name a few” (2003:6).
Whether considered by society to be “deserving” or “undeserving” of public assistance, those who are affected by both poverty and mental disorder may find themselves in a mutually reinforcing state of “spoiled identity” (Goffman 1963). Among the different health outcomes that affect the poor, mental illness is of special interest. Mental disorders such as schizophrenia, depression, and alcoholism have been shown to disproportionately affect the poor – through processes of social causation (poverty preceding illness) and social selection (illness preceding poverty) (Dohrenwend et al. 1992; Dohrenwend 2000). Stigma may function as a social cause in the development of mental illness among the poor. In turn, deficiencies in mental health can impede a person’s ability to improve their life situation, thus exacerbating their poverty. Disorders that biomedicine labels as “behavioral” – such as alcohol and drug dependence – are perhaps the most stigmatized because of their association with personal choice and moral integrity: The public deems the drug addict at fault for his or her condition, presuming poor individual choices and failure of will to be the necessary and sufficient causes. The association of alcohol and drugs with homelessness may also transform the stigma faced by some homeless people, generating a sub-group of “undeserving” homeless, whose condition would otherwise be interpreted as structural in origin.

A second reason for studying Western stigmas of poverty therefore hinges upon the conceptual causative links between stigma and mental health. Epidemiologic studies have shown associations between discrimination (experienced or perceived) and symptoms of depression and psychological distress among people of minority ethnicity and sexual orientation (Krieger 1999) – associations that may also occur among those in poverty. However, the effects of stigma on mental health likely reach
beyond an individual’s experiences of discrimination and status loss, which Link and Phelan (2001) consider alongside more wide-ranging social processes such as labeling, stereotyping, and separation in their definition of stigma. For the poor, deterioration of mental health may also occur from the sense of being different, from being labeled negatively by society, and from the delegitimating effects of low social status on personal identity.

From a “social causation” approach (Dohrenwend et al. 1992), stigma could therefore explain high rates of mental illness such anxiety and depression that are observed among the poor. For someone in a situation of poverty – whether being working-poor, unemployed, homeless, a beggar, drug addict, or petty thief – knowing that public opinion finds people in their situation to be repugnant or unworthy can lead to low self-esteem and a sense of being alone. For those who “self-stigmatize” – who internalize the prejudices, stereotypes and other negative value judgments directed by society toward their stigma – as well as those who truly have little to no social support, the effects on symptoms of depression are likely worse (Corrigan and Watson 2002). Mental illness may occur from both lived trauma and from increased awareness of stigma when the poor are subjected to violence and discrimination, or when they observe it happening to others in their situation.

Those who find themselves in poverty due to the impairment of a pre-existing mental illness (the “social selection” approach) (Dohrenwend et al. 1992) may also experience exacerbation of their symptoms from the stigmatizing encounters that occur in their daily lives. It follows that for those with antisocial or paranoid disorders, such as schizophrenia, stigma creates more pronounced lines of separation between the
individual and society, perpetuating conditions of poverty that are linked to low social support, and potentially increasing the frequency of violent or antisocial acts on the part of the individual. These acts in turn serve to reinforce the current stigmas against those in poverty – legitimizing stereotypes that the poor are criminal or dangerous.

In some cases, rather than internalize stigma, a person in poverty may resist acts of labeling and discrimination – both physically and psychologically. Resistance is a likely response among those poor who are stigmatized more for their ethnicity, nationality, or other “tribal” stigma with which positive personal and group identification is common (Goffman 1963:4). Affiliation with a set of cultural practices and beliefs offers psychological resilience against stigma, and may lead to responses of indifference and protection against mental illness.

Few studies have sought to explore stigmas of poverty in developed countries, particularly through the lens of a medical anthropologist. I address the topic here using a broad approach – recognizing the numerous and varied identities that are affected by poverty-related stigmas and the complex, recursive nature of stigma as a social process. While stigma is viewed as a societal, system-level phenomenon, it is experienced (and potentially transformed) by the individual at both institutional and interpersonal levels. Efforts toward eliminating or reducing the burden of stigma on those in poverty require understanding not only how stigma manifests socially and is experienced by the poor, but also how the poor respond to it – whether through self-stigma, denial, resistance, or indifference.

Geneva, Switzerland: Setting For an Ethnographic Study

Despite certain social and economic similarities among the countries of North America and Western Europe, stigmas of poverty likely manifest differently between the
continents – owing both to cultural differences and to the wider range of nationalities and ethnic groups that thrive in Europe’s smaller, more densely populated area. Immigration, poverty, and homelessness are closely related in many Western European countries, where immigrants are segregated, suffer high unemployment rates, work menial jobs, and live in poor housing and neighborhood conditions (Daly 1996). Lack or inadequacy of legislation to address homelessness and immigrant rights in these countries may be considered a symptom of the “growing polarization… between average citizens and those without full rights” and the mounting sense of xenophobia that comes with secular increases in poverty (Daly 1996:11).

Middle- and working-class citizens who lose their jobs and social benefits during economic recessions often turn their resentment toward the presence of foreigners, who they may blame for their own condition of poverty. This public sentiment is reflected in the rising popularity of right-wing political groups and consequent changes to national immigration policies in the region, including pressures to restrict immigration and deport foreigners. Limits on the legal rights of immigrants have been increasing since the mid-1970s, with the harshest measures directed at religious, ethnic or racial minorities (Daly 1996:12). In the countries of the European Union, foreigners arriving from non-member states, particularly those of Eastern Europe and Africa, are perhaps the most widely affected.

Like many cities in Western Europe, Geneva, Switzerland has a high percentage of foreigners among its residents – approaching 40% of the cantonal population (Office Cantonal de la Statistique 2009) – and is located in the country’s French-speaking region, which tends to have higher poverty rates (Ferro-Luzzi et al. 2006). For these
reasons, Geneva functions well as a case study of the local effects of European trends in immigration, homelessness, and poverty. Despite Switzerland’s reputation as a wealthy country, its population claims a substantial share of socioeconomically disadvantaged people and families. In 2005, one million people – or one-eighth of the Swiss population – were estimated to live in poverty (Tribune de Genève 2005). While many are of foreign origin – the most common migrating from the countries of North Africa, Eastern Europe, Central and South America – Swiss citizens are also vulnerable, their poverty reflecting the domestic problems faced by other Western nations. Of recent interest in Swiss social research and public policy are those who live in “hidden poverty” – referring to poor residents who have the right to social assistance but do not receive it (Rossini 2002).

The poor of Geneva represent this duality in Swiss poverty. Based on the population of patients seen at a mobile community health care unit (UMSCO), the city’s poor may be classified into two groups: (1) the grands précaires (severely marginalized), who are mostly men, often with psychiatric or substance abuse problems (one-third of Swiss nationality); and (2) the sans-papiers (undocumented immigrants), consisting mostly of women from Latin America, the majority employed as domestic workers and having no health insurance (Wolff et al. 2005). To these may be added immigrants who figure prominently in the public eye, but who are less likely to seek care – specifically, young North African men, frequently associated with drug dealing and petty theft, and Roms (Romani), known in popular discourse as gitans (gypsies), who are known for their role as street musicians. It is partly for this heterogeneity – the
plurality of social identities that comprise the poor and which to a certain extent mirror those found in the United States – that Geneva was chosen as the site for my study.

With regard to stigma, Switzerland may also function as a model for the separation, labeling, stereotypes, and discrimination directed against the poor and homeless in Western Europe. Sociological research has documented high levels of misanthropy, xenophobia, and rightwing extremism in Switzerland (Cattacin et al. 2006). Nationality, religion, and ethnic origin are among the most frequent reasons for discrimination, much of which is directed against Muslims. The rising trend of xenophobia in Western Europe is reflected in recent Swiss legislation – in particular, the popular success of an immigration law (passed by two-thirds of the popular vote) that restricts access to the labor market for certain categories of immigrants and makes penalties against undocumented immigration more severe (Office Fédéral des Migrations 2007). Concerns of nationality aside, other stigmas against the poor are also prevalent in Switzerland, as evidenced by public attitudes regarding the homeless. Cattacin et al. (2002) found that one-third of the Swiss population rejected homeless people who beg in the streets, and one-quarter felt that the homeless should be taken away from pedestrian zones.

While the poor and homeless of Geneva face high levels of stigma originating from the public and political domains, they also benefit locally from a comprehensive network of social and health services (Wolff 2004). In 2006, Geneva counted 26 distinct establishments that offer reception, shelter, food, medical care, employment assistance or other services for the poor. Among these were 12 homeless shelters – including both public institutions such as the Abri PC (a high-capacity municipal winter shelter) and
charitable institutions such as the Salvation Army. The university-run UMSCO clinic proactively provides healthcare to those without health insurance by sending health providers – nurses, doctors, and social workers – to consult with clients of the city’s different social service locations. In Geneva, the précaire identity to which the poor are relegated is therefore one imbued with contradiction – simultaneously involving sentiments of exclusion and acceptance by the larger society.

**Study Approach and Research Questions**

Because stigmas of poverty remain, in large part, uncharted territory in the social and health sciences, scant knowledge is available for developing and testing hypotheses regarding their natural history, structure, and effects on the individual and society. Whether these stigmas are considered an outcome or determinant of chronic poverty (epidemiologic approach), a factor in the transformation of “poor” identities (social and psychological approaches), or a problem requiring medical or policy interventions (applied approach), qualitative work is first necessary to identify the populations at risk of stigma and the factors and constructs most relevant to the culture being studied. In this paper, I take the approach of applied medical anthropology, exploring stigmas of poverty using ethnographic methods and research questions formulated to advance both theory and practice. Through this work, I hope to contribute an anthropological voice to present conceptualizations of stigma, poverty, and mental health, as well as provide the qualitative data needed to inform social and medical intervention.

Ethnography, in which the fieldworker interacts with and follows groups and individuals within a culture over an extended period of time, is uniquely appropriate for describing events that may otherwise go unnoticed. Among other methods in the social
sciences, ethnography captures the range of experiences and encounters that occur in the daily lives of informants. By observing, participating with, and learning from informants in natural settings – in this case, soup kitchens, homeless shelters, streets, parks, and other locations the poor normally frequent – the fieldworker becomes privy to not only routine events in their lives, but also periodic and uncommon occurrences. Researcher participation and repeated, long-term contact are especially important when dealing with marginalized populations such as the homeless or drug addicts, whose low levels of trust make them more reluctant to participate (Becker 1963).

A comprehensive description of the kind offered through ethnographic work should address which groups among the poor are most affected and vulnerable to stigma, the stereotypes and labels most commonly associated with them, the origins and enactment of these stigmas within the broader cultural context, and the immediate sources of poverty-related discrimination and status loss, whether such encounters are individual or structural in nature. More focused research questions may be theoretical or applied in orientation – derived in either case from the connections discussed above between social exclusion and urban poverty, and among stigma, identity, and mental health.

This study was guided by the following five sets of research questions:

1. Who are the poor of Geneva, and in what social contexts do they experience stigma in their daily lives? Where, when, against whom, and by whom does stigmatization occur?
2. How do the poor respond to affronts to their identity, and to what degree do they express internalization of or resistance against their stigmas?
3. Among the poor, which groups experience a greater burden of stigma, and which are more susceptible to its detrimental effects?
4. To what extent does stigma, specifically discrimination and mistreatment, occur in Geneva’s social service settings?
5. Through what personal and cultural pathways can poverty-related stigma lead to mental disorder in vulnerable persons or groups?

To adequately address these questions using ethnographic methods, a study of long duration (approximately one year) was necessary – one that would allow me to improve my French-language proficiency, integrate into Geneva’s social service settings, and establish close and repeated contact with informants. While the UMSCO clinic functioned as my point of entry to the study setting and population, during the course of one year I conducted the majority of this research as both a volunteer and guest at a city-run soup kitchen – Club social rive gauche (Left Bank Social Club). Finally, in addition to the soup kitchen and other social service locations, I observed and interacted with the poor in public locations such as streets, parks, and public transport. This broad approach to the study setting allowed for the inclusion of those likely to have had exposure to stigma in social service locations, as well as those who may have chosen to avoid social services because of stigma.

Dissertation Outline

This dissertation begins with two review chapters that provide the theoretical basis for my work on stigmas of poverty in Geneva. Chapter 2 discusses the origins of the stigma concept in identity and labeling theory, synthesizing work in sociology, psychology, and anthropology, and presents new directions for stigma research elucidated through ethnographic studies of poverty, homelessness and soup kitchens. Chapter 3 focuses on the study setting, providing a description of poverty and social support in Switzerland, a typology of stigmatized identities in Geneva, and an inventory of the city’s social assistance institutions, soup kitchens, and homeless shelters.
The study methodology is detailed in Chapter 4. I begin with a formal presentation of my ethnographic research questions and a general description of the people and places important for the study. I provide a cross-sectional description of 55 informants, detailing selected profiles of those who appear frequently in the study results. Next, I describe my methods of data collection, which included participant-observation, qualitative interviews, and a cultural domain analysis of the personal label précaire. Lastly, I describe my methods of data analysis and interpretation.

The study results are presented in two chapters. Chapter 5 presents results from the cultural domain analysis, including free lists, pile sorts, and paired comparisons of personal labels for the poor in Geneva, both “stigmatizing” and “acceptable.” Associated with these terms are popular stereotypes regarding the most stigmatized groups in Geneva, as elicited through participant-observation and qualitative interviews. Chapter 6 provides a descriptive analysis of stigmatizing encounters that the poor experience in relation to others and their environment, using grounded theory to analyze field notes and interview transcripts. I identify and discuss the most salient categories of encounter participants, places, actions, and responses, and provide both thematic and statistical interpretation. From my findings I describe a recursive model for stigma that involves the interaction of stigma, response, and outcome.

Finally, two discussion chapters offer interpretation of the study results and potential applications for practice – focusing specifically on the links between stigma and mental health among the poor. Chapter 7 presents three case studies from my ethnographic work in Geneva – each exemplifying a different pathway by which stigma may lead to mental disorder, and contributing theoretically to a model of psychosocial
distress. Chapter 8 describes the practicalities of my study – the application of findings for improving the lives of the poor. I discuss the implications of source- and subject-directed intervention for various categories of the poor, and document a set of recommendations for improving social service practices in Geneva. Lastly, I review the concept of poverty as a promoter of disease (and specifically mental illness), covering the descriptive epidemiology of mental illness among the poor, the social and psychological theories posited to explain these associations, and stress theory as a unifying concept for negotiating between explanations of “social selection” and “social causation.” Based on the articulation of the stress model and the recursive model of stigma, I present future research directions – using ethnography to inform the measurement of stigma and develop hypotheses for testing the relationships among poverty, stigma, and mental health.
CHAPTER 2
STIGMA THEORY AND THE ANTHROPOLOGY OF POVERTY: TOWARD A SOCIAL, PSYCHOLOGICAL, AND CULTURAL SYNTHESIS

At its most fundamental, the concept of identity refers to a person’s sense of self – the ever-changing set of attributes with which the person identifies in both self-reflection and outward expression. In response to the most existential of questions – “Who am I?” – humans tend to articulate identity in ways that are both deeply personal and inextricably social. Certain elements of identity are present from birth, including both physiologic or genetic traits (such as the color of one’s skin or their sex) and cultural traits (such as a person’s ethnic, religious, or family heritage). However, the majority of what constitutes identity is acquired throughout life as an individual passes from childhood to adolescence and adulthood, in rites of passage that mark points of transition to new social and economic vocations. As the social behaviorist George Herbert Mead wrote, the “self” is not something a person is born with, but rather something that “arises in the process of social experience and activity” (1934:135). It is ultimately through life experiences – and the self-reflection of one’s experiences through the lens of his or her social group – that identity is constructed and redefines itself over time.

From the perspective of psychology, Erik Erikson linked the formation of identity with the various stages of human development (1959). Erikson described ego identity as the sense of self that forms when a developing individual takes on new abilities, roles, and statuses (such as learning to speak or walk), resulting in “the conviction that the ego is learning effective steps toward a tangible collective future, that it is developing into a defined ego within a social reality” (1959:23). Based on the work of Mead, Erikson, and others, identity in the social sciences has been conceived in two
broad categories – *personal identity* and *social identity* (Goffman 1963; Caughey 1980). The first refers to a person’s continuous experience of a conscious “I” – the product of a string of memories in which self is the constant and necessary focus and to which are closely linked the phenomena of personality, temperament and character. Personal identity is that which differentiates a person from all others, defined by the unique record of social facts that “anchor” the person as an object of biography (Goffman 1963:62). Social identity – more frequently the object of study among anthropologists – refers to the dynamic plurality of roles, groups, and ideologies with which an individual identifies. Unlike personal identity, which is unique to the individual, social identity is generic – ascribed to classes of individuals and frequently subject to generalizing beliefs and attitudes on the part of wider society. A person’s ethnicity, nationality, occupation, and various relational roles (both familial and social) all comprise different components of his or her social identity – components that can change over time, and subsequently lead to changes in a person’s sense of self.

In my study, I focus on social identity – specifically, the varied social identities of people living in poverty. Throughout my work, I have sought to elucidate the most salient categories of social identity among the poor and to document how these identities are constructed, understood, and expressed in the larger sociocultural context. Special focus is placed on the ways in which social identity shapes the nature of interpersonal relations. The different social positions delimited by identity labels have little meaning outside their relationships with others. As Caughey notes, “social identities are based on rules of conduct that specify what someone in one social capacity owes to and can demand from someone in another social capacity”
The concept of exchange, whether material or symbolic, is therefore important for interpreting the role of identity in social interactions, and is one that returns in the more structured analysis of observed and narrated encounters to follow. In turn, I will argue that the relationship between identity and social interaction is recursive: Just as the respective social identities of individuals determine how they will interact, so may these interactions transform their sense of self, generating new ways in which identity is both experienced and enacted.

**“Spoiled Identity”: Early Concepts of Stigma and Deviance in Sociology**

Certain aspects of identity deviate from social norms to the extent that they produce disadvantages for those who possess them. People born with physical deformities, who become disabled from physical injuries or illness, or who work in low-status occupations must embrace social identities that are looked upon as inferior or limiting by the general population – identities that are stigmatized by society. The word “stigma” has its origins in ancient Greece, where the term referred to physical marks put on criminals and slaves to brand them into lower-class social positions (Goffman 1963; Falk 2001). It has since been operationalized for study in the social sciences, initially through the work of Erving Goffman, who defined *stigma* as a personal attribute that reduces someone from a “whole, usual person” to a “tainted, discounted one” (1963:3). Goffman wrote that this process has a “discrediting effect” on the identity of people whose appearance, behavior, temperament, or status deviates from the norm. Having a stigma can generate discrepancies between a person’s virtual and actual identity, “spoiling” their social identity in a way that removes them from both society and self (1963:19).
The impact of stigma on a person’s opportunities for social participation, quality of life, and psychological well-being depends largely on the attribute in question. Goffman outlined three general types of stigmas: (1) physical defects or differences; (2) deviations of individual character; and (3) the “tribal stigmas” of race, nation and religion (1963:4). Most stigmatized attributes may be either inborn or acquired, depending on the individual’s life circumstances. In the case of physical deformities, the origin of the attribute (whether the result of a congenital defect or an injury or disease later in life) has little effect on how the public perceives the affected individual. For other attributes that Goffman classified as character-based – such as imprisonment, addiction, alcoholism, and unemployment – those possessing them are considered to have acquired such traits by their own volition and may be regarded more severely, consequently experiencing a greater burden of stigma.

Since the publication of Goffman’s work, new character-based stigmas have emerged. Of special interest are certain diseases, such as lung cancer (Chapple 2004) and HIV/AIDS (Berger 2001), which have a behavioral component to their etiology. Individuals with HIV/AIDS are shunned by the public not only from fears of contagion (implying risk or detriment to society), but because they are considered at fault for their illness through their high-risk sexual practices (implying personal culpability). In Western societies where the poor have rights to welfare and unemployment programs, a large conservative segment of the public shares the view that such programs are harmful to society (risk/detriment) – generating tax increases and wasteful public spending, and serving only to promote a beneficiary’s dependence on others. Those who receive social benefits are also seen as largely responsible for their poverty (personal
culpability), whether through idleness, abuse of alcohol or drugs, or other “life choices,” and are accused of maintaining their poverty in order to gain access to state benefits.

Goffman (1963) further classified stigmas according to three characteristics that affect the person’s relationship with others: (1) visibility – how perceptible the stigma is to people who would not know otherwise; (2) obtrusiveness – how much it interferes with the flow of interaction; and (3) perceived focus – the sphere of life activity for which the person’s stigma disqualifies him or her in a normative framework. People whose stigma is obvious and recognizable – as is the case of the most destitute homeless – are considered to be “discredited” (Goffman 1963:41). Because their stigma is both visible and highly obtrusive, the discredited homeless are more likely to experience neglect and unprovoked acts of mistreatment or violence on the part of the general public. They are disqualified from many spheres of life activity considered to be basic by the rest of society – from having access to housing, employment, and regular nutrition, to having supportive friendships and relationships with family members.

While there is a clear need to address issues of stigma for the recognizably homeless person, whose social isolation is often compounded by mental illness and substance abuse, stigma also affects those among the poor whose problems are not as visible. Most people living in poverty are capable of concealing their stigma, self-consciously calculating the impression they make with others through the process of “stigma management” (Goffman 1963:51). One form of stigma management, known as “passing,” involves efforts on the part of the stigmatized to appear “normal” – a practice that may be enacted in some circumstances and not others. Sex-workers, beggars, and drug addicts may engage in selective passing on a daily basis, keeping their “failings”
secret to one class of persons (e.g., the police), while systematically exposing their stigmas to other classes (e.g., clients, passers-by, or drug dealers) (Goffman 1963:73).

Goffman also introduced the concept of the *moral career* – an internal process encompassing the learning experiences and changes in conception of self that occur among persons with a particular stigma (1963:32). A moral career is comprised of two phases: (1) learning and incorporating the identity beliefs of wider society, and (2) learning that one possesses a stigma and the consequences of possessing it, which socializes the individual to disadvantage. Those who become stigmatized later in life, such as many of the homeless and unemployed, may encounter problems re-identifying with themselves and with people they knew prior to acquiring their stigma. Common life events that mark turning points in a moral career include learning that members of one’s newly acquired group are “quite like ordinary human beings,” and seeing pre-stigma friends deny the humanity of those one had by then learned to see as “full-fledged” people (Goffman 1963:39).

A moral career can also involve “affiliation cycles” in which the newly stigmatized person supports, identifies with, and participates with others who share his or her stigma. The likelihood of affiliation depends on the degree of social exclusion experienced by a stigmatized group. For the most severely marginalized and isolated homeless people, there is no “in-group” with which to affiliate and little to counter the negative effects of stigma on identity (Goffman 1963:112). On the other hand, a person with a “tribal” stigma – such as one of minority ethnicity, frequently associated with chronic poverty – shares with other members of his or her group a well-defined community and a legitimizing conception of differentness. Affiliation is most pronounced
for professionals who take an in-group standpoint, such as spokespersons for the rights of the disabled, the gay, lesbian, and transgender communities, and people who are HIV-positive. These are individuals who strive to “remove stigma from the differentness” recognized by society, which can have the secondary effect of politicizing their lives – rendering their lives even more different from those they were initially denied because of their stigma (Goffman 1963:114).

While Goffman (1963) acknowledged the existence of in-group affiliations, his approach toward the problem of stigma remains focused on the influence of normative beliefs and practices. The classic stigma concept may therefore be interpreted as describing a one-way dynamic – one in which the stigmatized person is passively subject to the divisive consequences of social norms, or at best, adapts to mitigate the consequences. To account more fully for the role of agency in understanding stigma, I turn to the work of Howard Becker (1963), whose studies of deviance place emphasis on the perspective of the “outsider” and the contextual nature of deviant acts. Becker’s focus on rule-breaking and deviant behaviors (in contrast to Goffman’s more general theory on all stigmas) also makes his work relevant for research on the stigmas of poverty. Because many of the stigmas discussed in this paper are behavioral in nature – including stigmas of homelessness, begging, drug and alcohol abuse – the theory that grounds this work must address more explicitly the role of the actor.

Becker defined “outsider” as “one who cannot be trusted to live by the rules agreed on by the group” (1963:1). He considered the term to be “double-barreled,” meaning that rule-breaking “outsiders” may not consider those who judge them to be either competent or legally entitled to judge, and may feel instead that the judges are
Unlike Goffman’s “stigmatising attribute,” which is treated as fixed in relation to the norms of society, Becker’s concept of deviance defines a sense of differentness that changes on a case-by-case basis. For example, with regard to law-breaking, the extent of “being outside” depends on the severity of the crime. For infractions that are treated tolerantly, such as traffic violations, those who commit them are not considered very different from the rest of society. However, those who commit infractions that carry greater penalties, such as theft, are regarded by society as less similar, while those who commit the most serious of offenses, such as murder, rape, or treason, are viewed as “true outsiders” (Becker 1963:3).

Becker (1963) was concerned less with the personal and social traits of people labeled as “deviant” and more with the process by which deviant persons come to be thought of as outsiders and their reaction to such judgments. Social groups “create deviance by making the rules whose infraction constitutes deviance and by applying those rules to particular people and labeling them as outsiders” (Becker 1963:9). Becker recognized this process as relativistic; rather than operating exclusively as a practice of “normal” society – an artificially homogeneous group possessing a single set of rules – the construction of deviance occurs through the interaction of multiple social groups that are differentiated along class, ethnic, occupational and cultural grounds, and which possess different sets of rules. The labeling of a trait or behavior as deviant depends on the perspective from which the labeling occurs; likewise, the concept of what is “normal” will also shift. Many groups considered to be deviant by the general public, such as Becker’s dance musicians (1963:82), possess their own culture of shared words, rules, and values. Those who associate exclusively with other members of the deviant group
will consider their distinguishing behaviors and practices to be normal, and instead label as “outsiders” those who do not conform to the group.

Reflecting the work of Goffman, Becker (1963) also proposed the concept of a “career” through which a person adopts deviant behaviors and identities. Becker’s “career” occurs as part of a sequential model, in which patterns of behavior develop in an orderly sequence (1963:24). Steps in the sequence include an individual’s opportunity to engage in deviant behavior, his or her willingness and motivation to try the behavior, and continuation of the behavior until it becomes a regular practice. Each step represents the individual’s movement toward a new personal and social identity; by the final stage, “one who repeatedly commits deviant acts, who makes deviance a way of life… organizes his identity around a pattern of deviant behavior” (Becker 1963:30). This transformation occurs through interaction with others in a social context, such that “the individual learns to participate in a subculture organized around a particular deviant activity” (Becker 1963:31). The career model can be useful for understanding the experience of stigma among certain subgroups of the poor and homeless – for example, runaway, squatter, and “punk” youths, drug users and drug dealers – whose level of organization, shared practices and value systems offer a contrasting sense of legitimacy to identities considered to be deviant by wider society.

More recent research on stigma places these relativistic assumptions into context by focusing on the lines of separation that stigma produces between social groups and the social structures responsible for the construction of stigmatized categories. As it applies to American culture, Falk defines stigma as: “An invisible sign of disapproval which permits insiders to draw a line around ‘outsiders’ in order to demarcate the limits
of inclusion in any group” (2001:17). On the one hand, stigma is perpetuated in
societies by concepts of “essentialism” – a Platonic concept whereby all worldly
phenomena have an inherent essence that classifies them into a specific and
unchanging category. For example, through essentialist thought, the categories that
divide people of different skin color into inferior and superior “races” are legitimized,
promoting the social reproduction of racist beliefs and practices. On the other hand,
stigma is challenged by the idea that such categories are socially constructed. Such is
the case in critiques of the notion of biologically determined “races,” which are based on
the recognition among human biologists that it is impossible to determine the number of
genetic or physical characteristics used to define racial categories; the term race is
instead seen as “a historic artifact from an archaic biology” (Brown 1998:259).

When deviance is viewed as socially constructed, the categories of identity that
form the basis of stigma are delimited through the use of labels. Labeling theory, which
originated in the work of John Kitsuse, Howard Becker, and Albert Cohen, asserts that
the labeling of individuals whose behavior is perceived as deviant by society further
marginalizes them, preventing them from engaging in certain forms of social
participation and encouraging them to consider themselves as deviant (Freilich et al.
1991). The stigma process is therefore conceived as self-perpetuating: As stigmatized
individuals are labeled, they are confined to reproduce even more deviant patterns of
behavior, and in so doing “prove” the original basis for their exclusion by society.

**Labeling and Stigma in Social Psychology**

Becker argued that labeling places the actor in circumstances that make it harder
to continue normal routines of everyday life, thus provoking the individual to “abnormal”
actions (1963:179). Three years following the publication of Becker’s work on deviance,
the sociologist Thomas J. Scheff (1966) used the concept of labeling to explain deviant behaviors and symptoms among the mentally ill – advancing a “labeling theory of mental illness” that later became an important subject of study in sociology and social psychology. This section discusses the history and more contemporary theory of labeling and stigma of the mentally ill, which is important for grounding work on stigma among the poor because of the relevance that mental illness has for many who live poverty. Even for those who do not suffer from symptoms of mental illness, the pervasiveness of stereotypes of the poor and homeless as mentally ill makes them susceptible to mental illness stigma.

In Scheff’s theory, the labeling of a person as mentally ill puts into motion a set of social expectations and pressures, which eventually lead to a regular pattern of deviant behavior that conforms with cultural stereotypes of mental illness (Link and Phelan 1999). Stigma results as a “form of punishment” experienced by people with mental illness when they attempt to break out of the mental patient role (Link and Phelan 1999: 482). Labeling is therefore considered to exacerbate or in some cases originate the symptoms of mental illness, introducing social causation as an important theoretical complement to biological and psychiatric models of mental disorder that focus on the individual (Scheff 1999).

Critics of Scheff’s theory argue against the position that labeling is a prime determinant of mental illness and deny that labeling-induced stigma has detrimental effects on jobs, social networks, self-esteem, or the course of mental disorder (Link and Phelan 1999:483). Among the most vocal of these critics, Walter Gove published several articles in the 1970s and early 1980s claiming that there was little evidence of
social rejection of the mentally ill, and that such stigma, when it did occur, was due to their deviant behavior rather than to the mental illness label itself (Scheff 1999; Link and Phelan 1999). Gove relied on three main types of evidence to support his argument: (1) studies of social distance among members of the public that found no evidence of prejudice against those labeled as mentally ill; (2) experimental studies that showed behavior to be a stronger determinant of rejection than labeling; and (3) surveys of people with mental illness that reported few concrete and severe instances of rejection (Link and Phelan 1999).

Although Gove (1980) suggested from this evidence that the labeling theory of mental illness should be abandoned, since the publication of his critique many of the studies on which it was based have been questioned for their validity (Link and Phelan 1999), and a large number of studies have been published that consistently report labeling effects (Scheff 1999:15). Link and Phelan (1999) present four lines of argument to challenge Gove’s claim that stigma is inconsequential in the lives of the mentally ill. First, prior studies of social distance were likely biased due to the undisguised nature of the questions, since “people respond in a socially desirable way when reporting their own attitudes toward a group they have learned they should accept, such as mental patients” (Link and Phelan 1999:484). Second, more recent studies have compared mental illness with other known stigmatized conditions, revealing a hierarchy in which mental illness stigma falls at the same level of severity as that of epilepsy, prostitution, alcoholism, drug addiction, and ex-convict status. Third, real instances of practiced discrimination have been observed in studies that investigate situations in which people are personally involved in scenarios with labeled “mental patients.” Lastly, experimental
studies in social psychology have refuted the claim that deviant behavior, rather than labeling, is the main determinant of rejection – largely through evidence that labeling can affect responses even when no deviant behavior is involved. These studies show a “self-fulfilling prophecy effect,” in which labeling actually promotes the behavior that leads to rejection (Link and Phelan 1999:485).

Further research has shown that “a mental illness label activates beliefs about dangerousness, with beliefs determining how much social distance is desired from a labeled person regardless of his or her behavior” (Link and Phelan 1999:485). The stereotypes associated with particular labels, therefore, act as mediating factors in the relationship between labeling and discriminatory practices, while deviant behaviors come into play rather as the basis (frequently erroneous) on which these stereotypes are grounded. Link and Phelan argue that the “labeling/behavior” dichotomy is overly simplistic, because labeling can both produce behavior in the labeled person that leads to rejection and provide an interpretive context that changes the meaning of “behaviors” (1999: 486). Simple behaviors, such as a high level of hand and leg movement, may be interpreted as innocuous in a person labeled as “ordinary,” yet perceived as evidence of dangerousness in a person labeled as a “formal mental patient.”

Following these new lines of evidence, in the late 1980s Link and colleagues proposed a “modified labeling theory,” in which the mentally ill experience “culturally induced expectations of rejection that lead to negative consequences for self-esteem, job procurement, and the development of social networks” (Link and Phelan 1999:488). Modified labeling theory is based on the premise that people form conceptions of what others think of mental patients long before they become mental patients themselves.
After a person first develops symptoms of mental disorder, this internalization of cultural beliefs, attitudes, and stereotypes brings expectations of rejection that strain the person’s interactions with others and lead to strategies for minimizing anticipated rejection, such as social withdrawal. Thus, labeling and stigma can have reflexive psychological effects in the absence of experienced discrimination; as Link and Phelan remark, “people can be harmed by labels even when there are no direct negative reactions from others” (1999: 488).

The process of internalization falls into two categories – perceived stigma and self-stigma. The first, perceived stigma, is defined as the belief held by persons with mental illness that others will devalue and discriminate against them (Link et al. 2001, Sirey et al. 2001). In recent years, perceived stigma has been used as a measurable construct in studies that explore the relationships among stigma (both labeling and discrimination effects), self-esteem, mental illness symptoms, and other factors relevant for treatment and social functioning (Link et al. 2001, Perlick et al. 2001, Pyne et al. 2004, Sirey et al. 2001). Various studies have found measures of perceived stigma to be associated with: (1) low self esteem among members of a clubhouse for people with mental illness (Link et al. 2001); (2) poor social adjustment among people admitted to inpatient or outpatient services with bipolar affective disorder (Perlick et al. 2001); (3) depression severity among veterans in an outpatient mental health clinic (Pyne et al. 2004); and (4) treatment discontinuation among older adults receiving outpatient treatment for major depression (Sirey et al. 2001). By extension, perceived stigma is likely to have similar effects among people living in poverty – particularly with regard to willingness to seek social assistance.
The concept of self-stigma was introduced by Goffman (1963) to explain feelings of shame and low self-esteem experienced by stigmatized individuals who hold the same beliefs about identity as the wider society. In an early formulation of the link between stigma and mental health, Goffman suggested that belief in one’s own inferiority, sustained by a person’s experience of daily social isolation, leads to “chronic feelings of insecurity and anxiety” (1963:13). Unlike perceived stigma, which may affect individuals who are aware of stereotypes directed against them but do not consider such stereotypes to be legitimate (those who take an “in-group” stance), self-stigma represents the extreme endpoint of internalization – one in which the individual is both aware of and subscribes to negative stereotypes. Self-stigma therefore affects those with mental illness who, “living in a culture steeped in stigmatizing images, may accept these notions and suffer diminished self-esteem and self-efficacy as a result” (Corrigan and Watson 2002:35).

In a review of the social psychology literature, Corrigan and Watson (2002) describe a “situational model” of responses to mental illness stigma, in which individuals who are faced with a heavy burden of negative collective representations, who consider such representations to be legitimate, and who do not identify or associate with others who share their stigma are the most likely to experience low self-esteem. Conversely, those who reject the legitimacy of stereotypes directed against them and who identify with the larger group of individuals with mental illness are “energized by prejudice” and experience what the authors refer to as “righteous anger” (2002: 35).

Synthesizing two decades of work on the stigma of mental illness, Link and Phelan (2001) propose a new definition of the stigma concept that can be applied to a wider
range of traits and identities. In recent years, a number of other life circumstances have been studied through the theoretical framework of stigma, including, but not limited to: (1) medical conditions such as urinary incontinence, leprosy, cancer, and physical disabilities; and (2) poverty-specific situations such as unemployment, welfare use, and being in debt (Link and Phelan 2001:364). While the expansion of multidisciplinary work on stigma is promising, Link and Phelan seek to address current challenges to this work – such as the tendency for social scientists to be unfamiliar with the lived experience of the people they study and the continued theoretical representation of stigma as an individual attribute rather than “a tag that others affix to the person” (2001:366).

According to Link and Phelan (2001), stigma occurs with the convergence of four interrelated components – labeling, stereotyping, separation, and status loss/discrimination – in situations marked by differential access to social, economic, and political power. Recognizing the influence of prior work accomplished by Goffman (1963), Becker (1963), and others, my study is grounded in the four-part stigma concept advanced by Link and Phelan (2001) – acknowledging the role of both lived experience and internalization in shaping the identities of people whose behaviors, practices, and life situations are considered by larger society to be “deviant.”

The first component – labeling – involves the selection of human differences that are socially relevant and their linkage with personal identifiers (labels), which, in essentialist tradition, are often taken for granted as natural rather than socially constructed (Link and Phelan 2001). Applying a uniquely cultural perspective to the concept, the authors add that the salience of labeled attributes can differ according to time and place. Given that “cultures vary extensively in characteristics deemed socially
significant,” the authors prefer the term “label” over “attribute,” “condition,” or “mark” (Link and Phelan 2001: 368).

The second component – stereotyping – involves the linkage of a person with a set of negative attributes via the labeling process. Stereotypes have been central to the conceptualization of stigma since Goffman’s (1963) work and represent the most commonly studied aspect of stigma in the psychological literature (Link and Phelan 2001:368). Recent studies following the social cognitive approach have found that stereotypes are “automatic”; they are used in making split-second judgments about others and therefore appear to operate unconsciously (Link and Phelan 2001:369). Labels and stereotypes operate in co-occurrence to produce stigmatizing interpersonal exchanges, generating the conditions in which people may practice discrimination or otherwise behave in ways that isolate, exclude, or demean those who are labeled and stereotyped.

The third component of stigma – separation – refers to a more abstract social process whereby those who are labeled and stereotyped are conceived as fundamentally different from those who do not share the label (Link and Phelan 2001). The conceptual separation of “us” from “them” provides a rationale for stereotypes and offers legitimacy to the stigmatizing practices that result. In extreme cases, a labeled person may be considered to be so different as to be inhuman, and “all manner of horrific treatment of ‘them’ becomes possible” (Link and Phelan 2001:370). Focusing on the production of stigma in a local context and through social interaction, my study was not designed to assess larger-scale processes of separation. Certain beliefs and stereotypes about the poor, however, may offer a measure of the degree to which
separation occurs; it is presumed that those of marginalized ethnicity or nationality, representing those who are most “different” from a cultural perspective, may be the most affected.

The fourth component of stigma – status loss and discrimination – consists of practices that result in the devaluation, rejection, and exclusion of those who are labeled and stereotyped (Link and Phelan 2001). *Status loss* refers to the general downward placement of a stigmatized person in the social status hierarchy. In the context of social interactions within small groups, external statuses such as race and gender are used by group members to create “performance expectations that then lead to a labyrinth of details that involve taking the floor, keeping the floor, referring to the contributions of others, head nodding, interrupting, and the like” (Link and Phelan 2001:371). *Discrimination* refers to practices that also lead to inequalities in income, education, psychological well-being, housing status, and health, but which are more apparent to the casual observer and hold more meaning in the everyday lives of those who are labeled. Two types of discrimination are relevant for understanding stigma: (1) *individual discrimination*, in which a person engages in some obvious form of overt discrimination, such as rejecting a job application or refusing to rent an apartment (Link and Phelan 2001: 372); and (2) *structural discrimination*, in which elements of social structure or the built physical environment lead to disadvantages for labeled people in the absence of individual prejudice or discrimination.

Link and Phelan (2001) consider these elements of stigma to be interchangeable, mutually reinforcing, and dependent on differentials of social, economic, and political power. Dominant groups have the capacity to stigmatize others because of the power
they hold over them. This power is often economic, based on differences in wealth and the ability to purchase goods and participate in economic life. In these cases, stigma is expressed through both individual and structural pathways, as the immigrants and poor face rejection by individuals and exclusion through their lack of income. The consequences of stigma can be devastating when power differentials are expressed through political and military control, the extreme of which is exemplified in history through the subjugation and genocide of the Jewish people, the disabled, and other groups by the Nazis during World War II. Considering power as an essential element to stigma places the stigma concept at the core of many long-standing human problems that involve the separation of groups through struggles of power, including poverty, slavery, racism, urban crime, and ultimately, armed conflict.

Reflecting the relativistic perspective on deviance taken by Becker (1963), Link and Phelan recognize that stigmatized groups, such as the mentally ill, may “engage in the same kinds of stigma-related processes in their thinking about individuals who are not in their stigmatized group” (2001:376). Patients in a treatment program for mental illness, for example, may label some clinicians as “pill pushers,” stereotype them as “cold,” “paternalistic,” or “arrogant,” and treat these clinicians differently in accordance with the conclusions they have drawn about them. However, the authors argue that although the patients may engage in all the components of stigma described above, they “simply do not possess the social, cultural, economic, and political power to imbue their cognitions about staff with serious discriminatory consequences” (Link and Phelan 2001:376). Link and Phelan’s stigma concept is therefore understood as a process that
only occurs (or is only meaningful) for those who occupy a subjugated economic, social or political class.

In my study, I recognize the importance of power in the origination of stigma within a society. However, through evidence from the anthropological literature discussed below, I press Link and Phelan’s stigma concept to its next logical step – one in which stigmatized groups, through the nature and extent of their responses to stigma, may demystify stereotypes and the basis for discrimination, “normalize” previously deviant identities, and ultimately transform the power relations through which stigma against them was originally expressed. Stigma is understood here as an historic, recursive process, allowing the possibility of practical solutions that focus not only on changing the attitudes and behaviors of those who practice stigma, but addressing concerns of identity and authenticity for those face it.

Cultural Models of Stigma – The Contribution of Anthropology and Ethnography

Use of the stigma concept in anthropology has been less extensive than in the sociological and psychological work discussed above. Joan Ablon (1981; 2002) is widely recognized for contributing to the anthropology of impairment-disability through her research with stigmatized populations such as dwarfs and people with genetic conditions (Shuttleworth and Kasnitz 2004). In addition to the traditional focus in medical anthropology on illness meanings and narratives of hope and cure, Ablon’s ethnographic work explores the role of social exclusion in the lives of those with bodily differences (Shuttleworth and Kasnitz 2004:142). Ablon takes a personal, actor-based approach, “studying individuals and groups as culture bearers and behavior creators, rather than focusing on the institutional contextual structures with which individuals and groups must deal” (1981:6). It is through this distinctly anthropological approach to
stigma that her work diverges from that of sociologists, accounting for the specific cultural, social, and personal variations made explicit through ethnography.

Ablon outlined five dimensions of stigma that are important for understanding the stigmatization of health conditions (1981; 2002). First is the nature of the illness, which includes such aspects as its history, its attributed characteristics, and the basis for its stigmatization by society. Stigmas endured by those with visible bodily deviations, such as the physically maimed or disabled, involve negative social stimulus values that are generated by the cosmetic prescriptions of society (Ablon 1981:7). Stereotypes about character, sexual and emotional proclivity, personality, and morals have historically been attributed to people with tuberculosis, and arguably to those diagnosed with sexually transmitted infections, particularly HIV/AIDS. In some cases, a social or health-related condition may take on the role of a “master stigma” that is seemingly used to define a person, “discounting his or her other more-relevant-to-the-context characteristics” (Ablon 2002: S4). Examples of master stigmas in American society include homosexuality, mental illness, and cancer.

A second dimension of stigma to be considered by anthropologists involves the sources that create and perpetuate the stigma (Ablon 2002: S4). For those with stigmatized health conditions, the experience of stigma may begin with negative attitudes and statements expressed in family, school, neighborhood, and health care contexts. Ablon notes that, for a child who is visibly affected by a stigmatizing condition, the taunts of other children may function as a primary source for the creation of stigma (2002:S4). In the United States, it is also important to stress the influence of the mass media in shaping the “strict and far-reaching American cosmetic values” that define
normative standards of physical appearance (Ablon 2002:S5). Furthermore, some of the most salient experiences of stigma come from instances of rejection that occur in dating and sexual relationships, which Ablon has found to engender attitudes of low self-worth (2002:S5).

Thirdly, it is important for anthropologists to explore the nature of stigmatized populations – specifically, the demographic characteristics and other markers of social identity that may be over-represented among those who are stigmatized. Ablon (1981; 2002) argues that poor populations, often of minority ethnicity, experience poorer health than wealthier members of society – suggesting that they are therefore subject more frequently to stigmatizing health conditions. Through this dimension, Ablon touches briefly on stigmas of poverty (although she does not use this term), noting that the social and economic deprivation of these groups stigmatizes them from their point of entry into the medical system (2002:S5). In the articulation of stigmas of disability-impairment and stigmas of poverty, individuals who are affected by both “may exhibit diverse cultural beliefs and compliance patterns, which serve to alienate them from care providers early on” (Ablon 2002:S5).

A fourth dimension of stigma deals with the kinds of treatments sought by stigmatized individuals, which may include alternative, ethnic, or culturally identified types of practitioners. While medical pluralism is evident in the United States and other Western industrial societies, this does not mean that all modalities of treatment are considered to have equal legitimacy by normative standards. Rather, the hegemony of biomedicine ensures that alternative modalities, such as faith-healing, homeopathy, and traditional Chinese medicine, are regarded as technically incompetent by larger society.
Thus, people with stigmatized health conditions may be reluctant to pursue these forms of therapy, cognizant that the general public may regard such care-seeking as “superstitious, useless, fraudulent, or illegal” (Ablon 2002:S5). This dimension serves as an important, ethnographically informed complement to patterns of normative care-seeking (or the lack thereof) found by social psychologists to affect those with mental disorders.

Lastly, Ablon emphasizes the anthropological study of coping with stigma – the importance of exploring “how stigmatized individuals cope with the daily insults that endanger their personal identity, social life, and economic opportunities” (2002:S5). In her ethnographic work, Ablon identified a number of common biographical features and ideologies among people who successfully cope with stigmatized health conditions (2002). Most important is the presence of unconditional family support and clear communication among family members, which functions to instill confidence and security in the individual early in life (Ablon 2002). Positive parental communication is especially important for individuals whose parents have the same stigmatized condition, allowing them to address their fears and concerns. A second feature of successful coping involves having “a philosophy that imbues individuals with the knowledge that having a special health condition does not detract from their innate abilities, does not make them lesser persons, and should not in any way automatically disenfranchise them from the benefits enjoyed by mainstream society” (Ablon 2002: S6). In many cases, it is through participation in support groups and organizations promoting equal rights that stigmatized individuals come to accept this philosophy. Through “finding a community of people who share their same physical features and social experiences,”
stigmatized individuals may be instilled with a sense of empowerment that frees them from seeing their condition as shameful (Ablon 2002:S7).

While Ablon’s work focuses on stigmas of disability-impairment, the dimensions of stigma she describes may be applied more generally to the stigmas explored in my study. In assessing the nature of these stigmas, it becomes immediately apparent that some (such as homelessness, being on welfare, and begging) are exclusive to those living in poverty, while others (such as minority ethnicity, alcohol and substance abuse) are stigmas that disproportionately affect people living in poverty, but which can reasonably affect more affluent members of society. I refer to this distinction as specific and non-specific stigmas of poverty, respectively. One hypothesis to be explored in future research is whether the specific stigmas of poverty (especially, the stigma of homelessness) function as “master stigmas” that discount an individual’s other identity traits (Ablon 2002:S4). Evidence in support of this hypothesis would suggest that stigma can and does play a role in the low levels of self-worth and the higher prevalence of depression shown to affect the homeless in epidemiologic studies (which are presented in more detail in Chapter 8).

Ethnographic study of stigma in recent years has focused primarily on two sets of conditions – HIV/AIDS and other sexually transmitted diseases (Cullinane 2007; Bhana 2008; Owen 2008; Chan et al. 2009) and mental disorders (Bergstresser 2006; Kohrt and Harper 2008; Jenkins and Carpenter-Song 2008). While no anthropological studies to date have explicitly addressed stigma among people in poverty, recent work in these domains can offer relevant insights regarding the culturally shaped meanings of stigmas considered to be character-based, as well as responses to stigma among those
affected. In a study of Thai nurses who face occupational exposure to HIV, the social perception of women with HIV/AIDS as “guilty” was found to be linked to violation of gender norms – an issue that was central to their self-identities (Chan et al. 2009). Similarly, ethnographic study of women with HIV/AIDS in Japan has revealed connections between the stigma of HIV/AIDS and traditional associations of women with ritual pollution and impurity in the Shinto religion (Cullinane 2007). With regard to how people with schizophrenia-related illness respond to stigma, Jenkins and Carpenter-Song (2008) show how “creative strategies” for deflecting and resisting stigma are used in an “intersubjective milieu” and can facilitate a sense of normalcy.

My study may be further informed through two additional bodies of work: (1) anthropological studies of deviance, which is an important concept for understanding social stigma against homelessness, unemployment, and other behavioral aspects of poverty; and (2) ethnographic work conducted with populations in poverty, and in particular, the homeless.

**The Anthropology of Deviance**

Recognizing deviance as a concept that has gained little attention among anthropologists, Frielich et al. (1991) cite two important values acquired from anthropological study. First, through its emphasis on both complex and simple nonwestern societies, anthropology provides “a wealth of fieldwork data that offer novel, comparative understandings of deviance” and show how deviance is affected by “sociocultural scale” (Freilich et al 1991:2). Second, while respecting the legacy of labeling theory and the influence of structure on deviance, new models generated through anthropological work may “permit the individual to reappear as a viable actor who creates and recreates sociocultural systems” (Frielich et al 1991:2). The holistic
approach and ethnographic methods of anthropology make it uniquely positioned to inform, complement, and challenge models of deviance and stigma developed in other fields.

In a review of the ethnographic literature, Raybeck (1991) shows the effects of sociocultural scale on deviance with examples from societies of varying complexity and size – including those classified as hunter and gatherer, swidden-based/tribal, peasant, and industrial. Among the qualities of deviance that vary are the degree of difference from normative values that a deviant behavior holds and the severity with which it is treated by society – distinctions that Raybeck (1991) addresses with the concepts of “soft” and “hard” deviance. Soft deviance is defined as “behavior that departs from social and cultural norms but does not actively threaten the social order” (Raybeck 1991:54). In contrast, hard deviance not only deviates from normative behavior, but is considered to threaten the social order. Raybeck also observes cross-cultural differences in the timing and frequency of labeling, as well as the prevalence of secondary deviance, which occurs “as individuals accept and are influenced by the deviant label that others have applied to them” (1991:52).

Small-scale social units are characterized by personalistic, three-dimensional ties, which allow members to rely generally on informal sanctions to control deviance (Frielich et al. 1991). In hunter-gatherer societies, such as the Pygmy BaMbuti of northeastern Zaire and the !Kung Bushmen of the Kalahari Desert, authority tends to be evenly distributed, and there is a high level of interdependence among band members (Raybeck 1991). Labeling is rare in these societies, reserved only for those who engage in hard deviance, such as murder. Group responses to deviance do not typically involve
prolonged exclusion of the individual from social participation; instead, it is advantageous that reactions to deviance emphasize “the reconciliation and reintegration of the offender to the group” (Raybeck 1991:58). Similar patterns are observed in swidden-based and tribal societies, such as the Semai of the Malay peninsula. The Semai are noted for their non-violence, are extremely sensitive to the opinions of others, and, for reasons of reconciliation, interdependence, and mutual aid, are very reluctant to label those who violate social rules. However, they are known to make a distinction between themselves and outsiders; characteristic of tribal societies, the Semai do practice out-group labeling and more extreme responses to deviance when applied to those outside their society. Raybeck notes that during the Communist insurgency of the 1950s, the otherwise peaceful Semai “proved quite capable of killing outsiders” (1991:61).

In peasant societies, deviant behaviors are frequently subject to both the formal controls of the state in which these societies are embedded and the informal controls of the rural villages where members reside (Raybeck 1991). Although the state may formally label a villager as criminal for violating certain laws, fellow villagers may be reluctant to do so, particularly when rule violations involve indigenous cultural behavior. Among the Kelantanese of Malaysia, activities such as smuggling, bullfighting, cockfighting, and gambling are prohibited by the state but considered among villagers to be “valued pursuits through which villagers may gain the respect of their fellows” (Raybeck 1991:63). Greater concern is instead placed on behaviors that endanger the solidarity of the village and threats to village welfare, which are controlled initially through informal means, such as gossip and social pressure. Deviance that persists
despite village efforts to promote conformity is treated through increasing social exclusion, and ultimately, expulsion from village society.

In contrast, relationships among members of large-scale social units are impersonal – “formalized, structured and commonly devoid of personal content” (Frielich et al. 1991:4). Members of large, modern societies have low visibility, which affords them a certain degree of freedom from interpersonal social pressures and “greater reliance on the formal mechanisms of state control” (Frielich et al. 1991:4). In discussing deviance within industrial societies, Raybeck (1991) draws on ethnographic data from small-scale social units that exist within these societies. In Rock Island, a small fishing community located off the Atlantic coast, conflict and deviance are often handled through informal means, “including a cooling off period during which the matter is not subject to a public forum, but is discussed by concerned community members” (Raybeck 1991:66). As in tribal and peasant societies, the islanders are reluctant to label their co-residents as deviant, but do make a distinction between insiders and outsiders.

Another example from a small Norwegian mountain community shows how the historic shift toward industrialization and “modernity” within a state may lead to changes in ways deviance is handled. Prior to 1970, this community was well-integrated; it maintained a strong consensus about behavioral norms, and locals were “concerned with maintaining in-group harmony, preserving the network of interpersonal cooperation, and retaining an offender as a functioning member of the community” (Raybeck 1991:66). However, with increasing industrialization came a schism between the more traditional farmers (living at the periphery of the community) and the modernists (living
more centrally) who took on new occupations that failed to promote community
interdependence. The modernists consequently relied more often on formal sanctions to
control deviance and more readily practiced labeling.

In summary, Raybeck (1991) shows through the ethnographic literature that
smaller-scale social units practice labeling of deviants infrequently and gradually, tend
to tolerate soft deviance, and have few instances of secondary deviance. In large-scale
social units, members are more apt to practice labeling, have less tolerance of soft
deviance and commonly observe secondary deviance among those who are labeled.
The author attributes these differences, in part, to the varying social costs that labeling
and sanctions imply across societies of different scale. Small-scale societies rely on the
interdependence of their members, and labeling a member as deviant reduces their
social participation and generates divisions and conflicts that are ultimately harmful to
the community. The social contributions of individual members of large-scale societies
are comparatively less significant, thereby reducing the social cost of labeling a person
as deviant. In Western industrial societies, deviant identities and labels are far more
extensive, and social responses toward stigmatized individuals and groups (whether
formal or informal) are more severe.

The contemporary focus by many anthropologists on concepts of agency and
practice provides an important complement to structure in understanding the origins and
dynamics of deviance, including its place in the diachronic study of cultural change.
Frielich et al. (1991:6) argue for a dialectical approach in which emerging cultural
patterns represent a synthesis between the “proper” behaviors enacted through cultural
norms and the discrepant “smart” behaviors of individuals and groups. With attention to
the emergence and alteration of cultural traits and institutions over time, deviant behaviors first become smart (representing practical, localized, and specialized strategies for solving day-to-day problems) and then proper (representing traditional practices and those governed by overarching cultural rules). The authors state that “deviance not only promotes sociocultural change, its existence is a necessary condition for the maintenance of culture and society” (Frielich et al. 1991:6). Thus, through long-term cultural changes, stigmatized groups may gain legitimacy, and their behaviors and practices may become normalized.

**Ethnographic Studies of the Poor**

In the endeavor to theoretically ground an emerging anthropological study of the stigmas of poverty, I turn lastly to the body of ethnographic work that has focused more generally on poor and homeless individuals and communities. Ironically, the early work of Oscar Lewis (1966) may be considered a false start toward a critical understanding of stigmatization of the poor. In his study of Puerto Rican families, Lewis (1966) asserted that a substantial proportion of families who are “certified” as poor exhibit traits of a distinctive culture – traits that involve family structure, interpersonal relations, spending habits, value systems, and time orientation. Reflecting the work of political-economic theorists who ultimately set themselves in opposition to his ideas, Lewis considered this “culture of poverty” to be “both an adaptation and a reaction of the poor to their marginal position in a class-stratified, highly individuated, capitalistic society” (1966:21).

However, the language of adaptation and resistance is subsumed in his work by a discussion of personality traits that he considered to be inherent to the culture – among them, feelings of fatalism and helplessness, and a “strong present-time orientation with relatively little disposition to defer gratification” (Lewis 1966:23). He viewed these traits
as key factors in the “disengagement” of the poor from civic society and in the reproduction of the conditions of poverty – placing the responsibility largely on the shoulders of the poor. Lewis’ (1966) work therefore resonates with the “underclass” concept discussed in the preceding chapter, which locates poverty in individual behaviors and personal choices. Rather than reveal the nature and dynamics of stigma against the poor, his work instead served to perpetuate (and more importantly, legitimize through the language of social science) many of the negative attitudes and stereotypes of the poor that persist in modern industrial societies.

In the decades that followed, a large body of ethnographic work emerged on homeless people in the United States – work that placed poverty more explicitly in political-economic perspective, while still respecting the agency of homeless individuals in adapting to the stressors of marginalization. The number of these studies expanded significantly following the economic recessions of the early 1980s and the wave of urban homelessness that resulted. Here, I focus on three such studies that were particularly influential in the anthropology of poverty and homelessness: James Spradley’s (1970) work with “urban nomads” in Seattle, Irene Glasser’s (1988) ethnography of a New England soup kitchen, and Cohen and Sokolovsky’s (1989) portrait of elderly homeless men in the Bowery district of New York City.

Spradley (1970) took on the topic of urban homelessness notably early, when the ranks of the homeless were still populated mostly by solitary men whose poverty was often confounded by alcoholism and mental disorders. Early in his portrayal of the homeless, alcoholic men of Seattle’s “Skid Road,” Spradley remarked on the social rejection these men faced because of their deviance from cultural norms, noting that
“the average citizen… is repulsed because of the way they violate American values of cleanliness, steady employment, material possessions, and a commitment to home and family” (1970:6). In a letter sent to Spradley from the Seattle City Jail, his key informant, William R. Tanner, used strong, emotional language to describe the attitudes and practices of the average citizen, writing: “It pains me to watch the illiterate, homeless derelicts shafted by an exploitative, monied, parasitical society” (1970:30). Yet in the same letter, Tanner characterized the urban nomad as one who “chooses to disown society, leave the time clock and be nomadic” (Spradley 1970:30). While Spradley (1970) did not explicitly address labeling effects, his ethnographic data suggest that both elements of structure and agency play a role in the perpetuation of stigma against the homeless – whether framed in psychological terms as “secondary deviance” or in anthropological parlance as “recursive” or “dialectic” processes.

Spradley (1970) outlined four models of identity used to understand and identify the men he studied – each reflecting the stigmatization of the poor to varying degrees. The first model is that of popular identity, in which homeless, alcoholic men “are seen as people who fail abysmally, are dependent on society, lack self-control, drink too much, are unpredictable, and often end up in jail for their criminal behaviors” (Spradley 1970:65). The second model is that of medical identity, in which these men are defined on the basis of a disease – alcoholism – and characterized as unable to maintain themselves, to plan, or to perceive the consequences of their actions. The third model, legal identity, builds upon and formalizes the stereotypes of the first, labeling the men as “criminals.” In the fourth model, sociological identity, the concept of the homeless man is identified in demographic and behavioral terms; while seemingly neutral,
Spradley notes that even in this model, the “focus on drinking behavior and homelessness reflects the dominant values in American society: sobriety, self-control, the home” (1970:67). The popular identity of homeless men is arguably the most stigmatizing – both for the extent to which it is socially expressed and the broad range of stereotypes and negative attitudes it espouses. However, certain stereotypes appear in all the models – in particular, those of the homeless as alcoholics and lacking in self-control. For this reason, in studies that explore the stigmas of poverty, researchers should strive to address such stereotypes, the ways they figure in the lives of the homeless, and the strategies homeless individuals adopt in response to them.

Glasser’s (1988) ethnography of a soup kitchen in a small city in New England covers a much broader range of identities considered to be “marginal” to the dominant culture. While they included the homeless, guests of the soup kitchen also represented sheltered people with little income, those with problems of long-term unemployment, and those with debilitating physical conditions, serious mental illness, or separation from family relationships (Glasser 1988:2-3). This more inclusive approach to the study population, while less focused, allows for the recognition that people living in poverty may be affected by multiple problems and take on multiple stigmatized identities – with each stigma marked by its own level of severity and operating in its own dynamic. This approach allows stigmas of poverty to be addressed as a single research topic.

In her description of the social functions of the soup kitchen, Glasser (1988) notes that the soup kitchen is a place where the poor may find acceptance of behavior that is otherwise considered deviant by normative society. Glasser (1988) did not observe instances of labeling or categorizing; instead, the soup kitchen had an atmosphere
where people with a variety of deviant behaviors and conditions could co-exist peacefully. This finding suggests that protection from stigma can extend beyond the simple in-group affiliations that may form among discrete social identities and, at least in the institutional setting of a soup kitchen, cut across the myriad social identities affected by poverty. In this way, the soup kitchen functions as an “asylum for many people who deviate from public norms of behavior” (Glasser 1988:86). Evidence of the positive effects of group mentality was also observed outside the soup kitchen, on a field trip taken by guests to a mental health clinic (as part of a community counseling course organized by the author). Eighty-two percent of the soup kitchen guests had symptoms of psychological disorder, and many had been treated previously at the mental health clinic, where they described negative experiences with treatment staff and the sense of being treated as “passive clients” (Glasser 1988:126). However, upon their return to the clinic as a group, the former patients became “vocal advocates for themselves” (Glasser 1988:126) – an example of resistance against stigma that implies protection from the effects of internalization and low self-esteem.

However, Glasser did address the question of self-stigma that emerged for some guests, stating: “One might hypothesize that since the guests are part of the dominant North American culture, with its well-known derogatory view of all forms of welfare and charity, they too would share that outlook” (1988:150). Glasser observed that the shame of being a soup kitchen guest caused some to conceal this aspect of their social identity (a form of stigma management) – one consequence of which being reluctance to recognize other soup kitchen guests in public. Such a response, I would argue, may serve to reverse the positive effects of group affiliation observed within the soup kitchen.
setting: When one guest, through self-stigma, denies interaction with another guest in more public spaces, the second guest (even if he or she does not self-stigmatize) experiences this rejection just as poignantly as rejection events that may occur in interaction with members of “normal” society.

One year following the publication of Glasser’s (1988) work, Cohen and Sokolovsky (1989) published an ethnography of older homeless men who lived along Bowery Street in New York City. While acknowledging the negative influence of low social status on the lives of these men, their work is unique in that it elicited instances of labeling, stereotyping, and discrimination within and between groups of homeless men who lived in the study area. In one example, an informant named “Uncle Ed” expressed a cynical view toward the homeless men who attended Alcoholics Anonymous meetings in the Bowery, believing that they only attended these meetings because it was a requirement for receiving their public assistance checks (Cohen and Sokolovsky 1989:79). Here, public stereotypes of the homeless as lazy and dependent on the state were being articulated by a person who was also homeless. A second example involved negative views against “mission stiffs” – homeless men who sought shelter in religious missions. Mission stiffs were described as outcasts on skid row who were humiliated by others, presumably because of the self-deprecation they were forced to endure (namely, being forced to attend sermons) in order to receive food and shelter.

While Cohen and Sokolovsky (1989) did not focus on issues of stigma, their work elicited instances of what may be called in-group stigma – the tendency of stigmatized people who have weak or non-existent group affiliations to conceive a hierarchy of social legitimacy among themselves. This hierarchy is perhaps best exemplified in the
“self-imposed pecking order” observed at cafeteria tables where the men ate – differentiating those of “high status” (regulars, who had more social interaction) from those of “low status” (the “drunkest,” “dirtiest,” and “craziest” men) (Cohen and Sokolovsky 1989:133).

Cohen and Sokolovsky (1989) also described forms of institutional stigma against the homeless that were embodied in the built environment – specifically, in the construction, layout, and rules of “flophouses” and municipal shelters where the men could sleep for a small fee. Older lodging houses, for example, had been built purposely with precipitous stairs that would exclude people too inebriated to negotiate them (Cohen and Sokolovsky 1989:23). Some of the flops were also reputed to discriminate between “better bums” (long-term, paying clients) and “ticketmen” (who received free referrals from the city) by establishing special sections for those in the former group (Cohen and Sokolovsky 1989:23). In studies that address stigmas of poverty, it is important to understand the influence of structural stigma that may not necessarily originate from social interaction.

Because my study took place in a Western European setting, some discussion is warranted of ethnographic work conducted in this part of the world. Within this body of work, Patrick Gaborieau’s (1993) ethnography of a small group of homeless people in Paris is exemplary. Gaborieau (1993) followed five homeless people on the streets of Paris for a full year, permitting a rich understanding of their life experiences, their strategies for survival, and their relationships – both with each other and with the citizens they encountered on a daily basis. These “clochards” (bums), as they were known, regularly practiced begging in the streets and were consequently subject to a
high level of stigma. In his portrayal and interpretation of begging, Gaborieau (1993) documented a range of the aspects of stigma discussed in this chapter – from lived experiences of discrimination, to perceived stigma, stigma management, and resistance.

Gaborieau described five categories of “the gaze of the normal” person who passes a begging clochard on the street (1993:68). First, is the “indifferent eye” – the look of a passer-by who acts as if having “seen nothing of the sad condition of the clochard” (Gaborieau 1993:68). These are the citizens who approach from a distance, who switch sidewalks when seeing the homeless person to avoid interaction. Second, is the “interrogative eye” of individuals who question the clochard’s presence on the streets, their purpose and their intent. Third, is the “worried eye” from passers-by who, clinging to the stereotype of the homeless person as dangerous, fear being attacked. These categories describe three common stigmatizing responses to homeless people who beg: disregard, doubt, and fear. The remaining two categories – the “pathetic eye” and “the political eye” – describe more accepting responses, which have garnered less attention in research on the homeless in the United States. A person with the “pathetic eye… files the misery without daring to scrutinize” (Gaborieau 1993:68). These are the passers-by who sympathize with the beggar, who have a desire to help but possess neither the means nor the knowledge to do so. Lastly, the “political eye” describes the look of a citizen who considers the deplorable condition of the homeless person to be a socially constructed problem, and one which should be addressed with government aid.

Gaborieau (1993) also described several expressions of perceived stigma among his informants, as well as the adverse effects that such perceptions can engender. In
one example, an informant claimed that because he lived on the streets, he inspired fear in those he passed; it was for this reason that he avoided social interaction (Gaborieau 1993:19). The same informant was quoted as saying: “We are viewed like… irreparable social cases, failures… like social garbage” (Gaborieau 1993:92). In another example, a beggar noted that people would tend to give more money in his hat than in his hand, suggesting that they were “afraid of infecting themselves by touching a clochard” (Gaborieau 1993:91). To a certain extent, Gaborieau confirmed such perceptions through his own observations, noting that the homeless beggar was routinely feared and rejected – ignored as if he were not there, even when saying “hello” (1993:137).

In response to passers-by who exhibited disregard, doubt, or fear, the beggars in Gaborieau’s ethnography were seen to practice a “spontaneous psychology of character” – making judgments of those who rejected them on the basis of appearance, pace, clothes, face, and head (1993:76). To passers-by who gave nothing, the beggars would apply negative character labels, such as “radin” (stingy), “nul” (nothing), or “blasé” (indifferent). Gaborieau considers begging as a type of reciprocity – a basic agreement on the separation of complementary roles between citizen and beggar (1993:76). Therefore, while such responses could be characterized as a type of reverse stigma or evidence of in-group affiliation and resistance, they may also be motivated by the beggars’ sense of violated reciprocity rules. The concept of reciprocity, whether through material or symbolic exchange, may be a useful tool for understanding stigmatizing experiences of the poor more generally. Rules of exchange mark many of the typical encounters the poor have with others in their daily lives – from receiving food from
volunteers in a soup kitchen, to receiving approval for public assistance by social workers, to receiving change from passers-by on the street. By taking into account expectations of reciprocity, researchers of stigmas that affect the poor may find a useful model for understanding not only the types of encounters most likely to leave a lasting impression on those who are excluded, rejected, or victimized, but the types of responses such encounters provoke.

**Stigma in Multidisciplinary Synthesis**

In this chapter I review the stigma concept from its theoretical inception in the sociology of deviance, to the application of labeling and stigma theory in the social psychology of the mentally ill, to the emerging consideration of stigma in anthropology and its increasing use for understanding all experiences of human difference. Each field brings its own contributions to this understanding, highlighting the value of a theoretical approach to stigma that is multidisciplinary. While my study is grounded in the theory and practice of medical anthropology, failure to acknowledge the ideas and findings of scholars from other disciplines would leave an incomplete picture of stigma – one that ignores its origins, its transformations over the past 50 years, and its transformations yet to come.

Much work has been accomplished to further our understanding of how stigma affects the mentally ill, people of marginalized gender, ethnicity, or sexual orientation, and people suffering from (or living with) a variety of medical (or medicalized) conditions. My study introduces a novel conceptualization of the various stigmas of poverty – both specific (such as the stigmas of homelessness and unemployment) and non-specific (such as the stigmas of alcohol and drug abuse, or the stigmas of minority ethnicity and nationality). By synthesizing the work of scholars before me, I do not
approach this new topic empty-handed. I have instead a variety of useful concepts at
my disposal, concepts which, in theory, should help to catalyze the endeavor of
understanding how the poor experience, and respond to, the exclusion and rejection
they encounter in their daily lives.

In the chapters that follow, I present my ethnographic work conducted among
various categories of the poor in Geneva, Switzerland – people who, collectively, have
been labeled by authoritative sources (e.g., policy, medicine, and the media) as living
“en situation précaire.” In an effort to shed light on the stigmas that affect this culturally
heterogeneous population, I refer to and make use of a number of the concepts
presented in this chapter. The experience of stigma may be characterized through such
concepts as discrediting (Goffman 1963), labeling (Becker 1963, Scheff 1966, Link and
Phelan 2001), stereotyping and discrimination (Link and Phelan 2001), while responses
to stigma are captured along a continuum ranging from internalization and self-stigma to
in-group affiliation and resistance (Goffman 1963; Corrigan 2002). Lastly, operating
from a distinctly anthropological standpoint, I consider stigma to be a recursive process
of social interaction (Frielich et al. 1991) – both affecting and affected by those who
bear its burden. It is in this way that stigma may ultimately be overcome, through the
diachronic give and take of structure and agency, transforming what is now “deviant” to
what may someday be “normal.”
CHAPTER 3
POVERTY IN GENEVA: THE BALANCE OF STIGMA AND SOCIAL ACCEPTANCE

Among the cities of Western Europe, Geneva is perhaps best known as a center for international diplomacy and humanitarian aid, and, as Switzerland’s second-most populous city, for its high standard of living and prosperity. Yet despite its wealth, Geneva possesses a substantial population – or more accurately, populations – of people living in poverty. The profile of Geneva’s disadvantaged is representative of the cultural heterogeneity of Swiss society, including both immigrants and citizens, and encompassing many of the same interconnected social problems among the poor in the United States. It is partly for this representative diversity that Geneva was chosen as the site for research intended to elucidate the broad scope of stigmas of poverty and their associations with mental health. This chapter begins by briefly describing the state of poverty and social support in Switzerland, citing statistics and reports from government, non-profit, and academic sources. These statistics focus on the years 2005 and 2006, when my study was conducted. An etic typology of the poor in Geneva follows, outlining categories of people and groups that were subsequently used for framing the study’s research questions and sampling approach, and describing the stigmas they face. Lastly, I provide a closer look at community responses to poverty in Geneva, with an emphasis on the institutions and locations chosen as research sites.

A Visitor's Snapshot of Geneva

Upon first setting foot in the streets of the Cité district, at the edge of Lake Geneva, visitors will find themselves at the center of Geneva’s bustling economy. Tourists, diplomats, and corporate executives mingle here, arriving and departing via the regular circulation of the city’s tram system – all before the backdrop of two
celebrated landmarks: the Jet d’Eau (one of the world’s largest fountains), and the Cathedral of St. Pierre. In their interactions, one can hear the multitude of spoken languages expected in a country that represents a gateway between Eastern and Western Europe. While the most common is French (the official language of Western Switzerland), it is not unusual to overhear at any given moment two of Switzerland’s other official languages – German (a Swiss dialect spoken primarily in the eastern part of the country) and Italian – as well as English, the many languages of Eastern Europe (mostly Albanian, Romanian, and Serbo-Croatian), Arabic, Portuguese, and Spanish. For visitors, Geneva’s first impression is of a city, above all, international and multicultural, both prosperous and culturally rich.

Given the city’s propensity for reinforcing such stereotypes, it is naturally difficult to imagine that within the shadows of Switzerland’s iconic and secretive banks can be found an undercurrent of disadvantage. But like its wealth, Geneva’s poverty is equally evident, and equally international. Visitors crossing any bridge over the Rhône river will hear the sounds of guitars, accordions and violins – and from them the vibrant music of Eastern European tradition that has come to characterize the Cité district as much as its banks and shopping centers. Most of the men and women holding these instruments are Romani (in popular discourse, “gypsies”) – poor, undocumented, and often homeless. They place tiny wicker baskets at their feet to collect the change of passersby. They perform on the Pont de la Machine, at the street-corners of Rue du Marché (the commercial district), and on the trams and buses. For some tourists, their music completes their experience of the city, embodying in part the city’s charm.
However, the young and healthy are accompanied by the old and disabled. Crossing the Pont des Bergues, visitors will encounter an elderly woman – alone, blind with cataracts, and profoundly pigeon-toed. She rattles a metal cup half-full of coins as she slowly makes her circuit across the bridge and back again, repeating in a thick accent: “Pour manger, s’il vous plaît” [To eat, please.] She varies the intonation of her words with each repetition, such that her declaration of hunger becomes a kind of song in itself. Her song plays on regardless of whether anyone is within earshot. Meanwhile, Romani children beg for money at outdoor restaurant patios, while their parents await their bounty on the nearby bridges. In some cases, customers leave their tables only to find that their purses, wallets and billfolds have gone missing. Thus, for other tourists, and many locals, the presence of Romani people comes to represent the uninvited wave of illegal transient migration that brought them to Geneva, expectations of harassment, and fear of being swindled or robbed.

On the south side of the river lies the Jardin Anglais – a pleasant, lakeside garden popular among both tourists and small-time drug dealers. There, young men slowly roam through the crowd on bicycles, offering in hushed tones their merchandise (in most cases, marijuana) to those they have profiled as potential buyers. Many, if not most, are immigrants from the North African countries of Algeria, Tunisia and Morocco. The young men are undocumented, unemployed and inherently unemployable, and frequently targeted by the police. Their recourse to crimes such as drug dealing and petty theft has earned them a negative reputation in the media, and by extension, a public stigma against all poor North Africans.
It would be an error, however, to suggest from these observations that poverty in Geneva is confined strictly to immigrant populations. The Romani and North African youths simply represent the faces most visible to first-time visitors. The Swiss themselves are also at risk of finding themselves in situations of social and economic disadvantage, with equally varied outcomes. Near the tram stops, homeless and mentally ill men dig through public trash cans for food and tobacco. Small groups of youths – self-identified “ punks” who wear black, don mohawk hairstyles, and adopt stray dogs – can be seen sleeping by the riverside in the middle of the afternoon. At other times, they mingle with older, unemployed men at the street corners, drinking cheap beer from tall aluminum cans. And upon entering one of the city’s many soup kitchens, one will encounter the myriad faces of those actively seeking public assistance: elderly pensioners, recovering alcoholics and drug addicts, and those receiving unemployment benefits.

In my study, it is toward all of these groups that I turn an ethnographic lens. Consequently, an inclusive variety of locales comprises the setting for my research. During my year in Switzerland, my studies took me to locations both institutional and public – in the former category, soup kitchens, homeless shelters, social service agencies, hospitals, clinics, police stations and prisons; and in the latter category, parks, street corners, train stations, trams and buses. I should acknowledge that such a broad focus could have compromised my ability to objectively observe and interpret the problems of stigma among Geneva’s poor. However, as an initial query of the concept of stigmas of poverty, I considered the methodological limitations of inclusiveness a necessary risk. Furthermore, as discussed in prior chapters, the stigmas of poverty are
not mutually exclusive. In any one individual, a variety of such stigmas may operate simultaneously, interacting to affect identity in ways that have yet to be understood. To study stigmas of poverty, therefore, requires the inclusion of all who live in poverty, which in turn requires the ethnographer to seek out all the places where such people may be found.

**Poverty and Social Support in Switzerland**

With a population of over 7.6 million and occupying an area approximately twice the size of New Jersey (Central Intelligence Agency 2009), Switzerland is considered one of Western Europe’s most prosperous countries. The nation boasts low rates of unemployment and a per capita GDP that is greater than that of the larger Western European economies (Central Intelligence Agency 2009). Even within the developed world, the Swiss people arguably enjoy a high standard of living and wealth. However, according to a 2005 report by the charitable Catholic organization Caritas, approximately 1 million people in Switzerland – or greater than 1/8 of the Swiss population – may live at the margins of this economic prosperity (Tribune de Genève 2005).

Historically, after the Second World War, increasing economic prosperity and the development of state social support gave the impression that Switzerland had resolved its problem of poverty (Labarthe 2005). But with structural economic changes of the 1970s came a resurgence in levels of domestic poverty, which produced a class of “victims of social downgrading, the excluded… rejected from the workforce and constrained to living at the margins of society” (Labarthe 2005). Comparable to that of other Western industrialized nations, poverty in Switzerland continued throughout the 1980s, and increased in scope in the 1990s due to economic recession.
Compiling data collected in 2003 and 2004 by the Swiss Federal Office of Statistics and the Swiss Association for Child Protection, Caritas projected that in 2006, Switzerland would cross the “symbolic barrier” of 1 million people living below the poverty line – defined at 4,550 Swiss francs of monthly income for a couple with two children and at 2,450 Swiss francs for a single person (Monnet and Vos 2006). This threshold falls considerably below the average national monthly household income of 8,967 Swiss francs in 2005 (Office fédéral de la statistique 2009a). The Caritas estimate represents a diverse population, including approximately 250,000 children, 200,000 retirees, and up to 284,000 persons who find themselves below the poverty line despite working 40 hours or more per week (the working-poor). Among the estimated million, 450,000, or nearly half, do not receive the financial or complementary social support to which they are entitled.

Social support in Switzerland falls under the rubric of protection sociale (social protection), which may be divided roughly into two categories: (1) Social insurance programs intended to protect persons from different categories of precisely defined risks, most of which entail the absence or insufficiency of professional income; and (2) Social welfare accorded in response to the individual needs of persons who are unable to assure their own subsistence (Office fédéral de la statistique 2009b). The primary Swiss social insurance program is the Assurance-vieillesse et survivants (AVS) (old age and survivor’s insurance), which, along with the Prévoyance professionnelle (professional planning program), ensures a certain level of material security for people in retirement. Other social insurance programs include:

- Assurance-invalidité (AI) – a financial support program for people with disabilities of permanent or long duration;
• **Assurance-maladie** – a compulsory health insurance program that ensures coverage of the costs of medical treatment through one of the country’s numerous private health insurers;

• **Assurance-accidents** – an accident insurance program that provides coverage of the economic costs of accidents and is compulsory for all workers;

• **Assurance-chômage** – an unemployment insurance program that offers replacement income to individuals who are without employment (chômeurs) and works to prevent or overcome unemployment through courses, temporary jobs, and funding of training programs; and

• **Allocations familiales** – an allocations program that serves to partially compensate for the costs of raising a family, and is administered by the country’s individual cantons (administrative divisions).

While some of the Swiss social insurance programs are universal, such as the AVS and Assurance-maladie, others are of particular benefit to those in situations of socioeconomic disadvantage. The AI and Assurance-chômage programs are intended to offset the costs of having no professional income – due to disability and unemployment, respectively – helping to ensure a reasonable standard of living for people who would otherwise find themselves in poverty. In 2006, approximately 470,000 people received aid from the AI program, representing nearly seven percent of the Swiss population (Buri et al. 2007). The principal reason for receiving AI was illness, followed by congenital problems and accidents. Elderly men were the group most affected by disability, with one out of five men in retirement receiving AI assistance. During the same year, on average, 131,000 people per month were registered for unemployment benefits in Switzerland, representing a national unemployment rate of 3.3% (Secrétariat d’Etat à l’économie 2007). The majority of chômeurs were 25 to 49 years old and had received benefits for one to six months (Secrétariat d’Etat à l’économie 2007).
The second general category of social support in Switzerland is *aide sociale* (social welfare), which is granted by the cantons to individuals and families that are unable to cover their basic needs (Office fédéral de la statistique 2009b). The aide sociale program was established to: (1) guarantee minimum subsistence needs, (2) encourage individual responsibility and autonomy, and (3) promote social and professional integration. According to the Office fédéral de la statistique (2008), approximately 245,000 people received social welfare in 2006, representing three percent of the Swiss population. Rates of receiving welfare benefits were higher among single-parent families (18%), divorced individuals (7%), children and adolescents (5%), and young adults 18 to 25 years old (5%). Social welfare was more common among people living in urban centers and those who had received no formal professional training. Greater than one half of those on social support had received assistance for more than one year (Office fédéral de la statistique 2008).

As suggested by the opening vignette to this chapter, a substantial proportion of those living in poverty in Switzerland are immigrants. In 2006, among over 18,000 new beneficiaries of Swiss AI pensions, 4,500 were immigrants living in Switzerland (Buri et al. 2007). The primary reasons for receiving AI pensions among immigrants were mental illness (42%) and musculoskeletal disorders (26%). Immigrants receiving new AI pensions in 2006 were primarily of Turkish or ex-Yugoslavian nationality, followed by Spanish, Italian and Portuguese. High rates of disability among immigrants from Turkey and former Yugoslavia are likely due to employment in under-qualified, and presumably, high-risk occupations (Buri et al. 2007). Notably, Romanian and North African
immigrants, who figure so prominently in the public eye in Geneva, do not appear in significant numbers in the national AI statistics.

Regarding unemployment insurance, nearly 55,000 immigrants received benefits in 2006, representing 42% of chômeurs in Switzerland (Secrétariat d’Etat à l’économie 2007). Among immigrants, the rate of unemployment was 6%, compared with 2% among Swiss citizens. Comparably, among recipients of social welfare in 2006, 44% were immigrants (Office fédéral de la statistique 2008). Considering that immigrants represent roughly 21% of the resident population of Switzerland (Office fédéral de la statistique 2009c), these statistics – particularly those for unemployment and social welfare – suggest that foreign residents disproportionately represent those living in poverty in Switzerland. The increased risk of depending on social welfare for those of foreign nationality has been explained by lower levels of professional qualifications, lower chances of success in the workplace, and differences in family structure (Office fédéral de la statistique 2008).

Government statistics provide a perspective on Swiss poverty that is arguably limited, given that a recognized proportion of those in need of social assistance do not receive it. Sociologist Stéphane Rossini (2002:1) considers the “oubliés de la protection sociale” (those forgotten by social protection) to be a diverse population – referring not to one, but multiple “hidden poverties” that exist in Switzerland. Rossini outlined nine categories of vulnerable populations that together comprise the Swiss phenomenon of hidden poverty: (1) the working-poor; (2) single-parent families; (3) immigrants; (4) independent professionals; (5) the physically ill; (6) alcoholics and addicts of prescription medications; (7) addicts of hard drugs; (8) the homeless; and (9) the
institutionalized. Some groups such as the sans-papiers (undocumented immigrants) are not eligible to receive benefits in Switzerland because of their lack of legal status. In 2005, the number of undocumented immigrants was estimated at 90,000 nationally, suggesting that the actual proportion of immigrants living in poverty is considerably higher than reported by social protection statistics (Office fédéral des migrations 2005). However, the majority of those populations cited by Rossini (2002) do have legal rights to social protection, yet fail to access the system because of dysfunctional relations with social workers, gaps in information regarding the availability of assistance, feelings of shame, and reluctance to become a “dependent” of the state.

The statistics above also offer a profile of poverty in Switzerland that is based primarily on measures of personal or household income, which poses problems for the interpretation of a social problem that is multidimensional. According to Rossini (2002:1), poverty is “heterogeneous, plural, and does not confine itself to a single economic dimension measured uniquely from thresholds of income.” Among the many contributing factors in the production of poverty, disparities in wealth and status may explain the Swiss situation better than any absolute measure. Despite its small area, Switzerland is characterized by gradations in average household wealth and cost of living across cantons and communes. In 2005, average monthly household income ranged from 7,330 Swiss francs in the Italian-speaking canton of Ticino to 9,371 Swiss francs in the three French-speaking cantons surrounding Lake Geneva (Office fédéral de la statistique 2009a). Conversely, for a family with two children and an annual base income of approximately 4,400 Swiss francs per month (just below the poverty line), free disposable income was highest in Ticino and lowest in Zurich, after taking into
consideration social protection benefits and costs of rent and insurance (Knupfer and Bieri 2007). The poverty threshold assessed by Caritas may not capture such regional variations, ignoring the aspects of inequality that persist in communities where few households fall beneath the established threshold, but where clear divisions in social hierarchy are still apparent.

Using data from the 2001 Swiss Household Panel (SHP) – a population survey of demographic variables, housing and living conditions, and mental and physical health in Swiss households – Ferro-Luzzi et al. (2006) sought to construct a multidimensional model of poverty in Switzerland using cluster analysis methods. While the authors' statistical modeling is beyond the scope of this chapter, background data collected from the SHP may serve to elucidate dimensions of Swiss poverty that extend beyond the restraints of low household income. Those income-related variables with the highest population prevalence included having unpaid bills (8%), inability to afford saving 100 Swiss francs (12%), having no private retirement scheme (10%), having income below needs (10%), and inability to afford vacations (6%) or go to restaurants (13%). Certain variables concerned housing and neighborhood factors, which included having small housing (12%), bad heating (7%), noise in the vicinity (21%), pollution in the vicinity (15%), and violence in vicinity (12%). Notably, variables for neighborhood-level poverty presented higher prevalence rates than those related to individual income. While self-reported health status was relatively good for the population, a high percentage (19%) reported having a long-term health problem or disability of a physical or psychological nature. Lastly, social factors – frequently neglected in measures of poverty – included not having association membership (25%) and a low frequency of contact with friends.
While the Swiss nation as a whole is known for its wealth, Swiss society – like many other Western societies – is marked by socioeconomic disparities that draw clear lines between rich and poor. However, I caution against a stringent interpretation of “rich” and “poor” to mean the abundance or poverty of material wealth. “Poverty” in a developed nation such as Switzerland likely has less to do with inadequacy of income – which for much of the residing population is accommodated by a comprehensive system of social protection – and more to do with “social and professional disqualification, hardship, the absence of social ties, the weakening of citizenship, situations of dependence and the incapacity to realize future projects” (Rossini 2002:1). Likewise, the stigmas of poverty I explore in this study may have little to do with how much money a person has. While having an empty pocketbook may present stress in a person’s daily life, I argue that it is not the leading element that marks a “poor” person as deviant in the public eye. Rather, stigma is directed against those elements of social identity that, as shown above, are connected to poverty: being disabled, unemployed, or from another country. To these I would add being homeless, addicted to drugs and alcohol, or employed in any number of clandestine or socially unacceptable occupations, including sex-work.

These life conditions characterize the experience of poverty more fully than the simple condition of having insufficient income, in part because they are each subsumed within the labels and stereotypes that the larger society holds against them, and from which processes of discrimination and devalued identity unfold. The next section details three such life conditions – homelessness, unemployment, and foreign nationality – that
each pose their own challenges to social identity among the poor in Geneva and which serve as a basis for the research questions and sampling in my study.

**A Typology of Stigmatized Identities in Geneva**

As in other developed nations, discussions of housing, employment, and immigration are among the most salient in the public discourse surrounding poverty in Switzerland. The three domains are arguably interconnected. Employment and housing operate in a dialectic relationship, with one being difficult to secure without the other: While having a physical address is frequently a prerequisite for obtaining employment, it is difficult to afford the costs of rent without first having a job. Immigrants face obstacles in obtaining both housing and employment, through lack of formal professional training, language barriers, and discrimination on national and ethnic grounds. These three life situations represent a starting point for constructing a typology of stigmatized identities among the poor in Switzerland, but should not be considered mutually exclusive. Indeed, it is possible for an individual to self-identify with more than one of these identities. One relevant question that naturally follows – whether self-identification with multiple stigmas produces a greater cumulative effect on physical, mental and social well-being for individuals in poverty – is one I return to in later chapters.

**Homelessness and Begging**

In Switzerland, and perhaps all of Western Europe, the homeless represent one of the most marginalized groups of society – simultaneously an object of compassion and aversion, both institutional and individual. While many citizens support social reforms for improving the lives of homeless persons (e.g., funding for shelters, social integration programs), others have no desire to interact personally with those whom such programs would benefit. They avoid eye contact on the sidewalk, ignore appeals for spare
change, or simply cross the street to avoid such interactions outright. A legacy of stereotypes and identifications precedes such patterns of rejection, including beliefs that the homeless are: (1) unclean, and by association, likely the carriers of contagious disease; (2) mentally ill, and by association, dangerous; and (3) lazy and unwilling to work for themselves, as evidenced by their frequent recourse to such strategies as begging for spare change.

Laws against homelessness and begging have existed in Geneva since 1946 (Recueil systématique genevois 1946). Article 37 of the city’s original penal code specified that a person could be subject to arrest, fine or both for: (1) “wandering without fixed habitation, without means of subsistence and regularly exercising neither trade nor profession,” or (2) “begging or sending minors or persons placed under their authority to beg.” Negative political sentiment against begging in Geneva has traditionally been high, mostly generated from conservative political parties such as the Union démocratique du centre (UDC) (Michiels 2005). Citing an “insupportable” level of begging in Geneva, in November 2005 the UDC submitted a motion entitled “T’as pas deux balles?” [Don’t you have two bucks?] (Michiels 2005). Largely symbolic in scope, the motion insisted that authorities act against the practice of begging, which “engenders a growing feeling of insecurity and feelings of guilt” (Michiels 2005:5). In response, the police reported having more important problems to tend to, and considered begging neither exceptional nor threatening to the public order. Regardless, a total of 163,000 Swiss francs in fines were imposed against beggars that year, of which 13,900 francs were collected (Estoppey 2007).
At the liberal end of the political spectrum, a growing sentiment of sympathy toward beggars has emerged in recent years. In January 2007, Article 37 was repealed as part of a new version of the penal code, effectively decriminalizing homelessness and begging (Depommier 2007; Budry 2007). During this year, the population of beggars was estimated at between 150 and 200 people, and authorities otherwise recognized no other criminal offenses associated with them (Estoppey 2007). However, the police and security personnel originally responsible for enforcing the law were slow to change their practices. By the summer of 2007, police had imposed an estimated 100,000 Swiss francs of fines for begging (Budry 2007) – a figure that was later cited as 800 separate fines, totaling 86,000 Swiss francs (Lecomte 2007).

While the conservative Procureur General Daniel Zappelli supported the continued repression of begging, the legal precedent set by the law’s modification could not be ignored. In June 2007, Zappelli signed a joint agreement with the socialist State Council member Laurent Moutinot, affirming that “the simple fact of begging” would no longer be subject to fine (Gani 2007). Furthermore, those who had been fined for begging during that year were entitled to reimbursement by the state – a political move that roused the ire of Geneva’s Parti libéral (a conservative party) (Gani 2007; Lecomte 2007). In response, conservative politicians submitted a new motion against begging to the Grand Conseil (parliament) of the canton of Geneva (Gani 2007). Despite objections by human rights advocates, who claimed the urgency of such a law could only be required in the case of danger to public order (Depommier 2007), by the end of November the law had been drafted and passed, again criminalizing the act of begging (Receuil systématique genevois 2008).
This vehement political tug-of-war highlights the conflicting sentiments of the Swiss public toward beggars and homeless persons. While laws against homelessness were not revived, politicians were successful in reinstating laws against begging, likely due to strong public opposition to the practice. Laurent Moutinot, who supported the repeal of begging laws, admitted the challenges he faced in light of the strongly emotional context surrounding begging: “Rarely in my career have I received messages so violent, going sometimes as far as to threaten my family. It’s probably because beggars convey an image of humanity that we don’t want to see” (Estoppey 2007).

The local media also plays a role in both reflecting and fueling the negative public image of beggars and the homeless. Stories in newsprint frequently portray the varying “tactics” of beggars as unscrupulous and deceitful (Michiels 2005; Hatet 2006). In particular, the presence of children in the ranks of beggars draws resentment from the public, both for their degree of aggressiveness in begging and for their presumed connection to organized “networks.” During the summer, customers of terrace restaurants along the Rhône are reportedly solicited for money dozens of times per day by children, who “at times go as far as to steal money directly from the tables” (Hate 2006). In addition to being considered a form of child exploitation, the practice is criticized precisely for the same reasons that it is successful: Children provoke more sympathy than adults, they are considered less at fault for their marginalized condition, and they consequently produce greater returns from begging. Readers of the Matin Bleu – a popular local newspaper – are also warned against beggars who “adopt” the traits of apprentice musicians, children who produce documents stating that their parents were
murdered in their home country, old women who pretend to be crippled, and mothers
who shake their infants to draw the attention and pity of passersby (Hatet 2006).

Stigma against homelessness and begging also affects other members of
Geneva’s population, who may be neither homeless nor beggars. Street musicians, for
example, are frequently confused for (or assumed to be) beggars, and often belong to
the same groups and families as those who beg (Estoppey 2007). During the holidays,
when the number of beggars and musicians in the streets typically increases, street
musicians are required to participate in auditions that “distinguish the true artists from
the others” in order to receive authorizations to perform (Haeberli 2006). Such auditions
function as a proof of social legitimacy, in which street musicians are identified by
default as members of a stigmatized group (beggars) and then assigned a higher status
if they can “prove” themselves worthy.

Unemployment

As discussed above, unemployment and under-employment in Switzerland is
known to disproportionately affect immigrants, in particular the sans-papiers. To a
certain extent, the stigma of unemployment in Geneva is connected with the stigmas of
marginalized ethnicity and nationality; many members of the public are likely to
stereotype poor immigrants as unemployed and to use racist and anti-immigrant rhetoric
to explain their exclusion from the workplace. In the case of immigrants receiving
chômage or other social benefits, normative portrayals of them as dependent on the
State may increase their burden of stigma. Their dependence may be considered the
result of weakness (physical, intellectual, or moral) or of calculated manipulation of the
Swiss, cantonal and local social support systems. However, unemployed Swiss citizens
are equally prone to these conceptualizations of unemployment – suggesting that the
stigma of unemployment involves stereotypes and negative attitudes that are independent of ethnicity or nationality. As immigrants in Geneva are discussed in more detail below, this section briefly describes unemployment among Swiss citizens.

In 2006, the unemployment rate was higher in Geneva than in any other Swiss canton – at 7.3% of the population in January of that year (compared with 3.9% of the Swiss population) (Bretton and Budry 2006). Over 16,000 chômeurs received unemployment benefits and nearly 23,000 people were actively in search of work. The Cantonal Office of Employment explained this disparity as the result of a “mechanical effect” rather than real problems in the economy, with changes in Confederation regulations in July 2005 resulting in many chômeurs in Geneva losing their right to benefits (20 Minutes 2006a). These same people began to recuperate their benefits during the following year, adding to the existing baseline unemployment rate.

While many of the able-bodied unemployed Swiss in Geneva (whether receiving chômage or not) are men, recent media stories have focused on unemployment among single mothers and the particular challenges they face (Bézaguet 2006). In one case, Marjorie – a 28-year-old single mother – reported facing economic and relationship difficulties, constrained quality of life, perceived stigma and feelings of low self-worth. Three-months pregnant, Marjorie lived with her 11-month old son and boyfriend in an old apartment in the Paquis district. She hoped to find a day-care that could free her to find employment of her own, which proved difficult given her 3,400 Swiss francs of household income per month (provided by her sporadically employed companion). She reported conflicts with her boyfriend over her financial dependency on him. Although she met monthly with her social assistant, it did little to restore her morale: “I feel shame
and a sense of inferiority, especially with regard to my boyfriend. And then I have the impression that people think that I do nothing" (Bézaguet 2006).

Another case of a single unemployed mother – Coralie, 21 years old – highlights challenges sometimes faced in the very system established to assist those in need, and as in Marjorie’s case, a resulting sense of low self-worth (Bézaguet 2006). Because Coralie lived with her mother, the social services offered her a reduced benefit of 1,300 Swiss francs per month – all of which she spent on her 15-month-old son. Coralie reported bad relations with her social assistant: “She’s never there. She doesn’t remember me. She doesn’t help me fill out the paperwork.” She failed her first year of studies at the School of General Culture and dropped out, then worked for one year as a cashier – a job she was forced to quit for health reasons. Consequently, Coralie blamed herself for not having worked harder at her studies: “I don’t feel very much pride. Besides, I would prefer to say that I’m on unemployment than at the Hospice Général [welfare benefits provider]” (Bézaguet 2006).

Like the homeless and those who beg, the unemployed in Geneva face the stereotype that they are lazy and unwilling to work. Furthermore, those who receive unemployment benefits are frequently under suspicion of fraud – labeled by the public as profiteurs (people who take advantage of the system). This stigma is pervasive in French-speaking European society in general and affects not only interactions between chômeurs and the public, but state-level responses to the problem of unemployment. In 2005, for example, political changes in France allowed agents of the French Ministry of Employment to freely exchange the personal information of applicants of unemployment benefits who were suspected of fraud (Radio France 2005). In response, associations,
left-wing parties and syndicates denounced the motion as a form of harassment and a violation of privacy rights.

**Being an Immigrant**

As with homelessness and begging, the Swiss have been found to harbor ambivalent attitudes toward immigrants. According to a survey by Sélection (a French-language version of Reader’s Digest), nearly 60% of Swiss respondents considered immigrants to be a benefit to Switzerland (Tribune de Genève 2006a). At the same time, federal laws regulating immigration and asylum have become more stringent. On September 24, 2006, 68% of Swiss voters supported revision of the immigration law (known in French as the Loi fédérale sur les étrangers, or LEtr), restricting certain categories of immigrants from accessing the labor market, reinforcing measures for the social integration of legal immigrants, and making sanctions against criminality and abuses of immigration laws more severe (Office fédéral des migrations 2007). Greater restrictions were set in place on the admission of immigrants from non-member countries of the European Union, who must possess particular professional qualifications to be granted work permits – a modification that explicitly aimed to reduce rates of unemployment and social assistance.

Among the different nationalities and ethnic identities that characterize Geneva’s population, Roms (Romani) are among the most visible – both in the public eye and in public discourse. The presence of nomadic Rom groups in Geneva may be explained by the same processes of discrimination, persecution and dislocation that govern the migration of refugees from other countries. Most originate from Romania, where, following a five-century history of slavery, they face discrimination, few job opportunities, and impoverished living conditions (Télévision suisse romande 2007a). In Switzerland,
they are able to obtain tourist visas, which are valid for up to three months, and earn an income potential that is reasonably greater than in their home country (Lecomte 2007). These earnings, however, do not come from legitimate employment, but rather from begging and petty crimes (Télévision suisse romande 2007a). As in their home country, the Roms are largely excluded from the workforce in Geneva.

For these reasons, Roms bear a disproportionate burden of public resentment. According to members of the UDC, the “gitans” (gypsies) who beg so aggressively on the streets of Geneva are “poor devils” who arrive in bands from neighboring France and turn up in groups of 20 or 30: “They arrive at seven in the morning, disperse, harass you, sometimes in an aggressive manner, and leave again at night. Some of them make up to 400 or 500 francs per day” (Michiels 2005:5). Many are blamed for faking handicaps in order to arouse public sympathy – a pervasive suspicion that circulates among “legitimate” street musicians, politicians, and social service professionals alike (Lecomte 2007). In an interview with Le Temps, a director of the Salvation Army shelter claimed to have a “test” to determine whether a guest is faking disability: “I sit him in the dining hall, I place his crutches in a corner, then, on the pretext that they’re blocking the passage, I move them farther away. At the end of the interview, the guy goes to get them without limping” (Lecomte 2007). In addition to dishonesty and unscrupulous activity, Roms have been blamed for more explicit and severe acts of criminality. Local politicians have characterized Rom social structure as a “mafia” and their begging activity as an “industry,” and have accused them in the trafficking of children (Mino 2006:11).
During the polemic surrounding begging in 2007, Roms were cited as the group most frequently fined during a time when begging was no longer illegal (Budry 2007). Reports also circulated of Roms being illegally searched and handcuffed by the police during routine checks, and being fined without receiving a receipt (the sole means with which they could feasibly obtain a reimbursement) (Depommier 2007). Complicating their situation, Roms generally speak little French, and possibilities for appeal – even if explained – are likely left misunderstood (Télévision suisse romande 2007b). Among those homeless seeking shelter during winter, they are the group most frequently refused access to the Abri PC – the city’s largest winter homeless shelter (Télévision suisse romande 2007a). According to one report, many Roms leave the shelter after Christmas, being told by personnel that it would be impossible to accommodate them throughout the winter (Papaux 2006). Women with children and minors who leave the Abri PC are lodged provisionally at the Salvation Army shelter.

The political and public sentiment against Rom (and by association, Romanian) immigrants in Geneva reflects a rather explicit climate of xenophobia. With the passing of the new law criminalizing begging (Receuil systématique genevois 2008), conservative lawmakers hoped to “create the discomfort necessary to make beggars understand that their future is not in Geneva” (Estoppey 2007). Immediately after the law was passed, those responsible envisioned a systematic census-taking in which cantonal and municipal agents would directly confront Roms in the streets, check them regularly, and prevent them from “taking root” in the same places. Furthermore, agents would apply immigration laws whenever possible, relying in particular on a clause that permits immediate expulsion of persons unable to prove they have sufficient means of
subsistence to stay in Switzerland (Estoppey 2007). While such practices are technically legal, they amount to a targeted application of the law that unjustly persecutes a profiled segment of the population.

Young *maghrébins* (Maghrebi) represent another highly stigmatized group within Geneva’s immigrant population. In 2006, members of the city’s Social and Youth Commission cited, in particular, thirty young men who “pose a problem” to the public order (Mino 2006). These men, who are not clandestine, are known to consume and sell marijuana in the area of the Bateau Genève – a soup kitchen and social service located at the southern edge of Lake Geneva (see below). The men were recognized to be violent, but only among themselves. The Bateau Genève has made efforts to force them off their premises, and directors at the Abri PC have had to maintain order by hiring a security guard for the night (Mino 2006; Papaux 2006). Personnel at the Abri PC admitted having been “forced” to exclude young maghrébins from the shelter after experiencing “major problems” with them (Papaux 2006).

As with the Roms, young North-Africans are occasionally the victims of police abuses in Geneva – a likely consequence of profiling and stereotypes of criminality and violence. In one example, three police officers were accused in February 2006 of abruptly tackling and handcuffing a 40-year-old Algerian man who was leaving a store (20 Minutes 2006b). The following July, the officers were investigated for abuses of authority, and for resorting to disproportionate means of arresting a man suspected of pick-pocketing. Among their indiscretions – failing to identify themselves or demand the man’s identification, placing a blindfold over his eyes, and dragging him into an alley to
search his person. Once at the station, the suspect was quickly found innocent after security camera images showed he was not the man who had committed the crime.

Immigrants who have arrived in Switzerland illegally, or who have otherwise overstayed their duration of legal residence, do not have official documentation to reside in the country and face additional forms of discrimination and exclusion. Statistics on the presence of sans-papiers are understandably difficult to collect, as few undocumented immigrants will admit to their status for fear of being arrested or deported. However, two sources of statistics may serve to provide a demographic profile of sans-papiers in Geneva – reports from the cantonal services on sanctions and deportation of immigrants, and an in-depth study conducted by the External Commission for the Evaluation of Public Politics (Syndicat interprofessionnel de travailleuses et travailleurs 2004). This profile differs from that reported in federal immigration statistics, with over two-thirds of sans-papiers originating from Latin America – 20% from Brazil, 17% from Colombia, 15% from Bolivia, 14% from Ecuador, and 5% from Peru (Syndicat interprofessionnel de travailleuses et travailleurs 2004:30). Immigrants from former Yugoslavia – chiefly Kosovo, Macedonia, and Serbia – represent 6% of the sans-papiers in Geneva, while those from other countries in Eastern Europe (Romania, Poland, and the Ukraine) are growing in number.

Practically all undocumented immigrants in Geneva left their countries of origin for economic reasons, with situations of escalating poverty and conflict forcing them from their homes (Syndicat interprofessionnel de travailleuses et travailleurs 2004). In most cases, they are motivated by the prospect of making enough money to send home to their families, or to finance bringing their families into the country. Switzerland is viewed
favorably as a destination because it is considered to have a strong local labor market, high quality of life, and high purchasing power. However, upon arriving in Switzerland, most immigrants are disillusioned by the low salaries they are able to secure. In Geneva, the average monthly salary among undocumented immigrants is less than 2,000 Swiss francs (Syndicat interprofessionnel de travailleuses et travailleurs 2004:35).

The sans-papiers in Geneva are largely a young population, with a mean age of 32 years old, the majority of whom are single. Among women, greater than two-thirds are single mothers. For families illegally immigrating to the canton, only one-third of their children arrive in Geneva with them (Syndicat interprofessionnel de travailleuses et travailleurs 2004). The remaining two-thirds remain behind in their country of origin, to be cared for by grand-parents or other family members, attending school using money sent to them by their families in Geneva. Single mothers endure social and economic situations considerably more difficult than those of undocumented men. Among these difficulties is the reluctance of fathers to officially recognize their children; many of these fathers are married men, Swiss citizens or established immigrants (holding a residence permit). In some cases, fathers have denounced the undocumented mothers of their children, threatening to report them to authorities. Given such situations, single undocumented mothers “find themselves in a state of total precariousness and live in a state of permanent insecurity” (Syndicat interprofessionnel de travailleuses et travailleurs 2004:32).

Over 75% of sans-papiers in Geneva are employed in domestic work – a situation that for many women also involves prostitution (Syndicat interprofessionnel de travailleuses et travailleurs 2004). The majority of these women originate from Latin
America, the Philippines, and the Middle East, while those involved in sex-work arrive primarily from Africa. Very few men are employed in these activities, working instead in hotels and restaurants (10%) and construction (3%). To account for low salaries, nearly one half of undocumented immigrants in Geneva work multiple jobs.

**Social Support in Geneva**

Geneva is the largest city in the French-speaking region of Switzerland (known as Romandie). In January 2006, Geneva’s population was nearly 185,000, while the population of the canton of Geneva was nearly 441,000 (Office cantonal de la statistique 2006a). During the same year, approximately 26% of taxations in the canton of Geneva were imposed on people whose gross annual income was 30,000 Swiss francs or less (Office cantonal de la statistique 2006b) – roughly equivalent to the Caritas poverty line estimate of 2,450 Swiss francs per month for a single person (Monnet and Vos 2006). While this should not be considered an official estimate of the percentage of people living in poverty in Geneva, it does indicate that poverty – as measured by income alone – affects a sizeable minority of its residents.

A comprehensive system of social support is offered to Geneva’s poor through both public and private institutions. In 2006, the city counted 26 distinct establishments (known as *lieux d’accueil*) that offer reception, shelter, food, medical care, employment assistance, and services for persons with special needs (including women and children, adolescents, and people dependent on alcohol or drugs) (Table 3-1). Among these are 12 emergency shelters for the homeless or those in transitional or precarious housing situations, five day centers offering reception and free meals, and three locations offering inexpensive meals. In addition, free “hygienic” services (showers, haircuts, laundry) are available at three locations, and one mobile, university-run clinic provides
healthcare for people without health insurance. While not all-inclusive, the following section details the more established and networked of these social services, those with the highest impact on the populations served, and those that were subsequently chosen as research sites for my study. They have been divided into three categories: social assistance organizations, day centers/soup kitchens, and homeless shelters.

**Social Assistance Organizations**

In Geneva, the majority of social assistance for the poor is handled by two organizations – the Hospice Général, the city’s primary public social service, and Carrefour-Rue, a long-standing private institution that operates a large network of day centers, shelters and other points of service. A third institution is UMSCO – a unit of the University Hospitals of Geneva that delivers health and social services to the poor and people lacking health insurance.

The Hospice Général collaborates directly with federal, cantonal and municipal authorities, as well as private institutions, to realize its mission of providing social assistance to the “most impoverished” residents of Geneva (Hospice Général 2009). More than 20,000 people receive assistance from the agency, including approximately 4,000 immigrants seeking asylum. The agency addresses its mission through six principal activities: (1) Social and financial assistance to individuals and families without sufficient resources; (2) Reception and social intervention (including financial assistance) for asylum-seekers; (3) Assistance and accommodation to young adults in difficulty; (4) Management of three homes for the elderly; (5) Management of an establishment for people dependent on alcohol; and (6) Prevention and communication in favor of all categories of the population. The agency is also in charge of the Service
du revenu minimum cantonal d’aide sociale (RMCAS), which offers welfare assistance for unemployed residents who have exhausted their options for unemployment benefits.

The demographic profile of Hospice Général clients reflects the national Swiss statistics on social assistance. The majority of cases handled by the Hospice Général are women, most of them single mothers with children, who frequently suffer from insufficient food pensions and lack of income from employment (Bézaguet 2006). In such cases, the role of the Hospice Général is to help single-parent families receive food advances and to help mothers find a professional activity or training program and day-care options for their children (Bézaguet 2006). Youths and young adults have increasingly turned to the Hospice Général for assistance; between 1999 and 2004 the number of case files for young adult clients increased by 88% (Budry 2006). In 2005, 20% of cases handled were young adults between the ages of 18 and 25. The main difficulties faced by young adults are employment and lack of education or training. On a positive note, the average duration of assistance for clients between 18 and 25 years old is considerably shorter than that for other clients (by approximately one-third) (Budry 2006).

The most well-established private association for the poor in Geneva is Carrefour-Rue, which operates a number of distinct establishments and programs for “the homeless and impoverished” (Carrefour-Rue 2009). Carrefour-Rue was founded in 1995, after 20 years operating under the name Carrefour – an organization for “prevention and social action” that worked in the prisons and streets (Carrefour-Rue 2006:6). Its shelter, the Coulou, was opened in 1986 to house up to 30 homeless people for an unlimited duration of stay (although 90% of guests stay for six months or
less). By the end of 2006, the association also coordinated two transitional housing projects, three locations for the distribution of free food, three secondhand stores, two locations offering “hygienic” services, and one “vacation” facility, as detailed below:

- **The Villas:** A set of eight community homes for former residents of the Coulou, of three to ten places each. Individual rooms are offered at low rental prices for an unlimited duration of stay.

- **The Studios:** Twenty-nine studio homes for individuals or couples who are ready for more autonomous living, each with furnishings and a kitchenette.

- **The Jardin de Montbrillant:** A soup kitchen located near the central train station, offering 150 free lunch meals per day year-round.

- **Car Touche:** A stationary double-decker bus, also located near the train station, which has been converted to a food service location that offers 50 free breakfast meals per day year-round.

- **Resto'Scout:** A trailer operated by the “scouts” of Carrefour-Rue that offers free dinner meals every Sunday, directly adjacent to Car Touche.

- **Aboudaby:** A second-hand clothing and linen store.

- **The Cavernes d’Ali-Baba:** A second-hand store selling furniture, books, kitchen appliances, and other items.

- **The Jouetterie:** A second-hand store selling toys, books, games, and stuffed toys for children.

- **The Points d’Eau:** Two locations offering “hygienic” services, including showers, baths, laundry, haircuts, and health care. There is one location on each side of the Rhône (Rive Droite and Rive Gauche).

- **The Hameau des Chemineaux:** A “green space” offering leisure and rest for up to a dozen people, dubbed by the association as a “Club Med” for the homeless (Carrefour-Rue 2009). Opened in late 2006, the Hameau consists of five stationary train cars (refurbished as sleeping and recreation areas), a trailer and a central tent. Guests may stay for a week-end or for longer “vacations,” under the supervision of on-site social workers.

Carrefour-Rue also organizes community activities that benefit Geneva’s disadvantaged populations by offering them opportunities for work experience and modest compensation. These include an independent newspaper (*La Feuille de Trèfle*),
an independent radio station (Radio sans chaîne), creative workshops, and rickshaws that circulate throughout the city for tourism, weddings, festivals, and publicity. Through collaboration with other state, cantonal and local institutions, Carrefour-Rue offers temporary employment for those who seek assistance. In 2005, the association arranged 20 temporary positions (for up to one year each) paid by the Cantonal Employment Office, which included assisting in the secretary’s office, editing or reporting for the newspaper, collection and sale of secondhand items, masonry, local renovations, cooking, and cleaning (Carrefour-Rue 2006). Furthermore, in collaboration with the RMCAS Service, the association offered temporary employment for six people on welfare for up to one year each. To support these diverse service locations and community activities, Carrefour-Rue employed seven paid full-time workers (two social workers, one student social worker, an administrator, a secretary, and two cooks), two student interns, and received assistance from approximately 50 volunteers.

In its provision of multiple and comprehensive social services for the poor, Carrefour-Rue takes an explicitly humanistic stance, addressing the problem of précarité (precariousness) in Geneva as both a socially constructed phenomenon and one that is best solved through acknowledging and enabling the agency of those affected. First, the association’s directors recognize the seemingly insurmountable challenges faced by the poor, considering précarité not as a disease, but as a social process of exclusion: “While the stigmatized person is potentially capable and competent, he/she no longer has the strength to fight. Depending on the circumstances, it could happen to anyone among us” (Carrefour-Rue 2006:4). At the same time, the directors propose a more global approach, “considering impoverished people as human
beings who possess genuine internal resources with which they may improve their life situation” (Carrefour-Rue 2006:4). In both its actions and discourse, the association Carrefour-Rue exemplifies an important counterpoint to the stigma faced by the poor of Geneva – social acceptance, charity, and empowerment.

The UMSCO clinic was launched in 1996 as a pilot project by the university’s Department of Community Medicine, with the mission of improving access to health care for Geneva’s uninsured and under-insured (Wolff 2004:5). The timing of this effort coincided with changes to Swiss federal laws that made health insurance a requirement for obtaining a residence permit (Recueil systématique du droit fédéral 1996). Insurance companies interpreted these changes strictly, instituting practices to exclude all undocumented immigrants from access to health insurance. Although both cantonal and federal laws have since been passed (in 2001 and 2002, respectively) that require insurance companies to accept applications from undocumented immigrants, UMSCO estimates that 90 to 95% remain uninsured because of difficulties paying insurance premiums (Wolff 2004:8). UMSCO has since become an important (in most cases, the only) source of health care for many of the estimated 8,000 to 12,000 undocumented immigrants in Geneva (Wolff et al. 2005). In 2003, 89% of the clinic’s patients were without residence papers, with the majority originating from Latin America (58%), including Bolivia (20%), Brazil (11%), Colombia (10%), and Ecuador (9%) (Wolff et al. 2005:36). Most of these patients are women, frequently in need of prenatal and postpartum care (Wolff 2006).

The UMSCO clinic also serves a second distinct population, composed primarily of men (80%) between 20 and 60 years old who frequent the city’s day centers and
homeless shelters (Wolff et al. 2005:2218). These patients, referred to as grands précaires (in great precariousness), have little formal education or training, high levels of unemployment, and a high prevalence of psychiatric co-morbidities, alcoholism and tobacco use. In 2003, the grands précaires treated at UMSCO had an average age of 42 years old, and nearly 60% were of European origin, including 32% of Swiss nationality (Wolff 2004). However, despite having legal residence in the country, only 28% had valid health insurance (Wolff 2004). The estimated 300 to 400 grands précaires who live in Geneva may be grouped into five categories: (1) the marginalized, whose condition of poverty is linked to family rupture, job loss, and illness; (2) those with problems of addiction and substance abuse, who frequently receive disability benefits from the AI; (3) young adults with psychological problems, including many who have cut ties with their parents and did not finish their education; (4) female victims of domestic violence, notably women of foreign origin married to Swiss men, who fear losing their legal status if they leave their homes; and (5) the working-poor, who, due to their unstable employment situation, rarely have access to housing (Wolff 2004:16-17).

The clinic’s delivery structure is based on the concepts of interdisciplinary care (nursing, medicine, and social work) and gate-keeping – with nurses initially consulting with social service clients and referring them to medical doctors if necessary. In turn, the clinic’s medical doctors will refer care to specialists and to hospital services when costly exams and treatments are necessary. Patients therefore have three levels of access to care: (1) nursing consultations in various social service locations in the community; (2) an outpatient community clinic, located one floor above the Club social rive gauche (CSRG) soup kitchen (see below); and (3) the Policlinique de médecine (medical
outpatient clinic) within the cantonal hospital. In traversing these levels of access, the clinic integrates patients into a network of community care and works to improve communication among providers. To facilitate delivery of care, UMSCO also emphasizes assessment of needs through epidemiologic research of the populations it serves.

In 2005 and 2006, UMSCO nurses consulted with patients at approximately 10 social service locations throughout the city on a weekly basis, including the Coulou (shelter), the Coeur des Grottes (women’s shelter), CSRG (day center), the CARÉ (day center), the Jardin de Montbrillant (soup kitchen), and the Bateau Genève (soup kitchen). The sites, particularly CSRG, became important locations for my study, largely through my initial collaboration with UMSCO. As the institutional sponsor for my research, UMSCO offered me a glimpse into the practices and processes of community health care in Geneva, a convenient and safe location to conduct interviews with informants, and most importantly, an opportunity to familiarize myself with Geneva’s social service locations as I accompanied the nurses on their rounds. It was through UMSCO that I gained access to many of the service locations discussed below and to the diverse populations living in poverty in Geneva.

Day Centers and Soup Kitchens

Among those services most actively and regularly used by Geneva’s poor are the day centers – private and public establishments that offer reception and free meals. The two “social clubs” run by the city of Geneva – CSRG (south of the Rhône) and Club social rive droite (CSRD, north of the Rhône) are open throughout the year, most days of the week, and offer activities, contacts with social workers and healthcare professionals, social company and an “open ear” (Papaux 2006). Known formerly as
Square Hugo, CSRG serves approximately 250 free meals per day, in a dining hall that can accommodate from 100 to 120 places (Papaux 2006). Breakfast is offered five days per week (Monday through Friday), while a hot lunch is offered every day of the week except Sunday (Ville de Genève 2009). Throughout the day, guests may also obtain various hot and cold beverages, including coffee, espresso, herbal teas, and sirop (fruit syrup mixed with water).

The role of the social workers at CSRG is to guide the homeless and other guests in the steps they must take to find shelter, as well as assist in the creation and maintenance of links between clients and their families (Papaux 2006). For people in situations of extreme précarité, CSRG also allocates and manages emergency housing for short periods of stay (Ville de Genève 2009). Lastly, the day center is a site for social activity – both informal and formal. Guests are permitted to stay beyond food service hours to socialize, play cards or chess, rest, and consult with social workers. CSRG therefore serves multiple functions for Geneva’s poor – as a soup kitchen, social service, and social club. Appropriately, the location is characterized by an atmosphere of conviviality, particularly during the winter holidays; as one reporter noted: “With its imposing Christmas tree, its orange linoleum, its photos hung on the wall, its rock music in the background, Square Hugo’s lounge could resemble any restaurant in the area” (Le Courrier 2004).

The CSRG day center is located in the same building as UMSCO, with the former at ground level and the latter on the second floor. It is partly for its proximity to the mobile clinic that CSRG was selected as my primary study site. The day center serves a broad demographic – including both undocumented immigrants and grands précaires –
potentially because it is a convenient location for many of the clinic’s patients to wait for their appointments. During nearly one year of participant-observation at CSRG, I played the role of both volunteer and guest, collecting ethnographic data using methods that are described in more detail in the following chapter.

The city’s largest day center is a privately run, church-based establishment known as the CARÉ – an acronym for “caritas, accueil, rencontres, échanges” [charity, reception, meeting, and exchange]. Established by Caritas-Genève in 1977, the CARÉ accommodates a larger number of guests than either of the city-run social clubs, serving one daily afternoon meal to approximately 150 people (CARÉ 2004; Arsever 2006). In addition to functioning as a soup kitchen, food bank, and center for social assistance, the day center provides free afternoon workshops in activities such as carpentry, painting, bike repair, pottery, and music. Extramural athletic activities include swimming, ice-skating, basketball, football, and badminton. The CARÉ is one of three locations in Geneva that offers free showers and haircuts.

One of Geneva’s more unique points of service for the poor is the Bateau Genève – a day center located on a large steamboat that is permanently moored on the south side of Lake Geneva. Established in 1974, the “Bateau” (as it is referred to by locals) opens at 7 a.m. six days a week to serve free breakfast, and remains open for a free evening meal twice a week (Association pour le Bateau Genève 2009). The service accommodates between 80 and 150 people daily, who benefit from the presence of four part-time social workers, weekly discussion groups, and a weekly computer workshop. The guests – known as passagers (passengers) – are also given the opportunity to work on the boat on a day-to-day basis, at the rate of approximately 16.5 Swiss francs
per hour (Association pour le Bateau Genève 2009). Work is generally for the upkeep and renovation of the boat, which at over 100 years old is in periodic need of painting, treatment for rust, waterproofing, and general maintenance. Compared with Geneva’s other day centers and soup kitchens, guests of the Bateau are primarily men, the majority young maghrébins. As described above, due to the boat’s proximity to the Jardin Anglais, many of these men are known to engage in drug-dealing and other petty crimes, giving the Bateau a reputation of being one of the city’s more dangerous points of service. At night, the Bateau transforms into a social venue for the general public, hosting film screenings, music events and private parties.

As described above, the Carrefour-Rue association operates the Jardin de Montbrillant – a soup kitchen located near Geneva’s central train station in a building made available by the city (Carrefour-Rue 2006). The Jardin de Montbrillant is a smaller space than either CSRG or the CARÉ, serving approximately 150 lunch meals per day throughout the year. On the first Friday of each month, the soup kitchen also distributes free clothing to those in need (Carrefour-Rue 2009).

**Homeless Shelters**

Homeless shelters in Geneva are understandably at their most active during the winter months. For example, the Abri Protection Civile (Abri PC), whose explicit mission is to offer shelter to those with no other reasonable options for housing and to protect them from the cold (Papaux 2006), is open only during winter (from November 18 to March 31). With approximately 100 beds, the Abri PC is Geneva’s largest homeless shelter, and will accept any adult person in need, provided they respect the rules of the shelter: no drugs, no alcohol, and no weapons (Papaux 2006). Dogs, who frequently accompany the homeless of Geneva, are permitted on the premises. Separate
dormitories exist for women, while unaccompanied minors are not authorized to stay there. Showers, hygienic products and clothing are offered to guests, as well as hot soup in the evening and bread, tea, and coffee in the morning. In addition, the shelter operates a nightly “tour” of the city, in which social workers travel in a small bus to different locales throughout Geneva where the homeless are known to frequent, and offer those they encounter a ride back to the shelter (Le Courrier 2004).

Each year, the Abri PC has reported an increase in its number of guests per night, from 25 in 2001 (when the shelter first opened), to 40 in 2004 (Le Courrier 2004). In 2005, this number increased considerably, with 120 guests arriving for the first night of the shelter’s opening (Papaux 2006). This number being greater than the shelter’s capacity, staff members were required to place mattresses on the floors to accommodate the surplus of guests. During the winter of 2005-2006, more than 700 homeless people were estimated to have stayed at the shelter; among them, two-thirds were undocumented immigrants, and a markedly greater number than in previous years were reported to have health problems, both physical and psychological (Papaux 2006). Many of the shelter’s guests arrive from neighboring France, reporting that in the French metropolises of Paris and Lyon, the possibilities of finding shelter from the cold are considerably fewer. According to Isabelle Widmer, assistant director of the city’s social services, the recent increase in homelessness in Geneva is likely linked to the “hardening” of laws on asylum and decisions by immigration officials to reject applications for asylum – producing a new class of clandestine immigrants known as NEM’s (non entrée en matière) (Papaux 2006).
Another important emergency shelter is the Armée du Salut (Salvation Army) Accueil de Nuit, which can accommodate up to 40 homeless people for a limited stay at 15 Swiss francs per night (Au Coeur des Grottes 2009). The Salvation Army shelter takes in men, women, and children accompanied by adults, with one floor reserved for single women or women with children. Accommodations include soup in the evening and a breakfast meal in the morning. During winter, the shelter has extended hours (remaining open until 9 a.m. and 11 a.m. on the weekends) and offers a hot meal at noon. Guests are also offered showers and relatively private rooms, with two beds each. Thus, for those who can afford the out-of-pocket cost, the Salvation Army shelter presents a more hospitable setting than the larger, more institutional Abri PC.

The Salvation Army also operates a women’s shelter known as the Coeur des Grottes, which offers lodging and “psychosocial accompaniment” for single women (and their children) who find themselves “momentarily confronted by a situation of précarité: family problems, domestic violence, or return from abroad” (Au Coeur des Grottes 2009). The Coeur des Grottes can accommodate about thirty women for 84 Swiss francs per night – a cost that is adaptable to the individual resident’s income and life situation. Women are accepted into the shelter without regard to legal or social status, and stay for a variable amount of time, generally until they have secured stable employment or housing. Residents are offered morning, noon, and evening meals, which they frequently prepare themselves as part of a community living model.

As described above, the Coulou – the transitional shelter operated by Carrefour-Rue – has housed up to 30 homeless people at a time for over 20 years (Carrefour-Rue 2006). Originally a clock-making factory, the building was made available to Carrefour-
Rue by the city of Geneva and converted to a shelter with multiple sleeping rooms, a central dining and living area, and a kitchen. A separate sleeping area is offered to single women. As with the Coeur des Grottes, the Coulou operates under a community living model, with residents taking responsibility for their activities of daily life (with the assistance of social workers and volunteers). There is no cost to live at the Coulou, although space is limited and housing offers are granted on a case-by-case basis. While residents may stay for an unlimited duration, only 10% stay longer than six months.

**Social Support as a Response to Stigma**

The social assistance organizations, day centers, soup kitchens, and homeless shelters described above represent only a selection of the institutions for social support offered to Geneva’s poor. This selection was based on their relevance for and impact on the various populations living in poverty overall, as well as their accessibility for conducting research – acknowledging that all functioned as research sites at some point during my time in Geneva. A more comprehensive listing of social support institutions is provided in Table 3-1. In a city center with a population of less than 200,000, the comprehensiveness of its social support system is striking, and speaks volumes about the level of effort that many citizens undertake to address issues of poverty.

Without question, this effort originates from a humanitarian standpoint, which implicitly opposes the stigma originating from other sources in Swiss society. In many of these institutions (as with Carrefour-Rue), poverty and précarité are viewed as socially constructed phenomena – the product of larger socioeconomic processes that are beyond the control of the individual. In the case of UMSCO, health is considered a human right that is frequently suppressed by political and economic enterprise; improving access to health care for the poor is, to a certain extent, a matter of finding
the legitimate pathways through which the poor may circumvent these opposing political and economic forces. At the same time, social support in Geneva also places emphasis on the agency of the individual in improving his/her life situation. Most of the institutions described above have some component of self-sufficiency in their mission statements or modes of operation. It is not enough to assist the poor by giving them life's basic necessities; long-term solutions require improving access to education and training, and helping people to develop the skills they need to thrive in the greater community.

While my study focuses on the stigmas faced by those who live in poverty, it is nevertheless important to acknowledge the culture of acceptance that supports them. For many, having a comprehensive system of social support may function to relieve the overall burden of stigma they experience in daily life. However, as shown in the following chapters, stigma – whether real or perceived – can also occur within the context of these social service settings. Such instances are of particular concern because they may both dilute the protective effects of social support on identity and generate fears among those so affected, resulting in a decline in help-seeking and service utilization.
Table 3-1. Social service locations in Geneva, 2006

<table>
<thead>
<tr>
<th>Service type</th>
<th>Client base</th>
<th>Cost</th>
<th>Amenities / Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armée du Salut – Accueil de Nuit</td>
<td>Emergency shelter</td>
<td>Anyone</td>
<td>15 CHF / night</td>
</tr>
<tr>
<td>Abri Protection Civile</td>
<td>Emergency shelter</td>
<td>Anyone</td>
<td>Free</td>
</tr>
<tr>
<td>La Coulou</td>
<td>Shelter (transitional housing)</td>
<td>Anyone</td>
<td>Free</td>
</tr>
<tr>
<td>La Virgule</td>
<td>Shelter (transitional housing)</td>
<td>Anyone</td>
<td>Free</td>
</tr>
<tr>
<td>Le Racard</td>
<td>Shelter (transitional housing)</td>
<td>Anyone</td>
<td>100 CHF / night</td>
</tr>
<tr>
<td>Communauté d'Emmaüs</td>
<td>Shelter (transitional housing)</td>
<td>Men</td>
<td>Free</td>
</tr>
<tr>
<td>Au Cœur des Grottes</td>
<td>Shelter (transitional housing)</td>
<td>Women</td>
<td>84 CHF / night</td>
</tr>
<tr>
<td>Service type</td>
<td>Client base</td>
<td>Cost</td>
<td>Amenities / Conditions</td>
</tr>
<tr>
<td>------------------------------</td>
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<td>-------------------------------------------------------------</td>
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<tr>
<td>La Halte d’Emmaüs Femmes</td>
<td>Shelter (transitional housing)</td>
<td>Women</td>
<td>Free&lt;br&gt;- Reception center&lt;br&gt;- Work-stay program&lt;br&gt;- Medical consultations&lt;br&gt;- Administrative service&lt;br&gt;- Unlimited duration of stay</td>
</tr>
<tr>
<td>Infor Jeunes – Appartement Gabrielle Sabet</td>
<td>Shelter (short-term)</td>
<td>Young adults</td>
<td>10 CHF / night&lt;br&gt;- Renewable 1-week stay</td>
</tr>
<tr>
<td>Foyer l’Etape</td>
<td>Shelter (short-term)</td>
<td>Children and adolescents</td>
<td>18 CHF / night&lt;br&gt;- Educational assistance&lt;br&gt;- Psychological support&lt;br&gt;- Placement of minors without guardians&lt;br&gt;- One-month stay</td>
</tr>
<tr>
<td>Foyer le Pertuis</td>
<td>Shelter (short-term)</td>
<td>Young adults</td>
<td>18 CHF / night&lt;br&gt;- Educational assistance&lt;br&gt;- Psychological support&lt;br&gt;- One-month stay</td>
</tr>
<tr>
<td>Foyer le Pont</td>
<td>Shelter (short-term)</td>
<td>Adolescents</td>
<td>18 CHF / night&lt;br&gt;- Reception center&lt;br&gt;- Socio-educational support&lt;br&gt;- Placement of minors without guardians&lt;br&gt;- One-month stay</td>
</tr>
<tr>
<td>Car Touche</td>
<td>Meal service</td>
<td>Anyone</td>
<td>Free&lt;br&gt;- Breakfast</td>
</tr>
<tr>
<td>Resto’Scout</td>
<td>Meal service</td>
<td>Anyone</td>
<td>Free&lt;br&gt;- Dinner</td>
</tr>
<tr>
<td>Club social rive droite</td>
<td>Meal service</td>
<td>Anyone</td>
<td>Free&lt;br&gt;- Reception center&lt;br&gt;- Breakfast, lunch&lt;br&gt;- Social company</td>
</tr>
<tr>
<td>Club social rive gauche</td>
<td>Meal service</td>
<td>Anyone</td>
<td>Free&lt;br&gt;- Reception center&lt;br&gt;- Breakfast, lunch&lt;br&gt;- Social company</td>
</tr>
<tr>
<td>Service type</td>
<td>Client base</td>
<td>Cost</td>
<td>Amenities / Conditions</td>
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<tr>
<td>Le CARÉ</td>
<td>Meal service</td>
<td>Anyone</td>
<td>Free</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Late afternoon meal</td>
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<td></td>
<td></td>
<td></td>
<td>- Events</td>
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<td></td>
<td></td>
<td></td>
<td>- Workshops</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Showers and haircuts</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Medical consultations</td>
</tr>
<tr>
<td>Le Jardin de Montbrillant</td>
<td>Meal service</td>
<td>Anyone</td>
<td>Free</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Lunch</td>
</tr>
<tr>
<td>Le Bateau Genève</td>
<td>Meal service</td>
<td>Anyone</td>
<td>2 - 5 CHF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Breakfast and lunch</td>
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<td></td>
<td></td>
<td></td>
<td>- Work compensation</td>
</tr>
<tr>
<td>La Galerie</td>
<td>Meal service</td>
<td>Anyone</td>
<td>6 - 8 CHF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Brunch on Sundays</td>
</tr>
<tr>
<td>Trait d’Union</td>
<td>Meal service</td>
<td>Families</td>
<td>5 CHF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Reception for parents (with or without drug or alcohol dependence)</td>
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<td></td>
<td></td>
<td></td>
<td>- Workshops</td>
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<td></td>
<td></td>
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<td>- Nursery</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Meeting space</td>
</tr>
<tr>
<td>Les Colis du Coeur</td>
<td>Meal distribution</td>
<td>Anyone</td>
<td>Free</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Distribution of foodstuffs by recommendation of social services</td>
</tr>
<tr>
<td>Point d’Eau – Rive droite</td>
<td>Hygiene services</td>
<td>Anyone</td>
<td>Free</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Toilets and showers</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Haircuts, pedicures</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Dental and eye care</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Laundry</td>
</tr>
<tr>
<td>Point d’Eau – Rive gauche</td>
<td>Hygiene services</td>
<td>Anyone</td>
<td>Free</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Toilets and showers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Laundry</td>
</tr>
<tr>
<td>Unité Mobile de Soins</td>
<td>Medical and social services</td>
<td>People without health insurance</td>
<td>Free</td>
</tr>
<tr>
<td>Communautaires</td>
<td></td>
<td></td>
<td>- Healthcare center</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Mobile health care to social service locations</td>
</tr>
</tbody>
</table>
CHAPTER 4
RESEARCH APPROACH: QUESTIONS, INFORMANTS, PLACES, AND METHODS

This dissertation reports on a one-year ethnographic study of poverty and stigma in Geneva, Switzerland. Research questions and approaches to data collection were based on Link and Phelan’s stigma concept, which defines stigma as “the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination” (2001:363). I focused broadly on the concept of stigmas of poverty, defined as the set of socially discrediting personal attributes – whether physical, mental, or behavioral – that are either directly or indirectly associated with a person’s condition of poverty. The methodology comprised a concurrent three-phase approach that involved participant-observation, qualitative interviews with a significant narrative component, and cultural domain analysis of personal labels for people in poverty.

Because this study was conducted in a French-speaking culture, the French term précarité (precariousness) was chosen as an appropriate substitute for poverty. While a direct translation of the word “poverty” exists in French (pauvrété), initial work in the field revealed that this term would not capture the local meaning and experience of living beneath the norms of material wealth and social participation. Furthermore, the French term pauvrété carries its own stigma, and its corresponding personal label, pauvre (a poor person), can be derogatory when used outside more intimate social contexts. The term précarité, on the other hand – and its corresponding personal label, précaire – have seen increasing use in academic, medical, and popular discourse. The term captures the uncertainties that accompany individual and community experiences of poverty and the sense that a person’s condition could become worse. While the working poor are at risk of becoming unemployed, the unemployed are at risk of becoming
homeless. In turn, the homeless are at risk of physical harm from exposure. In addition to inadequacy of material wealth, précarité addresses more explicitly the influences of physical, mental and emotional disability, social isolation, and concepts of vulnerability to structural forces. I return to a more thorough analysis of the term précarité in Chapter 5, which presents results of the cultural domain analysis.

**Research Questions**

The general aims of this study were to qualitatively explore: (1) the cultural processes involved in stigma of the poor, and (2) the shared cultural understanding of précarité, and its personal label “précaire” – both for the aim of informing applications for practice and future study. Five sets of research questions grounded this work:

1. Who are the poor of Geneva, and in what social contexts do they experience stigma in their daily lives? Where, when, against whom, and by whom does stigmatization occur?

2. How do the poor respond to affronts to their identity, and to what degree do they express internalization of or resistance against their stigmas?

3. Among the poor, which groups experience a greater burden of stigma, and which are more susceptible to its detrimental effects?

4. To what extent does stigma occur in Geneva’s social service settings?

5. Through what personal and cultural pathways can poverty-related stigma lead to mental disorder in vulnerable persons or groups?

In choosing these research questions, I considered potential contributions to both theory and practice. The first set of questions (*Who are the poor? In what context do they experience stigma?*) addresses my study’s descriptive aims, allowing for the construction of a “map” of poverty and stigma in Geneva and a profile of the individuals and groups affected by it. These function not only as a necessary starting point for the
study’s remaining objectives, but as a basis for comparison with vulnerable populations in other societies.

Question 2 (How do the poor respond to stigma?) incorporates actor-oriented theory into the working concept of stigma, acknowledging that people or groups are not passive recipients of labeling, stereotyping, and discrimination, but can and do actively participate in shaping their experiences and, consequently, their identities. Question 3 (What groups are more susceptible to stigma?) and Question 4 (To what extent does stigma occur in the social services?) address issues of local practice. Question 3 is formulated to allow policy, social service, and medical professionals to identify people with the greatest need for targeted interventions that counter stigma, while Question 4 addresses practices within Geneva’s social services that may contribute to the burden of stigma faced by the people they assist (Question 4). In answering these questions, my aim is to provide those who work with vulnerable populations locally with recommendations on how their policies and practices may be changed to promote social inclusion, empowerment, and self-worth among the poor.

Lastly, Question 5 (How might stigma lead to mental illness?) has been posed to provide testable hypotheses for future analytic studies exploring the associations between stigma and mental health. While statistical associations between discrimination and mental distress, for example, have been established in epidemiologic studies (Krieger 1999), less is known of the mechanisms or processes that link them. In this paper, I contend that these mechanisms are based on the demographic and cultural profile of the person affected, and the nature of the stigma – whether, using Goffman’s typology, it is visible or hidden, physical or character-based, and “tribal” or acquired.
Informants

The intent of my study was to capture the diversity of cultural and social experiences shared by people in précarité. I sought a broad range of possible stigma experiences and identities, which minimized the limits on eligibility for the study population. I chose to include in my observations any person who would be informally qualified as a “client” or “guest” of the social service institutions I would frequent, with no restrictions on age, gender, ethnicity, or nationality. Taking micro-ethnographic approaches to observation, I began with the assumption that stigma processes are necessarily based on interactions between two or more actors (or in some cases, between actors and their environment). Broad standards of inclusion were therefore necessary to capture the full range of day-to-day interactions that could be qualified as stigmatizing.

To improve the representativeness of the sample, I also extended my work beyond the doors of the social services, and into the streets, parks, public venues and festivals, and public transportation. Efforts to involve street-based observation and outreach were based on the likelihood that many of Geneva’s poor who spend their time in the streets may not frequent the social service institutions. Theoretically, stigma may play a role in why a street person chooses to avoid the city’s shelters and day-centers; street-based observations were therefore crucial to avoid this selection bias. This subgroup was more difficult to define and restrict, because fundamentally it is impossible to determine with certainty a person’s situation of précarité. I based my selection of individuals and groups on two characteristics:

1. Outward appearance: including people who did not meet the culture’s conventions of dress and hygiene and/or whose dress identified them with a cultural group associated with précarité (e.g., punks, Roms);
2. Behaviors: including people who engaged in begging or performing for money, hoarding possessions in public (for example, in niches or grocery carts), searching through garbage bins or otherwise scavenging for discarded resources, erratic or bizarre behaviors that may indicate a psychological disorder (including talking to one’s self), openly selling or using drugs, or drinking alcohol at a time or place that deviated from cultural norms.

While my intent was to promote representativeness, I recognize that in settings such as soup kitchens, homeless shelters, and streets, access is limited to individuals who are approachable for an anthropologist (Glasser 1988). Among the limitations of this study is that certain groups remain unrepresented, including the violent, the severely mentally ill, and sex-workers. Difficulties in gaining access to marginalized and destitute populations have been recognized by a number of anthropologists who have worked with the homeless (Spradley 1970; Cohen & Sokolovsky 1989; Gaboriau 1993). Because those who are least approachable may face the greatest burden of stigma, the scope of my study for understanding stigma among the poor should be considered broad, but not complete.

The city’s social and health service workers were also considered as informants, given their important role as actors in the daily lives of their clients and the distinct possibility of their participation in instances of discrimination. In observations, the words and actions of social service workers were considered to be as important as those of clients and guests, especially during moments of interaction between the two groups. Furthermore, their regular, long-term contact with Geneva’s poor allowed social service workers to provide a more comprehensive perspective of the different stigmas of poverty evident in Swiss culture, as well as details on the structure and functioning of the city’s social service institutions. Social service workers included institution directors, nurses, social workers, other social service staff (e.g., receptionists), and volunteers.
Informant Demographics

During the course of my fieldwork, I observed and participated in interactions involving hundreds of individuals. Among them, more detailed information was collected on 55 informants whose contributions I considered most relevant. These included informants whom I knew by first name and with whom I had frequent contact, informants who participated in an ethnographic interview or cultural domain activity, or informants whose stories otherwise addressed issues of stigma in exemplary ways. For each I assigned a pseudonym and collected basic demographic and background information, including gender, age, nationality, language, and occupation.

Forty-one informants (75%) were identified as living in a situation of précarité either in social service or public settings. They represented a broad spectrum of occupations and identities associated with poverty – from students, laborers and service workers to the unemployed and sporadically employed, the homeless, the mentally ill, undocumented workers, medical tourists, social assistance beneficiaries (e.g., those on disability or unemployment insurance), retirees, beggars, drug users and drug dealers. Eight of these informants also received social assistance in the form of *contre-prestation* (for-benefit), which guarantees housing arrangements through the city of Geneva in exchange for volunteer service at a city-run social service location, such as CSRG. In some analyses, these informants were considered apart from others in the précaire group because of their dual role as both recipients of social assistance (who are potentially subject to stigmatization) and workers at a social service (who are potentially a source of stigmatization to others in précarité).

The remaining 14 informants (25%) were social and health service workers – established or in-training. Social workers represented the three types of social
professionals who graduate from the Swiss école sociale (social school) – educators, social assistants, and animateurs (social workers who organize group activities and work in community centers). The demographic distributions for both précaire and social service informants are shown on Table 4-1.

Eighty percent of précaire informants were men, and greater than half were between the ages of 40 and 59 years old. The proportion of informants age 60 years or older was low (5%), which may partly be explained by the fact that the Swiss become eligible for retirement insurance (AVS) at age 65 for men and 64 for women (Assurance-vieillesse et survivants / Assurance-invalidité 2010). Forty-four percent were of Swiss nationality, which included persons whose only nationality was Swiss and those who were dual citizens (e.g., French-Swiss, Colombian-Swiss, and Mexican-Swiss). Among informants of foreign nationality, seven were from Western Europe (Belgium, France, Germany, Spain, and Sweden), six were from North Africa (Algeria, Morocco, and Tunisia), and five were from Eastern Europe (Albania, Romania, and Serbia). In contrast, all 14 social service informants were of Swiss nationality.

Among précaire informants, the most common non-European ethnicities included Arabs, Latinos, and Roms. All six North-African informants were Arab, as was one informant from Australia. Latinos originated from Spain, Mexico, and South America. The Latino category included those who were dual citizens with Switzerland and either Colombia or Mexico. Analysis of findings from these dual citizens focused on both categories – Swiss and Latino – because their encounters with stigma may vary depending on whether their nationality or ethnicity is most relevant. While Latinos with Swiss nationality (and consequently, a Swiss passport) are protected from the system-
level exclusion that affects most immigrants in Switzerland, such as reduced access to housing and employment, they may still experience interpersonal discrimination based on their ethnicity. Two informants who self-identified as Rom were from Romania. In referring to the nomadic Romani families and musicians of Eastern Europe, residents of Geneva frequently use the French term for “Romanian” (*roumain*) interchangeably with “Romani” (Rom) or “gypsy” (gitan). All 14 social service workers were of European ethnicity.

One-third of précaire informants were English-speakers – a likely over-representation of the Swiss population that resulted from selection bias. As an English-speaker, I found interactions more comfortable with informants who also spoke English, and was more likely to develop a rapport with them. I was also more often approached by these informants, many of whom sought an opportunity to practice their English. Notably, fewer social service workers (14%) had English proficiency. Selection biases may also have occurred in other demographic categories, as I was more comfortable approaching men, younger persons, and those of European and American origin.

**Informant Profiles**

My level of association and frequency of contact with informants varied, from those who appear only once in recorded observations, to key informants with whom I had regular, familiar contact – most for the duration of the study. Here I provide details of 10 précaire informants and one social service informant who contributed significantly to this study. They are identified by their assigned pseudonyms, which correspond with those used in subsequent chapters. Many participated in interviews (most of them tape-recorded) and details of their life histories are notably more complete than those presented for informants who were not interviewed. These profiles describe the
informant’s situation at the time of study, the types of social assistance they used, and whether they had a history of homelessness, unemployment, alcoholism or drug abuse, or depression. When the information was available, the profiles also include details of the informant’s family and educational history.¹

Four individuals living in précarité (Dorin, Lucas, Nadim, and Tania) and one social service worker (Laurent) were identified as key informants. All except Tania participated in an interview. I had regular contact with these five individuals (multiple times per week) for at least four months during the study duration. Other factors they shared as key informants included: (1) directed (informant-led) interaction with me in both the social services and public locations; (2) introducing me to other people, groups, and places; and/or (3) competent knowledge of the Swiss social support system, either as care-seekers (e.g., Lucas) or as providers (e.g., Laurent). Three key informants – Dorin, Nadim, and Tania – are presented as case studies in Chapter 7, showing the potential connections between stigma and mental health.

Précaire informants

Catherine. A Swiss-German woman and retired speech therapist in her 60’s, Catherine frequented CSRG almost daily for breakfast, lunch, and tea in the afternoon. While she sought social company at the day-center, Catherine was often alone. She spoke of no family in Geneva. Her discourse was often hard to follow, and her behavior was perceived as eccentric. She consequently faced more stigma for her mental state

¹ In Switzerland, primary education is compulsory and lasts for nine years, followed by a post-obligatory secondary level that includes vocational training and general education. Options after primary and secondary education include apprenticeships (that can last up to four years), higher education institutions and universities.
than for her state of poverty, which was likely mitigated by a pension and social assistance.

**Chatura.** A unemployed Sri-Lankan man in his late 50’s, Chatura occasionally took meals at CSRG and the CARÉ, and participated in CARÉ activity workshops. He had multiple health problems, including a cataract in his right eye and a heart condition. He had few friends in Geneva, and he was sensitive to potential conflicts with other day-center guests and prone to spells of weakness.

**David.** A 39-year old Swiss man who regularly frequented the CARÉ and CSRG, David was receiving chômage and assistance from the Hospice Général at the time of his interview. He had completed his compulsory and secondary education, failed after one year in a railway apprenticeship, and had informal training in watch-making. David had a brief history of depression and homelessness, which he overcame by working in contre-prestation to obtain housing assistance.

**Dorin.** A 46-year-old Romanian-Swede who was homeless and unemployed, Dorin had been in Geneva for six weeks at the time of his interview. Dorin had completed only elementary school education in Romania, and had trained formally as an electrician but never received his certification. He had no friends in the city and was often depressed. He frequented CSRG for lunch and slept mostly in public parks.

**Isaac.** A 45-year-old Swiss man with a history of heroin abuse, Isaac was receiving state disability benefits (AI) and working contre-prestation at CSRG at the time of his interview. He had completed his primary and secondary education, as well as an apprenticeship in carpentry. Isaac also had a history of homelessness, which coincided
with multiple changes in his support network and the beginnings of alcoholism and drug abuse.

**Lucas.** A 38-year old Algerian man who had come to Geneva to find professional work, Lucas was unemployed and ate meals regularly at CSRG at the time of his interview. He held a university diploma in food process engineering from an Algerian university, but its equivalence to Swiss standards was not recognized by potential employers. Finding himself excluded from the legitimate job market, he survived by working small jobs “under the table.”

**Nadim.** A 25-year-old French-Algerian man who frequented CSRG and the Bateau, Nadim was homeless and sporadically employed at the time of his interview. He had obtained his primary education in Algeria, followed by architecture studies in France that he was unable to finish due to lack of finances. Nadim was an occasional panhandler and had been periodically homeless in Geneva since his arrival in 1998 – a situation that likely contributed to acute episodes of anxiety and depression.

**Paul.** A 47-year-old German man who had lived in Geneva for over 25 years, Paul was unemployed and frequented the CARÉ at the time of his interview. He had completed schooling in Germany but took up no other trade, instead living as a squatter and street musician for much of his life. He had lived in Geneva undocumented for ten years before marrying a Swiss woman, which gave him residence papers and the right to Hospice Général aid. Paul had a history of depression, unemployment, and alcohol abuse.

**Rafik.** A 40-year-old Algerian man, Rafik was homeless and unemployed at the time of his interview. He had completed his obligatory education in Algeria and earned a
diploma as an assistant accountant. He had a history of receiving unemployment
insurance both in Algeria and in Scandinavia. In Geneva, his situation was compounded
by not having residence papers, making him ineligible for benefits. However, he used
the city’s day-centers and shelters regularly and frequently had lunch at CSRG.

Tania. A 32-year-old Serbian woman, former student and unemployed journalist,
Tania visited CSRG often for meals. She had failed out of a university program she was
taking in Geneva, and had also received complaints from former professors and
employers that affected her ability to find work. Tania was later taken into “preventive
detention” for making threats against others, and remained in prison for one year before
being transferred to a psychiatric facility with a diagnosis of delusional disorder.

Social service informant

Laurent. A 40-year-old social animateur, Laurent was co-director of the CSRG
day-center at the time of his interview. Laurent was an experienced and compassionate
social service worker; he encouraged politeness and fairness among both the
volunteers and guests of the soup-kitchen, and was skilled at de-escalating potentially
violent situations. He was present, at times as an active participant, during a number of
the stigmatizing encounters I observed at CSRG.

Study Sites

My initial point of access to Geneva’s précaire population was through the Unité
mobile de soins communautaires (UMSCO) – the mobile unit for community health
operated through the Department of Community Medicine (DCM) at the University
Hospitals of Geneva. Details on the mission and operation of UMSCO have been
previously described in Chapter 3. Under the guidance of the unit’s director and chief
medical doctor, I developed an early strategy of first encounters by “shadowing”
UMSCO nurses as they made their rounds to the city’s shelters and day centers. I also occasionally attended the clinic’s weekly meetings to gain perspective on the types of problems commonly faced by their patients and their treatment approaches.

Through UMSCO and the DCM, I obtained the title of Scientific Collaborator at the University Hospitals of Geneva, which allowed me to apply for the ethical approvals necessary for conducting research with human subjects. Submission and approval of the research protocol through the hospital’s Commission of Research Ethics was complete by the end of January 2006. My affiliation with UMSCO, provided access to six social service sites: (1) CSRG; (2) the Bateau; (3) the CARÉ; (4) the Jardin de Montbrillant; (5) the Coulou; and (6) the Coeur des Grottes. Details on the structure and operation of these institutions are provided in Chapter 3. Of the six, CSRG, the Bateau, and the CARÉ became consistent sites of observation and recruitment of informants for interviews. The Jardin de Montbrillant and the Coulou – both operated by the non-profit organization Carrefour-Rue – were visited once each.

Both UMSCO and the CSRG day center were located in the same building as my personal residence. For reasons of proximity and accessibility to the précaire population, CSRG functioned as my primary research site. In December 2005, I was introduced to the day center’s directors and offered a position as a volunteer. During my first three months, I arrived three times per week on average to work behind the counter – washing dishes, preparing and serving beverages to the guests, serving morning and afternoon meals, and helping to clean the facility near closing time. As I became more competent in French and established rapport with some of the day center’s more familiar faces, I spent more time in the dining room – conversing and sharing meals with
the guests. By June 2006, I discontinued my regular volunteer duties and frequented the center as a guest – standing in line with the other guests, obtaining a meal ticket and meal, and spending the afternoons in the dining room either unobtrusively observing or talking with other guests, informants, and social service workers.

In December 2005, soon after I began working as a volunteer at CSRG, I was introduced to the Abri PC by one of the day center’s social workers. The Abri PC became the site of one single, but significant, observational session, during which I was invited by the shelter’s director to join him and his colleagues on their *ronde* (rounds) – a late-night trip through the streets of Geneva in a large van to locate homeless persons and invite them to stay in the shelter. A second single-instance observation took place in July 2006 at the site of the Hameau des Chemineaux – an outdoor leisure and recreational space for the homeless operated by Carrefour-Rue, at the time still under construction. I was invited to visit the site by the director of Carrefour-Rue, and there interacted with a social worker and residents of the Coulou as they worked to refurbish the facility’s train-car sleeping units.

Lastly, my work took me to other public and private locations that were not formally part of Geneva’s social service institutions. Early in the project, I observed locations at street corners, sidewalks, storefronts and building entrances, bridges and other spots at Lake Geneva and the Rhône and Arve rivers, shopping centers, parks, buses, and trams. In most cases, my presence at these locations was solitary and self-directed. Later in the study, as I established a closer rapport with people I had met at CSRG, the Bateau, and the CARÉ, I was invited by informants to join them on excursions to various locations throughout the city. Through my connection with
informants such as Tania, Nadim and Dorin (whose stories are described in Chapter 7), my research took me to locations as wide-ranging as the canton’s vineyards, a public concert, a film festival, a public swimming pool, and various cafés and private residences. Following the incarceration of a Serbian informant, Tania, I also made multiple visits to the Prison of Champ-Dollon (10 kilometers from the city center) and the offices of the Hospice Général.

Figure 4-1 provides a map of Geneva’s city center showing the social service locations most relevant to my study, as well as important landmarks such as the Cantonal Hospital and the Jardin Anglais. Of the six social service locations, three – the Bateau, CSRG, and the CARÉ – were sites where I initially met the informants profiled above.

**Participant-Observation**

To gain a comprehensive understanding of the types of stigma faced by those living in précarité, a methodology was necessary that would allow long-term and wide-ranging access to study locations, and the capacity to gain the confidence of individuals and groups who characteristically have low levels of trust. These objectives were addressed through use of participant-observation, the central and most basic method of cultural anthropology. Dewalt and Dewalt define “participant-observation” as “a method in which a researcher takes part in the daily activities, rituals, interactions, and events of a group of people as one of the means of learning the explicit and tacit aspects of their life routines and their culture” (2002:1). Thus, for a study focusing on the stigmas of populations living in poverty, my primary means of data collection involved regularly frequenting locations where such processes were likely to take place (social service
institutions, streets, public transportation, etc.), observing and interacting with the people there, participating in their activities, and taking notes on my experiences.

Participant-observation was conducted throughout the full duration of my time in the field, from December 2005 through October 2006. The focus of my observations bridged two levels: (1) that of multiple social institutions within a single community; and (2) the level of social situations – encompassing respectively the macro- and micro-ethnographic approaches described by Spradley (1980:30). This division addressed both the practical and theoretical considerations of my research questions; general observations served to document the functioning and social dynamics of Geneva’s social service institutions, while more focused observations detailed the different types of stigmatizing encounters faced by those living in précarité. Following Patrick Gaboriau’s (1993) ethnography of the clochards of Paris, taking nearly a full year of fieldwork permitted an understanding of the major and minor events that punctuate the lives of those I studied – the ordinary moments, the daily and weekly activities, and in the longer-term, the “annual rhythm” of life on the streets and in the social services. Fieldwork of this duration was necessary not only for establishing rapport with my informants, but for understanding précarité in a city where the social service calendar changes according to the season.

My level of participation ranged from passive (such as taking the role of bystander on a tram or park bench) to active (such as taking the role of day center volunteer or guest). In many cases my underlying role as a student researcher was known, which may have affected my ability to gain acceptance from certain individuals or groups – either promoting or hindering my inclusion. Because most communication
took place in French, which is not my native language, my foreign origin was also apparent. Many individuals were informed, or correctly guessed, that I was of American nationality. These elements of my identity likely contributed to an observer effect, limiting the range of potential events to which I could bear witness. The more complete my integration into the social setting, the greater the impact my identity would have on the actions and words of others in my presence.

I interacted extensively with individuals at social service sites and public locations, following three levels of interaction that naturally unfolded as part of my own integration into Swiss culture and the culture of Geneva’s social services. The first level of interaction was responsive, in which I listened to the conversations of others, responded to questions (directed toward me or others), and participated in scripted encounters such as serving food or giving spare change. During times when I volunteered in the kitchen, interaction with other volunteers and social service workers was casual and spontaneous, while interaction with guests – which involved primarily taking and filling their orders for coffee or tea – was more prescribed. However, being a volunteer improved my ability to observe interactions among guests in the dining room, as the role allowed me to stand and watch without being obtrusive. Casual interaction with CSRG guests was more frequent when I joined them for meals and during the afternoon, when socializing comprised the primary activity. I interacted with strangers in public locations less frequently, usually in response to being asked for change. Such encounters occurred on sidewalks, street corners, parks, buses, trams and tram stops.

The second level of interaction was directed, in which I approached others and initiated conversations. This phase occurred concurrently with responsive encounters,
and became the predominant form of interaction as I improved my French language ability and familiarized myself with the city. In directed interactions, I would introduce myself, ask questions about the social services in Geneva, or make small-talk. I would approach individuals in public locations who met one or more of my selection criteria based on appearance, behaviors, and group dynamics. Typically, as I came to recognize many of the regular faces at CSRG and the CARÉ, my questions became more personal. When circumstances made such questions acceptable, I would ask acquaintances to describe their lives in Geneva and the kinds of daily challenges they faced. Through both direct contact and using social service workers as intermediaries, I recruited informants for tape-recorded interviews.

Beginning in my third month in the field, I began participating in familiar encounters with people I had come to know and interact with on a regular basis. I developed friendships with certain informants – individuals who frequently engaged or included me in conversation, invited me to share meals, and interacted with me at locations outside of the social service institutions. In sharing personal information about myself, I was able to establish a more intimate level of trust with these informants and gain a more candid picture of their lives and their responses to the challenges of being poor. In some cases, I joined them in their daily movements, usually by foot, to different social service centers, cafés, parks, and stores.

Familiar interactions were characterized by an increased level of involvement in the lives of informants. I became familiar with their daily routines, the places they frequented, and their social workers. With those who were not homeless, I visited their places of residence. With Tania, who during the course of my time in the field was
placed in preventive detention, my involvement extended to tangible assistance and mediation with her social service workers and lawyer. At the request of social workers at the Hospice Général, I helped to coordinate payment of her rent, and eventually to find someone to sub-lease her room while she was in prison. I visited Tania in prison and maintained contact with her after my return to the United States via mail and e-mail.

This level of involvement may be criticized for affecting the outcome of my “object” of scientific study, making Tania’s experiences impossible to interpret without also considering my own role. In terms of offering tangible assistance to informants, extended contact and escalating requests for support can put the fieldworker in a dilemma (Wolcott 2001). While aiding informants raises questions of validity, it is also increasingly being considered an ethical obligation for fieldworkers who are closely tied with the communities they study. Following Carl Cohen and Jay Sokolvsky’s (1989) work with elderly homeless men in New York’s “Bowery” neighborhood, my motives for conducting this study and my responses to the findings should not be considered neutral. Furthermore, a certain emotional involvement in the lives of close informants is expected – especially when dealing with vulnerable or disadvantaged populations. While emotional involvement may threaten the validity of observations through selection biases (affecting the selection of events to observe or document) and distorted perception (exaggerating or understating the impact of events), it may also be considered an acceptable risk associated with the process of building trust and rapport with informants. Harry Wolcott wrote that emotion has come to be regarded as “a potential ally in our work rather than a sign of weakness in the worker” (2001:59). In
decisions regarding my level of involvement in informants’ lives, I took both methodological and ethical concerns into consideration.

To understand the different labels, stereotypes and instances of discrimination faced by those living in précarité, I relied on both observed and narrated events. I considered for inclusion any observed events that were examples of direct or implied labeling and discrimination. While these involved primarily interpersonal encounters, I also made note of potentially stigmatizing situations involving the interaction of individuals with objects (e.g., signs) and systems (e.g., day center rules). Encounters where no real intent to discriminate was likely present, but where individuals may have perceived stigma due to miscommunication, cultural or linguistic differences, or errors in perception or judgment were also noted. Narrated events were both volunteered and invited, usually by asking informants to describe an event in which they felt discriminated against.

Throughout my time in the field I kept detailed field notes of my experiences, describing my observations, my personal reaction to events, and thoughts on the societal implications of what I had observed. Field notes were written immediately after I returned from the location of participant-observation, typically at my place of residence or the nearby university library. This strategy allowed me to avoid bringing my journal into the field and therefore reduce my obtrusiveness. However, without my journal I was unable to record conversations verbatim; as such, narrated events were condensed and their details limited to what I remembered to be most relevant after returning from the field.
In the case of Tania, in addition to field notes, I obtained documentation of her experiences in the form of letters she sent to me following my return to the United States. Through this continued contact, Tania became a key informant not unlike “William R. Tanner”, with whom James Spradley (1970) had exchanged multiple letters during the course of his study of alcoholics on Seattle’s skid row. Just as Spradley had received from Tanner a constant flow of insider observations of the Seattle City Jail, through my correspondence with Tania I was kept informed of events happening within the walls of Geneva’s Prison of Champ-Dollon and, later, a psychiatric residential facility.

Qualitative Interviews

I conducted two phases of qualitative interviews: (1) short, semi-structured interviews with six social service workers; and (2) longer, ethnographic interviews with 12 précaire informants. Early in the study a preliminary question set was developed and used in interviews with four organization directors (the Coeur de Grottes, the CARÉ, Carrefour-Rue, CSRG), one social worker (the Bateau), and one assistant educator (Abri PC). I conducted most of these interviews during visits at the social service locations where these informants worked, and directed much of my inquiry toward their organization’s structure and functioning. I also asked them to describe their clients and the types of stigmas they faced. Specific questions in these interviews included:

- Are there any people or groups that are not permitted to enter/use this service?
- In your opinion, what are the qualities of précarité that draw the most criticism from the public? Why does the public stigmatize these groups?
- To what extent are these prejudices communicated in the media or public discourse?
• What kinds of stigmatization of your clients or other people in précarité have you witnessed? Can you think of a specific event?

Information on stigmatized groups collected in these interviews functioned as counterpoint to the same information collected from précaire informants, providing a more balanced view of stigma processes.

A phase of tape-recorded ethnographic interviews with précaire informants began in the sixth month of the study. These permitted collecting narratives of an informant’s experiences living in poverty, perceptions of stigma against the poor in Swiss society, and testimonies of exclusion and discrimination. Situational context for these narratives was provided through discussions of the informant’s life history, current situation, and relationship with Geneva’s social services. Initially, a target sample of 30 informants was chosen for interviews, to be divided into five quotas of six informants each.

Sampling quotas were based on relevant subgroups of people living in précarité, including: (1) the homeless; (2) the unemployed; (3) people of marginalized ethnicity or nationality; (4) people with alcohol or drug problems; and (5) undocumented immigrants.

People of “marginalized ethnicity or nationality” were defined as those coming from countries and regions against which institutional and informal discrimination were evident in the European community – primarily the countries Eastern Europe (including Romania and those of former Yugoslavia), North Africa, and sub-Saharan Africa. After some time in the field, the third and fifth quotas were combined, as the majority of informants from these countries were also residing in Switzerland without documentation. The types of stigma affecting individuals based on their skin color, nationality, or legal status were connected to the extent that requiring separate quotas for these categories was unnecessary.
An interview guide was developed to cover four topic areas: (1) demographic information; (2) life history; (3) current situation; and (4) stigma. Appendix A provides the full interview guide, including the specific points of discussion and short responses elicited within each topic area. A French-language version of the guide was developed and used as a checklist during interviews. The initial demographic section included the informant’s age, gender, nationality, ethnicity, and accordance with one or more of the four selection quotas. I also recorded the name of the social service where the informant was first encountered.

The remaining three sections of the interview were semi-structured, and included the use of both descriptive and structural ethnographic questions (Spradley 1979). Points for discussion were introduced by asking informants to “talk about” or “describe” their experiences and their situation, or to “relate a story.” While following the order of the general topic areas, within each area the specific questions and points of discussion were not restricted to a particular sequence.

In discussions of the informants’ life histories, I collected information on birthplace, parents’ occupations, education and professional training, as well as their more proximal histories of arriving in Geneva and experiences living in précarité. I elicited the stories behind their situations of being homeless, unemployed, addicted to alcohol or drugs, or depressed. For each story, I asked informants to describe how they came into their situation, the types of assistance they received, and whether these events changed the character of their relationships with others.

I began the third topic – current situation – by asking informants to “describe a typical day” in their life in Geneva. I obtained information on informants’ social networks,
focusing on the individuals they interact with regularly, frequency of contact, and the
class and quality of social support. To estimate the size of informants’ social
networks, I asked them to indicate the number of people they could “count on as true
friends.” This section also collected information about the informants’ experiences with
the social services in Geneva, which services they used, how often, and how these
services compared with those they may have used outside of Geneva. I asked
informants to indicate which services they preferred and which they avoided, and their
reasons for preferring or avoiding these services. Lastly, I asked informants whether
they had any recommendations on how the social services in Geneva could be
improved.

The fourth and final topic – stigma – focused primarily on specific instances of
stigma informants had experienced or witnessed. I began by asking informants to recall
an instance in their lives when they were “insulted, mistreated, or discriminated against.”
In cases where the informant had numerous stories, I collected all instances, then
asked the informant to elaborate on the event that was the “most severe or unfair.” In
cases where the informant had no personal experience to relate, I asked whether he or
she had “ever been witness to an event where someone else was discriminated
against.” I also asked informants to describe any instances of discrimination in the
social services, assessing whether there were particular services or staff members who
were unfriendly or non-accepting, and whether there were any social service practices
that “excluded certain persons or groups and privileged others.” Finally, I asked
informants to indicate which groups in Geneva they believed were the most stigmatized
and their perceptions of stereotypes in Swiss society.
Participants for interviews were recruited largely from the social service centers – in particular, CSRG, the CARÉ, and the Bateau – initially with the assistance of social service directors and workers who acted as liaisons. Most interview participants were informants I had interacted with regularly and who trusted me enough to allow their stories to be recorded. Prior familiarity with their stories in the course of my fieldwork helped facilitate the interview process. As Glasser (1988) wrote in her ethnography of a soup kitchen, long periods of repeated contact allow a person’s story to come out, which also helps in learning about life cycles – for example, periods of being housed and homeless, or periods of drinking and sobriety. I chose for inclusion any French-speaking, Geneva resident who met at least one of the following criteria:

1. defined themselves as being in a marginal or precarious economic situation;
2. reported a period of homelessness of at least one month in the past year;
3. reported a period of unemployment of at least one month in the past year;
4. considered themselves to have problems with alcohol or street drugs; and/or
5. reported using the city’s social services for at least one month in the past year.

Ethnographic interviews were conducted between April and October 2006 with 12 informants – less than half of the targeted sample. Both language barriers and issues of trust made acquiring a larger sample for interviews difficult. One key informant, Dorin, agreed to the ethnographic interview, but did not consent to being tape-recorded. Interviews with two informants – Lidia and Daniela – were conducted by a trained student research assistant from the University of Geneva, Department of Sociology.

Cultural Domain Analysis

This study also sought to explore emic community understandings of the different types of “personnes en situation précaire” (“people in a precarious [life] situation”) and the labels affixed to them in Swiss society. This domain may also be qualified as “people in précarité” (as an acceptable English translation), and analyzing it using
cognitive methods is a useful strategy for understanding who comprises the poor of Geneva (Research question 1) and which groups among them experience a greater stigma burden (Research question 3). Cultural domain analysis involves a sequence of data collection efforts, with the results of one process informing the design of the next. I used three techniques that are described briefly in this chapter, all conducted using Anthropac software (Lexington, KY: Analytic Technologies). Because of the iterative nature of this methodology, a full description of how the cultural domain was measured in the field is detailed in Chapter 5.

Cultural domain analysis is the study of how members of a particular group think about lists of “things that somehow go together” (Bernard 2002). It is a way of describing and understanding culture at the linguistic level by objectively measuring the amount and distribution of cultural knowledge in a group of informants (Romney et al. 1986). The methodology focuses on a single domain of cultural knowledge that can be broken down into components – types or variations of things within the domain – with the goal of understanding how people structure the relationships among those things. Through cultural domain analysis, researchers elicit a “folk taxonomy” of items within a domain and determine the extent of cultural consensus or disagreement among informants regarding that taxonomy (Bernard 2002:282).

I began the process by asking a small sample of informants (N = 44) – stratified to represent people in précarité (n = 26) and the members of the general public (n = 18) – to list all the labels they could think of for “people in précarité” (the domain in question). This “free-listing” technique is a standard, objective way to obtain a meaningful sample of items in the domain that is nearly free of investigator bias (Romney 1999: S112). It
has been used by James Spradley (1970), who elicited lists of the different kinds of “tramps” from homeless persons living in Seattle’s Skid Row. Because précarité was not defined for informants prior to the activity, replacing “kinds of” with “labels for” allowed me to explore both the social identities of those in précarité (whether ethnic, national, medical, or cultural) and the acceptability of terms used to identify them (from formal, accepted terms to informal, stigmatizing ones). By combining the responses of all informants, I obtained a master-list of labels from which other techniques could be used to elicit their structure within the domain.

For the next step, the 34 most frequently listed labels were selected for pile sort activities, in which I showed informants a deck of index cards, each with a different label printed on it. Twenty-seven informants – stratified to represent people in précarité (n = 13) and members of the general public (n = 14) – were asked to make piles of cards to indicate which labels were “most similar.” This technique produces item-by-item similarity matrices, which provide correlation statistics for every combination of two terms, for both individual informants and the aggregate sample. The aggregate matrix functions as a kind of “answer key” to the taxonomic structuring of items in the domain. Differences in domain structuring can be compared between groups of informants, for example, between men and women, and between young and old. Overall consensus scores determine the homogeneity or degree of agreement among informants, answering the question of whether the domain being studied is culturally valid.

A third step involved label comparison tests using a smaller number of items in the domain with twenty-five informants – stratified to represent people in précarité (n = 13) and members of the general public (n = 12). Paired comparisons explore how
informants perceive items according to a particular dimension or quality, and can be used to develop a ranking of the items on that dimension – both for individual informants and the aggregate sample. Based on insights gained during the prior two activities, 11 of the most salient labels were chosen for comparison according to two dimensions: (1) severity (“Which term is more insulting?”); and (2) frequency (“Which term is heard or used more often?”). I obtained two ranked lists from analysis of the paired comparisons – one ranking the 11 labels according to severity, and the other ranking them according to frequency. These rankings could help assess the stigma burden carried by the different labels and reveal differences in how people perceive the domain. In application, rankings could be used to help social and health service workers improve their communication with people in précarité and minimize the risk of unintentional stigma.

**Methods of Analysis**

The qualitative data produced by participant-observation and interviews were accessed for analysis through field notes and transcripts, respectively. Both formats had a combination of French- and English-language text, which necessitated manual coding without the assistance of qualitative/text analysis software. Grounded theory was used to explore these texts for the categories and themes associated with labels, stereotypes, and stigmatizing encounters relevant for people in précarité. Labels and stereotypes were analyzed and presented in reference to findings from the cultural domain analysis in Chapter 5, while stigmatizing encounters were enumerated and profiled categorically for statistical analysis using SPSS software (Chicago, IL: SPSS, Inc.) in Chapter 6.
Field Notes

All field notes originated in a single word processing file and were separated by date of observation into discrete units for analysis – referred to here as observations. Each observation was coded initially for location, whether occurring in social services, public or private settings. In cases where multiple discrete locations were observed on a single date, the observations were divided further to ensure that each had a single location code. Of 79 observations collected,

- 63% took place in a social or health service setting, including:
  - CSRG (33)
  - the Bateau (4)
  - the CARÉ (3)
  - Carrefour-Rue institutions (3)
- 26% took place in a public setting, including:
  - streets/sidewalks (15)
  - trams (3)
- 4% took place in a private setting (3),
- 3% took place at the Prison of Champ-Dollon (2), and
- 5% were recorded from telephone conversations (4).

Observations were also coded according to their estimated duration (range: 5 minutes – 6 hours; mean = 1.6 hours) and the number of informants present (range: 1 – 75; mean: 8). I indicated the involvement of known informants by listing them by pseudonym, which allowed me to calculate the frequency of observations in which each appeared. The four most frequently observed informants were Tania (13), Nadim (11), Catherine (8), and Lucas (6) – each of whom is described briefly above.

Next, I classified observations according to the most relevant informant subgroups they involved, shown alongside the same distribution for interviewed précaire informants on Table 4-2. An observation was considered relevant for a particular group if: (1) I observed interactions or instances involving members of the group that were useful for
understanding their experiences of poverty, exclusion, and stigma; or (2) I overheard relevant conversations regarding members of the group even in their physical absence. About one-third of observations were relevant both for people of Eastern European nationality (particularly Serbs) and for people of Arab ethnicity (particularly Algerians). Greater than one-third of observations were relevant for Western Europeans (particularly the Swiss). The low number of observations that involved Roms (n = 5) understates the representation of this group in the media portrayals of précarité discussed in Chapter 3. It is possible that Roms face fewer instances of interpersonal stigma than popular discourse would suggest. However, this discrepancy is probably the effect of selection bias, as I was less likely to interact and establish rapport with Roms due to language barriers.

With regard to conditions of physical/mental health or précarité, observations were most relevant for informants who engaged in begging (19%), and those who were homeless (15%), unemployed (15%), or mentally ill (13%). Ten percent of observations involved punk youths, which likely over-represents their presence among the poor in Geneva. This discrepancy may be explained by my familiar association with a group of punk youths who regularly frequented CSRG, particularly when the cultural domain analysis was being conducted. Some observations were relevant for understanding how social and health service workers spoke about and interacted with people in précarité, including nurses from UMSCO (6%) and volunteers from the city’s day centers (13%).

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2 Consequently, punk youths also had high representation in the free-list activities (15%). The group I associated with included a young Rom who self-identified as Tzigane.
Lastly, observations were reviewed and coded for material relevant for understanding stigma processes against the poor. Cases where informants spoke of people in précarité in categorical ways, specifically using personal labels that emerged from the cultural domain analysis, were coded as “direct labels.” Cases where informants spoke in ways that associated any of the various précaire subgroups with negative qualities and behaviors were coded as “direct stereotypes.” I coded as “indirect” any material on labels or stereotypes that was revealed when informants discussed their perceptions of how a third party (particularly, the public) views people in précarité. This information emerged when observing conversations between and among informants, as well as in my own conversations with them. Stigmatizing encounters were identified and coded as either “observed” (encounters that I directly observed) or “narrated” (encounters described to me by informants). Apart from this differentiation, I profiled stigmatizing encounters in the field notes using the same methods as for interview transcripts, which are described below.

**Interview Transcripts**

Transcripts of ethnographic interviews with 12 précaire informants were produced from interviews that were tape-recorded (n = 10), recorded in short-hand (n = 1), or recorded using both methods (n = 1). I first coded transcripts by the pseudonym assigned to the interviewed informant, followed by a code that indicated the informant’s nationality, gender, and age. The distribution of interviewed précaire informants according to nationality/ethnicity and selected conditions of physical/mental health and précarité is shown alongside that for observed informants on Table 4-2. Interviews represented a less expansive range of nationalities than did observations. While the representation of Algerians, Arabs, and Latinos was approximately equal between the
two data sources, Eastern Europeans were under-represented, and Western Europeans were over-represented in interviews. Fifty percent of interviewed informants were Swiss, including those with dual citizenship.

Unlike the observations, which were cross-sectional and typically assessed an informant’s state at a certain point in time, transcripts revealed the informant’s life conditions both at the time of interview and in their past. Furthermore, in observations it was often difficult to assign categories that were not always visible, such as alcohol/drug abuse, mental illness, domestic violence, drug dealing, single parenthood, or undocumented immigration. For these reasons, the various conditions of physical/mental health and précarité generally had greater representation among interviewed informants. Unemployment and mental illness were the most prevalent conditions, at 83% and 67%, respectively. Half of interviewed informants had a history of homelessness, and half had a history of undocumented immigration in Switzerland. Two-thirds had a history of alcohol/drug abuse.

Transcripts were coded following the interview guide in Appendix A – marking material related to the informant’s life history, current situation, and views and experiences of stigma. Labels and stereotypes that emerged or were discussed in interviews were coded as “direct” and “indirect,” following the same coding methodology as that used for observations. Indirect instances were far more common in interviews, most likely because I specifically asked these informants to describe their perception of public stereotypes and usually elicited labels through a free-list activity. One exception is my interview with Hector, which took place at a café on Rue Hugo de Senger, directly across from CSRG. Throughout the interview, Hector repeatedly called out to passersby
(most of them other Latinos who frequented UMSCO and CSRG) – in many cases harassing them and revealing direct instances of labeling and stereotyping.

By definition, the stigmatizing encounters collected from transcripts were coded as narrated. I further distinguished narrated encounters that emerged spontaneously in the interview from those that were elicited by asking informants to describe an event in which they experienced or witnessed stigma against people in précarité. Some informants provided more than one elicited narrated encounter consecutively. The number of these encounters ranged from zero to four across interviewed informants. Encounters were otherwise profiled using the same methods as for observations, described below.

**Stigmatizing Encounters**

A stigmatizing encounter was defined as any event, instance, or situation (either observed or narrated) in which a person in précarité experienced, perceived, or could have conceivably perceived discrimination, status loss, mistreatment, or insult based on identity traits that are associated with précarité. It was assumed that an instance of negative treatment could be directed at one or more such traits, given that multiple stigmas can affect a single person. Encounters were separated into discrete units, enumerated, and coded to include the following minimum elements: (1) Encounter participants, including both the source of the stigma (the individual, institution, or system that stigmatizes) and its subject (the person being stigmatized); (2) Location of the encounter, from general entries such as “Geneva” or “Switzerland” to specific entries such as “CSRG”; and (3) The action qualified as stigmatizing. In some cases, interviewed informants described a sequence of stigmatizing events as a single story that involved multiple sources, locations, and actions. For analysis, these sequences
were broken into discrete encounters and cross-referenced with the others in the sequence; in this way the encounters could be analyzed both quantitatively as individual units and qualitatively as a series. When the information was available, I also collected the subject’s response to the stigmatizing action and any context relevant for understanding the encounter.

I then coded encounters according to the method by which they were collected – observed, narrated (in the field), narrated recording (in interviews), or elicited narrated recording (in interviews). Analyses of encounters were stratified by these four methods, as each method has different implications for both the validity of data and the salience of particular types of encounters for people in précarité. Encounters from tape-recorded narratives have a greater level of detail, offering the specificity and precision of verbatim accounts. Next, all three types of narrated encounters were coded according to proximity – whether the subject of the encounter was the informant (primary) or another person being described by the informant (secondary).

I also coded the subject’s demographic characteristics (gender, nationality, and ethnicity) and their most relevant condition or marker of précarité, which included: addiction, begging, drug dealing, homelessness, institutionalization, mental illness, physical illness, being punk, Rom, or a runaway, sex-work, social service use, squatting, undocumented immigration, and unemployment. Subjects who were social service clients were further classified according to the location for which the encounter was relevant (e.g., chômage, CSRG, the CARÉ, Hospice Général).

Analysis of field notes and transcripts using grounded theory revealed various categories of both encounter types and subject responses, which were subsequently
coded into the individual encounters. Following these recodes, I explored the possible associations between encounter components/types and response types using Pearson’s chi-square test for independence. Given the combination of methods used to collect encounters, assumptions of normality in the distribution of encounters could not be made. I therefore interpreted statistical findings cautiously, considering them useful for exploratory rather than predictive purposes.

**Interpretation**

This study was designed to address a single problem using a combination of methods – participant-observation, qualitative interviewing, and the formal elicitation of a cultural domain. Findings from these field methods were combined with perspectives on poverty and stigma from the media and other archival sources, including popular, government, and academic publications. Given this multiplicity of methods, an analytic approach was required that could make sense of the disparate sets of data produced. Social scientists use the term *triangulation* to describe how the use of several methods together will complement their respective strengths, minimize their respective limitations, and permit the cross-validation of findings (DeWalt & DeWalt 2002). Combining methods also adds to the depth of research findings, as different types of data produce a complementary understanding of the problem at hand. For every type of data collected – from statistics such as informant’s age or nationality, field notes, tape-recorded narratives, free-lists and pile sorts of terms used for people living in précarité – a new layer of detail was added toward understanding the life conditions of the poor in Geneva and their experiences of stigma.

Triangulation allowed specific findings to be verified by assessing the concurrence or conflict of findings across methods. For example, on more than one occasion during
qualitative interviews, informants expressed the statement that “former Yugoslavs are among the most stigmatized groups in Switzerland.” This finding could be verified in a subjective sense through the study of individual cases, such as that of Tania, a Serbian woman. Likewise, the equally common interview statement that “Romanians (or Roms) are among the most stigmatized groups in Switzerland” could be verified through study of the many articles written on them in local newspapers, the more “popular” of which tending to describe them in divisive and stigmatizing ways. The pervasiveness or severity of the stigmas against Romanians and Roms could be further verified through the cultural domain analysis, in which the term *gitan* (gypsy) appeared frequently on free-lists and was also used in the pile sort activities.

Cross-validation was also observed for certain entries on the list of stigmatizing encounters, such as an encounter in which a soup kitchen volunteer knowingly serves pork to Muslims. I observed one possible instance of this encounter while at CSRG during a meal service, and was later narrated a more detailed instance during a tape-recorded interview with Lucas, an Algerian informant. The observed and narrated encounters did not describe the same instance, so cross-validation of their individual details was not possible. However, in assessing the usefulness of the encounter for understanding how soup kitchen guests experience stigma, having independent and concurring perspectives on the same type of event contributes to its likelihood of being a salient or indicative example.

The two methodologies employed to collect encounters – observation and narrative elicitation – also increased the validity of findings by complementing their individual strengths and limitations. Observed encounters are more direct, objective,
and usually more detailed, but should not be considered representative of the potentially stigmatizing encounters experienced by the poor in Geneva. Because the majority of observations took place in social or health service settings (63%), encounters occurring in locations such as soup kitchens, homeless shelters, and social assistance offices are over-represented on the list. Narrated encounters relied on the testimony of others, making them subject to the biases and threats to validity incurred through retrospective interviewing. However, they tended to represent those encounters that were more salient to the informants and included a greater level of context.

Relying on multiple methodologies and long-term immersion in the study setting helped in determining the verity of statements made by informants about themselves or about others. Repeated concurrence of statements with observed behavior and the statements of others was considered evidence that the informant making them was a trustworthy source of information. Conversely, if an informant’s statements had on more than one occasion been found to conflict with findings from other sources, that informant’s reliability was considered to be in question.

Lastly, triangulation of methods allowed stigma against the poor in Switzerland to be documented and interpreted across all the conceptual components of stigma outlined by Link and Phelan (2001): labeling, stereotyping, separation, and status loss/discrimination. Participant-observation permitted access to the study population in everyday settings and objective documentation of encounters characterized by status loss and/or discrimination. Qualitative interviews were necessary to understand how such encounters were framed subjectively by those experiencing them, and to place problems of stigma within a life-history context. Both methods also created opportunities
for conversations on the stereotypes and types of separation affecting the poor in Swiss society. Analysis of the cultural domain of the label “précaire” allowed for a more focused and formal assessment of shared classifications of people living in précarité, the stereotypes and labels associated with them, and the relative severity or acceptability of certain labels.

Triangulation attenuates how findings as a whole are interpreted, and which findings are deemed more relevant, meaningful or useful. Those findings for which concurrence was observed across methods are emphasized because of their greater validity. Conversely, when narrated attitudes or testimonies were in conflict with observed events, related findings are interpreted cautiously. In such cases, rather than focus on the attitudes or events themselves (the verity of which are in question), interpretation shifts to the disparity of the findings, whether they are the result of an informant’s dishonesty, miscommunication, or misperception by the observer.
Table 4-1. Informant demographics

<table>
<thead>
<tr>
<th></th>
<th>Précaire N = 41</th>
<th>Percent</th>
<th>Social service N = 14</th>
<th>Percent</th>
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<tr>
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<td></td>
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<td></td>
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</tr>
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<td>0%</td>
</tr>
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</tr>
<tr>
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<tr>
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<td>10</td>
<td>24%</td>
<td>2</td>
<td>14%</td>
</tr>
</tbody>
</table>

*a Percentages may exceed 100% because some informants had more than one nationality. Nationality was unknown for two précaire informants; b Ethnicity was unknown for one précaire informant; c English proficiency was unknown for two précaire informants.*
<table>
<thead>
<tr>
<th>Informant subgroup</th>
<th>Observations</th>
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<th>Transcripts</th>
<th></th>
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<td></td>
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<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
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<td>3</td>
<td>25%</td>
</tr>
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</tr>
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<tr>
<td>Sub-Saharan</td>
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<td>-</td>
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</tr>
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<td>-</td>
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<td>8%</td>
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<tr>
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<td>-</td>
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<td>1%</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>12</td>
<td>15%</td>
<td>10</td>
<td>83%</td>
</tr>
<tr>
<td>Undocumented immigration</td>
<td>2</td>
<td>3%</td>
<td>6</td>
<td>50%</td>
</tr>
<tr>
<td>UMSCO</td>
<td>5</td>
<td>6%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Volunteers</td>
<td>10</td>
<td>13%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* The number and percentage of observations that involved or were relevant for the indicated subgroup. Total percentages exceed 100% because observations could have relevance for multiple subgroups; 

b The number and percentage of interviewed informants who belonged to the indicated subgroup. Total percentages exceed 100% because individual informants could belong to multiple subgroups.
Figure 4-1. Geneva social service locations
In French, the word précarité refers to a state of being most commonly translated into English as precarioussness or uncertainty. Its corresponding adjective, précaire (precarious), can be applied generally to refer to a tenuous situation or position, an effort of questionable outcome, an unstable or irregular supply of job openings or resources, or even a dubious piece of information (Centre National de Ressources Textuelles et Lexicales 2009). In popular discourse, including language in the media, governments, and universities, précarité frequently takes a distinctly social meaning. Through this concept, the adjective précaire may refer to both a situation of poverty and a person who lives in it. In some cases, the word may serve as a noun, as in the expression “grands précaires” (people in great précarité) (Wolff et al. 2005) – which functions as a label of social identity. However, during the course of my fieldwork in Switzerland, it became clear that précarité encompassed more than simply a lack of financial resources, more than the experience of living in a ghetto, of being chronically unemployed or homeless.

In popular discourse, précarité also connotes the idea of exclusion from meaningful participation in social, political and economic life. A person “en situation précaire” is by virtue of the term lacking in both material and social resources. For those in the lower classes of Swiss society, precariousness characterizes all aspects of life, whether it is security of food, housing, or person, physical or mental health status and access to healthcare, the ability to find and maintain employment at fair wages, or the size and quality of friendship and social support networks. To be in précarité means having little control over one’s own life, and having few opportunities to lead it
meaningfully. Lucas, a 38-year-old Algerian guest of CSRG, connected this concept with social injustice and the role of social services:

La précarité veut dire ceux qui ont pas le droit de construire une vie, un avenir… Les services sociaux permettent à quelqu’un de survivre, pas de vivre.

[Précarité refers to those without the right to build a life, a future… The social services allow us to survive, not to live.]

Unlike *poverty* in English, which describes a situation of lacking, of being without something that is necessary to live meaningfully (whether it be money, food, or family), *précarité* describes a situation of uncertainty, of being in perpetual risk of losing the ability to live meaningfully. Thus, while both terms describe populations with very similar demographic characteristics, they allude to different challenges faced by these populations.

The term grands précaires has been used in medical and social service contexts to refer to those members of society who are extremely marginalized – those without the means to support themselves and who live solitary lives, without the support of family or friends (Wolff et al. 2005). The term is used by UMSCO as a value-neutral, acceptable label for persons who are otherwise subjected to more stigmatizing labels in their daily lives. As part of my study, I sought to understand the meaning of précarité and of being “en situation précaire” from the point of view of those most affected by it. What kinds of people fall under the label précaire? What other labels are used to describe these people, and to what extent are these labels stigmatizing or acceptable? Is there consensus regarding how this domain is structured, the categories of people in précarité, and the impact of the labels used to describe them? Furthermore, what are the most salient attitudes and stereotypes associated with these categories and labels,
and how do people in précarité respond to them? With the intent of answering these questions, this chapter describes: (1) the field methods and results of a cultural domain analysis of labels for “personnes en situation précaire” (hereafter referred to as “people in précarité”) – a domain that addresses the various social identities affected by socioeconomic marginalization and the stigmas that correspond to them; and (2) the emic understanding of stereotypes associated with these identities, elicited through participant-observation and qualitative interviews.

Exploring Personal Labels as a Cultural Domain

The cultural domain analysis comprised three activities – free listing, pile sorts, and paired comparisons – each conducted with a sample of précaire informants and a sample of informants from the general population to allow for comparisons in domain structuring. Précaire informants were selected for these activities using the same criteria outlined in Chapter 4, and most were recruited in social service settings (primarily CSRG). General population informants were defined as those who did not meet the criteria for living in précarité and selected by convenience sampling, which introduced some selection biases, as described below. By the nature of this methodology, informants in both groups also had to be fluent in French – although immigrants in the précaire group had varying degrees of proficiency, which could be indicated by assessing free list length and quality or individual competence scores generated from the pile sorting data.

A total of 64 informants participated in the cultural domain analysis, although only seven (five précaire and two general population) took part in all three activities. One-quarter of précaire informants had also participated in ethnographic interviews. However, the majority of cultural domain analysis informants (including all from the
general population sample) were excluded from additional study, and in some cases, minimal information was collected on their background. This occurred partly because cultural domain analysis activities were conducted during the last month of my study, and there was little opportunity to collect additional data from informants participating in the study for the first time. At the very least, efforts were made to collect and record informants’ gender, age, nationality, and present occupation.

Table 5-1 lists these informants, providing their demographic characteristics and indicating which of the three activities they completed. Within each group, informants are listed in the order in which they participated in the activities. For précaire informants, defining occupation involved a certain degree of flexibility, as many indicated that they were unemployed, disabled, or receiving state benefits for their conditions. Activities were conducted in two waves – one for collecting free lists and the second for collecting pile sorts and paired comparisons data in the same session – which explains the general trend in activity grouping among informants. Collecting activities data from different samples (provided the samples are defined and recruited in the same way) is preferred, as it functions as a cross-check for the validity of conclusions regarding cultural consensus.

Among the 34 précaire informants, one-quarter were men (76%) and less than half (44%) were of Swiss nationality – although two informants classified as Swiss had dual citizenship with another country (Germany or Colombia). Their average age was 37 years old (range: 17 - 65 years old). The spread of non-Swiss nationalities was broad – including three Algerians, one Rom, one Romanian, other informants from Eastern Europe (Poland and Czechoslovakia), and one Peruvian. However, it should be noted
that these nationalities (particularly Latin American nationalities) represent the majority of guests who use CSRG and other social services in Geneva, while they represented only one-quarter of the sample. This discrepancy occurred largely due to language barriers. Many précaire immigrants were not adequately proficient in French to participate in the cultural domain activities. It should therefore be understood that the terms collected represent those shared by the Swiss and French cultures and subsequently acquired by those French speakers from other cultures. Seventy percent of the précaire informants were unemployed, including three young adults who self-identified as punk, two who were receiving aid from the AI, two chômeurs, one political refugee and one student.

Compared with précaire informants, a smaller proportion of general population informants were men (53%) and a greater proportion were of Swiss nationality (71%). The average age of 34 years old (range: 20 – 61 years old) was comparable to that of the précaire sample. Notably, many of those of non-Swiss nationality were French and four informants had dual citizenship with Switzerland and a Spanish-speaking country (e.g., Colombia, Spain, or Mexico). Exactly half of the general population informants were in academia, whether as students, teachers, or professors. This was largely the result of the convenience sampling approach, with the disproportionate number of university students and professors coming from within the social networks of the research assistants who helped in the activities. There were notable differences between academic and non-academic general population informants in age (31 vs. 38 years old), gender (41% vs 69% male), and nationality (80% vs. 62% Swiss). As such,
domain structuring in this sample is likely skewed toward that prevalent in Swiss academic discourse.

**Free Lists**

Free list activities were conducted with a purposive sample of 26 informants considered to be in a situation of précarité and 18 informants from the general population. Using a standardized form with 66 blank lines (three columns of 22 lines), informants were asked to list “all the words or labels used for people in précarité” within a time limit of approximately ten minutes. Participants were encouraged to list terms they considered to be stigmatizing or insulting as well as those they considered to be acceptable. These instructions allowed for the collection of a single free list that could be used to analyze both the classification of groups within the domain (the different “types” of people living in précarité) and the valuation of terms used to address them.

Précaire informants listed an average of 10 labels (range: 2 – 67 terms), although the lower median of six labels may be more indicative of the typical response. The average was inflated by four informants who responded with greater than twice the average number of labels: an unemployed Swiss man (22 terms), a Swiss student (35 terms), and two punk youths from Québec, Canada (22 terms and 67 terms). The Canadian youths had recently arrived in Geneva, and their lists were expected to contain a large proportion of local terms from their own culture. However, because there were only two Canadian informants, these terms were below the scree of the distribution (a threshold of low frequency) and were therefore excluded from the subsequent cultural domain activities. At the lower end of the range, eight informants (31%) provided four or fewer terms for varying reasons – from boredom and indifference to the activity, to possible misunderstanding of its purpose.
General population informants listed an average of 23 labels (range: 9 – 62 terms) and a median of 19, considerably more than in the précaire sample. This difference likely resulted due to discrepancies in education, with the excess terms listed in the sample representing those shared largely in academic circles. Supporting this interpretation, the informant with the highest level of academic education in the free list activity (an economist) listed the maximum number of 62 labels.

Free list data were entered into a single text file formatted for analysis using Anthropac software (Lexington, KY: Analytic Technologies). To facilitate analysis, terms were recoded using the following conventions:

1. Categorical nouns were made singular and masculine, unless accompanied by femme (woman), and all articles were removed. For example, les réfugiés (refugees) was recoded as réfugié (refugee). However, the feminine spelling of terms such as femme battue (battered woman) was retained because these terms represent exclusively female identities.

2. Misspelled terms were recoded to be properly spelled according to a standard French dictionary. For terms with more than one acceptable spelling, one spelling convention was chosen. For example, feignant and fainéant are two acceptable spelling conventions for the same term (idler); for the purposes of analysis, all listings of feignant were recoded to fainéant.

3. Sentences or words that could not be used as personal labels were deleted. For example, pauperisation (pauperization) represents a social process rather than a personal qualifier and was therefore inappropriate for the domain.

4. Abbreviations were retained and capitalized. While SDF and sans domicile fixe represent the same identity (a person without fixed housing), qualitative interviews suggested that the abbreviated terms, when used in conversation, could be perceived as more stigmatizing than the equivalent fully spelled versions.

5. The words personne (person) and gens (people), when written before a qualifier, were considered redundant to the activity and deleted. The corresponding qualifiers were retained.

6. Phrases containing a personal label were reduced to only the relevant personal label. For example, déchet de la société (trash of society) was reduced to déchet (trash).
7. Qualifying secondary terms relevant to the domain were separated from the primary term and listed separately. For example travailleur au noir (worker being paid "under the table") was separated into two terms – travailleur and au noir – with au noir being a type of travailleur. The decision to recode using this convention was made because some informants listed travailleur and au noir as separate terms.

From the combined sample of 44 informants, a total of 387 French labels for people in précarité were collected. A listing of the 102 labels mentioned at least twice is presented in Appendix B, showing the French term, its English translation, the frequency with which the term was listed, and its average rank or position on the informants’ lists. General population informants listed more labels than précaire informants (262 vs. 202) and had a slightly greater proportion of labels that were mentioned at least twice (25% vs. 18%). On the pooled aggregate list, the six most frequently mentioned terms were listed more than ten times each:

1. sans-papiers (undocumented immigrant) frequency: 18
2. SDF (homeless) frequency: 17
3. profiteur (profiteer) frequency: 15
4. chômeur (unemployment recipient) frequency: 13
5. fainéant (idler) frequency: 11
6. clochard (bum) frequency: 11

Among the 44 informants, there is an informal consensus that the domain includes immigrants, the homeless, and the unemployed. Notably, terms describing alcoholics or drug addicts were listed infrequently, with the most common – alcoolique (alcoholic) and drogué (drug addict) – occurring only four times each. Thus, while alcoholics and drug addicts are likely classified within the domain, they are less salient than the other three categories. There was a low frequency of terms for sex workers – such as prostitué (prostitute) and pute (whore) – which were listed only twice and once, respectively. It should be noted that the term SDF is an abbreviation for sans domicile fixe (without fixed domicile), which was listed by three informants. The listing frequency becomes 20
when both labels are combined, making SDF/sans domicile fixe the most frequently mentioned term.

The six most common labels also represent those at varying levels of social acceptability, suggesting that the free list activity adequately captured both stigmatizing and acceptable personal labels. From participant-observation and qualitative interviews, it was evident that terms such as sans-papiers, SDF, and chômeur were generally considered as acceptable or value-neutral ways of referring to people. On the other hand, terms such as profiteur and fainéant are considered insulting, as they implicate negative traits for the people they label. In the case of profiteur, the labeled person is considered to be unscrupulous and selfish – someone who takes advantage of other people or the social support systems which have been established for “deserving” recipients. In the case of fainéant, the labeled person is considered to be lazy and unproductive, contributing nothing to society and likewise undeserving of the social benefits they may receive from the system.

A preliminary analysis of these two terms – profiteur and fainéant – was done to compare free list responses between the précaire and general population samples. The term profiteur was mentioned considerably more often among informants from the general population, appearing on six (23%) of the lists within the précaire sample and on nine (50%) of the lists within the general population sample. The term fainéant appeared on seven (27%) of the lists within the précaire sample and on four (22%) of the lists within the general population sample. However, a more sensitive indicator of salience may be the position of a term within each informant’s list, assuming that the closer to the beginning of a list a term occurs, the more salient the term is for that
particular informant (Bernard 2002:284). For each informant who mentioned one or both terms, the position of each term was recorded and normalized (position divided by total terms listed), producing a number between 0 and 1. Thus, the closer to zero an informant’s normalized position score was for a particular term, the higher on the list that term appeared. Analysis of term position revealed that, while the term profiteur appeared less frequently on lists within the précaire sample, its average normalized position (0.29) was higher than that among lists within the general population sample (0.43). Those précaire informants who did list profiteur tended to list it earlier than the general population informants who listed it. The average normalized position for the term fainéant was similar between the précaire informants (0.54) and the general population informants (0.58).

Sixty-eight labels (18% of total) were listed by both groups of informants. (These are listed in bold in Appendix B.) The shared labels included all the terms listed in the pooled sample four or more times, with the exception of three labels that emerged only in the general population group: *immigré* (immigrant) – listed six times, *clodo* (bum) and *travailleur* (worker) – both listed four times. While the lack of a term on the précaire lists suggests that there may be a disparity in how the domain is constructed categorically by the different groups, review of related terms allowed for other explanations.

Although they did not list *immigré*, précaire informants did list the label sans-papiers (undocumented immigrant) seven times, along with other related labels such as *réfugié* (refugee) and *requérant* (asylum-seeker), both listed twice. These informants had a clearly recognized category for immigrants in the domain, but spoke of them using more specific terms related to the immigrant’s condition. Furthermore, a search of
immigré in the LexisNexis Academic database (French Language News) returned 142 headlines, compared with 401 headlines for sans-papiers and 233 headlines for réfugié.¹ It is likely that the frequent appearance of immigré on the general population lists has more to do with its greater usage in academic than popular discourse.

While précaire informants did not list clodo, the second most frequent item in their aggregate list was clochard (listed seven times) – the more common variant from which clodo stems. Again, this would suggest that these informants did recognize a category for “bums” in the domain of précarité, but had a selective way of talking about them. Both clochard and clodo may be considered pejorative or insulting – the shorter version more so because it is a diminutive term used in more familiar exchanges. Review of aggregate lists revealed that précaire informants did not consider diminutive variants of existing labels, with the exception of musico (musician). However, in addition to clodo, general population informants also listed:

- tox and toxico – both familiar variants of toxicomane (drug addict),
- alcoolo – a familiar variant of alcoolique (alcoholic), and
- junkie – a familiar term for a drug addict borrowed from English.

It is unlikely that précaire informants were unaware of these more familiar variants, but rather that they chose not to list them. This choice may have been reflexive for précaire informants who self-identified with the homeless, drug addicts, or alcoholics, preferring not to associate their own identities with diminutive terms. Conversely, general population informants may have been more likely to use these terms because they are external to précarité (e.g., they have never lived homeless); despite their

pejorative nature, these terms may have frequent use in the general population when speaking of people in précarité outside their presence.

The absence of travailleur on the lists of précaire informants may reflect a real difference in the way the domain was conceptualized between the groups. With the exception of illegal occupations such as drug dealing and prostitution, which involve a measure of risk and their own intrinsic précarité, and one mention of au noir, work-related labels were largely absent from the précaire informants’ lists. However, general population informants listed travailleur four times, mostly in reference to immigrants working without legal status. It is possible that the proximity of the public to undocumented domestic labor makes this listing more likely. This pattern may also speak to the meaning of précarité among those whose lives are touched by it. For people who are chronically unemployed, having a job – even one that is under the table or unsanctioned – is an improvement in life conditions, a step out of précarité. The association of précarité with work may therefore not have occurred naturally for these informants.

**Pile Sorts – 34 Labels for “People in Précarité”**

To explore how informants structured the domain of people in précarité and determine the level of cultural consensus regarding its taxonomic structure, a method was required that could establish the similarity of items within the domain and their potential groupings. The 35 pooled free list terms that had been mentioned at least four times – with the exception of two terms, clodo and travailleur – were initially chosen for pile sorts. The research team chose to exclude clodo because it was a variant of clochard, with both terms having a high expected correspondence. Travailleur was excluded because it was a broad term that could also be used as a qualifier for persons
not living in précarité. One final term – toxico (drug addict) – was added as a variant of both tox and toxicomane, which together were mentioned five times in the free list activity. The resulting 34 terms are shown below, in alphabetical order:

1. *Alcoolique* (alcoholic)
2. *Chômeur* (unemployment recipient)
3. *Clandestin* (clandestine person)
4. *Clochard* (bum)
5. *Déchet* (trash)
6. *Drogué* (drug addict)
7. *En difficulté* (person in difficulty)
8. *Etranger* (foreigner)
9. *Exclu* (excluded person)
10. *Fainéant* (idler)
11. *Gitan* (gypsy)
12. *Glandeur* (do-nothing)
13. *Handicapé* (handicapped person)
14. *Immigré* (immigrant)
15. *Malade* (sick person)
16. *Marginal* (dropout)
17. *Mendiant* (beggar)
18. *Parasite* (parasite)
19. *Paumé* (dropout)
20. *Pauvre* (poor person)
21. *Perdu* (lost person)
22. *Pouilleux* (lice-ridden person)
23. *Précaire* (precarious person)
24. *Profiteur* (profiteer)
25. *Punk* (punk)
26. *Racaille* (rabble)
27. *Refugié* (refugee)
28. *Requérant* (asylum-seeker)
29. *Sans-abri* (homeless person)
30. *Sans-emploi* (unemployed person)
31. *Sans-papiers* (undocumented immigrant)
32. *SDF* (homeless person)
33. *Toxico* (drug addict)
34. *Voleur* (thief)

Each of the terms was printed on a 4” x 3” index card, and the cards were numbered to permit collection of pile sorting data. Pile sorts were conducted with a sample of people considered to be in a situation of précarité (n = 13) and a sample of
people from the general population (n = 14), with demographic differences similar to those observed in the free list activity.

Each informant was presented with the 34 cards (shuffled to ensure a random order) by distributing them face-up across a table, such that every card and its label could be seen. A standardized French-language script was used to introduce the activity to the informants and provide basic instructions. Informants were asked to organize the cards into piles by grouping cards with labels that “go together.” Informants could make any number of piles, provided that they did not put all the cards into the same pile (only one pile) or place each card in its own pile (34 piles).

After each informant completed the activity, data were collected by recording the numbers printed on the back of the cards, with each line of data representing a different pile. Informants were also given the opportunity to explain the rationale behind their groupings. Data were entered into a single text file and analyzed using Anthropac software. Output from the analysis included: (1) an aggregate item-by-item proximity matrix showing the correspondence of each term with every other term (the frequency with which two terms were placed in the same pile); and (2) a consensus analysis showing the pseudo-reliability and eigenvalues of the domain and the estimated “knowledge” or “competence” of each informant, representing the degree to which an informant’s piles corresponded to the average distribution of cards.

**Label groupings**

The aggregate proximity matrix is provided in Appendix C, showing frequencies of item-by-item correspondence ranging between 0.00 (terms never appearing in the same pile) to 1.00 (terms always appearing in the same pile). The correspondence of each item with itself is by definition 1.00, which may be seen as a diagonal series that bisects
the matrix into two identical correspondence sets. By convention, only one correspondence set is shown. It should be noted that due to errors in data collection, seven of the 34 terms each have a listed self-correspondence of 0.96.

The highest correspondence values (> 0.70) occurred among clusters of terms representing major types of persons living in précarité, designated by discrete social roles:

1. Immigrants: clandestin, étranger, immigré, réfugié, requérant, sans-papiers
2. Unemployed persons: chômeur, sans-emploi
3. Alcohol and drug abusers: alcoolique, drogué, toxico
4. Sick and disabled persons: handicapé, malade
5. Homeless persons: sans-abri, SDF

High correspondence values within each of these clusters were expected, as terms within each cluster were roughly synonymous, suggesting that informants were using social roles as primary criteria for assessing similarities.

**Formal/generalizing labels**: Of particular interest were more general terms for persons living in précarité, many of which have ambiguous valuations of acceptability. The label en difficulté (in difficulty) had high correspondence with chômeur (unemployment recipient) (0.63) and pauvre (poor person) (0.67), while chômeur and pauvre were grouped together among over half the informants (0.52). This suggested that many informants conceptually linked concepts of difficulty, poverty and unemployment. The label exclu (excluded person) had relatively low correspondence with other labels, with the highest correspondences occurring with marginal (dropout) (0.44) and précaire (0.44). Initially this would suggest that, despite a broad range of social roles considered within the domain of précarité, most informants considered such persons to be integrated members of Swiss society. The low correspondence of exclu...
with the various labels for immigrants, which ranged from 4 to 11% of informants was surprising, given the increasing climate of xenophobia in Switzerland and the exclusion that immigrant populations (both legal and clandestine) experience in Swiss society.

Two factors could explain this finding: (1) the comprehensive system of social support for immigrants that remains despite new laws limiting their ability to enter and remain within Swiss borders; and (2) the importance of cheap, clandestine labor in Swiss society, particularly in domestic settings. However, it is more likely that exclu was considered a more general term that applied to all types of persons living in précarité. Because this pile sorting activity did not allow single terms to be placed in multiple piles, informants who conceived all categories of “people in précarité” to be generally excluded from Swiss society would have placed exclu in its own pile. The higher correspondence with the term précaire – another general term that applies to all categories – supports this interpretation. It is also possible that in academic circles exclu is considered along with précaire and marginal to be a neutral label, included in discourse through its connection to the concept of “social exclusion.” Indeed, in the general population the most educated informants placed these three terms in the same pile. In the case of a 43-year-old professor (G25), they were included with en difficulté and perdu as non-insulting labels that describe “precise situations, negative or not.” In the case of a 26-year-old professor (G26), they were included with en difficulté, paumé, pauvre, and perdu as labels defining “a state or a situation.”

The term précaire itself was redundant with the activity, which was introduced as a set of “labels for people in précarité.” Consequently, correspondences with this term are particularly salient for understanding the domain. Relatively high correspondences
with précaire were observed for labels dealing with unemployment (chômeur, sans-emploi), the homeless (clochard, sans-abri, SDF), begging (mendiant), and other generalizing labels (en difficulté, exclu, marginal, paumé, pauvre, perdu). The point in common among these terms is that they all may be applied to Swiss citizens. Précarité describes, above all, local social and economic problems, which comprise much of what Rossini (2002) has referred to as the “hidden poverties” of Swiss society.

Unemployment and homelessness emerged as more salient categories of people living in précarité than alcohol/drug abusers or immigrants. The highest correspondence between alcoolique and a general term was with the term paumé (0.26) – translated as “dropout” but generally defined as someone who has lost his or her way – while the highest correspondence between réfugié and a general term was with the term pauvre (0.11).

**Informal/stigmatizing labels:** Relatively high correspondence values (≥ 0.20) were also observed among labels that are generally perceived as stigmatizing or insulting, including déchet (trash), fainéant (idler), glandeur (do-nothing), parasite (parasite), pouilleux (lice-ridden), profiteur (profiteer), racaille (rabble), and voleur (thief). It is probable that many informants organized cards using acceptability as a sorting criterion, although this dimension may not have been as salient as social roles and identities.

Of special interest are correspondence values between these terms and more specific social roles and cultural terms, which can offer insight regarding the degree to which different categories of people in précarité are stigmatized. In particular, the terms clochard (bum) and punk (punk) had relatively high correspondence with déchet
(grouped among two-thirds and one-quarter of informants, respectively) and racaille (grouped among one-quarter of informants) – suggesting that stigma may be higher against the homeless and street youths. The high correspondence between clochard and pouilleux (0.41) may have resulted from informants taking the term pouilleux literally, speaking to the popular stereotype of homeless persons as unclean. The term gitan (gypsy) had relatively high correspondence with voleur (0.26) and parasite (parasite) (0.15), alluding to stereotypes that Roms are thieves and, more abstractly, a harmful drain to social resources.

This analysis allows for a more critical interpretation of public and political discourse on précarité in the French-speaking world. In November 2005, when Nicolas Sarkozy referred to rioters in the poor suburbs of Paris as racailles (Bacqué and Jakubyszyn 2005), in the minds of many he was implicitly labeling them as thieves and parasites – both labels associated with racaille by greater than half of the pile sort informants. Sarkozy’s rhetoric also alluded to “pressure-cleaning” the suburbs, which was by challenged as divisive by France’s liberal politicians. It implied that the suburban youths were refuse to be swept away – usage that is consistent with the finding that the labels racaille and déchet also had high correspondence (0.44). Given the association of the suburbs and the riots with poor residents of Algerian origin, Sarkozy’s comments were also considered to have nationalistic and racist overtones.

Aggregate grouping – the “answer key” and its visualization

Data from the pile sorts also produced an item-by-item consensus proximity matrix, which functions as a “key” representing the average distribution of cards across all informants. Based on the 27 sets of piles analyzed, the key may be interpreted as the most correct, ideal, or culturally appropriate organization of the 34 terms. Each
individual informant’s responses could be compared against this key to determine their similarity (a correlation statistic) that represents the correspondence of their piles with the ideal and may be interpreted as that informant’s knowledge of the domain. (A more formal approach to determining informant knowledge is part of the consensus analysis described below.) The following twelve clusters of terms represent the key to the domain of “labels for people in précarité”:

- **Pile 1**: alcoolique, drogué, toxico
- **Pile 2**: chômeur, en difficulté, pauvre, précaire, sans-abri, sans-emploi, SDF
- **Pile 3**: clandestin, étranger, immigrant, réfugié, requérant, sans-papiers
- **Pile 4**: déchet, fainéant, glandeur, parasite, profiteur, pouilleux, racaille, voleur
- **Pile 5**: handicapé, malade
- **Pile 6**: paumé, perdu
- **Pile 7**: clochard
- **Pile 8**: exclu
- **Pile 9**: gitan
- **Pile 10**: marginal
- **Pile 11**: mendiant
- **Pile 12**: punk

This analysis produced coordinates for mapping the proximities of the 34 items on a two-dimensional plane, allowing a visualization of item similarities using a multi-dimensional scaling (MDS) plot (Figure 5-1). This method provides insight into not only the label groupings, but also their relative similarities, represented by distance on the plot. Labels closer together on the plot are more similar than those farther apart. Thus, while the key places en difficulté, pauvre, and SDF in the same group, from the plot it is
clear that informants considered en difficulté to be more similar to pauvre than it is to SDF. Labels with the greatest distance, for example profiteur and sans-emploi, were not placed together in any of the 27 informants’ piles, suggesting there is a qualitative difference that keeps them separate.

By revealing the spread of labels in this way, the MDS plot can also help elucidate the dimensions by which the domain is organized. In this case, it is reasonable to consider the x-axis to represent the level of acceptability of the label, from most insulting to most acceptable. The cluster of labels in the lower left corner of the plot corresponds precisely with Pile 4 in the key above. Over the course of my fieldwork, I found that each of these seven words is universally considered insulting or stigmatizing – some for more obvious reasons than others (e.g., “trash,” “lice-ridden,” and “parasite”). It remained less clear how those in précarité perceived the acceptability of labels at the right of the plot; the upper cluster represents formal and generalizing labels for the poor, including the homeless and unemployed, while the lower cluster represents various labels for immigrants. In one ethnographic interview, the informant (Paul) considered SDF to be a strongly offensive label for a homeless person. It is possible that the x-axis displays categorization by formality, rather than acceptability, of the labels – as those to the far left are familiar and pejorative terms, rarely seen in print, while those to the far right are popular and academic terms – written and seen in newspapers, spoken and heard in schools and clinics.

Assessing the distribution of labels along the y-axis, it is possible that informants also organized the domain according to a cultural-personal dimension. Those at the bottom of the plot – immigré, étranger, clandestin, and gitan – represent people of
foreign origin, with labels that express social or cultural identities. The labels at the top of the plot represent those in précarité with addictions, impairment, or illness and more likely express personal identities, or potentially medical identities. Alternately, this dimension may represent the informants’ perception of in-group affiliation, with labels at the bottom describing people who have greater affiliation with others in their group (e.g., those sorted by implied ethnicity or nationality) than the alcoholics, drug users, and disabled people described in labels at the top. Information on medical conditions was not systematically collected from informants who participated in the pile sorts, making it difficult to determine whether this conception – that the addicts and the disabled have low in-group affiliation – was valid. For this reason, I retain the more abstract cultural-person dimension as the most appropriate interpretation.

**Cultural consensus and competence ratings**

Lastly, the pile sorting activity produced individual proximity matrices (one for each informant) that could be used for consensus analysis, which assesses the validity of the cultural domain and rates informants according to their knowledge or “competence” within the domain. Eigenvalue statistics measure the influence of one or more factors on the construction of the domain. A domain is considered to be culturally valid (i.e., representing a bounded, single culture) if the ratio of influence between the strongest factor and the second strongest factor is greater than 3-to-1. Table 5-2 presents the eigenvalue of the first factor, the percentage of variation it explained, and its ratio to the second factor for précaire informants, general population informants, and the pooled sample.

For all informants combined, the eigenvalue for the first factor was 16, it explained 89% of the variation in pile sorting, and its ratio to the second factor was 15-to-1 – well
above the 3-to-1 standard for establishing validity. From these results it is evident that “labels for people in précarité” is a valid cultural domain, both for people living in précarité and people in the general population. However, this assumption is stronger for the general population (ratio: 21-to-1) than for the précaire population (ratio: 8-to-1). In other words, there was greater agreement regarding the structuring of the domain among general population informants than précaire informants. This difference may be explained by the greater variation in nationality in the précaire group. Varying cultural origins likely affect the ways in which some labels are interpreted, and consequently lead to more differences in how they are grouped.

The relative level of knowledge (or competence) of individual informants within the domain was assessed from the pooled pile sorting data. Competence scores represent the proportion of agreement an individual informant had with every other informant in the activity. Table 5-3 presents the competence scores for the 27 informants who participated, along with their relevant demographic characteristics. They are listed by the ID codes assigned on Table 5-1, in the order of most competent to least competent. Codes for précaire informants begin with “P” and those for general population informants begin with “G.”

The average competence score across all 27 informants was 0.76 – a fairly high level of knowledge shared by slightly more than half the sample. Among informants with competence scores greater than 0.80, nearly two-thirds were from the general population. Four précaire informants who had also participated in ethnographic interviews had a range of competence scores. Daniela (P33), Patrice (P21), and David (P04) all had competence scores of 0.75 or greater. Lidia (P31) had the lowest
competence score in the sample (0.33), which may partly be explained by the fact that she had lived in Colombia a good part of her life. Correspondingly, when asked what précarité meant to her, she responded that she thought it was a “vague” term. At the same time, despite her low “cultural competence,” she expressed her views of précarité in ways that would likely resonate with others in her situation:

It’s a term that includes a lot of things... people who don’t have resources, especially material ones. But they could also be relational or psychological. I think it’s a very vague term. And when I use it I have the impression of being locked in a prison. You put everything inside it. It’s a very fixed word, a point of no return.

Paired Comparisons

A final phase of cultural domain activities was conducted to assess informants’ perceptions of labels according to the dimensions of “severity” and “frequency.” Conducted concurrently with the pile sorts, the paired comparisons allowed me to explore the potential associations between selected labels and stigma – both in determining how severe or insulting informants judged each term to be and how often they thought each term was used in Swiss society. Collecting both severity and frequency data on these labels offered a more precise estimate of the potential stigma burden these labels carry for people in précarité. While a label may be considered extremely insulting or stigmatizing, a low frequency of social usage would mitigate its effects on the identity of those so-labeled. Therefore, I considered it essential to combine these two dimensions for determining a label’s salience with regard to stigma.

Paired comparison activities were conducted with 13 people in précarité and 12 people in the general population. The research team selected 11 labels to assess, eight of which were labels included in the pile sorts. These labels are listed below, with unique labels (those not assessed in the pile sorts) identified by an asterisk (*).
1) Déchet (trash)
2) Exclu (excluded)
3) Fainéant (idler)
4) Inadapté* (misfit)
5) Incapable* (incompetent)
6) Marginal (dropout)
7) Paumé (dropout)
8) Pauvre (poor)
9) Précaire (in précarité)
10) Profiteur (profiteer)
11) Victime* (victim)

Data from the paired comparisons could potentially have allowed a property-fitting (PROFIT) analysis to measure the acceptability of labels on the MDS plot in Figure 5-1. However, PROFIT analysis was not possible because the three labels used in the paired comparison activities that were not included in pile sorts – inadapté, incapable, and victime – had no proximity values. The research team chose to add these new terms because they are labels that challenge the concept of self-efficacy. It was hypothesized that both groups of informants would find the terms inadapté and incapable more insulting than not, because these labels describe an individual whose situation is linked to personal flaws and are therefore more accusatory. With regard to victime it was hypothesized that those in précarité would find these labels more insulting, because the concept of victimization also denies them their agency, while those in the general population would find these labels less insulting because they acknowledge the structural nature of précarité, taking the blame away from the individual. While addressing these questions was considered more important than conducting a PROFIT analysis, the inclusion of unsorted terms should be considered a limitation of this study.
Worksheets were developed that listed every possible pair among the 11 labels (55 pairs in total). I first gave informants a red pen and asked them to review each pair of labels and circle the label they considered to be “more insulting.” Then, I gave them a blue pen and asked them to circle the term in each pair that they considered was used (spoken or written) more frequently in Swiss society. Using this color-coding technique, data on both dimensions could be collected on the same worksheet. Analysis involved coding each pair of labels according to the position of the label that was circled (1 or 2). This data was entered into two text files (one for severity and the other for frequency) and analyzed using the Anthropac program. For each dimension, the output included: (1) aggregate item-by-item dominance matrices (simple and scaled), showing the frequency with which labels in rows were dominant over labels in columns, and (2) aggregate scale values for the 11 labels across all informants, from which I obtained a single-vector ranking of the items along the dimension being measured.

For each dimension, labels were sorted according to their scale values, from most dominant to least dominant. Table 5-4 shows these rankings for severity and frequency in the pooled sample. Across the 25 informants, the label déchet was considered the most insulting, and substantially more so than the second-most insulting label, incapable. However, in the frequency rankings, déchet was the label informants considered was used the least often, suggesting that the act of calling or referring to a person as “trash” may be so insulting that it is usage is universally disapproved. On the other hand, the third-most insulting label, profiteur, was also the third-most frequent label. Although labeling a person as someone who “takes advantage” of others and
society is understood as insulting, it nevertheless occurs in Swiss society at a recognizable high frequency.

The label considered to be most frequent – marginal – may be less pejorative than its English translation (“dropout”), as it emerged as one of the less insulting labels in the activity. Précaire was ranked as the least insulting label, which helps to affirm its current usage in academic and popular discourse. However, it should be noted that the terms in this activity were introduced as “labels for people in précarité.” This may have produced a form of interviewer bias in which informants assumed the researcher’s preference for the précaire label and responded accordingly.

Paired comparisons data were also analyzed separately for précaire informants and general population informants, with rankings shown on Table 5-5 and Table 5-6, respectively. For both groups, déchet emerged as both the most insulting and the least frequently used label. Also for both groups, the next three most insulting labels were fainéant, incapable, and profiteur, although not in the same order. Précaire informants considered profiteur to be the second-most insulting label, while general population informants considered it to be the fourth-most insulting label. Both groups also agreed that marginal was the most frequently used label, while being among the less insulting.

More differences between précaire and general population rankings were observed for the frequency dimension, suggesting a disparity in usage for some terms between the groups. The greatest difference occurred for fainéant, which précaire informants considered to be the third-most common label and general population informants considered to be the eighth-most common. It is possible that this word is used frequently among people in précarité in their interactions with each other, but
rarely among members of the general population. Conversely, the term précaire was considered by general population informants to be the third-most common term and by précaire informants to be the seventh-most common term. This would suggest that précaire is a word used more often among members of the public than among those it describes. These findings suggest that the labels fainéant and précaire are less frequently used in mixed interactions – those occurring between people in précarité and members of the general population.

The hypotheses regarding the three introduced terms (those not in the pile sorts) – inadapté, incapable, and marginal – show mixed conclusions from comparison of the two ranked lists. While incapable was generally seen as stigmatizing by both précaire informants (Rank 3) and general population informants (Rank 2), inadapté was located near the middle of the range, having a scale value less than zero for both groups (Rank 7 and 6, respectively). Both of these labels link précarité to different types of personal flaws, which the informants may judge in different ways. In the case of incapable, the label describes a person who is incompetent naturally, in ways that generally cannot be changed; when used against a person it would deliver an existential insult – one of dismissal and invalidation. The label inadapté describes a person who is a social misfit and whose flaws are the consequence of personal choices. When used against someone it delivers instead a moral insult – one of admonishment and blame. From the ranking data it is clear that both people in précarité and those in the general population consider the insult of invalidation to be more stigmatizing than that of morality.

With regard to victime, I observed that the précaire informants did in fact judge the label as more insulting (Rank 9) than did informants from the general population (Rank
While the difference in ranking was only two, the difference in scale values was notable – at -0.51 for the précaire group and -1.11 for the general population group. The distance from the neutral scale value of 0.00 (theoretically, a label that is neither insulting nor acceptable) was more than twice in the general population group than in the précaire group. It should be noted that this difference was not one of directionality, but of magnitude. Both groups of informants found victime to be more acceptable than it was insulting (with both having negative scale values for the term), but between the groups, those in the general population found it to be more acceptable. A label that denies a person his/her agency through acknowledging structural forces (and therefore absolves them of blame for their poverty), still assumes that the person is in a fixed situation and unable to act. Victime suggests that a person does not have the physical, mental, or moral constitution to fight against the forces that generate disadvantage and poverty. Those who live in poverty are likely more sensitive to this denial of agency. While certainly less insulting than the terms inadapté and incapable, for people in précarité the term victime may still evoke a sense that one’s personal identity is being challenged. It is reasonable to suspect that some cases of perceived stigma in Swiss society may be the result of the use of labels like victime by members of the public in mixed interactions.

**Stereotypes of Précarité in Geneva**

In qualitative interviews, 12 people defined as living in précarité and six social service workers were asked who they believed were “the most discriminated groups” in Geneva. Their responses had varying levels of specificity, and I encouraged informants to expand upon them for the purpose of exploring the stereotypes associated with these
identities. Table 5-7 presents the resulting list of identities, ordered by how often they were mentioned among the 13 informants who responded.

A broad range of discriminated groups emerged from this query, mirroring and expanding the typology of stigmatized identities outlined in the Chapter 3. The most frequently cited were people of foreign origin and those involved with drugs or alcohol. Among the foreign nationalities cited, more than one informant mentioned Eastern Europeans (in particular, Romanians) and the maghrébins of North Africa. Three informants cited people on public or social assistance, such as unemployment or disability insurance, and two informants cited the homeless. Fourteen identity categories were mentioned by only one informant each. These are of interest because many reflect the special interests or personal histories of the informants who cited them (identified in the table footnotes).

Many of those in précarité cited identities that corresponded with their own experiences. Both Isaac, a 45-year-old Swiss man, and Lucas, a 40-year-old Algerian man, stated that people receiving social or public assistance were the “most discriminated”; both of these men had significant experience as beneficiaries of Geneva’s social service programs. The stigmatizing encounters they cited, which are discussed in the following chapter, also reflect their emphasis on the social/public assistance beneficiary as an object of discrimination. A Swiss man named Frédéric offered the most categories of stigmatized groups – some of which were clearly connected with his personal life (e.g., “people with foreign last names” and “people who marry foreigners”). One informant – a homeless Romanian man named Dorin – expressed feelings of low self-worth when describing the public mistreatment he often
enforced. When asked to define Geneva’s most discriminated groups, his response was: “It must be me. I’m the smallest minority here.”

On the other hand, informants who cited immigrants or drug users tended to self-identify with neither group – although some were of Western European nationalities (e.g., German, French) which do not share the same burden of stigma as immigrants from Eastern Europe or Africa. In these cases, informants based their responses not on their own experiences as objects of discrimination, but on what they have observed in public places and the social services, and on what they have seen and read in the Swiss media.

Social service informants often cited identities that corresponded with the populations they assisted. The director of the Coeur des Grottes women’s shelter (Suzanne) was the only informant to list women victims of violence, immigrants without training, and immigrants who don’t speak French – all relevant challenges faced by the women who live at the shelter. Likewise, a social worker at the Bateau (Rafael) cited North Africans and drug users as the most stigmatized groups. Located at the lake near the Jardin Anglais, the Bateau serves a high number of young undocumented North Africans – men who are frequently targeted by the police for their association with petty theft and drug-dealing. During the course of my fieldwork, I elicited these and other common stereotypes of people in précarité, focusing on how these stereotypes are expressed in society and translated by those they stigmatize. The following sections describe the most relevant stereotypes – those that affect the most frequently cited identities above – and their connections with each other and with the labels they involve, both stigmatizing and acceptable.
Stereotypes of Poor Immigrants

In my interview with Jules, director of the Carrefour-Rue organization, he acknowledged that foreigners and immigrants bear a considerable burden of the prejudice against the poor in Swiss society. However, he qualified this statement with the observation that this pattern has not always existed, and that “attitudes toward the poor change every five years or so.” Indeed, many informants who had lived in Geneva for greater than 20 years attested to a change in attitudes toward immigrants that corresponded with a perceived secular trend of increased national immigration. With rising immigration came an increase in the number of Roms and beggars on the streets of Geneva, explaining the prevalent labeling of people of certain nationalities (e.g., Romanians) as mendiants (beggars). Jonas, an assistant educator at the Abri PC described this trend as a function of the preservation of Swiss identity:

The Swiss are fixated on Romanians as people who beg, because they stand in front of the banks, on the bus, they go to restaurant tables and all that. All this is really something the Swiss are used to when they’re traveling... These are things you’re used to seeing in Naples, Rome, and Barcelona. Now when these things arrive here, it’s a slap in the face. Because for a long time I think the Swiss were on a cloud – looking down on people from above... So, when someone takes into account that their country isn’t better than the others, it’s unnerving. And then, it’s these people who are suddenly stigmatized.

Because begging itself carries some particularly severe stereotypes, the association of immigrants with begging can compound their stigma. In some cases, informants who expressed stigmatizing attitudes toward the poor conceptually grouped people of different précarité categories, such as immigrants, beggars, and drug users. According to a young volunteer at CSRG, who chose to volunteer in the social services as an alternative to his obligatory Swiss military service:
They use being hungry as an excuse to ask for change, which they use to buy alcohol and drugs. Once I gave a sandwich to a beggar and a few seconds later saw him throw it in the garbage. Nobody in Geneva goes hungry.

Implied in the volunteer’s statement is the attitude that the poor should accept different standards of living because of who they are. While it would not be unreasonable for a more affluent stranger to reject unsolicited food, when someone in précarité does so it is seen as an insult to the would-be donor and an admission that he/she intends to use the change collected from begging for inappropriate purchases.

Most informants described or expressed stereotypes against people of specific nationalities. Complementary patterns of preference and rejection emerged for people from Spanish- or Portuguese-speaking countries and people from the countries of North Africa and Eastern Europe. Social service workers and people in précarité both considered Latino immigrants to be preferred by employers over poor immigrants of other nationalities, particularly when employment is au noir (under the table). However, this pattern was explained differently between the two groups. One the one hand, social workers tended to emphasize the industriousness and adaptability of Latinos. On the other hand, some immigrant précaire informants expressed stereotypes of Latinos as “under-educated and over-appreciated” (Tania) or “complacent” (Rafik) – reflecting a form of in-group stigma that crosses nationality. Because Tania and Rafik belong to the very nationalities adversely affected by Geneva’s au noir employment patterns, their stereotyping of Latinos may be motivated by the perception of “stolen” resources – with one group taking from the other a vital resource (employment) that seems to be in short supply. Regarding the Portuguese, some of the most divisive in-group stereotyping was expressed by Chatura, a Sri Lankan man who ate regularly at Geneva’s soup-kitchens:
They take all the jobs. They come to Geneva in droves, they’ll take any job. And they live crowded together in tiny apartments. The Portuguese are more likely to be employed than the Swiss themselves. It’s not that they’re hard workers, it’s because they’re willing to work for less money... The Portuguese are profiteurs. They come expecting everything.

Chatura’s choice of the label profiteur – shown in the cultural domain analysis to be stigmatizing – classifies the Portuguese with any number of other précaire identities considered to represent the self-serving and selfish, people who “take advantage” (profiter) of the charity of others. This concept of “taking advantage” is a pervasive stereotype that cross-cuts all categories of people in précarité. It is especially relevant to stigmas of unemployment and being on social assistance, such as chômage or the AI.

Stereotypes of dangerousness emerged for both Eastern Europeans and North Africans, particularly for people from former Yugoslavia. Serbs and Bosnians are described by some as easily “bull-necked” (cou-de-taureau) and violent, which social service workers stated was a reason they had trouble finding work. Paul, an unemployed Swiss man who criticized this stereotype, framed stigma against former Yugoslavs within the context of war and its adverse psychological consequences:

When this conflict started in ex-Yugoslavia, tens of thousands of people came to Switzerland, which came out of a situation of war. Family killed. The women raped. Their homes burned down. And obviously those people they come to a rich place like that [Geneva], they’re gonna freak out, they’re gonna be completely helpless, you know. [People say] “All these people from the eastern countries or from Yugoslavia, they’re all criminals, they all steal, they’re all violent, they all have knives.” But people don’t realize, we don’t know what happened to these people.

Regarding North Africans, the assistant educator Jonas noted that they were regarded as “hot-blooded” and had a reputation for being “explosive” in the Abri PC shelter. However, the primary stereotypes affecting North Africans were that they were
terrorists or drug dealers. Their association with drug dealing was the more salient stereotype in Geneva. As Rafael, a social worker at the Bateau, remarked:

>You really have the impression here that these people are broken down... You see people who sell drugs, who have practically no rights. They wander all day, have nothing to do, they give up looking for work. It happens like this – "Maghrébin equals problems. The maghrébin isn’t trustworthy. They’re a problem to hire." Generally, maghrébins create insecurity and fear. I’ve heard people say, “To cross a maghrébin in the street alone at night inspires fear.”

Some Algerian informants cited this stereotype as a reason they were rejected in various situations. For Nadim, this recognition translated to resentment of his fellow Algerians; he blamed the young undocumented maghrébins who sold soft drugs along the lakeside for perpetuating the stereotype, affecting his reputation and his ability to find work.

Finally, Romanians and Roms drew criticism from the public for their associations with scamming, theft, social indiscretions (e.g., cutting in front of people in lines), and “profiting” off of others. Much of the stereotyping of these groups originated from others in précarité. Paul, who earlier offered a defense for former Yugoslavs, described the Roms who ate meals at CSRG as generally disrespectful: “They give the impression that they just want to profit.” Resonating with Nadim’s story, a Romanian woman named Danica remarked that it was “because of the tziganes [Roms] who live by conning and stealing, and who train their children to steal” that she had trouble finding work. Perhaps the most distanced stereotypes against Romanians were offered by Hector, an unemployed Mexican-Swiss man whose interview was held at an outdoor café and marked by a number of stigmatizing encounters that he instigated:

>Voilà les manouches [motioning toward a group of Roms across the street]. They profit. They work the trams, earn 100 Swiss francs per day. They’re not going to go eat cakes with that money. They’re going to drink. They
come to eat here [CSRG] for free, then go on the trams to make more money. They don’t want any more than that.

**Stereotypes of Alcoholics, Addicts, and Drug Dealers**

In many cases, it was difficult to separate the stereotypes of drug users and drug dealers from those of maghrébins, who have a very strong connection with drugs in Swiss public opinion. With regard to drug-dealing maghrébins, Lucas – himself an Algerian – offered a structural perspective on petty drug dealing, lack of documentation, behavioral health and stigma:

Nine times out of ten, those who sell drugs use them. These guys, generally, if they’ve spent two, three, four, five, six years here... There’s even some who have been in Geneva for ten years, always in an irregular situation [undocumented]. They can’t get a job. If they find one, it’s a job that exploits them. Money from drugs is easier, more risky, but easier.

From Swiss informants, it was clear that stereotypes affecting alcoholics and drug users of Swiss nationality took a different character. Their stigma was uncomplicated by stigmas of ethnicity or nationality, and instead focused on stereotypes of uncleanliness, culpability, laziness, and taking advantage of social programs. Isaac, himself a methadone addict and recovering alcoholic, reported hearing people speak of drug users as “dirty” and “paid by the State.” To a certain extent, his response to these stereotypes was one of resignation – at times internalizing the stigma and expressing feelings of low self-worth, and at other times ignoring it, largely through a process of desensitization.

While most stereotypes of drug users and alcoholics mirror those of other groups in précarité, this group is unique in that its characteristics render it amenable to medicalization by the medical and social service communities, and to a lesser extent, by Swiss society. According to Laurent, co-director of CSRG: “People who abuse drugs are
viewed as if they were sick. There’s been a transition in the view of those with
addictions from one where they are criminal, to one where they are sick."

Results from the pile sorting activities help to confirm this statement; on the MDS
plot (Figure 5-1), the cluster of labels describing alcoholics and drug users (alcoolique,
drogué, toxico) is located between the cluster of stigmatizing labels (profiteur,
fanéant, etc.) and the cluster of medical labels (handicapé, malade). However, among these
clusters, the labels for alcoholics and drug users are considerably closer in proximity to
those for the sick and disabled. Medicalization takes away the basis for stereotypes of
drug users and alcoholics that blame them for their conditions – associating them
instead with impersonal biological processes. However, in doing so it also takes away
their agency, which, as analysis of the term victime has revealed, may have a greater
impact on judgments of stigma among those in précarité. Thus, while a shift toward
medicalized identities for alcoholics and drug users represents a reduction in stigma
burden, it does not eliminate stigma completely. It may be argued that this form of
agency denial produces a different type of stigma – one that is less obvious but
nevertheless would have a measurable effect on personal and social identity.

**Stereotypes of Unemployed/Underemployed State Beneficiaries**

It is in stereotypes of chômeurs, disabled people receiving benefits from the AI,
and the working poor receiving welfare benefits (through Hospice Général and the
RMCAS) that one finds the concept of “taking advantage” and the label profiteur at their
most salient. These groups also face challenges similar to those faced by alcoholic and
drug users, in that they are stereotyped as lazy and to blame for their condition.
Collectively, these stereotypes are expressed most frequently in the context of state
benefits and taxes, as shown from comments by multiple informants:
Isaac: “There’s people in every district who do it [stereotype]... It’s nearly racism, because they tell themselves ‘yeah I don’t want any trash in the city, some guy who can’t pay his taxes.”

Lucas: “The moment you become dependent on the social services, others regard you... I mean the Swiss, they regard you simply as a profiteur or a racaille.”

Paul: “People think, ‘anybody who loses his employment, it’s his own fault.”

Jacques: “Chômeurs are blamed for wanting it. And I know this is true. I know some people who are like that. They’re on chômage because they want to be, because they want to do nothing.”

Laurent: “For a long time, there’s been this image of someone who takes advantage of society, who doesn’t want to work. Even at the Office of Chômage, people are considered responsible for their situation.”

Those who receive less formal types of assistance through Geneva’s soup kitchens, day centers, and shelters are sometimes perceived as “taking advantage” in a more local context – usually in reference to services rendered at the location. In one observation at CSRG, Catherine – an older Swiss woman known for her eccentric behavior – was criticized from a distance by the volunteers who served drinks behind the counter: “She is always taking more than one drink at the same time – a tea or a coffee. By the end of the day she is surrounded by five empty cups.” Implying that Catherine’s behavior was evidence that she was self-serving or greedy, the volunteer who made this remark later that day made a point of enforcing a rule against serving two drinks to a single guest. As there was no such formal rule in the day center, the co-directors reversed her decision. Among other things, it prevented some guests from getting drinks for their disabled and elderly friends in the dining room.

**Stereotypes of the Homeless**

Despite their high perceived level of stigma in Swiss society, the homeless were the object of fewer explicit stereotypes than other groups in précarité. As in American
society, the Swiss homeless are stereotyped as unclean and unkempt – characteristics that are embodied in the label clochard. However, the more salient stereotypes were those of the homeless as lazy and to blame for their situation – resonating with stereotypes against drug users, alcoholics, and social assistance beneficiaries. Unlike these other groups, the visibly homeless are less likely to be associated with the concept of “taking advantage” and the label profiteur, potentially because they do not receive social assistance. Even if receiving benefits from formal programs such as the Hospice Général and the AI, the most marginalized of Geneva’s homeless often do not seek assistance from the city’s day centers or soup kitchens.

Isaac – who had some experience living homeless in Geneva – associated the condition with the failure or deficiency of a person’s social support: “In Geneva, someone who all of a sudden nobody employs, without family... the guy immediately becomes a clochard.” The paucity of stereotypes for the homeless may reflect the silent acceptance of homelessness by Swiss society. For many, homelessness is an unavoidable byproduct of fluctuations in the market economy, while for others, it is a situation linked to personal choices and moral weakness. This stigma of homelessness is likely reflected less in the political or public diatribes that perpetuate misunderstanding and stereotypes, and more in direct acts of mistreatment and discrimination – “stigmatizing encounters” of the kind described in the next chapter.
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| General population informants |

* Pseudonyms of informants who participated in an ethnographic interview; † Among précaire informants, many listed having a profession, although they were unemployed at the time. These included carpentry, electroplating, management, and in Lucas’ case, agro-industrial engineering; ‡ Cultural domain analysis activities: FL = Free lists; PS = pile sorts; PC = paired comparisons.
Table 5-2. Cultural consensus statistics, by informant group

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<th>Percentage of variation explained</th>
<th>Ratio to second factor</th>
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<td>General population</td>
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<td>Total</td>
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Table 5-3. Informant competence scores in pile sorts

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### Table 5-4. Paired comparisons: label ranking by severity and frequency (total)

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### Table 5-5. Paired comparisons: label ranking by severity and frequency (précaire)

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<td>Pauvre</td>
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<td>6</td>
<td>Exclu</td>
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</tr>
<tr>
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<td>7</td>
<td>Précaire</td>
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</tr>
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</tr>
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<td>Victime</td>
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<td>9</td>
<td>Victime</td>
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</tr>
<tr>
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<td>Inadapté</td>
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</tr>
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### Table 5-6. Paired comparisons: label ranking by severity and frequency (population)

<table>
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<th>Rank</th>
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<th>Scale value</th>
<th>Rank</th>
<th>Label</th>
<th>Scale value</th>
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</tr>
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<td>Paumé</td>
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<td>Fainéant</td>
<td>-0.23</td>
</tr>
<tr>
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<td>Inadapté</td>
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</tr>
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<td>Victime</td>
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<td>11</td>
<td>Déchet</td>
<td>-0.87</td>
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Table 5-7. Interview responses: “the most discriminated” identities

<table>
<thead>
<tr>
<th>“The most discriminated group in Geneva”</th>
<th>Informants citing</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immigrants</td>
<td></td>
<td>9</td>
<td>69%</td>
</tr>
<tr>
<td>Eastern Europeans</td>
<td></td>
<td>4</td>
<td>31%</td>
</tr>
<tr>
<td>Romanians</td>
<td></td>
<td>3</td>
<td>23%</td>
</tr>
<tr>
<td>Former Yugoslavs</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Chechens</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Africans</td>
<td></td>
<td>3</td>
<td>23%</td>
</tr>
<tr>
<td>North Africans</td>
<td></td>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>Sub-Saharan Africans</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Arabs</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Immigrants without training</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Immigrants who don’t speak French</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Immigrants on social assistance</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Alcohol/drug-related</td>
<td></td>
<td>5</td>
<td>38%</td>
</tr>
<tr>
<td>Drug users /addicts</td>
<td></td>
<td>5</td>
<td>38%</td>
</tr>
<tr>
<td>Drug dealers</td>
<td></td>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>Alcoholics</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>People on public/social assistance</td>
<td></td>
<td>3</td>
<td>23%</td>
</tr>
<tr>
<td>Immigrants on social assistance</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Homeless people</td>
<td></td>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>Clochards</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Women victims of violence</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>People with foreign last names</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>People who have less than others</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>People who marry foreigners</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>“Me” [informant indicated himself]</td>
<td></td>
<td>1</td>
<td>8%</td>
</tr>
</tbody>
</table>
Figure 5-1. MDS plot: 34 labels for people in précarité
It’s well after 10 pm on a cold night in January. I’m riding in a large white van through the streets of Geneva with Julio, the director of the Abri PC, his young colleague René (an assistant educator), and a man and woman who appear to be TV journalists – the former a cameraman and the latter a reporter. It seems an unlikely crew, the journalists being unexpected company for my first visit to the homeless shelter. Yet, their interest in what the social workers called *la ronde* (the "rounds") – a nightly tour through Geneva to find the homeless and offer them shelter – is as legitimate as my own. Every winter brings reports of the deaths of homeless people from the cold, and any organized effort to address this problem is one worth observing and documenting.

Our first stop – the Bateau. René briefly scours the area with a flashlight, under boats that are housed on trailers along the lakeside. The reporter asks Julio how many people they picked up during their five months of operation last year. His response: about thirty. Our second stop – a park west of the Rhône river. Last week they found someone trying to sleep in the public bathroom here. We make about four or five more stops at various parks and boat landings, tracing the beams of our flashlights down rows of skiffs and looking under tarps.

Later, we make a u-turn to a spot we already visited, where Julio notices a solitary Asian woman on the side of the highway, pushing a shopping cart filled with plastic bags. Julio stops the van and in a matter of seconds we are all outside in the cold, walking toward the woman. The cameraman quickly sets up his gear, which includes a powerful field light that he trains on the woman and our group as we approach her.

Naturally, the woman flees. She abandons her shopping cart, taking her bags with her, and Julio recommends that the camera crew stay behind. He and René question her gently, but with little success. The woman departs up the roadside, shaking her head and repeating in simple French, “Ça va! Ça va!” ["It’s okay", or “I’m fine”.] She continues despite the social workers’ assurance that they will not harm her. It is likely that she understands neither their words nor their intentions; she may be without residence papers, fearful of strangers – especially those in positions of authority or, in the case of the journalists, those who would expose her. Julio speaks in hushed tones to René as they slowly follow her.

Suddenly, the woman drops one of her bags, and it shatters loudly on the ground. What was once a large glass bowl now juts through the thin plastic bag in shards. The woman looks back at us with a scowl, packs up her
broken goods, and proceeds toward a foot tunnel that leads under the highway to the other side.

After the woman disappears into the tunnel, Julio asks me if I would try speaking English with her. I descend with him into the tunnel for one last attempt and we catch up to her a short way in. She moves slowly, struggling with her bags. On our approach, her body language conveys anger and fear. She takes the broken bowl from her bag and shouts at Julio in French: “Prenez! Prenez! Je veux pas! Jetez!” – telling him to take it and throw it away. Julio takes the bowl readily, carrying a worried, apologetic smile. “Of course,” he says. “We’re sorry.”

Julio continues speaking to her – something he has already said to her, and which I repeat to her in English: “Ma’am. We’re from the civil protection of Geneva. We can help you. Are you alone?” The woman pauses, looks away from us and waves her palm in our faces, shoing us away. “Non! Ça va! Ça va!” Then she collects her parcels and continues under the highway. Julio remains a moment to watch after her, wearing a defeated expression. He seemed unwilling to believe what had occurred.

I leave the ronde feeling as if we had tormented a foreign woman who, while seemingly in a “precarious” situation, may not have needed the help the social workers offered. Judging by her purchases, maybe she wasn’t alone. Maybe she did have a place to stay. I took her words “ça va” at face value. But in a global sense, things are not necessarily “okay.” As an immigrant with language barriers, she might have had some anxiety about her legal status and about strangers in general. She may have run because she mistakenly perceived we had targeted her for being of foreign origin. Furthermore, even if she understood (and believed) we were from the Abri PC, the presence of the cameras made the risk too high that the authorities she feared (e.g., Swiss immigration officials) could identify her.


A primary goal of this study was to take an inventory of the different instances of stigmatizing encounters – whether specific or general, individual or structural – that emerged in ethnographic study of the poor. I begin this chapter with an example that is unique on many counts – one where my role as participant was as relevant as that of observer, and one involving a person of uncommon nationality, with people of Asian origin representing only 3% of profiled précaire informants in my study. Of special interest was the unanticipated presence of journalists in the encounter, and the
compounding effect they had on the Asian woman’s experience of stigma. This was one of few instances in this study characterized by both direct stigma (the harassment and invasion of being filmed without one’s consent) and implied stigma (the mistaken perception of danger imparted by the persistence of the social workers).

On the woman’s part, the presumed underlying stigma was likely that of foreign nationality, and potentially of undocumented legal status. Yet for the social workers, it was her overall situation that attracted their attention – being alone on the roadside late at night, in below freezing temperatures, and pushing a shopping cart filled with bags some distance from the nearest store. While Julio’s decision to stop for this woman followed a cognitive act of discrimination (based on what he saw and the social meanings it conveyed), it was not the discrimination that accompanies the ideas of separateness, negative labels, and stereotypes of interest in this study. Instead, the social workers were motivated by humanitarian values, and their acts of outreach conveyed benevolent concern rather than prejudice and resentment. Any stigma the woman may have felt in her interaction with them would have been perceived in error – but perceived nonetheless. As for the journalists, the motivation was to get the story of Abri PC in winter, one in which the woman had unwittingly played a part. While the cameraman and reporter may have shared the humanitarian values of Julio and René, it was not a factor necessary for their participation. Their actions were less sensitive and more obtrusive, and through their exposing nature, likely contributed to the woman’s fear and anxiety. Thus, even if their intentions were good, the journalists risked generating further disadvantage for a woman whose situation would already be qualified as “precarious.”
In fieldwork that focuses on the perspective of people who are mistreated and discriminated against, it is often difficult to gauge the perspective and intentions of those individuals and institutions considered to be the source of stigma. Little doubt is cast in cases of direct discrimination that involve acts of targeted violence or the denial of employment, services, or residence permits based on ethnicity or social status. However, many encounters involve stigma that is indirect, concealed, or implied to varying degrees. Implied discrimination involves an encounter in which there is some doubt that the person’s intent is to discriminate. In many cases, what is perceived to be an insult may instead have been a misunderstanding engendered by language barriers. In others, what is perceived to be an unfair denial of services may instead have been the application of social service rules. People may also correctly perceive acts of discrimination that would otherwise go unnoticed. The defining quality of implied discrimination is not that it is necessarily invalid or imagined, but that it does introduce some measure of doubt as to the authenticity of the stigmatizing act. Likewise, a direct act need not be motivated by prejudice; but at the very least, its contribution to the subject’s experience of stigma and its negative consequences is significant enough to be considered negligent.

For this study, I assessed each of the encounters I collected with regard to its potential authenticity – coding them as either “direct” or “implied.” Direct encounters were those shown to be the explicit product of stigma, or which could easily have been considered the product of stigma by an unconnected third party observer. Implied encounters were those that could potentially have offended someone and led them to suspect discrimination, but that would not have been seen as discriminatory by an
unconnected third-party observer. Interpretations from a third-party perspective are necessarily subjective, and for some encounters that had both elements to varying degrees there is a wide margin of error. The inability to distinguish between direct and implied discrimination in some cases was a limitation of this study.

I also classified encounters as either *individual* (involving interpersonal exchanges between people in précarité and other people) or *structural* (involving the interaction of people in précarité with rules, laws, systems, objects, and the built environment). The resulting sample of encounters covered a broad range of specific and general situations, demonstrating the extent to which stigma may be experienced at all levels of social distance, and pointing toward ways that social service workers can minimize perceived stigma regardless of its authenticity.

**The Anatomy of a Stigmatizing Encounter**

A total of 237 encounters were collected from both direct observation and informants’ narratives, with narratives falling into three collection strategies – recall from the field, tape-recording of ethnographic interviews, and tape-recording of elicited responses in interviews. In elicited recorded narratives, I asked the informant to relate an event in which he/she (or someone he/she witnessed) was “insulted, mistreated, or discriminated against for being in a situation of précarité.” These encounters were enumerated and coded for three basic components: participants (sources and subjects), location, and action, with frequencies of the first two guiding analysis and interpretation of the third.

As described in Chapter 4, each of the four collection methods presented different standards of validity, salience, and specificity, which necessitated the separation of encounter analyses. Encounters collected from recorded elicited narratives were
considered the most salient because they represent the informant’s personal experience, excluding stigma that is understood through hearsay. Furthermore, these encounters are analogous to free list items that appear at the top of an informant’s list; they are the first examples that come to mind when the question is raised, and are likely those that have the greatest impact and meaning for the informants.

Table 6-1 provides the distribution of encounters by participant characteristics among all 237 encounters, separately for each of the four data collection methods. For simplicity in reporting, I also provide the distribution among all methods combined. However, I caution against making interpretations from the total frequencies; the analysis that follows relies upon the encounter frequencies as they are seen in each method discretely. Table 6-2 provides the distribution by location, in a sub-sample (n = 126) that excludes encounters too general to classify beyond the regional or national levels. Notably, most encounters collected from field narratives were too general to classify, with only seven having a specified location. There was some correspondence between encounters with general locations and those representing acts of structural discrimination, as evidenced by the high proportion of “systemic” sources of stigma from field narratives (56%). With many of these encounters excluded, the locations presented in Table 6-2 are therefore more indicative of acts of individual discrimination.

Overall, the most common sources of stigma were social service workers, other people in précarité, local and regional police, and employers or potential employers, while the most common subjects were social service users and homeless people. Correspondingly, stigmatizing encounters occurred most often in social service settings and public spaces. Given that I regularly frequented and recruited interview participants
from Geneva’s soup-kitchens, day-centers, and streets, these associations are expected. The distribution of encounter participants and locations should not be considered representative of stigmas of poverty in the population, but instead indicative of which locations were assessed more comprehensively and about which more detailed, informed interpretations can be made.

Fourteen percent of observed encounters involved potentially stigmatizing instances that originated from me in my interaction with others. While it was never my intent to discriminate against others during the course of my work, a number of misunderstandings occurred (largely from language barriers during my first few months in the field) that could have reasonably led the person I was interacting with to feel insulted. Examples include my reference to street people as “pauvres” in an interaction with two Swiss men asking for change at a grocery storefront, and my failed attempt at conversation with a young Tunisian man, in which the man felt I had accused him of stealing a portable DVD player he was using. In the Tunisian’s case, expectations of a specific stereotype (North-African men as thieves) led him to perceive stigma that was not authentic. Such misunderstandings were likely common in a number of the encounters I assessed, and failure to account for them would result in an incomplete understanding of how stigma is perceived and experienced.

Generally, men were more frequently the subject of stigma than women, representing up to three-fourths of encounters. Up to two-thirds of encounters involved subjects of Swiss nationality, while one-third of encounters involved subjects from Eastern Europe, and another one-third from North Africa. The most common situations of précarité identified among stigma subjects were homelessness (about one-quarter of
narrated encounters), mental illness, undocumented residence status, and unemployment (each representing up to one-fifth of encounters). The majority of encounters directed against people in institutions (e.g., prisons, mental health facilities) involved either Tania or Frédéric.

**Stigma in the Social Services**

Greater than one-third of encounters collected through observations and recorded elicited narratives involved social service workers as sources of stigma, and up to 60% of individual encounters occurred in social service settings. The majority of these encounters were characterized by insensitive communication on the part of social service workers – direct or implied insults that were expressed in three distinct ways:

- **Through provision of services in an unfriendly manner**, such as when the social service worker was perceived as blunt, cold, demanding, dismissive, inattentive, or patronizing, or when, as some informants stated, the social worker “seemed annoyed” or said something with “extreme coldness”;

- **Through the use of inappropriate words (implied insults)**, such as referring to people who receive social assistance as “clients,” or addressing them with the familiar pronoun *tu*, which in formal settings is normally reserved for addressing children and animals; and

- **Through direct insults or harmful actions**, which included telling informants to go back to their country of origin, telling them that they did not deserve the social assistance being offered, or that they were crazy or had problems.

In rare cases, direct insults were expressed through actions, which were generally directed toward the subject’s ethnic and cultural origins. Lucas provided a particularly salient example in a recorded elicited narrative – one in which the narrator’s proximity to the encounter was secondary (i.e., the subject of the encounter was not Lucas, but someone he had observed):

> I’d prefer not to name places...but... Let’s say it’s a place where, well... a place I usually go to eat. This one day they made pork. Muslims don’t eat pork. But that’s not the problem, it’s not that... Normally they put a sign on
the door that says they’re serving pork. So, they warn those who don’t eat pork that they’ve got pork. Even so, they put up a notice. One day, one of the volunteers said to himself: “I’m not going to put up the sign. I’m going to let them eat pork.” What’s the point of that? Absolutely nothing. We found out that in fact they were serving pork. Someone said to the volunteer that “if there’s pork, I won’t eat.”

“Oh là là!” the volunteer said. “That’s crazy.” In any case, it was like he was saying to the guys: “Fuck off! You’ll eat some pork!” It’s a way of telling the people, whatever their denomination, that he doesn’t care. But him... he’s supposed to, you could say, “respect the other.” In fact he’s not obligated to. He could do his job well and put up the sign and then the people are free to decide, whether they eat or they don’t eat, whether they’re denomination X or Y, or allergic, or... It really doesn’t matter. But out of respect for the people, you warn them. He’s not obligated to react with this attitude: “Go fuck yourself. It’s pork. Eat it or clear out!”

Anyhow, it’s like there was hate somewhere... The volunteer was full of hate. It’s practically... It’s an event anyhow where I felt that this guy had some sort of malice... some malice to say to someone else that he’s *racaille*.

This narrated encounter helped support the validity of a similar encounter I had observed earlier during my time working behind the counter at CSRG. In the observed instance, the “Menu au Jour” sign (featuring a cartoon pig) was posted to inform guests pork was being served – on that day, pork-filled tortellini:

Theo, an older Swiss man with a reputation for his crude humor and insensitivity, is dishing the tortellini to guests as they move down the line, when suddenly a young Muslim man who had just received his food begins shouting at him. A newcomer to the soup-kitchen, the man was not aware he had been served pork until some other guests informed him. In response, he throws his plate face-down on the serving compote and is ushered out by the other staff.

From the observation alone, Theo’s exact intentions are unclear. He may have been hoping to “dupe” Muslims into eating pork (relying on the Menu au Jour sign to protect him from liability), or he may have simply been dishing the food inattentively. Yet, the encounter cited by Lucas – which shows that this kind of stigma against Muslims can
and does occur in the soup-kitchens – lends support to the theory that Theo’s act of
direct discrimination may have been authentic.

Other common encounters involving social service workers were characterized by
the denial of services. In most cases, social service workers denied services based on
the exigencies of some rule or regulation; provided that the rule itself was not
discriminating (or the social service worker was not bending the rule to unfairly deny
services to particular groups), the discrimination in these encounters was implied.
Examples included:

- Abri PC staff requiring undocumented foreign guests to leave the shelter during the
  last month it is open;

- Au Coeur des Grottes staff denying admission for women with substance abuse
  problems or mental illness because they are “too marginalized” and “wouldn’t
  manage”;

- CARÉ staff denying a homeless Romanian man’s request for a shower, saying it
  was too late for showers (Dorin);

- CARÉ staff denying a sick Italian man’s request for orange juice, saying it wasn’t his
  “turn”, and later giving the guest lemon seltzer water when his turn came;

- CARÉ staff denying undocumented immigrants “remuneration” (10 CHF) for
  participating in afternoon activities workshops.

- CSRG staff denying guests’ requests for an extra slice of bread or extra packets of
  sugar, citing rules that established per-person limits for these services (one slice of
  bread, and two packets of sugar);

- CSRG staff denying requests for coffee during the lunch hour, when serving hot
  beverages was against the rules; and

- CSRG staff denying requests for extra food before the “second service” was officially
  declared.

One observed encounter involving denial of services at CSRG is worth noting
because it was more direct. In this encounter, which occurred on my first day
volunteering at the day-center, counter staff had begun handing out two slices of bread
to guests who asked for it – a practice that technically was against the day-center’s rules: “In response, the volunteer “doing the tickets” (handing meal vouchers to guests at the door) approaches two men who were given extra bread, takes the bread from their plates and puts it back in the serving bin. While the volunteer was enforcing a rule that, in theory, was to the benefit of all guests collectively (ensuring that each would have at least one slice of bread), his decision to take food away from the guests could easily have been interpreted as unfair and unnecessarily hostile.

In some cases the sources of stigma in the social services were the institutional structures, rules and practices themselves, rather than the social service workers using (or misusing) them. One example cited by both Lucas and David involved the perceived stigma of being judged by others while standing in line outside a soup kitchen. In both cases, the location considered most problematic was the Jardin de Montbrillant, which is near a busy central part of the city and is smaller in space than Geneva’s other soup kitchens. As a rule, the soup kitchen’s doors open five minutes before the meal service starts, meaning that the guests who arrive must line up outside, sometimes thirty minutes or an hour in advance. According to David:

As far as the Montbrillant is concerned, the problem is that it's also small. What’s always bothered me about is that you’re confined outside the doors waiting for it to open. That’s pretty heavy, you know. Especially since you’re on a major road, just behind the train station... The fear of being seen there, the fear of saying why [you're there], that somebody would know that I use this kind of place.

David’s narrative reveals the potential that social service structure has in making stigmas of poverty more visible. The act of standing in a soup kitchen line functions as a marker of poverty for many guests who could otherwise “pass as normal” (Goffman
1963). For David, the soup kitchen line makes it more likely that others would know of his poverty and subsequently stigmatize him for it.

These examples suggest that, in social service settings, careful attention should be paid to rules regarding the distribution of services and their consistent application. When some social service workers apply the rules and others do not, guests/beneficiaries who are denied services are likely to sense unfair treatment. In many cases, people respond to this perceived stigma with hostility, contributing to an atmosphere of conflict in Geneva’s day centers that leads many who would otherwise use these services to avoid them. Furthermore, structural aspects of social service operations can exacerbate a person’s experience of stigma in the absence of interpersonal encounters. These rules and practices are generally enacted without real intent to discriminate or generate disadvantage for social service clients; knowing the extent and consequences of their adverse affects is a necessary step in making the delivery of services more equitable and sensitive for the people who use them.

**Stigma in the Streets**

Encounters with police and strangers in public places were common in informant’s narratives. Among elicited recorded narratives, police officers and officials were the source of stigma in 20% of encounters, and members of the general public were the source of stigma in 10% of encounters. Public places, which included streets, parks, and publicly accessible buildings such as the train station and a local ice-skating rink, were the location of 25% of encounters. The subjects were most often homeless (25%) and/or North African (25%), many of whom were cross-classified as alcoholics or drug addicts, drug dealers, and beggars. Roms were also subject to stigma in public,
usually in their role as street musicians; because I interacted with very few Roms during my time in the field, most of these encounters were collected through observation.

Many encounters cited by the homeless involved harassment by others while they were sleeping (or trying to sleep) in parks, building cellars, and parking lots. This type of encounter was instigated by police officers, passers-by, and property owners – indicating the pervasiveness of public opinion against a homeless person’s act of sleeping or loitering in public. Nadim, who had a five-year history of intermittent homelessness in Geneva, cited numerous instances in which he was forced to leave places where he was sleeping:

Sure, there’s people who bother me. I’ve had people call the police. There’s people who bring the Protectas, people who bring the Securitas [private security guards]. There’s always these complications... Obviously, someone who lives in a building he... he wants peace and quiet and everything. But by the police, by the State, yeah. For someone who doesn’t have a place, if it starts raining or snowing it’s better to sleep inside an apartment building than to sleep outside.

Nadim considered harassment to be more stigmatizing by the police than by the building residents. While residents had a right to expect their homes to be free of intruders or uninvited guests, he saw eviction by the police as unreasonable, and during winter, inhumane.

Homeless undocumented immigrants were at particular risk of stigma, largely enacted through structural encounters that originated in regional and national immigration and housing laws. Lucas cited two problems that undocumented immigrants face when seeking housing: (1) Proprietors either refuse to house undocumented immigrants (in accordance with the law), or they overcrowd them into small housing units until “legal” tenants become available, at which point the undocumented immigrants are forced out; and (2) Social services do not offer
undocumented immigrants adequate housing; with the exception of Abri PC in winter, shelters turn away those without residence papers. Furthermore, as shown in the section above, it is standard practice at Abri PC to limit shelter to only those who are legally in the country and have the documents to prove it. These encounters occur at the structural level, and as such, solutions to overcome them require addressing not the interpersonal resources and skills of shelter staff and housing proprietors, but the rules they are constrained by law or professional obligation to follow.

As a social worker at the Bateau, Rafael had a first-hand perspective of the daily conflicts between police and young maghrébins who spent time on the south bank of Lake Geneva, many of whom were often arrested for drug-dealing and petty theft. Referring not to a specific event, but to a general pattern he had seen, Rafael described a series of three related encounters that occur in the public spaces around the Bateau, in the Jardin Anglais, and along the lakeside:

a. This is a zone where a lot of cannabis is sold... just up to the Bateau [laughs]... and around the Bateau. So the police have a large presence in the immediate surroundings. The dealers here are maghrébins. They’re the ones who have the market in this district. Here, when someone leaves the Bateau, the police are there waiting in front to check their papers. Nobody has ever asked me, even though they don’t necessarily know me... Nobody has ever asked me for my papers. And a lot of people of Western nationality like that don’t have them. A maghrébin is stopped nine times out of ten.

b. In zones like this, it’s true that there are cannabis dealers. When someone gets stopped, they’re searched, every time... I don’t know how they justify it. Because a lot of them don’t have much, just a little bag, little things like that. They’re never arrested for it, but they’re searched anyway. You get the impression that, these searches...they’re searched for the money they have on them. And it’s often taken from them... They don’t have the means to defend themselves.

c. Sometimes they’re taken to the police station because they don’t have their papers. Then one hour later they’re back here, until the next time they’re arrested. Some of the guys here have been arrested 10, 20, 30 times. The
problem is when people don’t have their papers, there are conventions. They can’t be sent back to their country. So they’re searched, arrested... Here in Geneva there’s been a measure for the past few years to expel them from the territory, or part of the territory. There is a territory of the city center that comes from the Jet d’Eau and runs along the lakeside to the Usine [a community space that was once a factory building], then goes up to the train station. The city center is... when you’re talking about people without papers or asylum-seekers, I’m not sure, but especially for people without papers... if they’re “tricked” so to speak, they’re expelled from this zone. And next, the problem for them is if they’re arrested in this zone, even without illicit activity, it’s cause for imprisonment. They could go up to six months in jail. Not the first time, but the second arrest in the zone like that can give them six months in jail. That’s a long time... When they’re drug-dealers, they’re tricked while they’re dealing. They’re subject to the measure of expulsion from the city center and next, if they’re found in the area again, even if they haven’t done anything wrong, they’ll be arrested. This is a measure that began a few years ago. It was the last chief of the police department who did it. I don’t know. Now there’s a new police chief. I don’t know if this will change.

In the lives of these young North African men, the experiences of being questioned, searched, victimized, and arrested by the police each have their own implications and effects. The targeted questioning of men for their papers (encounter “a”) represents an act of stereotyping – one that assumes, based on the color of their skin, their dress, and their language, they are in the country illegally or involved in illicit activities. Subsequent searches by the police (encounter “b”) imply that the men are lying about their residence status, while the act of taking their money more explicitly victimizes them. Although I did not confirm this type of encounter through other means in the field, it is a reasonable expectation that some authority figures would take advantage of young maghrébins, knowing that many of them do have money acquired through illicit activities. Lastly, the repeated arresting of undocumented men, their placement outside of the designated “zone,” and their continual return to this zone (encounter “c”) represents a “revolving door” of the kind described by Spradley (1970). This is an encounter that may be designated as both individual (being arrested by the
police) and structural (being targeted by local regulations), and which emerges through the conflict between Swiss law and the maghrébins’ need for a means for livelihood. While superficially the practice functions as a means of reducing or discouraging crime in the area, it also has a “cosmetic” purpose – the removal of undesired individuals and groups from a known tourist area. The idea that a zone may be made cleaner by the removal of young maghrébins implicitly labels these men as déchets (trash) or racaille (rabble). These implications are likely far more stigmatizing than the more physical acts of being questioned, searched, and illegally dispossessed of money.

These three types of public encounters against maghrébins may occur discretely or in succession, depending on the person’s situation; furthermore, as Rafael notes, a single individual may be subject to these practices and measures multiple times. Understanding the experience of stigma for young maghrébins in Geneva therefore requires acknowledging all three types of encounters and their cumulative impact. While in theory, these encounters could discourage men from using the services offered by the Bateau, it should be noted that this consequence was not observed in the field. It is likely that the benefits the men receive from being in the area – group affiliation and a means of livelihood (albeit through illegal activities) – outweigh the consequences.

Although Roms were found to be a highly stigmatized group from analysis of labels and stereotypes in both media sources and ethnographic findings, the range of encounters collected for this group was limited. Most of the encounters I observed between Rom street musicians and the general public revealed a certain underlying resentment, but few explicit instances of discrimination. On the city’s trams and buses, people often ignored or glared at Rom musicians as they made their rounds among
passengers to collect change – acts that could be interpreted as stigmatizing, but which produced little reaction from the Roms. In their long history of performing and begging for change, not only in Geneva, but in cities across Europe, it is possible that Roms have come to accept this subtle level of animosity, or that they have become desensitized to it. As for those who would stigmatize the Roms, the object of their resentment may have less to do with their ethnic or national origins, and more to do with the persistence and cunning of their strategies for livelihood:

Riding the tram on my demi-tarif. I purchase the all-Genève one-hour ticket to Gare Cornavin [the train station] and back. On my way to the train station, I watch the performance of a young musician – a Rom teenager with an accordion, wearing a sports jersey and baggy pants, frayed at the fringes. His fingers dash skillfully around the keyboard as he walks among the passengers at a moderate pace. As he reaches my row of seats, he approaches a young woman sitting next to me, asking her: “Are you Arabian?” She shakes her head no. “Algerian?” he tries again.

“No. Sorry,” she responds. A young man who accompanied the woman onto the tram watches them intently from where he stands, holding a rail to steady himself. The Rom asks her a few other nationalities, which are also wrong. After he walks on, finding a spot closer to the front of the tram to play, the woman’s companion shakes his head and rolls his eyes. I wonder whether the musician was trying to find a song to play for the girl based on her nationality. This would of course have obliged her boyfriend to “pay” for the song. As the tram stops and exchanges passengers, the musician ambles further along, and the boyfriend glares after him menacingly. I wonder whether the boyfriend would have reacted as strongly had the musician been of Western-European descent.

After I run my errands at the station, I return just in time to get on the #15 tram back to Uni Mail [a university building]. To my surprise, the same young Rom musician is on this one. He had gotten off the northbound tram and onto the southbound tram, making the same trip past the train station both times. There could be a reason why he chooses the #15 tram – maybe that it’s full of foreigners, travelers, wealthy people, and those new to Geneva.

I decide to observe from the back of the tram where I can count how many people give the teenager money. When he reaches my car, where some twenty passengers are seated, he plays for only a moment, and doesn’t get more than two or three donations. He gets off the tram just after the bridge
over the Rhône, likely to begin his circuit again. Unlike some of the street musicians I have seen in the U.S., he does not linger. Instead, he is transient, like his ideal audience. Some might say he works the crowd at the expense of the corner.

While the young Rom could admittedly have collected hundreds of Swiss francs per week from his music, as suggested by articles in the local media (Michiels 2005), he engaged in the practice at the expense of increased risk of harassment from authorities and increased self-subjection to stigma. From a formalist standpoint, I interpreted his decisions as a balance between total francs gained on the one hand and perceived risk of arrest, fines, and stigmatization on the other. From a substantivist standpoint, the Rom’s decisions are based on his cultural and ethnic heritage – an adaptation or innovation of strategies for livelihood passed down for generations, which is not necessarily motivated by the goal of maximizing assets. In public opinion, it is likely that the former standpoint predominates. Passengers on the trams are not naive to the strategies of street musicians, and at times, their reactions betray the belief that such strategies are manipulative and self-serving.

Although my observations of Roms revealed certain insights regarding their relations with the general public, I was not able to elicit an emic perspective of stigma for this group. Given that Roms were considered one of the most stigmatized groups in Geneva, much remains to be understood about how they experience and respond to stigma in their everyday lives.

In-group Stigma

Other people in précarité were an unexpected, but relatively common source of stigma in this study – representing nearly one-quarter of observed encounters and 15% of elicited narrated encounters. These encounters occurred in part due to the
heterogeneity of social identities associated with précarité. To a certain extent, people in précarité of Swiss nationality practiced stigma against those of Eastern European, North African, and Latino nationalities based on the same labels and stereotypes discussed in Chapter 5. Generally, these types of encounters were also characterized by a sense that foreign people in précarité were taking advantage of social and economic benefits and resources to which those of Swiss origin had entitlement. For example, some Swiss soup-kitchen guests would insult and mistreat guests of foreign nationality, who they feel have unfairly gained access to social assistance, which is perceived as a limited resource that the foreign guests do not deserve.

Laurent, co-director of CSRG, spoke of a group of regular Swiss guests who were politically conservative: “They don’t accept the foreign people who come here. And they’ll tell them things like: ‘Get out of here! Go back to your own country!’” Referring to the same group of guests, David, an unemployed Swiss man who worked at CSRG in a contre-prestation arrangement, explained that these men were far more often a source of discrimination against foreign guests than any of the day center workers:

Well, it’s important to know that there are 200 people, 240, 250 people according to the day. And I find there are very few accidents. And knowing that there could be up to 50, 55 nationalities maybe... honestly, I find that there really is [an atmosphere of] respect here. Nobody has anything. The need for a hot meal. I find there are very few fights. Even with people who don’t support themselves, it’s very, very, very rare that I would see any racist gestures or... simply intolerant.

There could be words and such... There’s a table of old Swiss men, that I call the “old fascists”... They aren’t necessarily [fascist] but they’re really intolerant in their words. “You’re in our country now. We’re the ones with rights here, not you.” So, there’s that, bluntly racist words so to speak... they don’t even realize what they’re saying.

Such instances of verbal abuse generate an atmosphere of tension and conflict in settings where Swiss and foreign people come together and have the potential to
discourage those of foreign origin from using local social services. Rafik, a homeless
Algerian man, cited encounters with other social service guests as a reason he decided
to find alternatives to Abri PC for shelter in winter:

I found another place to stay because [at Abri PC] I feel... Well, I’ve always
been an optimist. I’d rather wake up to see the sun, and see people with
smiles on their faces. But down at the PC, the people there are
discriminated, sad, isolated. You say “hello” to them and they don’t answer
you, or they want to start a fight with you, take vengeance against you. You
know what I mean. That’s why I told you downstairs that I don’t like the
Bateau, because the people there are really demoralized, hateful, and
they’re just looking to create problems.

As a point of comparison for the tension he felt at Abri PC (which shelters many
homeless Swiss people), Rafik referred to the Bateau, where a greater proportion of
guests share his North African origins. While in both social services the action of the in-
group encounter is the same (starting fights, creating problems), the ethnic and national
profile of the source only differs from Rafik’s in the first location. Being of foreign origin
is therefore not the sole or necessary reason a person in précarité experiences in-group
stigma and avoids certain social service locations.

A more significant form of in-group stigma was found in encounters between
individuals and groups living at different levels of précarité, in which people whose
conditions were less severe practiced stigma against those who were more
marginalized. People in situations of homelessness or drug/alcohol dependence
emerged at the bottom of a hierarchy of social identities, potentially experiencing stigma
from encounters with other people in précarité such as the unemployed or the working-
poor. Perhaps the most stigmatized identity was that of the clochard (bum) – a
designation reserved for the handful of mostly solitary homeless men and women who
fished through garbage bins on Geneva’s streets, wore second-hand clothes that were
in poor repair, and owned only that which could be kept on their person or safely in some public niche. For this more destitute group, encounters originating from other people in précarité were likely a stronger predictor of their avoidance from social services than those that originated from social service workers or the general public. Such encounters were observed occasionally at CSRG, with one notable example from my second month in the field:

It is a cold, January afternoon at Square Hugo, just after the first meal service. The kitchen is bustling with volunteers, and the dining room is filled to capacity. With some patience, one can make out the sounds of five or six distinct languages beneath the din of clinking plates and scraping forks – French, Spanish, Romanian, Arabic, Portuguese, perhaps Russian. Among the hundred who have come for a hot meal, drink, and slice of bread is a homeless couple, who despite their Swiss identity stand out from the other guests in the way they look, the way they behave, the way they are received.

His look is that of a ragged lumberjack – thick plaid jacket, ripped pants, torn work shoes, unkempt beard, graying hair hidden beneath a tweed cap. His nose and cheeks are blotched red. On good days he is lucid, mild-tempered. Upon entering the soup-kitchen he will smile at the volunteers and other guests he passes, but says very little.

Her look is one of function and opportunity, evident in the wrinkled, loose fitting dress she wears beneath a coat given to her by the social services. The pattern of her dress is old, reminiscent of the 70’s. Her long black hair is tangled and coarse. On good days she takes her place in the meal line with a cheerful smile, chats with the people standing near her, uses “tu” when addressing volunteers she recognizes.

On this day they sit together at one of the small tables close to the entrance. Only moments into their meal, his voice cuts the air with a loud string of insults and other French words slurred and swallowed beyond comprehending. His sudden anger is directed first at his partner, then at the world around him – whose attention he has now drawn, albeit fleetingly. He’s leaving, he says. He springs from his chair and storms out of the day center.

At once, the man’s partner begins crying. She gets up from her table to one where about six other guests are seated and seeks comfort from her peers there. Another woman tries reassuring her to calm her down. Like the homeless couple, this woman is Swiss, red-faced, bundled in a hooded coat
donated through charity. She is unable to pacify the homeless woman with soothing words, and after a few minutes she changes her tactic and begins hitting the woman on the head with a rolled-up newspaper. A West African man rolling a cigarette at the adjacent table begins mimicking the sucking sounds of the homeless woman, glaring at her and grinning mischievously. The woman continues to cry throughout the second meal service, for the next forty minutes. Her mascara runs. She returns her plate of food in the navette window [dishwashing station] practically untouched.

Presumably, the less destitute day center guests treated the homeless woman in this way not because she would be identified as a clochard, but because of her behavior; her crying was disruptive and drew unwanted attention to their table. However, her lower status within the domain of précaire identities made her more vulnerable to mistreatment; effectively disenfranchised and with little recourse for defending herself, she was an easier target for those seeking to vent their frustrations.

Although it did not emerge unsolicited in this study, it is possible that those in more regular or stable situations of précarité harbor resentment for the clochards for reasons similar to Nadim’s resentment of the more marginalized North African youths who frequent the lakeside (discussed in Chapter 5). In both cases, people in the more marginalized group behave in ways that perpetuate stereotypes affecting both groups. In the case of the homeless couple described above, their unpredictable, emotionally charged outbursts (especially the man’s) could be interpreted by onlookers as evidence of mental illness or aggressiveness – stereotypes that many homeless and street people confront in their daily lives.

The finding of stigma that originates within the community in précarité (or the interpretation of these encounters as stigmatizing) runs counter to Link and Phelan’s (2001) assertion that stigma is dependent on situations marked by differential access to social, economic, and political power. While differences according to nationality or
degree of précarité may incur some advantages for the Swiss and those in less marginalized situations, in reference to the wider society all people living in précarité have the lower share of power. Link and Phelan’s (2001) criterion of differences in power is useful for limiting the definition of stigma, as it excludes encounters that originate from people with less power against people with more power. I would argue that power differentials are necessary for the production of stigma at the cultural and historical levels, but that once a stigma is established in a society, it may be expressed and perpetuated by people of any social, economic, or political status. In this study, the stigma originating from other people in précarité was just as significant as that originating from people in more affluent positions, and in some cases more relevant for questions of access to social assistance.

**Stigma Against the Unemployed – Sans-Papiers and State Beneficiaries**

Encounters against the unemployed were enacted in one-fifth of recorded narratives and 15% of elicited recorded narratives. This study did not reveal a distinct stigma of unemployment that was not also connected to a person’s residence status or receipt of state benefits. In correspondence with findings on stereotypes of the unemployed, the majority of encounters involving unemployed people targeted their situation of being without papers, or of receiving benefits from chômage, the AI, or the Hospice Général.

For many undocumented immigrants seeking work, the absence of residence papers creates a significant structural barrier that effectively denies them access to the job market. As with the barriers to shelter discussed above, Swiss immigration laws generate obstacles to both legitimate employment and the state social support that would otherwise be offered to compensate for unemployment. For the simple state of
being without papers, the undocumented are therefore marginalized by barriers to three basic resources – housing, employment, and formal social assistance. Furthermore, as one informant remarked, the high level of bureaucracy involved in obtaining residence papers – evident in the number and complexity of different forms that must be filled out – is enough to discourage or prevent many immigrants from applying. People who cannot speak French, cannot read, or who are not “made for” dealing with this type of system are consequently excluded.

While lack of education and training can also impede undocumented immigrants in their search for employment, those with experience and credentials in their country of origin are equally affected. Lucas, who had a degree in food processing engineering from a university in Algeria, cited Swiss immigration laws as the source in a series of encounters that led him to abandon his search for legal employment and turn to working au noir (under the table):

Lucas: Practically the first moment I was in Geneva, I started looking for a job. CV. Everything that was necessary. I found three possibilities for work. One here at the university restaurant in Uni Mail. A second at the engineering department. And I applied for a design engineer post. And then, there was no problem. I had an interview... They give you an interview, they look at your CV. At the end of the interview they ask you, “Do you have your residence permit?” No. “What nationality are you?” Algerian. “You don’t have a European nationality?” No. They can’t hire you...

Ryan: It was at the end of the interview that they asked you this question?

L: Well yeah. Because I did manage to present my CV. It’s certainly reprehensible. Unfortunately, there it is.

R: And this happened for all three jobs?

1 “Formal” social assistance is to be distinguished from informal types that do not discriminate according to residence status, such as day centers and soup kitchens.
L: All three jobs. Especially at the engineering department. I was really interested in that application. I already had good experience in the industry. I had already done some substitute teaching. I had a certain experience in education, so to speak. But unfortunately, there it is. In fact, in the three cases they told me that they couldn’t hire someone who didn’t have a valid residence permit. Otherwise, the person needed to be of European nationality. One of the European nationalities...

R: And how did you react to all this, after the first or the second interview?

L: Quite simply, I stopped looking for legal work. I told myself, “Well, now I can’t work anymore in my professional field.” I looked for work under the table. That was it. I started looking a little at the farms, the exploitations on the periphery of Geneva. I was able to work one day out of three maximum.

Although the more relevant source of stigma in these encounters was structural, the role of the individual in Lucas’ experience of stigma was not lost in his narrative. In encounters like these, the individual is generally acknowledged as a mediator in the production of stigma that originates from laws and rules. However, the manner in which employers, police, social service workers, and others apply these laws and rules to real situations can mitigate or exacerbate the stigma that follows. For Lucas, it is “reprehensible” that certain laws prevent him from obtaining employment for which he is qualified. Yet the employer’s decision to ask questions about residence status and nationality at the end of the interview is also brought into question. In retrospect, the interview is perceived as a waste of time for the job-seeker; it is therefore significant for Lucas that his potential employers continued with the interviews without knowing whether they could legally hire him.

Lucas later went on to describe the challenges of working au noir (under the table) and the types of stigma he faced as a worker with no legal rights:

To be a worker under the table is to be exploited... Simply put, you’re not paid like a Swiss, or a European. A Swiss or European in any case, in general... Let’s say that they would have an average salary of 18 francs an hour. In restaurant work, for a South American or an African they’re going to
get 12 francs maximum. If you work eight hours a day, an African isn’t going to tell his boss: “I can’t work more than eight hours.” If there’s work to do, he has to do it if it takes ten hours or eleven hours a day. From this point, there is absolutely no guarantee of social coverage, of health insurance, absolutely nothing.

While the encounters faced by undocumented immigrants are primarily structural in origin, once they are employed under the table, stigma takes an individual quality. Employers of undocumented workers are not obligated by law to offer low pay, long hours, and no benefits. It is rather their decision to take advantage of the irregular situation of their workers, admittedly at the risk of being discovered and sanctioned by the authorities.

Swiss citizens in précarité do not face the same structural barriers to employment as undocumented immigrants. Those who remain unemployed are frequently assisted through a state benefits program such as chômage (unemployment insurance), the AI (disability insurance), or welfare benefits administered by the Hospice Général. Consequently, it is for their status as beneficiaries of the state that the Swiss unemployed are stigmatized, almost exclusively in encounters that would characterized as individual. Isaac, who had a history of receiving unemployment and disability assistance, cited interpersonal encounters with strangers that were directed against him (primary) as well as against others (secondary):

One time, I had a buddy who... who was also on AI. He had some bad times, because he eventually wanted to start working again at a certain percentage. So he would have maybe 50% [of his time], maybe more... One time, he was talking about this with someone at a bistro and there was another guy who said, “If you don’t stop working I’m going to call the assurance-invalidité to tell them you’re working hours.” The guy got involved in his business, and that really made him uneasy, because he wanted to give it a try. Anyhow, it didn’t have anything to do with the other guy.
It’s like for me, once there was a guy who was talking about me, saying, “Yeah, he is paid by the State. Druggie what’s-his-name.” I’ve often... It’s often bothered me, what this guy said. Well, now I don’t pay much attention. But there are people who... I know people who are really bothered by this kind of thing.

Well in that case, I had the right because I wasn’t being paid [working illegally] so I did what I could... Even so there are people who come here [CSRG]. Another time there was a guy who said to me: “Right, you’re on vacation to drug yourself and now it’s because of that you’re on AI.” And they don’t know. They’re jerks. They get involved in other people’s business that they don’t understand.

In Isaac’s individual encounters with strangers, the stigma of drug use also emerges as relevant. Encounters targeting his status as a state beneficiary cannot be interpreted without also taking into account his history of drug dependence. Furthermore, while Isaac did not cite the label profiteur as an element in these encounters, the idea that he was taking advantage of the system is a necessary component. What is most stigmatizing is the source’s assertion that the state beneficiary chooses to be on drugs and disability insurance, that he is willfully manipulating the system for his own benefit. Isaac’s response to these encounters resonates with David’s description of encounters instigated by the “Swiss fascists” at CSRG – the source does not, or cannot understand the reality of the subject’s situation, and therefore has no right to make such judgments.

The Continuum of Responses to Stigma

When asked how he responded to the combination of being insulted and witnessing others in his situation being insulted, Isaac said:

In my life, sometimes I defended myself... But I also know that sometimes I would tell myself, ‘It’s just like that.’ It’s like now, well I don’t know. Normally I shouldn’t, but in cases like that I feel kind of targeted. I ask them, “Why can’t I have some peace?” But that’s kind of exaggerated and paranoid... Because I am a little bit, I have this problem a bit. I’m kind of worrisome... And it’s also for that reason that I... that I sank into drugs and all that.
Isaac’s responses to instances of the same type of encounter varied over the course of his life in précarité – from resistance, to resignation, and back again. It remains unclear what life circumstances or undisclosed details of Isaac’s encounters may explain these differences in response. Yet, as an endpoint, Isaac attributes his subsequent anxiety and drug use to the cumulative impact of these experiences. His changes in social identity may themselves be considered a response to stigma – whether characterized as involuntary and internalizing, as a strategy of adaptation, or both.

Isaac’s narrative offers a concise example of the range of responses to stigma revealed in this study. Categories of subject responses were conceived along a scale, ranging from “internalizing” responses on one end to “resisting” responses on the other, as shown in Table 6-3. From review of the literature, I expected some informants to internalize their stigmas (self-stigma), expressing low self-esteem in reference to the encounter and defending the actions of the source. I also expected other informants to resist by rejecting the labels, stereotypes, and encounters that stigmatized them. From review of field notes and transcripts, four other response categories emerged – avoiding, ignoring, adapting, and legitimizing. I coded encounters according to their response when the information was available. In many cases a single encounter could have multiple responses, and some more detailed, complex encounters revealed the dynamics of response types shifting over time.

Table 6-4 shows the distribution of encounters by response type in a subsample of encounters for which responses could be obtained (n = 173), separately for each of the four collection methods. Internalizing responses were suited for collection using all
methods. Although by definition, internalizing responses should be invisible to the observer, their more adverse effects on mental well-being – anxiety, low self-esteem, and depression – can manifest in episodes of crying, panic and other behaviors. Consequently, one in five observed encounter responses were coded as internalizing. Avoiding was sometimes indicative of an internalizing response, and other times as an adaptive response. In observations, it was often difficult to tell which type of avoidance was occurring. Responses where the subject ignored the source of stigma were also difficult to gauge in observations, where they were most common, as they may occur as a form of avoidance, an adaptation, or the outcome of language barriers and cultural misunderstanding in cases where encounters were verbal. They may also be an indication that the subject considered the encounter to be inconsequential, of low severity or significance as a stigmatizing act. Adapting responses often involved multiple actions and time points, and were therefore more adequately collected from narratives. Likewise, legitimizing responses were slightly more frequent in narratives because the verbal expression of legitimacy often occurs in retrospect, as the informant reflects upon the encounter. Responses of resistance are by nature external and occurred in greater than one-third of observed responses.

This section presents findings relevant for four of the response types – internalizing, adapting, legitimizing, and resisting – which could more reliably be collected in ethnographic study. For each response type, I present exploratory statistics of their possible associations with locations, participants, and five encounter types: (1) reciprocal encounters, characterized by an exchange of goods or services (commonly between the source and the subject); (2) encounters involving social/health service
rules or practices; (3) encounters between the subject and the legal system, at any point in the legal process (from interpersonal encounters with police and judges to systemic encounters involving federal or cantonal laws); (4) encounters in which the subject is labeled or insulted; and (5) encounters in which the subject is the victim of a violent act. I conducted statistical tests on a sub-sample of narrated, individual encounters (n = 85) with the intent of improving the normality of the encounter distribution. However, given the qualitative nature of data collection, it should be noted that these findings are considered exploratory rather than predictive.

**Internalizing**

Examples of internalizing responses may be found in a three of this chapter’s excerpts: (1) David’s description of the fear of being seen while standing in line at the Jardin de Montbrillant; (2) Nadim’s statement that building residents who bother him while he sleeps on their property simply want “peace and quiet”; and (3) the homeless woman crying and unable to eat at CSRG after an altercation with her partner and subsequent mistreatment by other guests. The first reveals an element of shame in the soup-kitchen guest’s reflection on his own précarité, suggesting that he has internalized popular conceptions of what it means to use such services. The second is qualified as internalizing because it may be seen as an apology for the source’s behavior, an implicit acceptance of their right to act in stigmatizing ways toward the subject. (It should be noted that Nadim’s response to the same type of encounter instigated by the police was qualified as legitimizing.) The third example is suggestive of internalization through associated behaviors, although the experiences that the homeless woman internalizes are not exclusively those of being mistreated by the other guests. In the homeless woman’s case, her altercation with her partner, which is not considered a stigmatizing
encounter, is the trigger to her emotional breakdown. The subsequent mistreatment by others likely exacerbated this episode and is assumed to have also been internalized.

Lidia, who received housing assistance in a contre-prestation arrangement at CSRG, suggested that the “devalued” ("devalorisante") self-image of people in précarité may in some cases be the product of roles people are expected to play (or believe they must play) in their interaction with the social services:

Say that you want to get something from the social services. You really have to get in the skin of someone who suffers, to enter into a logic of misery, show that you don’t have what you need – if you want to have assistance immediately, in an emergency. So in that sense, yes, I think you have to belittle yourself in order to get access to help. And once you give them the chance, they use this [on you] and give you an image that is devalued.

From Lidia’s narrative, the performances enacted by people in précarité are stigmatizing experiences, in the sense that the realities of formal social support force them to behave and speak of themselves in self-deprecating ways. For those seeking social assistance, the internalization of stigma may feasibly originate from this type of performance, with or without the other stigmatizing encounters they face in their daily lives.

However, Lidia’s example includes only a portion of people living in précarité. Furthermore, among other informants who participated in pile sort activities, her competence score was the lowest – suggesting she did not share the group’s conceptions of précarité, or that her structuring of the domain was from a specialized perspective (as evidenced by her prior education in sociology). Overall, this study’s findings suggest that internalizing responses can and do result from single or cumulative stigmatizing experiences. The contribution of a person’s role as a social
service beneficiary – akin to the “sick role” as defined in medical anthropology – remains a question of academic interest, but one that was not addressed in this study.

Associations were found between internalizing responses and the subject’s identity as an alcoholic or drug addict ($X^2 = 13.411, p < 0.001$), a social service client ($X^2 = 9.475, p = 0.002$), and unemployed ($X^2 = 5.864, p = 0.015$). All three individual narrated encounters affecting drug addicts were provided by Isaac, whose internalizing responses corresponded with depression and his own history of alcohol and drug abuse. Internalizing was found in 41% of individual narrated encounters involving social service clients and 45% of those involving the unemployed. The hypothesis that the homeless would more likely internalize experiences of stigma was not supported statistically, although internalizing responses were observed in a slightly higher proportion of homeless subjects (24%) than subjects who were not homeless (17%). No associations were observed between internalizing and source, location, or encounter type.

**Adapting**

Adaptive responses were common in encounters where the subject was denied certain social or economic resources (and in response found an alternative strategy for obtaining them) and in situations where the subject experienced multiple or repeated encounters at the same location (and in response found an alternative location). In this chapter, an example of the former can be seen in Lucas’ narrative of being denied legal employment opportunities because of his undocumented residence status. His response of looking for employment au noir is an adaptive strategy utilized by most sans-papiers in Geneva, who are otherwise excluded from the job market. An example of the latter type of adapting may be found in Rafik’s narrative of in-group stigma at Abri
PC. In response to his encounters, Rafik sought shelter in places where he would not be in the presence of the “discriminated, sad, and isolated” homeless who were the source of his direct and perceived stigma. Both cases show that adapting is a common response in encounters where the subject’s basic needs are at stake – here, employment and shelter, respectively.

Lying about one’s personal history emerged as an adaptive strategy for people who were rejected jobs based on their nationality or situation of précarité. In a narrative collected from the field, Nadim spoke of a job he held briefly as a painter, in which he was told by his employer that she did not trust him after he had only worked for three days. Perceiving his employer’s rejection to be based on the fact that he was from Algeria, Nadim said he would have “better chances” if he lied about his nationality when applying for jobs in the future. Narratives collected from other informants suggested that such challenges were faced by a variety of people in précarité, including not only North Africans, but sub-Saharan Africans, the homeless, sex workers, and others.

In some cases, using a local social service may be considered an adaptive response to stigma. Suzanne, director of the Coeur des Grottes, told the story of a woman she had sheltered who was rejected by potential employers for being visibly homeless:

There was a lady who came here from North America or England... I don’t remember anymore, but I believe North America. She had some problems with her credit cards... not the most resourceful when it comes to real life. She came to Geneva to look for work... I asked her, “What kind of work are you looking for? What kind of diploma do you have?” She shows me an interpreter’s diploma that said she could speak Russian perfectly. She could speak English perfectly... French good enough but not very current... Then she told me, “I came here because I would like to work with international organizations. I wanted to bring my money but wasn’t able to. So, I’ve had a lot of trouble because of this, because I haven’t been able to find housing,”
et cetera. This lady had been in the streets for three days, and she smelled bad... Here, we gave her clothes, we let her take a shower, et cetera... to wear clean and proper clothes. We took care of her for ten days, for her meals, et cetera... to help her. And then, she found work in an international organization. She didn’t need anyone’s help after that. But at that moment when I met her, she was in a total state of précarité.

While internalizing responses can have detrimental effects on the subject’s overall quality of life and make no contribution toward stopping the reproduction of stigma, the effects of adaptive responses are mixed. In the short-term, adaptation reduces the subject’s exposure to stigmatizing encounters, which theoretically can have a positive impact on the subject’s quality of life. Through re-structuring their environment toward one that is more accepting, people in précarité can remove a significant number of the many stressors they face in their daily lives. In the case of the North American woman in Suzanne’s narrative, the strategy of seeking assistance from the women’s shelter served to remove her stigma permanently. With the help she received, she was able to find employment and housing. However, adaptive responses do not change the fact that stigma still occurs in society. These responses benefit the individual subjects who practice them, but have little impact on the attitudes and practices of those who would stigmatize.

In statistical analyses, adaptive strategies were more common among subjects who were homeless ($X^2 = 9.597, p = 0.002$) or North African ($X^2 = 5.908, p = 0.015$), and less common among subjects who were social service clients ($X^2 = 7.040, p = 0.008$) or Eastern European ($X^2 = 6.684, p = 0.010$). Notably, none of the 14 individual narrated encounters involving Eastern Europeans as subjects were followed by an adaptive response. This contrasts with half of the 18 encounters involving North Africans. As discussed above, the homeless are more likely to use adaptive strategies
because their domains of exclusion are expansive. Lacking access to basic needs such as employment and housing, formal and informal social support, the homeless face multiple difficulties to which they must adapt for their survival. The association of adapting with North African subjects may be confounded by homelessness, as most of these individual narratives were collected from Nadim and Rafik, both of whom were from Algeria and homeless. Likewise, the Eastern Europeans who contributed to narrated encounters were limited to Tania (from Serbia) and Dorin (from Romania). The absence of adapting responses among Eastern Europeans may be explained by the fact that each of these two informants had patterns of responses that did not include adaptation; for Dorin, most responses alternated between internalizing and legitimizing, while for Tania, all responses were legitimizing or resisting. Among the five encounter types, those characterized by insults and labels were less likely to engender an adaptive response ($X^2 = 5.099$, $p = 0.024$). Associations were not observed between adapting and encounter sources or locations.

**Legitimizing**

Legitimizing responses were seen as indicative of positive self-image and group affiliation, creating the conditions in which real change in public attitudes toward people in précarité may be effected. In this chapter, a response of self-legitimacy may be found in Isaac's narrative of being verbally insulted by strangers for his drug use and disability insurance, and of witnessing others insulted in this way. In the secondary encounter, Isaac referred to the source as a “guy” who “got involved in [the subject’s] business” and who “didn’t have anything to do with” the source. He later repeated these sentiments in response to his own encounter. While Isaac believed that his alcohol and drug use was a problem, and he was receiving methadone and psychiatric treatment, he would not
accept the stereotype that his drug use was a motivation for getting disability insurance. Isaac initially began to receive AI benefits following a serious motorcycle accident in which he had broken both his legs, and a series of life traumas that led to his précarité and drug use. His accusation that the source knew “nothing” about him was made with his life story in mind. In this way, Isaac’s response can be seen as legitimizing for not only his social identities as a recovering addict and beneficiary of the AI, but also for his personal identity.

One type of legitimizing response with the potential for reducing the occurrence of stigmatizing practices in society is that of “education,” in which the subject responds to the source by making arguments for the authenticity of his/her social and personal identity, and/or arguments to invalidate the stigma in question. Education is typically practiced in order to discredit a stereotype, but may also take the form of appeals for sensitivity, tolerance, or acceptance in general. In this study, which focused on interpersonal encounters, such responses were simple, discrete, and strongly dependent on context. For example, in an encounter with a young Japanese woman who expressed fear when learning of his nationality, Nadim responded by saying, “Don’t be afraid. Not all Algerians are thieves and drug dealers.” While this single contradiction of stereotypes may likely have had no effect on the woman’s attitudes and beliefs about Nadim or Algerians in general, the consistent expression of statements like this could have a positive, cumulative impact. At higher levels of social organization, self-legitimacy through education of the public is an important function of advocacy groups that work to address stigmas against people with impairment-disability (Ablon 2002) and stigmas based on ethnicity, gender, or sexual orientation. It is reasonable that advocacy
groups for the homeless would function to educate and sensitize the public about problems of homelessness. However, I would contend that such groups are most effective when they are self-organized, or at the very least include people with the stigma in question. The challenge of low group affiliation is therefore one that must first be overcome before large-scale efforts can work to legitimize homeless identities and reduce the burden of stigma.

The only statistical associations observed for legitimizing responses were with subjects of Eastern European origin ($X^2 = 7.470, p = 0.006$) and social service clients ($X^2 = 4.983, p = 0.026$) – both groups having a higher proportion of legitimizing responses in their encounters, at 57% and 41% respectively. As described above, individual narrated encounters involving Eastern European subjects were collected from two informants (Dorin and Tania), who both had a pattern of legitimizing responses. No associations were observed between legitimizing responses and encounter sources, locations, or types.

**Resisting**

Resistance is the most externalizing of the response types, and in theory can have both positive and negative effects on the quality of life of people in précarité and the reproduction of stigma. Along with legitimacy, resistance has historically been an important component of social change; when conducted without violence and within the extent of the law, it can potentially contribute toward changing negative attitudes and stereotypes. However, many acts of resistance are damaging to both parties in an encounter and convey a sense of randomness or uncontrollability that does little to improve the subject’s relations with others.
One excerpt presented in this chapter has elements of a resisting response: My observation of Theo, a CSRG volunteer who served pork to a Muslim guest. In response to being served pork, the Muslim guest became angry and initiated a verbal altercation with Theo, which ended by the guest’s defiant gesture of throwing his plate of food onto the serving compote. While understandable, the guest’s outburst did not produce immediate benefits for him or the other guests, nor did it necessarily help to reduce the occurrence of future encounters of this type. However, it did contribute to an atmosphere of conflict in the soup kitchen, and potentially to the reproduction of stereotypes of soup kitchen guests as violent or unstable.

In social service locations such as day centers, soup kitchens, and homeless shelters, it is of critical importance to address sources of stigma that are liable to lead to responses of resistance. In one example from my fieldnotes, Ray – a regular CSRG guest of American origin – violently resisted a situation in which he was denied services:

May 24, 2006

CSRG. Ray, the American guy, comes in wearing his thick-framed glasses and wide-brimmed white hat. His hand is bandaged from some kind of injury. I join him at the counter after exchanging a few words in English. He orders hot tea, and is given two sugars to go with it. A few minutes later, after chatting in French with another guest, Ray asks the volunteer, Mara, for two more sugars. Mara promptly refuses his request.

“I’ve already given you two sugars,” she says matter-of-factly.

“But I’ve always asked for four,” Ray replies, explaining that it was his customary serving, one that had always been given to him before. The volunteer then holds up a blue wooden serving box that contains the sugar and turns it to show Ray the note that had been pasted on the front: “Max. 2 sugars per person.” I notice that the box has been mostly covered by a sheet of aluminum foil, with a small opening from which the volunteers can distribute the sugar packets. This is a new strategy employed to prevent guests from reaching over and taking the sugar packets for themselves, as I have seen them do in the past.
At this point, Ray loses it. He begins cursing at the women behind the counter: “Putains!” [“Whores!”], “Salopes!” [“Bitches!”] His voice raised, his sudden outburst jars the tranquility of the social club. The volunteers ignore him, continuing their work, even smiling and laughing at his insults. Because of their reaction, I at first wonder whether the whole episode is a sort of charade, whether Ray was just playing and the volunteers were in on the joke.

But after a few more *gros mots* [bad words], the authenticity of Ray’s anger is clear. Laurent calmly walks up to him and urges him to leave, but Ray is already on his way out the door. They both disappear into the entrance stairwell for a few minutes. I notice that Ray has left his tea on the counter, untouched. Laurent returns and I explain to him that I have never seen Ray so angry before.

“His name is Ray?” Laurent asks me. “What happened here exactly?”

I describe to Laurent what I had observed. We talk about the rules of the day center. According to Laurent, these kinds of things happen because the volunteers do not apply the rules consistently. Some respect the rules, while others don’t.

At this point, Ray returns to shout more obscenities, unsatisfied with the results of his previous rant. “This is racism!” he shouts. Laurent again escorts the angry American out of the day center, this time using his name.

This example highlights the relevance of social service rules and practices in the guest’s experience of stigma – components of the encounter that can potentially be modified through proper training of volunteers and review of the center’s structure and norms of operation. Furthermore, Ray’s experience and his consequent act of resistance were likely exacerbated by the changes made to the sugar box itself – an environmental source of stigma that implied guests were being overindulgent in their sugar consumption and needed to be controlled.

Stigma marked by the denial of services reflects a sense of unmet reciprocity. Encounters between social service workers and clients often involve an exchange of goods or services – from the social service to the person in précarité. The client’s expectations of what and how much is exchanged may follow a pattern of regular
interaction and familiarity, the client’s knowledge of legal rights as a recipient of assistance, or for many foreign people, assumptions that social services would act in goodwill through the charity concept. Changes to social service rules or practices and their inconsistent delivery can affect this pattern of exchange, leading clients to sense the violation of established rules of reciprocity. The feeling that one’s rights and privileges have been violated is a reasonable precursor to responses of resistance, especially when connected with the denial of basic needs. However, while resisting responses occurred in 29% of reciprocal encounter types and 36% of subjects who were social service clients, neither factor was significantly associated with resistance in statistical tests.

With regard to subject nationality, acts of resistance were considerably more common among Swiss citizens (61%) than among subjects from Eastern Europe (29%) or North Africa (6%) ($X^2 = 18.534$, $p = 0.005$). As discussed above, the likelihood of resistance may increase as perceived risks of enacting the response are removed, or decrease as risks are compounded. Foreign people in précarité are more frequently the target of police than the Swiss, largely because of immigration laws, but also for their associations with petty crime (particularly young maghrébins). These groups may avoid responses of resistance because of the attention such responses attract. Conversely, Swiss citizens do not concern themselves with immigration authorities and may find encouragement to resist in their own sense of national, cantonal, and personal rights.

Resistance was less common among homeless subjects ($X^2 = 14.292$, $p < 0.001$) and undocumented subjects ($X^2 = 4.573$, $p = 0.032$), at 4% and 0% of individual narrated encounters, respectively. Conversely, resistance was far more likely among
the mentally ill ($X^2 = 19.447, p < 0.001$), at 75% of individual narrated encounters. In many of these cases, the subject’s act of resistance came in the form of rejection of mental illness labeling or treatment. Tania, who maintained that she was “not crazy” after her arrest and imprisonment, said of a new psychiatrist she had been assigned: “He thinks I’m paranoid and should be on sedatives. At my last meeting with him, when he mentioned it, I just stood up and walked out.” Understandably, among the five encounter types, those characterized by insults and labels more frequently engendered responses of resistance ($X^2 = 4.574, p = 0.032$).

A Recursive Model of Stigma

Findings from this chapter provide an initial glimpse of how stigmas of poverty are enacted, through encounters that are both individual and structural in nature. From a small sample of informants I collected personal narratives of stigma, which, considered alongside encounters I witnessed through participant-observation, revealed how people in précarité experience stigma in the social services, in the streets, from other people in précarité, and against their identities as sans-papiers and state beneficiaries. While my methodologies would not allow for objective measurement of which groups in précarité in the population were most affected by stigma, they did reveal the wide range of encounter types experienced by the various groups I studied.

By assessing the response of the subject as integral to the encounter, I shift from the popular conception that stigma is expressed as a one-way dynamic, and from the portrayal of people who experience stigma as passive victims. It is through an individual response – whether mental, physical, or both – that the subject’s experience of stigma is completed, for better or worse. Findings suggest that repeated responses of internalization may indicate impairment of the subject’s self-efficacy and possibly mental
illness. Adapting responses are potentially more positive, as they remove the source of stigma for the individual. However, adaptation does little to promote social change for the group. Legitimizing and resisting responses do have the potential for ultimately removing stigmas and “normalizing” previously stigmatized identities at the historic level. Group affiliation is an important component for the transformation of individual cases of self-legitimacy into larger-scale advocacy efforts. More extreme responses of resistance, for their part, have the potential of generating deeper rifts between the stigmatized and society, in some cases serving to perpetuate the very stereotypes being resisted. The majority of encounters with a response dynamic (multiple response types occurring in succession) involved a stage of resistance, almost always before the manifestation of other responses. Resistance is a riskier type of response, as it can instigate an escalation of hostility, putting the subject in danger of physical harm, removal, or arrest by authorities.

In this chapter I present a recursive model that can identify ways of addressing and eliminating stigma that focus on not only the source (i.e., through modification of laws, rules, or practices) but on the subject (i.e., through encouragement of self-legitimacy and group affiliation). Many of the encounters cited here are suggestive of links between stigma and mental illness, and can point toward strategies for reducing vulnerability and symptoms that include the stigmatized person as an actor. Chapter 7 presents in more detail the cases of Dorin, Nadim, and Tania, which provide rich context surrounding the connection of stigmatizing events and situations with stress, emotional breakdowns, and diagnosed mental disorder.
Table 6-1. Stigmatizing encounters: participant characteristics

<table>
<thead>
<tr>
<th>Source</th>
<th>Observed (n = 52)</th>
<th>Field narrative (n = 34)</th>
<th>Recorded narrative (n = 131)</th>
<th>Recorded elicited narrative (n = 20)</th>
<th>All methods (N = 237)</th>
</tr>
</thead>
<tbody>
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<td>N</td>
<td>%</td>
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<td>0%</td>
<td>0</td>
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<td>0%</td>
<td>1</td>
</tr>
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<tr>
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<td>1</td>
<td>3%</td>
<td>15</td>
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<tr>
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<td>0%</td>
<td>1</td>
<td>3%</td>
<td>0</td>
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<tr>
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</tr>
<tr>
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<tr>
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<tr>
<td>Subject gender</td>
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<tr>
<td>Men</td>
<td>36</td>
<td>77%</td>
<td>15</td>
<td>54%</td>
<td>64</td>
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<tr>
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<td>11</td>
<td>23%</td>
<td>13</td>
<td>46%</td>
<td>13</td>
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</tbody>
</table>
| Subject nationality b
| Eastern European | 6    | 18%  | 11   | 38%  | 14   | 15%  | 1    | 6%   | 32   | 18%  |
| Latino          | 4     | 12%  | 4    | 14%  | 8    | 8%   | 0    | 0%   | 16   | 9%   |
| North African   | 1     | 3%   | 9    | 31%  | 20   | 21%  | 6    | 35%  | 36   | 21%  |
| Swiss           | 10    | 30%  | 3    | 10%  | 37   | 39%  | 5    | 29%  | 55   | 31%  |
| Subject situation c
| Alcoholic/addict | 2    | 4%   | 0    | 0%   | 4    | 3%   | 0    | 0%   | 6    | 3%   |
| Homeless        | 2     | 4%   | 10   | 29%  | 30   | 23%  | 5    | 25%  | 47   | 20%  |
| Institutionalized| 0    | 0%   | 6    | 18%  | 3    | 3%   | 0    | 0%   | 9    | 4%   |
| Mentally ill    | 7     | 14%  | 7    | 21%  | 22   | 17%  | 0    | 0%   | 36   | 15%  |
| Service user    | 30    | 58%  | 2    | 6%   | 39   | 30%  | 9    | 45%  | 80   | 34%  |
| Undocumented    | 1     | 2%   | 7    | 21%  | 22   | 17%  | 2    | 10%  | 32   | 14%  |
| Unemployed      | 3     | 6%   | 2    | 6%   | 26   | 20%  | 3    | 15%  | 34   | 14%  |

*a Each encounter was coded as having one source. Instances where two types of sources were involved were split for the purpose of analysis; b Totals do not equal 100% because only the top four nationality groups are shown. Subject nationalities of the remaining encounters were coded as "other" or "unknown"; c Situations represent those most relevant to the encounter, not necessarily every situation the subject experiences. Encounter subjects could have more than one coded situation of précarité.
<table>
<thead>
<tr>
<th>Location</th>
<th>Observation (n = 52)</th>
<th>Narrative (n = 7)</th>
<th>Recorded narrative (n = 52)</th>
<th>Recorded elicited narrative (n = 15)</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
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<tr>
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<td>0</td>
<td>0%</td>
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<tr>
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<td>6%</td>
<td>0</td>
<td>0%</td>
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<tr>
<td>Institutions</td>
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<td>1</td>
<td>14%</td>
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<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
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<td>0</td>
<td>0%</td>
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<td>0%</td>
<td>1</td>
<td>14%</td>
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<td>12%</td>
<td>1</td>
<td>14%</td>
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<tr>
<td>Public transport</td>
<td>4</td>
<td>8%</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>Social services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelters</td>
<td>2</td>
<td>4%</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>Soup-kitchens</td>
<td>28</td>
<td>54%</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
Table 6-3. Continuum of responses to stigmatizing encounters

<table>
<thead>
<tr>
<th>Response type</th>
<th>Characteristics</th>
</tr>
</thead>
</table>
| Internalizing | - Subject expresses some degree of self-stigma, holding the same stigmatizing beliefs about his/her identity as the source.  
- Subject expresses low self-esteem, anxiety, or sadness in reference to the encounter.  
- Subject defends the actions of the source, considering him/herself culpable or “deserving” of the stigma. | |
| Avoiding      | - Subject makes efforts to avoid the source of stigma and situations where similar encounters are likely.  
- Subject expresses a sense of denial or impaired self-efficacy regarding the encounter, but does not explicitly express self-stigma. | |
| Ignoring      | - Subject ignores the source of stigma, neither interacting with nor responding to the source. | |
| Adapting      | - Subject devises a strategy to minimize the likelihood of future stigmatizing encounters or mitigate their consequences. In many cases, any of the other five response types may also be qualified as adapting.  
- Subject is ambivalent toward the encounter, accepting the stigma as natural, or “the way things are.” | |
| Legitimizing  | - Subject expresses the authenticity of his/her identity in reference to the encounter, either directly to the source at the time of the encounter, or afterward in reflection.  
- Subject provides reasons why he/she does not deserve the stigma in question, either by defining him/herself as an exception or by criticizing (and delegitimizing) the source.  
- Subject works to “educate” the source regarding the authenticity of his/her identity or the invalidity of the stigma in question. | |
| Resisting     | - Subject responds defensively toward the source, potentially instigating a verbal or physical altercation.  
- Subject responds in a passive-aggressive manner toward the source, for example, by intentionally denying the source’s requests.  
- Subject expresses strong resentment of the source and denounces the source upon reflection of the encounter. | |
Table 6-4. Distribution of encounter response types, by collection method

<table>
<thead>
<tr>
<th>Response Type</th>
<th>Observation (n = 46)</th>
<th>Field narrative (n = 29)</th>
<th>Recorded narrative (n = 87)</th>
<th>Recorded elicited narrative (n = 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Internalizing</td>
<td>9</td>
<td>20%</td>
<td>6</td>
<td>21%</td>
</tr>
<tr>
<td>Avoiding</td>
<td>7</td>
<td>15%</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Ignoring</td>
<td>18</td>
<td>39%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Adapting</td>
<td>2</td>
<td>4%</td>
<td>11</td>
<td>38%</td>
</tr>
<tr>
<td>Legitimizing</td>
<td>5</td>
<td>11%</td>
<td>7</td>
<td>24%</td>
</tr>
<tr>
<td>Resisting</td>
<td>17</td>
<td>37%</td>
<td>5</td>
<td>17%</td>
</tr>
</tbody>
</table>
CHAPTER 7
PATHWAYS TO PSYCHOSOCIAL DISTRESS: THREE CASE STUDIES OF POVERTY AND STIGMA

Among the informants I encountered and came to know in the field, Dorin, Nadim, and Tania were exemplary in showing the dynamics of stigmas of poverty. In their stories I gained a rich understanding of the various attributes that are stigmatized, the various ways stigma is practiced or produced, and the various ways that one can respond to it. From my intensive, long-term association with each of these key informants, I obtained a perspective on stigma that emphasizes social context, personal history, and the complementary trajectories of experience and identity. Each of the three struggled with multiple stigmas in their daily lives, including stigmas of nationality (whether Romanian, Algerian, or Serbian), homelessness, unemployment, and mental illness. Some stigmas had predominance over others, which sometimes elicited responses from the informants that differed in intensity or type. More importantly, my time with Dorin, Nadim, and Tania revealed how stigma interacts with, overshadows, or underlies other stressors of living in précarité to produce a singular experience.

These case studies also offer insight into the influence such an experience has on personal and social identity, and in times of increased adversity, on mental health. Each of their experiences is unique, showing different pathways to psychosocial distress that involve different actors and places, different types of encounters and responses. A homeless Romanian man struggles with his low sense of self-worth. An Algerian man, arrested for vagrancy one too many times, suffers acute episodes of anxiety. A Serb stigmatized for her nationality becomes paranoid, hostile and violent. Their stories not only elucidate the potential connections between stigma and mental health, but also point toward practical strategies for addressing both.
Dorin – (In)visible in a New City

I recall one particularly hectic day in July working at CSRG, when a palpable tension could be felt among both volunteers and guests. The volunteer who had arrived before me had accidentally switched the coffee and hot chocolate urns – causing me to serve guests the wrong drink on numerous occasions. Meanwhile, another volunteer, a middle-aged Swiss woman of Hungarian descent, was being teased by a new guest – a young man who found amusement in snatching away his meal ticket every time she reached out to take it. He did this five or six times before moving on – a behavior that incurred practically no reaction from the veteran volunteers working behind the counter.

Shortly after this, an older Latino man arrived – one who was also new to the soup kitchen. The man seemed angry, and was at first antagonistic with me and the other volunteers. When he began shouting interjections and wandering aimlessly through the soup kitchen, a Swiss man in a baseball cap called to me through the navette window (dishwasher’s window).

“Somebody should do something about this jerk,” he said. “There’s something wrong with him.”

Near the end of my shift, a third newcomer arrived – a solitary man in his forties, long-haired and unshaven. He approached me, speaking English, which was welcome respite for a frazzled American volunteer lost in complicated drink orders and his own bad French. The man wanted to help out, to work behind the counter as a volunteer, but he didn’t know who to talk to. I couldn’t quite place his accent, aside from knowing that English was not his native tongue. He introduced himself as Dorin, and said he was originally from Romania.
I sat with Dorin briefly and we chatted over a cup of espresso. He had recently arrived in Geneva and was homeless and looking for paid work, ideally in a job that would suit his interest in ecology and affinity for nature and animals. Dorin had spent many years living in the Romanian capital Bucharest and wanted to get away from larger cities. At one time he had dreams of being a shepherd. Knowing only this, I suggested that he try to find work on a trailblazing crew, given that such work would be plentiful during the summer in a mountainous country such as Switzerland. Secretly, however, I suspected that his own language barriers (he spoke little-to-no French) would make his efforts at finding work in the canton of Geneva more difficult than he imagined.

Dorin and I soon became friends, and during the next few months I saw him on a nearly daily basis. Dorin normally spent his nights in one of Geneva’s many parks – often constructing makeshift shelters for himself with sheets and blankets, mostly for the sake of privacy. Largely due to their association with gitans (gypsies), street musicians and thieves, Romanians in Geneva often have difficulty being accepted by Swiss locals and finding employment. However, Dorin had two additional life circumstances working against him: his low competence in French, and, being new to town, a non-existent social support network. He was, for all intensive purposes, completely alone.

From Romania, to Sweden, to Switzerland

Dorin was born in Romania, where he lived the first 25 years of his life – one of six children in a working-class family. Having received no more than an elementary school education, some music courses as a child, and some courses in a trade school, he worked in Romania as an electrician. From the very beginning of his story, the unfairness of life in a competitive world became a clear and salient theme:
As a child I was pretty good in school. Every year they give awards for the best marks, just like in sports – 1st place, 2nd place, 3rd place. One year me and another guy, we were waiting to be called. According to the notes, we were 3rd place. But they put someone else in front of us, a nephew of somebody.

Even in his own family, Dorin perceived himself a victim to individualism, where “everybody wanted to be bigger” than the next person. Despite having five siblings, very little sharing or mutual aid occurred in his home.

At 25 years old, Dorin moved to Sweden, where he spent the next twenty years of his life. He was granted political asylum and a Swedish passport, and after nine years, married a Swedish woman. During the course of his marriage, Dorin was wrought with periods of self-doubt and feelings of inadequacy. He knew people were “talking shit” about him and complaining to his wife that she could “find a good Swedish guy.” He attributes the dissolution of his marriage to his own status as a poor foreigner: “She said I was just an immigrant. I didn’t have much money... Because of that, she left me to find a real man with money. It’s the same story: The female tries to get a bigger, richer man.”

After twenty years, Dorin never lost the sense of being a foreigner in Sweden, and of being devalued for it. While he claims that people have the right to legally camp in the woods, the few times he tried it, he was harassed by property-owners and passersby. His experiences of mistreatment by the Swedish police were severe: “In Sweden they’ll arrest you just for walking, especially if you don’t bow down before them, especially if you think you might be a human being. Try to keep your head up, and they arrest you... Then, the day you finally put your head down, they won’t let you.”

Now, at age 46, Dorin had come to Geneva to find a new life. He admitted finding it difficult. He had never lived like a “vagabond,” and he treated his visible
homelessness as a social liability. Ironically, the fact that the public tended to avoid him for the way he looked left Dorin feeling “invisible.” He found it hard to blame the Swiss: “They’ve got a hard life themselves, with taxes and things. You can’t give to everybody.” More significant were instances in the past six weeks, when people did not avoid him. People with dogs have approached him while he was sitting on a bench in the park, harassed him, and called the police on him. One instance involved a seemingly arbitrary interaction with foreign youths while he was trying to sleep on a park bench:

Once, some young guys started throwing pieces of bread at me. But these guys were children of foreigners. I don’t know what they said, whether they were talking shit about me... So I threw the bread back at them and said, “What the fuck are you doing? You crazy or something?” They tried to provoke me. After that I didn’t look at them. I looked in the other direction, tried to keep it cool. And then they left.

A Date Gone Awry

Late one afternoon in September I had an unplanned meeting with Dorin. I was working on my computer in the kitchen of my residence when he walked in. After I had noticed him sleeping under the stairwell of the basement, he had been letting himself into my residence more often. Silently negotiating the apprehension of my roommates, I welcomed Dorin and invited him to join me for a cup of espresso.

He mentioned that he had met some young women in the park who wanted to meet me, and that we could meet them at Plainpalais at 5 pm. The prospect immediately seemed dubious to me. He claimed the women were Latin-American. While they spoke no English, they did speak French, and Dorin claimed to speak some Spanish as well. But why would these women want to meet me? Giving Dorin the benefit of the doubt, I assumed that he had been playing the role of key informant – finding other foreigners living in précarité in Geneva who might be interested in helping
me with my work. Earlier, he had offered to help find Romanian informants, who, like Latinos, were not well-represented in my study. I agreed to meet Dorin near the skate park at Plainpalais.

I rode my bicycle, arriving at the skate park a few minutes late. But he wasn’t there. The fairgrounds were characteristically busy, and heavy traffic lined the boulevards on both sides as the working Genevans made their way home. Not knowing where I might end up, I stayed on my bike, riding around the area in slow, leisurely circles for ten minutes or so. I began to feel self-conscious, because this kind of activity – mobile loitering – was a practice of drug dealers at the nearby Jardin Anglais. I imagined that someone would come up to me – a police officer asking me for my papers, a user asking for drugs, or a drug dealer accusing me of being in his territory. I settled behind a billboard between a free bike rental place and the Boulevard Georges Favon.

Five minutes later, I heard Dorin’s voice call my name from behind. He was carrying two or three bags of possessions – mostly clothes – and wearing his baseball cap. His hands and arms were covered with white paint, as he had just finished working a shift painting at the Bateau. Standing next to him was a young Latina woman with big hoop earrings, wearing an anxious expression on her face. I greeted Dorin in English as I dismounted from my bike. Then, suddenly, the woman murmured something, turned around and walked away.

“What’s going on?” I asked him. “Who was that?”

It was the girl he had met in the park.
“Maybe she is going to get her half-sister,” Dorin said, speaking of the other woman he had met the night prior. In the meantime, I tried to get some clarification from him. The women were not interested in doing an interview with me. He claimed to have told them that he had an American friend, and that they wanted to meet me – end of story. I got the sense that he was using me as a kind of legitimacy chip: Given his own condition as a lone, homeless foreigner, bringing me along on his “date” would prove to these girls that he was telling the truth, and also that he was trustworthy enough to have a friend.

We waited about ten minutes, but the Latina woman never returned. From the timing of events, it seemed reasonable that my arrival is what caused her to leave. It is possible that I made myself suspect by loitering the grounds on my bicycle, and the woman left in apprehension. Or I may simply have not been the person she was expecting. Yet, Dorin insisted that it was probably him. He searched for some explanation for why the woman would reject him now. Maybe it was the paint covering his hands and arms. Maybe it was the fact that when he first met the women, it was dark and she didn’t get a good look at him. Now in the daylight, maybe his appearance turned her off.

“Maybe it was all my bags,” he suggested as a last possibility.

I asked him why his bags would turn her off, and he said simply: “It’s weird. You don’t show up for a date with your luggage.”

“Nothing Else Matters…”

In mid-October, I saw Dorin for the last time before leaving the field. As with many of our encounters, it was not planned. It was an unseasonably warm day for early autumn in Geneva. I was taking the day off with some friends from my residence,
playing ping-pong at the Parc des Bastions. Dorin approached me, unshaven, his long black hair tucked beneath a baseball cap, but notably without his backpack.

Over an espresso at the café, he explained that his backpack had been stolen from him as he slept at the edge of Lake Geneva. With it, he lost his identification and MP3 player. Without the first he would have even more difficulty finding work and assistance. And without the second, he jested, he would have trouble maintaining his sanity.

Dorin sat at the café piano to demonstrate some of the skills he had learned in his childhood music lessons, and perhaps to ward off the impending madness that would arrive now that he was without his music. He played a few bars of Mozart and other classics, and then transitioned to more contemporary material. As he played a keyboard version of Metallica’s “Nothing Else Matters,” the other patrons in the café nodded and smiled. Here was a sight nobody expected to see, accompanied by sounds nobody expected to hear: A homeless Romanian man playing Metallica on a café piano. At the edge of the piano was a sign in French, in plain view: “Do Not Play.” But nobody stopped him from playing. This was perhaps one of few moments during Dorin’s time in Geneva where he could express himself without being rejected or excluded. Sitting behind the piano at the park café, he had a role to fill, however short-lived.

**Planetary Escape**

During the brief time that I knew him, I often found Dorin in a depressed state. His low sense of self-worth could be seen in how he described his own poverty in his interview – at times, considering his disadvantaged state as a “curse,” and at other times framing it as punishment for “being an asshole” in a previous life. In jest, he suggested that he may have been Adolph Hitler reborn – a sentiment that, upon
reflection, led him to make the far more serious statement that he was resigning his “will to live.” At other times, Dorin recognized that he once held a certain compassion for others in his state. While he claimed that it “hurt to see other people suffering,” he now felt that in observing the suffering of others, he was going to “lose it.” His new strategy was to “stay cool,” ignore, and look away. Those who suffer, he suggested, did not deserve compassion any more than he did.

On another occasion, Dorin suggested that “being someone with nothing, being a nobody” was like being “stuck between life and death.” His discourse conjured images of the homeless man as a ghost wandering the streets – one who, despite the reality of his visibility, is treated by others as if he cannot be seen. In so many words and actions, Dorin portrayed himself as the walking “undead.” Perhaps it was no accident that, among the makeshift shelters he had devised for himself in the park, one was a “coffin” made from wood and cardboard boxes. While the explicit function of such a structure was to keep him from view and inclement weather, the form Dorin had chosen for it spoke to something far more profound – a symbolic connection with death borne from his seeming invisibility.

Regardless of how Dorin tried to make sense of being homeless and poor in Geneva, the end result was a blow to his self-esteem. Dorin was depressed, and often concealed his suicidal thoughts in euphemisms. At the end of his interview with me, he remarked: “The other day when I tried to buy a pack of cigarettes, the Arabian guy tried to cheat me one franc... I hate everybody, including myself. It’s true. Do I want to go home? I want to go to Mars, Jupiter, Pluto. I want to go into nature.”
Dorin’s depression seemed connected to two negative outcomes of being homeless – the stigma and discrimination he experienced and perceived, and his solitude. Finding himself alone in a foreign country, without the ability to communicate in any of the country’s four national languages, Dorin was sensitive to perceived discrimination. He accused the social services of practicing favoritism – evident in things as simple as the small quantity of food being served in the soup kitchen, the reluctance of certain volunteers to hand out extra dessert when it was available, or the experience of being “thrown out” near closing time, even if he was offering to help clean up. Dorin emphasized that such discrimination was more often practiced by the “foreign” volunteers, rather than the Swiss ones. He recalled one occasion when a foreign volunteer rejected his request for extra bread: “He should have looked down at the bread, to see. But instead, he looked at me, like he was judging me or something. He did this just to hurt me. He decided he didn’t like the way I looked and refused to give me bread.”

Dorin also sensed structural discrimination in laws dealing with housing and immigration. Although he did not know the laws in Switzerland, he insisted, “I have no rights here. And they have no obligation to me.” Yet it was through other people that Dorin encountered these laws, and he was more emphatic in his subsequent description of these interpersonal exchanges. The social services, he said, always told him to “go back to Sweden” – a country he associated with persecution and insanity. “I don’t want to die in Sweden,” he said. “If I died here on the street I would be happier.”

Dorin believed that Swiss law made the social services “patronizing.” He found it ironic that social workers were empowered to help people who were in a better situation
than he. Their problems were easier to fix, yet they could do nothing for people, like him, who had the “most” problems: “If you’re well-dressed and you look healthy, they’re going to help you. But if you look like a bum, you get nothing.”

Speaking of others in his position, Dorin suggested that poverty causes people to lose their personalities: “They lose their own character because society makes them all rubbish.” I couldn't help but suspect that his knowledge of this process – one linking poverty, discrimination, and the dissolution of identity – was the knowledge of an expert who had experienced the very process firsthand.

**Nadim – Defending Nationality, Hiding Homelessness**

It is four-o-clock in the afternoon and Rue Hugo-de-Senger is quiet, the shadows of tightly packed buildings growing longer with the setting sun. Inside the CSRG soup kitchen, volunteers are wiping down tables and counters, sweeping floors, preparing to close for the day. Most of the guests have already left. The Roms have gone back to their spots in the Cité district and on the trams to play music. Many of the guests have gone to the CARÉ in time for the 4:30 meal – a short, 10-minute walk into Carouge. The few stragglers remaining inside finish their drinks, stamp out their cigarettes, and wrap up their chess games.

On the sidewalk I encounter Nadim coming out the front door. The thin, young French-Algerian man is wearing a wrinkled red shirt, and his frown preemptively speaks of some recent misfortune. Nadim is normally outspoken, upbeat. Today he is reticent, and I hear little more than a weak “salut” [“hey”] as he approaches.

“I’m completely desperate,” he tells me. The Hospice Général didn’t pay him the full amount he normally receives monthly because of an outstanding bill with Swisscom – one of Switzerland’s telephone and mobile communications companies. The bill amounts to 1000 CHF in fixed-line services, dating to when he lived in the apartment of a friend. The social service agency deducted a sum from his benefits to pay half the debt, and Nadim is left short on his income.

This problem compounds his already troubling lack of shelter. Without his expected revenues, he cannot pay to sleep in a shelter, such as the Salvation Army. His closest relative is his sister, who lives in Lausanne – a 40-minute train ride from Geneva. He avoids Lausanne anyway, he says, because of the “racists” there. Last night he worked at his new security job
until 2 am, then attempted to sleep in a parking lot. He was discovered by
the Geneva police and taken to jail, where he managed to sleep two of the
four hours he was there. For Nadim, the situation is a complete mess. He
admits to contemplating suicide.

Next to come out of the soup kitchen is Catherine – an older Swiss-German
woman – who approaches me with a newspaper published by the
Interprofessional Syndicate of Workers (SIT), in which she points out a
story about women in the workplace. Nadim immediately dismisses the SIT
paper as “a load of bullshit.” Catherine seems slightly taken aback but
doesn’t lose her composure. Practicing her English, she engages me in a
brief discussion on women’s rights.

Nadim (who understands no English) disengages and sits on the curb, his
head in his hands. In an effort to include him, I try switching the
conversation back to French, but he expresses no interest in the subject.
Instead, he calls a friend on his cell phone to ask for a loan. As soon as
Nadim asks for some money, it’s apparent that the other party hangs up.

Lucas arrives next on his bicycle, stopping at the curb to greet us. He
practices his English salutations, then dismounts and quickly reverts to
French. The Algerian man smiles beneath his baseball cap. He produces
some loose tobacco and rolls two cigarettes – one for himself and one for
Nadim. The younger Nadim accepts. Puffing away at his cigarette, Nadim
complains of headaches, stress, and depression. After a minute or so,
Catherine leaves, and Lucas and I stay with Nadim.

“Can you pass me thirty francs?” Nadim asks Lucas. He needs the money
for two nights at the Salvation Army. After that, he explains, he will take the
train to Lausanne to work and stay with his sister.

“Can you pass me thirty francs?” he asks Lucas again.

Lucas fumbles with his words. Being older and more educated than Nadim,
he may be better off. But as a Maghreb immigrant, his troubles with ethnic
discrimination are the same. Without steady employment or income, he
comes to the soup kitchen daily. Lucas tilts of his head, reluctant to loan
any money.

“You know, Nadim,” he says carefully. “You still owe me ten francs from a
few months ago.”

After this the two friends switch to Arabic. Nadim confirms he still needs
money. Lucas confirms Nadim still owes him money. Nadim is running out
of people to ask. In the end, Lucas admits that he doesn’t have the money
to give.
Nadim walks three storefronts down to the corner at Boulevard Pont d’Arve – one of Geneva’s busiest and most polluted roadways. As we watch him asking a man on the sidewalk for money, Lucas offers his take on Nadim: “He doesn’t have a long-term plan. He doesn’t have the ambition to make something lasting, to get off the streets.” Lucas has the equivalent of a Bachelor’s degree from an Algerian university, but because of his lack of residence papers, he can’t find a job in his field. He gets by working au noir (under the table) and hopes that he can someday establish himself in Switzerland. Yet Nadim has no diploma to back up his efforts toward building a “normal” life.

Nadim returns empty handed, his eyes anxious and fixed to the asphalt in front of him. Lucas suggests that he find a quiet place to sleep where nobody will disturb him, but Nadim shakes his head. His experience in the “quiet places” – parks, gardens, apartment lobbies – has been less than ideal.

“Thanks anyway for the advice,” Nadim tells him.

I offer to fetch Nadim my last ibuprofen – which I keep in my dormitory room five floors above the soup kitchen. He takes the pill and the water I offer him, then throws the empty pill bottle on the sidewalk. The plastic bottle cracks against the ground, bounces a few times and rolls off the curb. Nadim mounts his bicycle and shakes my hand. He hardly says a thing to Lucas before riding off.


I begin in the middle of Nadim’s story to illustrate a low point in the life cycle of a young French-Algerian immigrant, struggling to make a life for himself in a city where prejudice against Algerians and the homeless is a daily reality, and in a country where bureaucratic roadblocks constrict access to two of life’s most important necessities: housing and work. Nadim’s problems were compounded by having few trustworthy and supportive personal connections. The manifestation of his fears and worries expressed above acts as counterpoint to his life’s plateaus, as he oscillated between galérer (“slaving away”) and se débrouiller (“managing”) to make ends meet. At the positive end are the stories of motivation, diligence and the combination of serendipity and agency that would allow him success in finding stability, both physical and mental.
I met Nadim one month earlier at the Bateau, on a day when the soup kitchen was holding its weekly “passengers” meeting – a kind of open forum for staff, volunteers and guests. Nadim introduced himself to me as a 25-year old French-Algerian, standing out from the rest of the guests for his outspoken, alert demeanor. His blue jeans and orange knit mesh shirt were clean and in good repair, and they fit his small frame well. By his appearance, a rip at the elbow of his corduroy jacket was the only sign that he may have been in a situation of précarité. As I met and chatted with him more frequently, it became clear that his apparent stability was tenuous, and that his life – while directed toward reasonably singular goals (housing and work) – was equally marked by periods of loss and distress. I followed Nadim in his daily travels throughout Geneva from May to September 2006 – at the Bateau and CSRG, in cafés, on the trams and buses, to summer festivals and public swimming pools.

“Slaving Away” for Money in Switzerland

Upon his arrival in Geneva, Nadim was impressed by the natural surroundings, the security, and the social life of the city. It was immediately apparent to him that someone with adequate financial means could live a “good, quiet life” in Geneva: “No disturbances, lots of advantages. And the work is well-paid.” Nadim, however, was far from having such financial means himself. For his first year and a half in Geneva, he slept outdoors in a sleeping bag.

After two years, Nadim found temporary work, having been granted a 90-day work permit. He secured a steady cleaning job, but after one and a half years was fired without cause: “I was working on the 13th and fired the next morning. He told me – ‘You don’t have the right to step foot in this workplace.’ I was never able to figure out why.” It is possible that his dismissal dealt with a dispute over hours. Initially, Nadim was
working the graveyard shift – from midnight to 8 am. When his boss asked him to extend his regular work shift by working until 10 am, Nadim faced an untenable situation. For ten hours of work with no break, he was paid a meager salary – somewhere between 2,300 and 2,600 Swiss francs (CHF) per month, or 11.5 CHF to 13.0 CHF per hour. These figures were considerably lower than the national minimum wage standards for unskilled workers, which range between 3,400 and 4,000 CHF per month.

In terms of supplementing the income earned through work, Nadim claimed to have little in the way of external sources of support. By the time he had arrived in Geneva, he had cut off ties with his family for undisclosed reasons – a topic he preferred not to discuss. Nadim had a number of friends in Geneva, although he remarked that most of those friends with apartments never wanted to “lend a hand.” His activities with such people were limited largely to simple rendez-vous (meetings) and formalities: “Really, there’s no activity. It’s… go get some coffee and after that, ‘thanks’, ‘goodbye’, ‘see you’. There’s no discussion. There’s nothing.” At best, on any given day, Nadim would find himself at the Bateau to work and socialize – which helped to “relieve the stress” of life on the streets. When asked how many friends he had whom he could “count on” for support, Nadim replied: “Y’a pas ça.” [There aren’t any.] He was reluctant to consider the people he met in social contexts as “true” friends.

Nadim carried a strong sense of independence when speaking about more formal social support. While he valued the comprehensive nature of social services in Geneva and criticized the legal restrictions that prevent immigrants from accessing the system, he insisted that the ultimate goal was to become independent. When asked which of the
city’s social service centers he preferred, his response was emphatic: “It’s not a question of preference. I prefer not to be there! I prefer to work, and to go home after my work is done.”

Getting off of social support requires obtaining the very things the social support system is set in place to offer: housing and work. For Nadim, there was a certain order to the housing-work dynamic. While Lucas and other informants suggested that the lack of housing and work was a self-defeating cycle – recognizing that it is difficult to secure one without the other – Nadim attested to a simple and practical solution: “Il faut travailler d’abord.” [Work comes first.] One cannot obtain housing without the finances and security offered by steady employment. But with the existence of clandestine job opportunities (primarily in the food service and domestic labor sectors), it is possible to get a job without an address. The problem is that such job opportunities are sporadic, and often difficult to secure when the supply of clandestine labor exceeds the demand for workers.

Nadim’s own pattern of working usually involved finding temporary employment for a few days at a time. Sometimes he would find a job in Lausanne and spend the 20 Swiss francs for the train ride. Then, after returning to Geneva, he would spend the rest of the week asking people for money or selling his belongings. Nadim’s case raises the question of whether the paucity of “paid work” (in a conventional sense) is due to structural constraint – such as the low availability of jobs or discrimination – or to his own unwillingness to work. If the latter, I would argue that it is not out of laziness that Nadim would choose to remain unemployed. Work conditions and pay for undocumented immigrants are arguably less than ideal. The very language Nadim uses
in speaking of work – for example, his tendency to refer to work as “slaving away” –
alludes to the injustices and severe working conditions faced by undocumented
immigrants.

It’s not easy living in Geneva, in any case. Even today I still have a sleeping
bag on my back. Here in Switzerland they don’t have the social support [for
undocumented immigrants]. People with papers – they can have social
support, they give them a hand… But for people who don’t have papers, it’s
very tough. They sell drugs, or find themselves in prison, here and there.
One quarter of the foreign population here is driven crazy.

In three breaths, Nadim makes the conceptual leap from social marginality to
psychological hardship, with social support connecting them. He implies that living
undocumented and in a state of précarité, through processes of social causation, can
contribute to the mental illness of his peers. Observations in the opening field notes of
his case suggest that he shares these risks.

Cellars, Shelters, and Jails

At the time I met him, Nadim had not once found proper housing in Geneva since
his arrival in 1998. In his appeals to the city’s social services for assistance, he had
always been told that he would need Swiss papers to obtain housing. His French
passport would not automatically qualify him for housing, and without proper Swiss
residence documentation, he was classified as sans-papiers (an undocumented
immigrant). Nadim frequently slept in homeless shelters, such as the Salvation Army, or
when the weather was reasonably pleasant, outdoors – on the streets, in parking lots,
and in gardens. As he began meeting people and making friends, some would offer to
put him up, sometimes for a week, sometimes for a number of months.

Being homeless in Geneva, as in any city, comes with a number of complications
and hardships. During periods of bad weather, Nadim often chose to sleep in a bloc – a
group of buildings, generally residential, where he could find a place to hide himself from view. Sometimes he slept beneath a stairwell, sometimes in a cellar – generally in buildings that did not have a keypad code for entry. Staying hidden was a constant concern. To avoid being seen by the building concierge, Nadim would force himself to wake as early as 4 am and leave the building before the concierge would arrive. However, despite his efforts, Nadim was occasionally bothered by strangers, passersby, and property owners, who would call the police or a private security guard to remove him from the premises.

Nadim’s search for stable housing did not follow a straight trajectory. Rather, he experienced fluctuations in his ability to secure shelter, regulated on one hand by external factors that were beyond his control and on the other by his agency to “pull himself out” of homelessness – largely by saving money through clandestine work. However, when I first interviewed him, Nadim was experiencing a low in his cycle of relative comfort and extreme duress:

Right now I don’t have any money. I can’t even move… The best solution remaining for me to do is to find a sleeping bag at the CARÉ and every day look for a building that doesn’t have an entry code, where I can get in and sleep… Yesterday I slept in a parking lot. It was truly horrible.

During the coldest months of winter, Nadim would sleep out of necessity at the Abri PC. Otherwise, he preferred to stay away from the shelters and find his own spots to sleep alone. Among all the shelters of Geneva, his experiences at the Salvation Army were the worst. It costs 15 CHF per night to stay at the Salvation Army – a requirement that Nadim considered unfair, since many of the shelter’s prospective guests could hardly afford it. Those staying for the night are awakened the next morning at 6 am and given only 15 minutes to eat breakfast. By 6:15 am, the directors begin insisting that
guests leave for the day. “They insist,” Nadim said. “What’s more, they yell: ‘Let’s go! Get out! Out, out, out!’”

Nadim also perceived a strong sentiment of racism at the shelter, and referred to those in charge as “enfoirés” (imbeciles) who treated the homeless with disrespect: “It’s the directors against the homeless who sleep there. They give you dishonest looks. They talk to you like you’re a dog. Pff. Just drop it.” Nadim’s responses to questions of discrimination at the shelter were emotionally charged, and his reluctance to talk about it spoke toward even stronger sentiments – of anger or shame – that he preferred to avoid altogether. After his experiences at the shelter, Nadim stated that he preferred to sleep outside than at the Salvation Army.

However, two months later, he was still taking opportunities to sleep there. His social worker was helping him get a discounted rate of 15 days for 150 Swiss francs (while normally such a stay would cost him 225 Swiss francs). This would give him the physical protection of a shelter and daily breakfast while he waited for an apartment to be ready – a long-anticipated arrangement made with the help of the social services. Nadim’s decision to opt for either material discomfort (e.g., sleeping in a parking lot, hunger) or social discomfort (e.g., sleeping at the Salvation Army) may have been a difficult one, with the outcome depending strongly on other factors – such as the receipt of an economic windfall, the need for stability during life transitions, or his own state of mind.

In the meantime, Nadim had sold his bicycle – an old, weathered hybrid that was nevertheless of high quality. It was a light bike, with front suspension, a well-oiled chain and some recently added parts, including a new seat and two cable locks. While selling
his bicycle left him with the money he needed for his two-week stay at the Salvation Army, it also left him without his regular means of transportation.

The next day, I received a phone call from Nadim, a familiar desperation in his voice. He had spent another night in jail, this time for getting caught riding the tram without a ticket. Normally, this would not be cause for arrest, although the 100 Swiss franc fine (or 80 Swiss francs for those who have the money on them) is hardly an affordable expense for someone like Nadim. But this was Nadim’s eighth consecutive unpaid fine, and he claimed that if he couldn’t come up with 150 Swiss francs, he would be sent back to France. He had already given the money earned from selling his bike to the Salvation Army. I was unwilling to loan Nadim such a large sum, and secretly had my doubts regarding the veracity of his story. While his claim that he had been caught on the tram without a ticket seemed reasonable, I was uncertain whether this would actually be cause for deportation, even for an undocumented immigrant. I retained the possibility that Nadim was performing: Being experienced at borrowing money, expressing the fear that he could be deported (whether real or imagined) may have been a successful borrowing strategy for him in the past.

**Leaving Précarité and Finding Home**

Two weeks passed before I saw Nadim again. He arrived at CSRG in good spirits, wearing a clean white shirt and white shorts. He told me that he had finally moved into his new apartment and invited me to see it. Nadim’s new place was in Lignon, a thirty-minute bus ride from the city center. As we rode, I learned that since the time I last saw him, Nadim had obtained a job at the airport. By day, he worked with the airport security. By night, he trained to drive the aircraft tow tractor (the vehicle that pulls
planes to their gates). Having worked both shifts yesterday, he complained of fatigue and lack of sleep.

Nadim’s apartment was surprisingly nice, located centrally (with a commercial center nearby), in an enormous 15-storey block-style apartment building. The apartment was on the 10th floor, had a fair-sized kitchen, living room, three bedrooms and a bathroom. Remarkably, the apartment was fully furnished: dining table and chairs, a large television, video game system, couch, lounge chairs, and computer. The walls were decorated with photos, medals, ornamental weapons – swords, a medieval flail, and pistols. Books, paperwork and trash were strewn about the floor.

Given everything, one obvious question occurred to me: How does a man who was sleeping on the streets a month ago find himself in this sizeable apartment (~2500 Swiss francs per month) with all this *stuff*? The answer was deceptively simple. Nadim revealed that the apartment belonged to his brother – who lives in Paris. His brother has had the apartment for years, renting it out for supplementary income. During that time, Nadim had been ashamed to tell family members of his homelessness – a situation exacerbated by his estrangement from them. But at the urging of his social worker, Nadim finally agreed to contact his brother. When his brother discovered he needed a place to live, he waited until the apartment was vacant and allowed Nadim to live there. All this stuff was in fact his brother’s.

Over lunch, Nadim mentioned a planned trip to Tunisia at the end of summer to visit his wife. He had never told me he was married, and after all his talk about flirting and sleeping with women, I assumed he wasn’t. On the bus back to Geneva, I asked him how long it had been since he had seen his wife.
“March,” he replied curtly. Five months had passed since they were together. He offered no further details, falling back into a troubling silence. We got off the bus near the Cornavin train station. Before we parted ways, Nadim asked me: “Is it obvious in my face that I’m tired?”

“I little,” I replied honestly. “But not much.”

In August I visited Nadim at his apartment for a second time. I arrived in Lignon at 4:30 in the afternoon on an unseasonably cloudy and cold day, and sat on a bench by the playground as I waited for him to get me. After thirty minutes, Nadim finally came out to greet me, wearing shorts and a tank-top and complaining of the cold weather. He mentioned that his “copine” (girlfriend) and her sister were also visiting him. On the elevator, I asked him about his wife, to which he replied starkly: “Let’s not talk about my wife.” The girls were both high-school students of Italian origin – no older than 18 and 13 years old, respectively – who lived with their parents on the floor above Nadim’s.

Nadim and I descended to the commercial center to buy drinks and snacks. I used this opportunity alone with him to ask a question that had been nagging me for some time: Why was staying at the Salvation Army so important that he would sell his bicycle? Was it the discomfort of sleeping in the streets? The cold? The hardness of the ground? The discomfort was part of it, he admitted. But there was something else. Was it the image of being sans-abri?

“That’s exactly it,” he said. “It’s the image. It’s disgusting.”

We joined the girls back inside and watched television. Nadim occasionally went to the kitchen to make food – hard-boiled eggs and couscous with chicken. On one such trip, the girls challenged me to guess their ages. In this way, it was revealed to me that
Nadim’s “copine” was in fact 15 years old – which would make it illegal for him to engage in sexual relations with her, given that the age of consent in Switzerland is 16 years old. The younger girl also revealed that Nadim smoked marijuana from time to time. She has seen it herself… another surprise, considering that months prior Nadim had expressed a strong dislike for drugs and drug users. In Nadim’s eyes, drug users and dealers were the most stigmatized groups in précarité in Geneva. Specifically, he was referring to the young maghrébins who sold drugs at the shore of Lake Geneva. The stigma faced by Algerians in Geneva was a sore spot for Nadim, who directed his anger against the young North African drug dealers for helping to create negative stereotypes. Considering these earlier conversations, I confronted Nadim with the young girl’s claims, to which he offered a half-cocked smile and no real reply.

This would be the last time I saw Nadim before leaving Switzerland. Although I remained in the country for two months after visiting his apartment a second time, he stopped frequenting the soup kitchens and his cell phone soon became disconnected. I left the field with a sense of uncertainty about Nadim’s story. Because of his regular presence at the Bateau and CSRG, and my interactions with his social workers and mutual acquaintances, I did not question the fact that he lived in a situation of précarité, that he was a French-Algerian immigrant with problems finding housing and employment, and that he had considerable experience sleeping on the streets. But his story is marked with numerous inconsistencies, and in some cases, instances of outright dishonesty. Nadim was not only dishonest with me – regarding his drug use, the age of his girlfriend, and possibly his reasons for being “broke” – but with others as well. While he claimed to be married to a woman on the other side of the Mediterranean, he
had no qualms about flirting and sleeping with other women in Geneva. While he had family in France and Switzerland, he remained for a great deal of time on the streets because he refused to tell them of his situation.

Any interpretation of Nadim’s story must therefore take into account its inconsistencies. The “truth” of his story is produced from a combination of genuine disclosure and performance. While Nadim may have considered me a friend, I was not close enough to be a true confidant. He described his situation as “desperate” at times, and I sometimes found myself having to separate the exaggerated from the genuine – acutely aware of my own role as a person both willing and able to help him. Despite these inconsistencies, there was no doubt that for Nadim, being poor and homeless were sources of stigma and stress – the first contributing to an ever-present sense of social precariousness, mistrust and low self-esteem, the second acting as a trigger to emotional breakdown (or possibly, the performance of emotional breakdown).

Nadim internalized the public stigmas against homelessness and was frequently adverse to others he encountered in the shelters. As such, during the low points in his life cycle when he was literally without shelter, his self-worth suffered – to the point where he was reluctant to seek help from his family. In the opening account Nadim was also overwhelmed by the rigors of sleeping on the streets (discomfort, sleep-deprivation, harassment by police) and the dejection of an exhausted support network. He was in debt to many people and continued to borrow money until people began turning him down, as there were few people whom he had not already asked. Through economic and political mechanics it was the largest, most distant creditor (Swisscom) to be paid off first. The rest were friends and family, many having greater need for the debt
settlement than a large telecommunications company. In their eyes Nadim felt shame by his situation – a state of emotional précarité that in such a time of duress paved the way toward acute episodes of anxiety and depression.

Yet Nadim also legitimized his Algerian identity. In times of lucidity and direction, Nadim would work to demystify the image of Algerians as dealers and thieves. Sometimes he expressed his legitimacy by condemning the minority of Algerian youths at the lakeside who he believed perpetuated these stereotypes. Other times he expressed it through his actions and aspirations, such as volunteering for Genève Solidarité (a youth center), participating in group meetings at the Bateau, and planning to organize a group for Algerians in précarité. “My dream is to one day have the financial means to give my support to places like this [CSRG],” he said.

It is potentially Nadim’s legitimized ethnic and personal identity that helps to protect his self-esteem, which otherwise would deteriorate in his internalization of the stigma of homelessness. He expressed mental illness symptoms only when his homelessness became an inescapable physical and social stressor, making him more aware of his state and catching him in a downward emotional spiral. Nadim’s story illustrates the dynamics of stigma for a person in précarité, showing the interaction of internalized homelessness and legitimized nationality.

Tania – The Incarceration of a Serbian Journalist

I first met Tania on a sunny, warm day in May, as we were both crossing the Boulevard Pont d’Arve from the direction of Uni Mail, one of the larger and more modern buildings of the scattered University of Geneva campus. We were only blocks away from CSRG, where I had worked as a volunteer for five months. I immediately recognized her as a CSRG regular – a dark-haired woman in her early 30’s, who
normally ate alone, guarding herself from others with looks of anger or apathy. Until then I had never spoken with her.

On this day, as we waited for the tram to pass, she recognized me and took the initiative herself, speaking with me in French. She introduced herself as a student and a journalist, and invited me to walk with her to the soup kitchen and exchange stories. Her first words in this exchange were startling.

“I was visited by the Geneva police this morning,” she said matter-of-factly. “They wanted a statement from me because I threw a drink in my professor’s face.” Tania felt it was ridiculous that the police in Geneva would not tolerate behavior she viewed as private and inconsequential. “In my country it is normal if someone insults you,” she said. “And the police have better things to do than get involved.”

Tania’s country is Serbia, making her a member of one of the more stigmatized groups in Geneva. I asked Tania what her professor had done to make her want to attack him, and her answer was simple: “He’s a racist and he hates Serbs. He called me a liar.”

During the six months to follow, I would befriend Tania and follow her in her travels through the landscape of Geneva – a journey that acquainted me with the life and mind of a foreign woman pushed to the edge of paranoia, and ultimately, the impersonal processes of the Swiss social support and justice systems. Tania’s story offers an understanding of the ways in which stigma and discrimination can exacerbate symptoms of mental disorder, and when dealing with the “tribal” stigma of nationality (Goffman 1963), provoke externalizing responses of resistance that, ironically, reinforce the very stereotypes perpetuated by a stigmatizing public body.
Living Violence – the Line between Victim and Perpetrator

Tania was not born a poor Serb – at least, not by Serbian standards. Born and raised in a middle-class family in Belgrade, she attended university and found employment as a journalist. With the gradual dissolution of former Yugoslavia, she was witness to the violence of war, and personally knew several women in Belgrade who were raped.

She first arrived in Geneva to cover an international conference, funded by a scholarship – a trip originally intended to take no more than a few weeks. By the end of the conference, she received news that Belgrade was being bombed by NATO. The bombing was part of NATO’s initiative to force the Serbian government to end its civil war in Kosovo, and resulted in the deaths of at least 32 people over a three-month period (Grad Beograd 1999). An attack against the Radio Television of Serbia building was especially troubling for Tania, who personally knew many of the journalists who worked there, one of whom was killed. She did not return to Serbia during the war, and she remained in Geneva, where she enrolled in the university.

Tania attributed her troubles with the university to discrimination and mistreatment by certain professors. One professor, she claimed, had refused to pass her if she didn’t accompany him on a date. Three other professors insulted her and were “disturbed” by her Serbian nationality. She was told that her level of achievement was below that of her classmates, and for eight months she was left waiting for her grades. However, her exams consisted mostly of essays on topics that she was permitted to choose herself. Tania claimed that the professors consistently rejected the topics she had chosen – in some cases topics dealing with Serbian issues. After she failed her exams, she complained to her professors and sought appeals. Ultimately, the director of the institute
banned her from studying at the university, and she was expelled without a refund on her tuition.

Believing that her expulsion from the university was unjust, Tania again resisted. She began sending insulting e-mails to the former professors who had insulted her, and whose unfair practices she perceived to be the true cause of her academic failure. Tania believed that she was being stigmatized because Serbs were considered “bad people” and uniformly responsible for the war crimes committed by the regime of Slobodan Milosevic.

In response, the director of the institute filed an injunction against Tania’s physical presence on university property. Tania’s communications with her former professors soon became more persistent, bordering on harassment. Her sense of being a victim of discrimination expanded at this time, as she revisited her interactions with colleagues and former employers – many of whom soon began receiving hostile e-mails, phone calls, and text messages from her. In some cases, simply flooding the e-mail inboxes of those who had insulted her (and consequently “blocking their e-mail,” as she put it) functioned as an accessible strategy of resistance for someone with scarce financial means. A wealthy Jewish family for whom she had worked as a babysitter became the recipient of an inordinate number of hostile messages because they had refused to help her find a lawyer – during a time when she most needed legal assistance.

In 2006, three years after her expulsion from the university, Tania’s strategy of resistance shifted from verbal to physical. At a museum cocktail party she encountered one of her former professors, confronted him, and threw a glass of wine in his face. The professor’s glasses were broken in the altercation (although he was not otherwise
physically harmed) and he complained to the Geneva police. A wave of violence followed. Within the span of one month, Tania slapped a Hungarian woman working as an assistant at the university, struck the face of another former professor she encountered at a tram stop, and broke the glasses of a third professor – all responses to ostensible insults against her nationality. Her disposition became increasingly paranoid, which was reinforced as former colleagues and employers began filing official complaints against her. Months after these incidents, Tania maintained that the attack at the cocktail party – or at least, the physical damage resulting from it – was an accident.

During the first few weeks I knew her, Tania spoke frequently of the Geneva police, expressing disappointment that they would not let her push or slap people. As with the altercation with her former professor, she considered this kind of violence to be “simple” and the active involvement of the police in such simple acts as a symptom of the “over-sensitivity” of the Swiss people. However, in processing this cultural difference, Tania did not blame the individual police officers who had approached her. The blame, rather, would go to the Swiss institutions, the laws, and the judges who enforced them.

A Mysterious Disappearance

During the first week of June, Tania and I had agreed to meet two traveling Americans at an open film festival near the university. Our purpose was twofold – watch a few hours of short student films, and take advantage of the free food and drink being offered outside. This was one of a number of locations Tania included in her strategy for living on meager income. However, uncharacteristically, she never showed up. She responded neither to phone calls nor text messages. Her daily visits to CSRG ceased, and the social workers there had not seen her.
Four days later, I went to her apartment in the Jonction district. The building was dilapidated and old, and foreign voices and accents emerged from every half-open apartment door. I buzzed her doorbell twice and waited for a few minutes. Just as I was preparing to abandon the effort, the door opened. It was her roommate, a young Japanese woman named Kiho. She seemed unnerved, hurried.

“I’m sorry,” she said in French, stepping out and closing the door behind her. “I’m on my way out.” I followed her into the street and questioned her on Tania’s whereabouts. She claimed to have not seen Tania for four days.

“Doesn’t this concern you?” I asked her.

“She’s probably in jail,” Kiho replied curtly before leaving for her class, walking quickly to avoid my questions. I recalled Tania telling me about her Japanese roommate – a student of music at the university who normally kept to herself, yet for whom Tania (the “official” tenant of the apartment) had few positive words. Tania’s reluctance to befriend her roommate likely stemmed from prejudice against the Japanese – which she expressed in the context of a former Japanese employer she claimed had mistreated her. Given Tania’s difficulty accepting people of other cultures, it is likely that relations with her roommate were unfavorable, and understandable that her roommate would dismiss her.

Suspecting that Kiho was correct, I stopped at the police station on Boulevard de Carl Vogt and asked if Tania had recently been arrested, but she was not on their list. Nor was there any record that she had been admitted to the hospital. I stopped in the office of Gauchebo, a weekly communist newspaper that had published some of her stories – wondering whether the reporters there had heard from her. The two young
men working there were not surprised upon hearing that Tania had disappeared. They considered her to be “obsessive” and were aware that she was having problems renewing her residence permit.

The next Monday, I received an answer. At the end of my shift at CSRG, I picked up the last remaining copy of the daily Tribune de Genève newspaper and found a story with the following headline: “Five university professors threatened with death by a female student. Two professors claim to have been attacked by a woman who failed her exams” (TDG 2006b). Without mentioning her name, it was immediately apparent that this was Tania’s story. A dozen plaintiffs had accused her of threats, assault, and causing minor bodily injury, and she had finally been taken in by the police. In the courtroom, Tania legitimized her actions:

“They prohibited me from studying and insulted me because I’m Serbian,” the defendant maintained. “I have never supported Milosevic. I simply responded to the insults I received.” She turned to address the team of lawyers representing the plaintiffs and added: “I don’t have the means to defend myself in this way [in a court of law]. In Switzerland, it is money that leads to justice.”

Yet the lawyers of those accusing her made a strong case. In addition to the incident at the cocktail party, they cited her attack of another professor near a bus stop, and the “thousands of messages” she sent to their clients and their clients’ relatives. In the interest of public safety, Tania was taken into “preventive detention” for what would prove to be an extended stay.

An Insider’s Perspective on Swiss Justice and Social Support

One week following the Tribune de Genève publication, I received a call from Joël, a social worker from the Hospice Général. Joël informed me that he had received my phone number from Tania through her lawyer and was taking care of her case while
she was in prison. Tania had been charged, but she had not yet been tried or convicted. For now, her status was in limbo, likely because the judges were reluctant to deem her competent for trial. Joël said she would likely be held for two or three months.

Following the advice of a sociotherapist from the prison at where Tania was being held, I arranged to meet her in person. On July 23, following two weeks of approval and scheduling, I was sitting across from her in a large room that connected the prison with the screening area, along with seven or eight other inmates and their visitors. Tania claimed she was being well-treated. The guards were polite, and they regularly brought her newspapers.

Tania claimed to have written me a few letters, which I never received. All mail moving in and out of the prison is censored, and the judges are authorized to prevent the delivery of letters that might compromise the justice process. Tania believed she may have written too much about her case or about other people she had met in prison. Letters to me, her parents, other friends, her cousin, and other journalists in her network throughout Europe all returned undelivered. She also admitted to being frustrated with her lawyer, who did not visit her or inform her as much as she would have liked.

To occupy her time, Tania kept busy doing pottery. She felt a sense of comfort when she looked at the 12 figurines she had made, calling them “people sitting in a park.” Her first psychiatrist maintained that she was normal, but sensitive, and on the verge of mental illness. But the judge rejected this assessment and required a second statement from another psychiatrist. The second psychiatrist met with her four times and maintained that he could arrange her release, as long as she agreed to admit herself into a mental hospital. He believed that Tania was paranoid and should be on
sedatives. But Tania found it insulting that this would be a condition of her release and refused his advice. She maintained that she was not delusional in her belief that her professors had gravely mistreated her.

The following month I received another call from the prison’s social services. I was asked if I would be willing to place a classified ad with the university’s housing office to find a new roommate for Tania’s apartment. Evidently, the Hospice Général was going to cease payments on Tania’s share of her housing. Tania also wanted a jacket because the prison was getting cold as the Swiss winter approached, and the simplest solution was for me to retrieve one from her apartment and bring it on my next visit to the prison. The social worker explained that it was important for me to write to Tania so she wouldn’t feel alone, that it was good for her to have some contact from the outside.

I placed the classified ad, and in the weeks to follow I met a few prospective roommates at her apartment. Kiho had returned from Japan. Together we emptied Tania’s bedroom and prepared it for a new tenant. The bedroom was tiny (~12 x 7 feet), musty and cluttered – exactly as she left it the day of her arrest. Everything was thrown into black garbage bags – clothes, shoes, books, papers, make-up – and hauled down two flights of stairs to the building’s primitive cellar, where Tania had been allocated a locking storage closet. Kiho and I vacuumed and dusted. I found clean sheets for the bed. Yet, despite our efforts, none of the prospective tenants agreed to take on the room. The apartment was simply too small and old. The bathroom floor was saturated and rotting from water that leaked out whenever the shower was run – a problem Tania had requested to be fixed on countless occasions. Some buildings in the Jonction neighborhood were dilapidated compared to other parts of town. Although the
apartment was close to the university campus, too many factors deterred students from taking it.

I met with Tania in prison three more times before leaving Geneva. Each visit blended into the next. We would speak about her case, and she would proclaim her innocence, contrasting her actions with the more serious crimes of her cellmates. Her complaints of the justice system became more frequent and nuanced – on the one hand, she was frustrated with her lawyer’s incompetence, the judge’s lack of compassion, the psychiatrist’s complicity, and on the other hand, she insisted that she was treated well in prison and that actors of the justice system (in particular, the police) were not those who discriminated against her.

At the end of each visit, Tania and I would say the same farewell: “Next time we see each other, it won’t be here.” As her detainment had already gone longer than anyone expected, her release from prison seemed imminent. Yet by October, when I left Geneva, Tania was still in prison. Her “preventive” detention of two to three months had gone on for five.

The rest of Tania’s story is told in letters written from prison, which often took longer than a month to reach the United States. In December she was moved to the Tuilière prison in Lausanne. Although she said she was treated well in the new prison, Tania became depressed, and admitted having to force herself to write letters. Part of the problem was eating too much and gaining weight. Another part was her sense of getting old, and her realization that she was turning 34 and in many ways had missed opportunities to “enjoy her youth.” Tania complained of the lack of visitation, with me and her mother being the only people to visit her during six months of detainment.
In February 2007, the courts agreed to release Tania on the condition that she visit a doctor regularly as an outpatient. Yet until the administrative processes were complete, she would remain in prison. She was given medications for her depression, and found fulfillment in writing poems in English. Her mental health improved as she got more rest. At the Tuilière, they allowed her more social time with other inmates, she could shower any time she wanted on the weekends, the food was good, and the work (making chocolate boxes, packing flowers) was easy.

Trading Prison Cells for Hospital Beds

Tania was released from prison the second week of July 2007 – thirteen months after she had been taken in. She returned to her apartment in Geneva and was permitted to stay in Switzerland as long as she agreed to temporarily admit herself into a psychiatric hospital. Over one year after her arrest, she had finally accepted the term of release that had been offered her the preceding summer – a term she initially rejected – this one with threats of deportation, rather than release from prison, as incentive. But after enough time, the prospect of freedom was worth the personal insult of accepting that she needed psychiatric treatment.

At first, Tania’s depression returned. She limited her activities to swimming in the river and staying in bed. Her phone was disconnected, and she made no effort to connect it, claiming that “almost every conversation makes me more ill, because of prison.” In September, Tania participated in Art’Air, a large open-air painting workshop, for which she produced an abstract oil painting of the Cité du Temps – an historic building situated along the Rhone river. After several hours of painting in the sun – and a sunburn to show for it – Tania sold her painting to a Swiss doctor for 100 Swiss francs. The doctor assumed she was a professional painter, and suggested that Tania
continue to paint. Art – whether pottery, poetry, or painting – functioned as a creative outlet for her emotions and a means of self-affirmation. Through pottery and poetry she could show that she was not “so crazy” as people made her out to be: “Perhaps someone will finally believe that I am intelligent, although they believe different due to my Serbian nationality.”

In October 2007, Tania was again detained – this time in a psychiatric hospital – in fulfillment of her prison release terms. The doctors claimed she was “depressed” and “paranoid,” although she was reluctant to accept their diagnoses. Feeling like she was “in a hotel,” Tania was told that her hospitalization would last a few weeks – a claim she was quick to doubt. After her experience with the justice system, it was reasonable that she would question the words of the physicians. One month later, her characterization of the hospital changed to that of a “prison.” Having only one hour per day to walk outside her cell, she became increasingly depressed. Her physicians diagnosed her with trouble délirant (delusional disorder) – a psychotic mental illness characterized by one or more non-bizarre delusions, which involve real life situations that could be true, but are not or are greatly exaggerated (American Psychiatric Association 2000).

After two months, Tania was beginning to accept the conditions of her detainment. She was permitted to paint as often as she liked, and received affirmation from the nurses regarding her work. Tania was encouraged when one of the doctors pointed out that there was “nothing violent” about her paintings – helping her to detach from the persistent stereotype of Serbs as violent. She was told that because of her mental state, Swiss law did not consider her responsible for the acts she was accused of committing. Although such a judgment was based on accepting a psychiatric diagnosis to which she
was initially resistant, it may have had an affirming function for Tania in that, finally, she was officially being absolved of her actions. Put simply, her experiences of the past year were a struggle for affirmation of self – one that placed her in the difficult position of choosing between being “guilty” and being “mentally ill.” Reframing what it means to be “mentally ill” – a person in need of support, rather than a person prone to immorality, unreason, or violence – allowed Tania to accept this new role.

**Experiencing Discrimination, Perceiving Persecution**

For Tania and other Serbs living in Geneva, the stigma of nationality is central, while poverty and précarité are common experiences that follow. Otherwise mentally balanced people find themselves in a self-perpetuating cycle of discrimination, deprivation, and resistance. Learning that they are former Yugoslavs, prospective employers and landlords dismiss them as “dangerous” and “unstable.” Unable to find work and earn the income necessary for life in an expensive city, they find themselves living in unacceptable housing, accepting free meals and clothes offered by the social services, and seeking out food in unlikely places. Unable to forge close friendships, they spend a great deal of time alone.

Coming from a war-torn country, having witnessed unspeakable atrocities in the shadow of seemingly uncaring or ignorant Western powers, it becomes easy for the Serb to imagine that her poverty and failures in life are the direct result of the hostile sentiments of others. It is this sense of injustice that leads her to resistance, and without the sufficient financial means, the only avenues of resistance that remain open are criminal. To quote Tania’s courtroom speech: “I don’t have the means to defend myself in this way. In Switzerland, it is money that leads to justice.” Through her desperate acts of resistance the Serb proves to the Swiss people their own suspicions – that former
Yugoslavs are violent, unstable people – and justifies their discrimination of her. The stigmatization of the Serb becomes acceptable because the stereotypes are true, and so the cycle perpetuates.

The escalation of Tania’s exchanges with others in positions of authority represents a form of complementary schismogenesis, as described by Gregory Bateson (1987). Encounters with her professors and former employers are marked by the progressive exaggeration of behaviors, beginning with her professor’s decision to fail her, proceeding through a cycle of harassment (on Tania’s part) and the official filing of complaints (on the part of her former professors and employers), and ending with her incarceration and diagnosis. Somewhere in the midst of this process, Tania’s mental health suffers – becoming an element in the dialectic. A creative, intelligent, university-educated woman with no history of prior psychiatric treatment – but admittedly made vulnerable by years of exposure to armed conflict – begins to lose her grasp on reality. Her symptoms of paranoia, the stigma she perceives at every turn, whether real or imagined, increase in proportion to her experiences of adversity. When she fails her coursework and is dropped from her academic program, she blames her professors. In her eyes, they failed her because she is Serb, or because she refused to date them. When she is unable to renew her residence papers and her press card, she suspects her former employers and the complaints they must have filed. When she cannot get the babysitting job she needs, she has surely been rejected, or replaced by someone of a more acceptable nationality. She cannot prove that these things occurred, but with each new episode of economic and social hardship, she feels them and begins to believe they are true.
Stigma’s Place in Social Causation

The theory of “social causation” – that the adversity of living in poverty increases vulnerability to, and risk of mental illness – includes within its model a range of contributing factors (Dohrenwend et al. 1992). In addition to the primary and immediate stressors of hunger and exposure, the poor face exclusion from many aspects of cultural, economic, and political life. Their poverty and exclusion are associated, as either cause or effect, with having little social support. And, as I have documented in this study, the poor experience stigma – a combination of being labeled, stereotyped, discriminated, insulted and mistreated that may reasonably contribute, along with other risk factors, to states of poor mental health. The methodology of my study did not include confirmation of an informant’s mental illness diagnosis (with the exception of Tania); any interpretations regarding the influence of stigma on mental health therefore do not address the etiology of specific mental illnesses, but rather the informant’s general level of psychosocial distress.

While both Dorin and Nadim were homeless and internalized the stigma attached to homelessness, their responses manifested in different behaviors and emotional states. Nadim considered his lack of housing a source of shame; although he openly spoke of his own précarité in the soup kitchens and day centers, he kept his condition secret from his family – a response that served to perpetuate his life on the streets. Despite the discomfort of sleeping outside, he preferred cellars and parking lots to the Salvation Army shelter, which he referred to as a “place of misery.” It was in his interaction with others at the shelter that such misery was produced (both from staff and guests), forcing him to confront his own social identity as it aligned with the very people he found repugnant. Nadim’s consequent frustration and anger may be seen as a
defense against these unwelcome aspects of his social identity – a defense that, when stressed, may have led to episodes of anxiety.

Dorin also self-stigmatized because of his homelessness, and like Nadim, spoke of other homeless and poor people with disdain. Yet his feelings of low self-efficacy and self-worth were less concealed, and his emotional responses were more indicative of depression. The most reasonable explanation for these differences would likely invoke the influence of social support. Neither Nadim nor Tania had many friends, yet their long-term presence in Geneva nevertheless allowed them the comfort of some kind of social support, however unreliable and shifting. Dorin, on the other hand, had been in Geneva for six weeks, had no friends, and couldn’t speak to most of the people he encountered. His social exclusion was more complete, and his symptoms more severe.

For Nadim and Tania, the stigma of nationality was also salient. Both were of nationalities known to be regarded poorly in Geneva, and both legitimized their national identity in encounters with others who challenged it. However, Nadim’s acts of self-legitimacy manifested in steps toward positive change – discrediting stereotypes, becoming active in the community, and finding work and housing. In contrast, Tania’s responses shifted from legitimacy to resistance as her adversity increased, ultimately leading to delusions of persecution. Less is known about her life prior to her arrival in Geneva, but it is reasonable to assume she experienced some degree of trauma during the armed conflict in her home country. In Tania’s case, stigmatizing experiences may have exacerbated a mental condition that had already taken root. Consequently, her responses led to negative outcomes, both for her (as a prisoner and psychiatric patient), and for other Serbs faced with the challenge of overcoming stereotypes.
In this study, I sought to identify and elucidate the stigma process as it occurs in the lives of the poor – an endeavor that to date has had little representation in anthropology and other social sciences. As a study setting, I chose a city in a developed, Western country with social problems that largely mirror those found in the U.S. In making these decisions, I acknowledge having both theoretical and applied aims. Descriptive, ethnographic study of the stigmas of poverty can make an important contribution to scientific models of identity, deviance, and social interaction, as well as models of poverty and social exclusion. Qualitative work represents the initial and necessary inductive stage of the scientific process – one where research questions are refined, descriptive inquiries are addressed, and hypotheses are developed.

Yet even in this stage, insights can be gained for informing the practices and policies that affect the lives of people studied. Indeed, with its emphasis on intensive, long-term fieldwork and observation in “natural” settings (rather than experimental or clinical settings), ethnography can provide insights that other methods may miss. The final chapter of this paper presents these insights as they emerged over the course of nearly one year in Geneva, addressing strategies that social service workers, health care workers, and policy makers may implement for the aim of reducing the burden of stigma, affirming positive and healthy identities, and improving the mental health of people living in précarité.

**Source- and Subject-Directed Intervention**

In French-speaking Switzerland the concepts of précarité and social exclusion are closely related. The poor are seen as blocked from participating in social and economic
life, and strategies for improving their conditions necessarily involve their "réinsertion" into society (rehabilitation or reintegration). Findings from my ethnographic work show that stigma may function as both an inhibitor and a motivator of this reintegration.

On the one hand, experiences of rejection, discrimination, and mistreatment can lead to reduced social support through responses of avoidance, which promotes the reproduction and exacerbation of the state of exclusion. In principle, the association of certain ethnicities and nationalities (e.g., Romanian, Algerian, or Serbian) with poverty may be explained by the excluding effects of their stigmas, which inhibit them from participating meaningfully in society. On the other hand, poverty and social exclusion lead many people to accept (willing or not) new identities – such as that of a homeless person, a drug addict, or a beneficiary of state assistance – which are connected to specific behaviors and practices and tend to be medicalized or problematized in popular discourse. Unlike ethnicity or nationality, these social identities are generally unwanted by those who find themselves so labeled. Homelessness is a difficult life condition, and it is reasonable to assume that most homeless people desire to find housing and stability, to "pull" themselves (se tirer) from their state of précarité. The stigma associated with these identities, in combination with the other material and social stressors of living in poverty, is often enough to motivate people to improve their life situations.

Returning briefly to Nadim’s story, we see his stigma of homelessness acting as an inhibitor of reintegration. The shame of being homeless caused him to disconnect from his family and hide his condition from others, which led to a period of reclusion and served to perpetuate his homelessness. Yet, we also see in Nadim a drive to improve
his situation – his self-stigma leading to efforts to get off the streets. The motivation to find housing is not simply the warmth and protection of having a shelter, but also the security of having an accepted social and personal identity. Both living homeless and being homeless emerge as factors in Nadim’s decision to seek housing assistance with the help of his social worker, and eventually to reconnect with his family.

These findings suggest that positive outcomes can be produced by interventions that focus on both the source and subject of stigma. Source-directed interventions are designed to promote change in the people and institutions that reproduce stigma through the expression of labels, stereotypes, and discrimination. Such interventions function to normalize stigmatized identities from the outside, and are particularly suitable in cases where stigma is “tribal” in nature (Goffman 1963). Examples include educational campaigns to fight racism or homophobia, with the aim of discounting stereotypes and changing how the public at large conceptually frames the co-existence and interaction of different social identities. The use of source-directed intervention is more realistic in institutional settings, such as prisons, hospitals or social services, where efforts can focus on changing the practices of the sources who play different roles in these settings. Recent efforts in public health, for example, have emphasized sensitivity training and new guidelines for doctors when dealing with children affected by the stigma of overweight and obesity (Puhl and Bachman 2009). The recommendations to the city of Geneva presented in the next section take the form of source-directed interventions, as they address ways the city’s social and health care services can change their practices to minimize the burden of stigma on social service guests, state assistance beneficiaries, and uninsured patients.
In many cases, the source of stigma is more pervasive than can be contained in a society’s institutions – even if the origins of the stigma are institutional. Pervasive stigma, such as that directed against the homeless or drug addicts, is a learned phenomenon contained in the day-to-day interaction of informal networks – from the loud voices of the private media to the quiet voices heard on elementary school playgrounds and around family dinner tables. Acknowledging the difficulty of changing such stigmas from their source, another approach is to promote changes in the subject. Subject-directed interventions function in two ways, by: (1) disconnecting stigmatized attributes and conditions from individuals, thereby transforming their deviant identities into normative ones, or (2) helping individuals to build internal/psychological resources that can minimize the detrimental effects of stigmatizing encounters and encourage positive expressions of identity. It should be noted, however, that while source-directed interventions have the potential to remove stigma from society as a whole, subject-directed interventions are focused on the individual, and do not address the potential for historic change.

The first type of subject-directed intervention is justifiable for stigmas that are medicalized or problematized by society, as described in Nadim’s story above. Such stigmas include those of physical or mental illness and many of the stigmas of poverty that incorporate a behavioral component, such as homelessness, unemployment, and drug addiction. Efforts to help people overcome their condition of poverty will in turn free them of its stigmas. Such interventions are practiced for their own sake in Western societies, whether they take the form of medical treatment, employment programs, or social assistance. Their value far exceeds that of reducing stigma, yet they are also
difficult to realize, given the chronicity of poverty and its connection with political and economic systems.

This study was valuable in revealing ways that stigma can be addressed by reinforcing the internal resources of the subject. Interventions designed to build up and stabilize a person’s social identity are based on the assumption that stigma is an inevitable aspect of life in poverty. Because stigma cannot be completely removed by promoting changes in the source, it becomes imperative that the stigmatized individual learn strategies for deflecting it. Whether through counseling or the promotion of group affiliation, such interventions can function to minimize the effects of stigmatizing encounters on self-esteem and reduce instances of violence, arrest, or other negative life consequences that can result from such encounters. Among the response types assessed in Chapter 6, legitimizing was the response most frequently associated with positive self-image and life outcomes. From this finding, an important step in improving the lives of the poor is the implementation of group sessions or workshops aimed toward developing a person’s self-legitimacy skills and promoting positive group affiliation.

In the case of Tania – whose stigma of Serbian nationality was salient to her perceived persecution and consequent incarceration – there were few community resources for promoting group affiliation among poor ex-Yugoslavs. In many ways, Tania was (to use the popular expression) “a walking time bomb.” Assuming she had a predisposition to paranoia and delusions, her stigmatizing encounters with her professors functioned as the trigger to mental disorder. While it is completely conjectural, it is possible that Tania may have escaped her imprisonment and diagnosis
of delusional disorder if there had been a venue for young Serbs to associate and discuss their problems of précarité. Support groups mediated by an in-group counselor (i.e., a counselor of ex-Yugoslavian origin) could function as an outlet for Serbs to express their anger and frustration over experiences of discrimination in more positive ways.

Tania’s problems in Geneva were also linked to popular stereotypes of Serbs as violent or criminal, and the related stigma of mental illness. Shortly after I met her, Tania expressed disbelief that the Geneva police would question her for the “simple” act of throwing a drink in her professor’s face. She explained her actions, and her resistance to the police response, by invoking Serbian culture: “In my country it is normal if someone insults you. And the police have better things to do than get involved.” This disconnect in cultural standards is a likely factor in the perception of discrimination for poor Serbs in Geneva. Practices that are considered normal in their home country are considered evidence of criminality or mental illness in their new country, and the consequence of continuing such practices is the burden of being labeled “criminal” or “mentally ill.” The perception that others thought she was “crazy” likely contributed to the escalation of Tania’s hostility and violence, which ironically served to confirm the stereotype of Serbs as violent in the public eye. It is therefore important that support groups, as described above, make transparent the discrepancy between Serbian and Swiss standards of behavior – affirming the authenticity of Serbian standards while at the same time educating participants on the limits of acceptable behavior in Switzerland.
Recommendations to the City of Geneva

As part of my role as Scientific Collaborator at the University Hospitals of Geneva, I agreed to submit a report of formal recommendations to the city based on the findings of my study. I focused my recommendations on the improvement of social service practices at CSRG toward the aim of reducing the burden of stigma experienced by its guests. Recommendations were originally drafted in English, and translated to French with the help of research assistants from the University of Geneva, Department of Sociology. I presented recommendations in three themes, most characterized by source-directed intervention: (1) harmony among guests; (2) the sensitivity of volunteers to cultural and personal difference; and (3) social service rules.

Encourage Harmony among Guests

While social services were often cited as a common setting for discrimination, many instances involved conflict between service-users, rather than between service workers and clients. The guests of CSRG are a demographically heterogeneous population, representing a broad range of nationalities and ethnicities. Common situations involved Swiss clients practicing discrimination against foreign clients – particularly Maghrebi, Romanians, and ex-Yugoslavs. Mistreatment of persons who are self-conscious about their marginalized ethnic status (perceived stigma) often leads to hostile verbal altercations between guests. These events create an unsettling atmosphere for other service-users and contribute to non-utilization of services by those who fear being exposed to such situations.

In every observed case of hostility between guests, social service directors promptly and tactfully intervened – generally by asking the disruptive guests to leave. The directors always approached such guests calmly and in a non-accusatory tone,
often explaining to them that their behavior was frightening other clients. In no case was it necessary to physically force a disruptive guest to leave. Notably, every such case of conflict-resolution was performed by the director on duty. The question remains whether, in the absence of a director, the social service volunteers would be capable of addressing these situations themselves. I recommended that new volunteers receive training to ensure that they can handle conflicts between guests in a way that recognizes the comfort and safety of all.

Developing means to prevent the incidence of such conflicts is more difficult. Instances of discrimination between guests are often rooted in common prejudices and stereotypes that only large-scale educational reform could change – for example, the idea that all Algerians are drug-dealers, that all Romanians are “profiteurs,” or that all ex-Yugoslavs are violent. The pervasiveness of these stereotypes is the main challenge of source-directed interventions. One potential strategy could involve regular group forums, in which service-users are invited to discuss their concerns and complaints with the help of a trained facilitator. However, the effectiveness of such a strategy would be limited due to self-selection: Voluntary participants are more likely to already have some sense of tolerance for other cultures.

Another strategy would be to offer informal French-language sessions to interested guests, acknowledging the fact that many altercations are rooted in language barriers and misunderstandings. Free, on-site language instruction would also offer clear advantages for immigrant service-users who are in search of employment and housing.
Require Sensitivity Training for Volunteers

Instances of stigma and discrimination practiced by social service workers were rare. These generally involved mistreatment of ethnic minorities with regard to food services. Both observation and narrative elicitation revealed instances where volunteers intentionally served pork to Muslim clients. This kind of behavior from volunteers, while rare, should never occur, and could be prevented by appropriate screening of volunteers upon hiring. Directors should take care to evaluate the intentions of each potential volunteer prior to hiring, and to determine whether the volunteer is sensitive to the broad demographic range of service-users and their needs.

In another observed case, a Muslim guest was inadvertently served pork and became angered upon discovering he had been served pork. While this may not have been an instance of intentional discrimination, it could have been prevented if volunteers had taken care to announce verbally that pork was being served. This is a common practice for many of the volunteers who serve food, but it is not consistently applied. The “Menu au Jour” sign (which informs guests that pork is being served) should not be relied on as the sole warning, as one cannot expect that every guest will be able to read or interpret it.

Volunteers were also observed reproaching guests for not eating their food. In one case, a Latina guest who was clearing her plate was scolded by a volunteer for throwing away bread. The guest was blamed for taking the bread offered to her when she did not really intend to eat it. Volunteers who perform such actions are motivated by the idea of controlling waste and ensuring that there is enough food to meet the service’s demand. While this is of important value, volunteers should recognize that it must also be balanced with the value of ensuring the comfort of service-users and making them feel
welcome. Guests who fear being scolded by service workers may be reluctant to come at all, which defeats the mission of getting food to every person in need of a meal. One simple strategy for balancing both values would be to ask clients whether they would like bread before handing it to them.

**Apply Social Service Rules in a Just and Consistent Manner**

In many observed cases, altercations occurred between volunteers and guests who perceived they were being stigmatized due to inconsistent application of social service rules. CSRG has a number of rules regarding the distribution of food and drink that are intended to control cost or maintain efficiency of service. These include: (1) No more than two sugar packets per person; (2) No more than one slice of bread during the first lunch service; (3) Temporary cessation of coffee and tea service during lunch; and (4) No more than one drink per person. However, not all volunteers apply these rules consistently, which leads some guests to perceive favoritism or stigmatization.

During the lunch service, volunteers were observed giving extra bread to their friends and acquaintances, then giving only one piece to other guests who they did not know. This creates a situation in which some guests sense they are being singled out when their requests are refused. More legitimate exceptions are made regarding the “one drink” rule, in cases where guests are getting drinks for their friends. This exception is frequently granted to friends of elderly guests who are not capable of getting drinks themselves. Problems occur when other service-users subsequently ask for multiple drinks and are denied the request. These guests frequently blame volunteers for applying a double-standard, and sense that they are being mistreated.

It is important for service workers to realize that many guests are sensitive and prone to perceiving mistreatment. To avoid such instances, rules regarding food
distribution should either be applied consistently or discontinued. It is for the social
service directors to decide whether a rule is an effective means of cost-control, given
the potential for alienation of service-users when it is not applied consistently.

Rules may be interpreted by clients as arbitrary, and volunteers should be able to
explain to clients why the rules are in place, and why certain exceptions are made. One
solution is to offer guests a means of participating in the rule-making process. Rules are
decided upon by social service workers at meetings that take place outside of the
service’s normal operating hours. While it may not be practical to include interested
service-users at these meetings, their voices may be heard by offering a “suggestion
box” – in which clients may write and submit comments to be addressed by service-
workers. This recommendation may function as an example of both source- and
subject-directed intervention.

Final List of Recommendations

While the occurrence of intentional discrimination at CSRG is very rare, certain
practices lead clients to perceive they are being stigmatized or mistreated. The following
recommendations were provided to the city of Geneva to help address these issues:

• Screen prospective volunteers to ensure they are sensitive to the needs of service-
users. Volunteers who may be likely to intentionally mistreat guests should not be
hired.

• Train new volunteers to ensure that: (1) they are capable of handling conflicts
between guests respectfully and efficiently; and (2) they are respectful of the broad
demographic range of clients, particularly with respect to Muslims and the
consumption of pork.

• Offer service-users the opportunity to voice their comments and complaints, either
through facilitated group forums or using a “suggestion box”.

• Re-evaluate food distribution rules to determine whether they are worth the potential
sense of alienation they impose upon guests. Ensure that existing rules are applied
consistently by all volunteers, and that volunteers are capable of explaining the purpose of these rules.

While these recommendations were specific to CSRG practices, they may reasonably be relevant for Geneva’s other day centers and soup kitchens, and in a general sense, for such services as they operate in other developed, Western countries. Although the national profile of the poor and homeless in the United States is not as diverse as in Switzerland, sensitivity to cultural differences among American social service workers and volunteers would serve to reduce stigma against African-Americans, Latinos, and other ethnic groups disproportionately affected by poverty. Likewise, it is reasonable to suspect that conflicts among social service clients also occur in the United States, and that the inconsistent application of social service rules can result in a client’s suspicion of favoritism and the avoidance of social services in the future.

**Stigmas of Poverty in the Stress Model for Mental Illness: Future Directions**

Poverty has been considered throughout history as a root cause of illness and disease (McMichael 2001:27, O'Neil 2006:24). In the developed world, where poverty is relative to the wealth of middle and upper classes, the lack of comparable economic and social capital generates disadvantages that can lead directly and indirectly to poor health. Referring to the “pathogenic role of inequity,” Paul Farmer (2003:20) considers it a “striking fact that wealthy nations riven by social inequality have poorer health indices than societies in which comparable levels of wealth are more evenly distributed.”

The potential mechanisms by which poverty promotes disease include: (1) malnutrition and its damaging effect on disease immunity (Fitchen 2000); (2) increased exposure to disease agents and toxic contaminants in residential, occupational, and
neighborhood environments (Brown 1995); (3) inadequate medical care (both preventive and therapeutic), which encompasses lack of access, inability to pay, and under-utilization; (4) a greater prevalence of “high risk behaviors” among the poor, which include those resulting from systemic deficits in health education and the promotion of individual risk by neighborhood and economic factors (Lynch et al. 1997); and (5) the pathogenic effects of stress in the social environment, affecting disease immunity, mental and physical health. The result is a broad range of diseases and outcomes that are more prevalent among persons of low socioeconomic status, including but not limited to heart disease, stroke, lung diseases, diseases of the digestive tract, kidney diseases, HIV-related diseases, tuberculosis, suicide, and other “accidental” and violent deaths (Marmot 2004).

This list also includes mental diseases and disorders that have higher reported rates among the poor in studies of low socioeconomic status, neighborhood-level poverty, and homelessness. Symptoms of mental illness were fairly common among informants in my study, and I sought to explore the potential reasons for this high prevalence – focusing on the possibility that stigma may be a causative factor. This section provides the theoretical background for social causation and stress models of mental illness. From my findings, I contend that stigma is a likely factor within this model – with effects varying depending on the severity of the stigma, the frequency of stigmatizing encounters, and the types of responses enacted by those who are stigmatized (as discussed in Chapter 6). Understanding stigma as a causative factor in mental illness has implications for the development of targeted interventions –
improving the ability of social and health care workers to identify those most vulnerable to mental illness and to develop strategies for prevention.

**Mental Health among the Poor**

In modern class-stratified societies, a long history tracks the association of those in the lower strata, the poor and destitute, with unreason and abnormal behavior. In his work *Madness and Civilization*, Michel Foucault (1965) wrote of the founding of the Hôpital Général in Paris in 1656, which unified the city’s existing hospitals and marked a movement toward increasing confinement throughout 17th century Europe. Charged with housing the poor of Paris, these establishments were to accept, lodge, and feed those poor who presented themselves (or were sent by authority), regardless of their physical or mental condition. “Madmen” were also subject to confinement in the hospital wards, prisons and workhouses, resulting in a proximity that assigned “the same homeland to the poor, to the unemployed, to prisoners, and to the insane” (Foucault 1965:39). Nearly two centuries later, the French psychiatrist Philippe Pinel remarked that the “debauchery,” “dissentions,” and “shameful distress” of the lower classes was “the most fertile source of insanity” treated in the French asylums (Foucault 1965:259).

Pinel’s moralistic interpretation of the condition of the poor is notably similar to that practiced in the early industrial era, and which continues to qualify thinking and discourse on poverty and mental health today.

In contemporary populations, observed associations between poverty and mental illness persist across varying measures of socioeconomic status, ranging from conventional indicators such as education, employment, or income (Dohrenwend et al. 1992, Lynch et al. 1997, Johnson et al. 1999, Miech et al. 1999, Kessler et al. 2003), to measures of restricted standard of living (Vetter et al. 2006), neighborhood poverty
(Silver et al. 2002, Galea et al. 2007), and situational indicators such as being homeless or on welfare (Ritchey et al. 1990, Susser et al. 1993, Votta 2003, Lauber et al. 2005). A wide range of mental disorders is linked to poverty, including anxiety, depression, bipolar disorder, alcohol and drug disorders, schizophrenia, attention deficit disorder, and antisocial conduct disorder.

Some studies report high rates of depression among the urban homeless (La Gory et al. 1990; Ritchey et al. 1990; Votta and Manion 2003). In a study based on the Homeless Enumeration and Survey Project in Birmingham, Alabama, Ritchey et al. (1990) reported that 73% of homeless people met the criteria for “possible clinical caseness” of depression, as determined by a score of 16 or more on the Center for Epidemiological Studies Depression Scale (CES-D). Using the same CES-D score threshold, other studies have reported possible depression in 9% to 20% of community-wide samples, and in 30% to 40% of both the unemployed and those living in poverty (Ritchey et al. 1990). The authors considered the high rates of depressive symptoms among the homeless to be indicative of extreme distress – on par with rates experienced by acute depressives, mental health clinic patients, psychiatric inpatients, and alcoholics.

Other studies have reported mixed findings on the link between homelessness and depression (Susser et al. 1993; Lauber et al. 2005). In a review of studies that assessed risk factors for homelessness in the United States, Susser et al. (1993) reported that lifetime prevalence of conditions such as schizophrenia and bipolar disorder were more than five times greater among the homeless than in the general population. However, differences in rates of depression were moderate, with lifetime prevalence among both
the homeless and non-homeless varying widely (from 4% to 25%) depending on the study location. A study of homelessness among psychiatric inpatients in Switzerland found that homeless inpatients were significantly less likely than other inpatients to be diagnosed with affective and mood disorders such as depression, and significantly more likely to be diagnosed with mental disorders due to drug use (Lauber et al. 2005). However, the comparison group did not comprise a sample of the general population, but rather other psychiatric inpatients. It is also possible that the relative stability and care characteristic of the hospital setting may have alleviated depressive symptoms among those homeless who would otherwise have been diagnosed as depressed on the streets.

Social Causation and Social Selection

To explain associations between poverty and mental health, studies in the social sciences, medicine and public health have frequently turned to one of two theories: (1) social causation, whereby the stress and incremental adversity of living in disadvantage leads to the incidence of psychiatric problems; or (2) social selection, whereby persons with prevalent psychiatric problems tend to drift into or fail to overcome poverty due to the disabling effects of their poor mental health (Dohrenwend et al. 1992).

Addressing these theories, a number of cohort studies have sought to establish the temporal relationship between mental illness and acquired attributes of poverty – such as low income and poor educational attainment (Lynch et al. 1997, Johnson et al. 1999, Miech et al 1999). In a community-based longitudinal study of families in New York State, Johnson et al. (1999) reported that low parental education and occupational status, but not low parental income, were associated with increased risk of anxiety and depressive disorders in offspring. All three parental socioeconomic status variables
were associated with increased risk of disruptive and personality disorders in offspring, while none were associated with substance abuse disorders. With the exception of substance abuse, most of these findings are consistent with the theory of social causation. Regarding social selection, youths with anxiety and depression were not more likely to drop out of high school or to fail to continue education beyond high school. Conversely, social selection was strong in youths with disruptive or substance abuse disorders, who were more than twice as likely to drop out of high school and nearly four times as likely to discontinue education beyond high school than youths without these disorders.

In psychiatry, the association between mental illness and homelessness has most often been explained by social selection theories (Cohen and Thompson 1992). Cohen and Thompson (1992:818) argue for an alternate interpretation toward understanding poor mental health among the poor, in which the homeless mentally ill are “first seen as impoverished and disenfranchised, rather than diseased,” as excessively burdened by dislocations because of their “symptoms, disabilities, lack of resources, dependence on others, and susceptibility to stigma, neglect and victimization.” The material constraints of poverty, compounded by “feelings of disconnectedness, self-blame, demoralization and powerlessness,” may explain much of the association between homelessness and affective disorders, such as depression (Cohen and Thompson 1992:819).

A number of studies have shown evidence for social causation of depression and depressive symptoms among the homeless (La Gory 1990; Littrell and Beck 2001; Calsyn and Winter 2002; Votta and Manion 2003). In a study of 150 homeless persons
in Birmingham, Alabama, La Gory et al. (1990) found that stressful life events and crises were significantly correlated with depressive symptoms. They also found social support to be protective against depression, although it did not mediate the effects of life circumstances. A cross-sectional study of 90 African-American homeless men also tested the influence of daily stressors on the prevalence of depression (Littrell and Beck 2001). The authors assessed the influence of two types of coping strategies as mediators: (1) emotion-focused strategies such as venting, behavioral and mental disengagement, and reliance on alcohol and drugs, and (2) problem-focused strategies such as active coping and planning, which were more common among homeless men with fewer symptoms. However, when the study’s stress indicators were included in the analysis, uncontrollable stressors were found to increase depressive symptoms, even for active copers.

The finding that structural and infrastructural factors have strong effects on the incidence of depression corresponds well with the set of known factors – particularly childhood trauma – reported in the epidemiological literature (Smit et al. 2004). Within populations of low socioeconomic status, therefore, one is expected to find cases of depression in which conditions of poverty preceded and led to depressive symptoms. However, beyond known family and childhood risk factors, further research is warranted to elucidate the material and social factors of poverty that increase the risk of mental disorders.

**The Stress Model – Articulating Poverty, Stigma, and Mental Health**

The social causation model depends largely on ideas of stress in the environment. In describing the associations between poverty and disease, Edward O’Neill (2006), emphasized three relevant findings from recent medical and epidemiologic research: (1)
Poverty causes illness more than illness causes poverty; (2) Illness is not due solely to destructive health-related behaviors, such as smoking and poor diet; and (3) Illness is not due solely to structural or material deficiencies. He concluded that the most significant causative factor explaining socioeconomic health disparities is stress, and the way stress causes the mind to affect the body.

The early work of John Cassel (1976) provides a basis for current models of the pathogenic role of stress as it occurs in the social environment. Cassel argued that psychosocial factors produce “signals and symbols” that alter neuroendocrine secretions in the body, changing a person’s biochemical balance and predisposing one to disease. In simpler terms, the biochemical changes described by Cassel correspond with the “fight or flight” response, which is normal and adaptive in acute situations of immediate threat (Marmot 2004: 114). However, in humans this response can be stimulated by both physical and symbolic threats, such as missing the bus for a job interview or speaking in front of an audience. Furthermore, health problems become more likely when such stressors are continuous and maintained over time.

From this foundation, social causation theory asserts that barriers to highly valued goals faced by disadvantaged groups produce stress and incremental adversity, which in turn lead to psychiatric problems (Dohrenwend et al. 1992). Furthermore, stress that occurs from low status within a system of hierarchical social positioning may also increase risk of illness (including mental illness) – a phenomenon that Michael Marmot (2004) labels as “status anxiety.” Preventive factors in this model include social support, psychological coping mechanisms, and self-esteem (Calsyn and Winter 2002; Votta and Manion 2003). Articulating social causation with the recursive model of stigma
presented in Chapter 6, I contend that stigma – defined as the co-occurrence of labeling, stereotyping, separation, status loss and discrimination (Link and Phelan 2001) can also play a crucial role in the etiology of mental illness. Based on my findings of the different types of stigmas faced by people in poverty, the different ways people respond to stigma, and different outcomes – both positive and negative – of a person’s cumulative experiences of stigma, I present a model that can function as the basis for future studies (Figure 8-1).

The three vertical sections of the model designate (from left to right) the stigma in question, the stigmatized person’s primary mode of response, and the potential outcomes. The four most relevant stigmas of poverty that emerged in this study are listed according to their likelihood of group affiliation. People who are dependent on drugs or alcohol and the homeless are considerably less likely to have meaningful and positive associations with others who share their stigma, compared to people who are unemployed or of marginalized ethnicity/nationality.

Internalizing, avoiding, and ignoring responses may be grouped in the same category. Although future research may help to elucidate their nuances, in this study they were frequently interchangeable. These responses to stigma were more likely among people with drug/alcohol dependence and the homeless, and they frequently indicated a higher risk of affective disorders, such as depression. No single group had a preference for adapting responses; while many encounters involving the homeless were observed to involve adapting responses, adaptation was a strategy used by all informants. Legitimizing and resisting were more frequent among informants whose relevant stigmas were those of unemployment or ethnicity/nationality. Because a self-
affirming group culture was largely absent for drug addicts/alcoholics and the homeless, these informants were less likely to externalize.

It is important to note that the outcomes are not necessarily the result of responses to stigma; while responses may change the outcome, it is the stigma itself that initiates it. The outcomes should instead be considered the result of the confluence of stigmatizing experiences, responses, and other factors in the informants' lives. Likewise, the responses should be considered indicators of potential outcomes, rather than etiologic factors. From the model, a person who consistently internalizes his/her stigma is more likely to suffer from an affective disorder, such as depression. Outcomes labeled as “positive change” include two types: (1) positive change in the subject of stigma, which functions to mitigate its negative effects; and (2) positive change in the source of stigma, which functions to reduce stigma as it occurs in society. The former is the more likely outcome of adapting, while the latter is more likely the outcome of legitimizing. Responses of resistance are the most likely to lead to externalizing disorders, and, as Tania’s case shows, may reinforce the very stereotypes being resisted. Lastly, social support and group affiliation are included in the model as mediators of positive mental health outcomes – protecting those who internalize from affective disorders, and protecting those who adversely resist from externalizing disorders.

Future Research – The Cultural Epidemiology of Stigma

A final application of my study concerns directions for future research on the interrelated problems of poverty, stigma, and mental health. Ethnographic work is vital to the inductive phase of the research process, which includes the development of models, hypotheses, and the instruments needed to test them. Appropriate to this initial
phase, my study was broad in scope and inclusive of the range of identities among the poor – an approach that allowed the identification of patterns most relevant for a social problem that science has yet to fully scrutinize. The patterns I emphasize most are: (1) the links among social identity, group affiliation, and self-esteem; (2) the articulation of structural and individual discrimination (the first acting through the second); (3) the role of in-group stigma and the hierarchy of social identities; and (4) the continuum of responses to stigma and their associations with both identity and outcome – with outcomes ranging from local and individual (e.g., removal of stigma from the person, social service avoidance, or mental illness) to historic and recursive (e.g., the reinforcement of stereotypes, organized self-legitimacy, or removal of stigma from society). The next phase of the research process would endeavor to test hypotheses formulated around one or more of these patterns.

Based on the interpretations and conclusions made from my findings, a number of hypotheses regarding the influence of stigma on mental health may be tested – contributing to known models of the etiology of mental illness and new approaches to prevention. Of particular relevance is the general hypothesis that a person’s life experience of stigma predicts the incidence of mental illness, independent of known risk factors. However, for future research to be successful in this effort, both the study population and the mental health outcome would need to be specified – beyond the broad specifications required of ethnographic research. For this work, I would propose a focus on the homeless, who represent the most marginalized, isolated, and deprived groups living in poverty in Western societies. Selection of this focus is justified by two important observations: (1) The homeless emerge at the bottom of the hierarchy of in-
group stigma; encounters against them can originate from any source, no matter their social class, which suggests that the homeless may bear the greatest burden of stigma among the poor; and (2) The links between homelessness and depression are well-documented, while the mechanisms that generate these links have yet to be fully understood.

The observational study designs of epidemiology – cross-sectional, case-control, and cohort studies – are well-suited for testing hypotheses on the etiology of disease. Because of the transience of homeless populations and the high potential of attrition, cohort studies would be difficult to realize. Given the availability of epidemiologic field instruments (such as the CES-D), a more viable design is the case-control study, which would compare the stigma burden of homeless people who screen positive for depression with that of homeless people who screen negative. Using this design, researchers can test the hypothesis that life experience of stigma among the homeless independently predicts the prevalence of depression. Multivariate models would include material and social stressors and other known risk factors for depression, as well as protective factors such as social support, group affiliation, and legitimizing attitudes.

Of particular interest would be the protective effects of organizations that bring homeless people together to promote positive change. Group affiliation has traditionally been a challenge for the homeless because of their isolation and lack of trust in others who sleep on the streets and in shelters. One means of overcoming this challenge is the street newspaper – a practice that began in the 1990s (presumably in New York City) and can now be found in cities across the United States and other parts of the world (Howell 2003). These newspapers primarily cover topics of poverty and homelessness
and often take an editorial stance of countering stereotypes and erroneous beliefs about the homeless. More importantly, the street newspaper involves the homeless in mutually beneficial interaction; in most cases homeless people are the vendors of these newspapers, and in many cases they are contributors. In a case-control study of stigma and depression among the homeless, membership in such organizations may be one of the stronger protective factors – functioning to mitigate the effects of stigma through the establishment of group identity and reinforcement of self-esteem.

One particular challenge for testing these hypotheses is the development of instruments needed to measure and quantify stigma. As with most epidemiological measures of exposure, a retrospective measure of stigma would need to assess the duration, frequency, and severity of exposure to its components – labels, stereotypes, and acts of discrimination. A reasonable starting point would be the Experiences of Discrimination (EOD) instrument developed by Nancy Krieger and colleagues (2005) to measure self-reported experiences of racial discrimination. Adapting this instrument for measuring experiences of discrimination among the homeless could be facilitated through cultural domain analysis of the kind described in detail in Chapter 5. My study analyzed the cultural domain of labels for “people in précarité.” Further research would benefit from an analysis of the cultural domain of “stigmatizing encounters” or “experiences of discrimination.” Free-lists can be used to elicit the most salient types of encounters, while paired comparison activities can be used to assess their severity. Provided there is an acceptable level of cultural consensus on the severity of encounters, results from this analysis can be used to weight encounters as they are measured in structured interviews.
Concluding Remarks

Taking a multidimensional approach to poverty, the evidence of stigma against the poor is pervasive. Poverty in Western societies is about exclusion from economic and social life, barriers to education and meaningful employment, political disenfranchisement and unsafe neighborhoods. While accounting for and acknowledging the influence of these structural factors on the lives of the poor, my study was designed to elucidate how stigma is experienced at ground level. Throughout this work, I have argued that it is largely through interpersonal encounters that structural forces produce and reproduce stigma.

People living in poverty are not stigmatized for their simple lack of money. Rather, the focus of stigma against the poor is, more often than not, rooted in ideas of personal culpability, maladaptive behaviors, and immoral lifeways. The homeless man is not stigmatized for his lack of shelter, but for the idea that he is at fault for it. The Algerian, the Romanian, and the Serb are not stigmatized for their countries of origin, but for the idea that they are criminal or violent. Homelessness and ethnicity are instead visible markers by which people identify those who are different, and to which negative stereotypes and attitudes are attached. In this sense, stereotypes help to define both the stigma itself, and the boundaries within which the stigma may be practiced.

A “stigma of poverty” should therefore be understood as one experienced by the poor, rather one directed at the state of being poor. It is from this perspective that the gravity of stigmatizing experiences in these populations can be realized. For each major challenge a disadvantaged man faces, there is a person or group who will insult him for it. If the man is simply unemployed, he faces one stigma, along with all the labels and stereotypes associated with it. Others blame his unemployment on laziness or apathy,
and he is labeled a “glandeur” (do-nothing). If the man is also a beneficiary of state assistance, he faces two stigmas. In addition to the labels and stereotypes of the unemployed, he is subject to the stereotype that he is trying to cheat the system. Others call him a “profiteur” (profiteer) – a label even more insulting than the first. If the man is also a drug addict, he faces a third stigma, and so on. This concurrence of multiple stigmatized identities poses a considerable challenge for both those living in poverty, and the social workers, clinicians, and other professionals who are committed to helping them.

As a final remark, it is important to avoid framing the poor as passive victims of stigma. The experience of stigma is a necessary counterpoint to the practice of stigma – emphasizing the behavioral and psychological responses of those who are stigmatized. Stigma process does not end with exclusion, status loss, or discrimination. The responses of those who are discriminated against may lead, depending on a variety of cultural and personal factors, to perpetuation of stereotypes and stigmatizing practices, protection against stigma through affiliation with group identities (where difference is embraced and legitimized), or the emergence of self-stigma and its negative psychological sequelae when social and personal identity come into conflict. The outcome of stigma is therefore a recursive social and psychological dynamic between the practices of the normalizing social body and the experiences and responses of those labeled as different. It is a dynamic that can promote both social and personal change, and one that marks a potential point of intervention for improving the health and well-being of those who need it most.
Figure 8-1. A recursive model of stigma and mental illness
## APPENDIX A
### INTERVIEW GUIDE

<table>
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<tr>
<th>Discussion</th>
<th>Short response</th>
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<table>
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<td>Social service location</td>
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### (1) Demographic information

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<td>Age</td>
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</tr>
<tr>
<td>Ethnicity / nationality</td>
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</tbody>
</table>

**Quotas:**

- Homeless
- Unemployed
- Marginalized ethnicity/nationality
- Alcohol/drug dependent

### (2) Life history

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<td>Professional training</td>
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<table>
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<th>First arrival in Geneva</th>
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<td>Leaving country of origin</td>
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<tr>
<td>Arriving in Geneva</td>
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<tr>
<td>Experiences with précarité</td>
<td></td>
</tr>
</tbody>
</table>

**Circumstances of becoming:**

- Homeless
- Unemployed
- Addicted to alcohol or drugs
- Depressed
(3) Current situation

Typical day in informant’s life

Family and friends

- Frequency of interaction
- Shared activities
- Support received
- Support offered
- Number of “true friends”

First time using Geneva social services

- Which services were used
- Frequency of use
- Comparison with services outside Geneva

Preferred services

- Reasons they are preferred
- Good points / advantages of going

Least preferred services

- Reasons they are least preferred

Informant’s recommendations

(4) Stigma and discrimination

Event where informant experienced stigma

- If more than one, the most “severe/unfair”
- If none, an event involving someone else

Discrimination in the social services

- Unfriendly / non-accepting staff
- Discriminatory social service practices

“Most stigmatized” groups

- Reasons groups are stigmatized
APPENDIX B
FREE-LISTED TERMS FOR “PEOPLE IN PRÉCARITÉ”

The following table provides 102 labels for “people in précarité” that were listed two or more times in the cultural domain analysis activities. Items shown in bold were listed by both précaire and general population informants.

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<th>English translation</th>
<th>Frequency</th>
<th>Avg. Rank</th>
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<td>Profiteer</td>
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<td>Bum</td>
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<td>7.18</td>
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<td>Idler</td>
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<td>Poor</td>
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<td>Refugee</td>
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\[SDF = \text{Sans domicile fixe (term # 52)}\]
\[AI = \text{Assurance invalidité}\]
\[NEM = \text{Non-entrée en matière}\]
\[RMI = \text{Revenu minimum d’insertion}\]
## APPENDIX C

### PILE SORTS OF LABELS FOR “PEOPLE IN PRÉCARITÉ”: AGGREGATE PROXIMITY MATRIX

1 – Alcoolique to Fainéant

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**Legend**: ALC = Alcoolique; CHO = Chômeur; CLA = Clandestin; CLO = Clochard; DEC = Déchet; DRO = Drogué; DIF = En difficulté; ETR = Etranger; EXC = Exclu; FAI = Fainéant; GIT = Gitan; GLA = Glandeur; HAN = Handicapé; IMM = Immigré; MAL = Malade; MAR = Marginal; MEN = Mendiant; PAR = Parasite; PAUV = Paumé; PAUV = Pauvre; PER = Perdu; POU = Pouilleux; PRE = Précaire; PRO = Profiteur; PUNK = Punk; RAC = Racaille; REF = Réfugié; REQ = Requérant; SABR = Sans-abri; SEMP = Sans-emploi; SPAP = Sans-papiers; SDF = SDF; TOX = Toxico; VOL = Voleur

English translations may be found in Appendix B and as a stand-alone list in Chapter 5.
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BIOGRAPHICAL SKETCH

Ryan Theis was born in Chicago, Illinois and has lived most of his life between Florida and Ontario, Canada. He received a Bachelor of Science degree with honors from the University of Florida, with a major in journalism and a minor in anthropology. In 2001 he entered an interdisciplinary program at the University of Florida, receiving a Master of Arts in anthropology in 2003 and a Master of Public Health in epidemiology in 2004. As a graduate student, he helped to conduct applied ethnographic research on adolescent tobacco use, farmworker housing, and substance abuse treatment for veterans, and epidemiologic research on kidney cancer, obesity and nutrition. He qualified for doctoral candidacy in 2005 and conducted his doctoral fieldwork in Switzerland from November 2005 to October 2006, funded by a grant from the U.S. Fulbright Program and the Swiss Confederation.