

# Personal and social shame among the recipients of charity food aid in Finland

Tuomo Laihiala, Johanna Kallio & Maria Ohisalo

University of Eastern Finland, University of Turku

In this article, we focus on shame among the recipients of charity food aid in Finland. We are interested in whether shame is explained by sociodemographic factors, frequent use of food aid or the persons for whom the charity food is obtained. Our analysis is based on survey data collected in 2012–2013 (N = 3474). Shame is measured using two indicators that are related to social and personal shame. Descriptive statistics and binary logistic regression are utilised. Nearly three of four respondents do not perceive receiving food aid as humiliating or socially harmful. Feelings of social shame are more common when charity food aid is needed to support an entire family rather than an individual recipient, and feelings of personal shame are more common when there are two or more children in the family. The highly educated, the elderly and those with the most insufficient perceived incomes are more socially and personally ashamed than others are. Women receiving charity food aid consider it more socially shameful than men do.

**Keywords:** Charity food aid, the disadvantaged, food banks, poverty, shame, stigma



## Introduction

In his influential book, *“The Wealth of Nations”*, Adam Smith (1776) wrote about the link between poverty and shame. In his well-known example related to avoiding the shame of poverty, Smith included a pair of leather shoes and a linen shirt among those articles that defined decency in the eighteenth century. Later, Peter Townsend (1979) suggested that all individuals should have the opportunity to participate in the activities and have the living conditions that are customary in the societies to which they belong. According to him, the poor are people who cannot participate due to lack of money, which is certain to provoke shame. Amartya Sen (1983; 1993) combines Smith’s and Townsend’s perceptions

under the concept of capability, which means on the one hand “the ability to go about without shame” and on the other hand being able to participate in community activities.

Recently, multiple studies have noted that there are clear links between shame and poverty regardless of the society in question (see, e.g., Chase & Bantebya-Kyomuhendo 2014; Walker et al. 2013; Walker 2014). These studies support Sen’s (1983; 1993) observation that people in poverty typically feel deeply ashamed at being unable to live up to societal expectations due to their lack of resources, are shamed by those around them and suffer stigma often reinforced by discriminatory action (see Birrell 2016). According to Sen, shame is particularly associated with absolute poverty. However, recent research suggests that even relative poverty provokes shame (e.g., Gubrium & Lødemel 2015). Because consumption has become an essential measure of personal success, those who are unable to take part in the consumerism typical of individualistic Western countries such as Finland appear to feel shame (cf. Walker 2014).

Shame is particularly related to those life situations in which last-resort support is needed (Blomberg et al. 2016; Gubrium & Lødemel 2014; Starrin et al. 2003; van der Horst et al. 2014; Walker 2014). Paradoxically, feelings of shame can cause people to detach from society and from potential sources of help; shame relates to the underuse of welfare benefits (Blomberg et al. 2016; Chase & Walker 2013; Lister 2004). The shame of poverty has severe consequences for individuals, such as interpersonal separation, distancing, depression, anxiety and even suicide (Gilbert et al. 1994; Goss & Allan 2009; Lewis 1995; Scheff 2003; Walker 2014). Moreover, the consequences to individual well-being and social competence appear to be similar in very different countries (e.g., Walker 2014). The negative effects on health and

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Tuomo Laihiala, PhD candidate and researcher in sociology at the University of Eastern Finland. His research focuses on the various aspects of well-being, social and gender inequality as well as socioeconomic disadvantage. Johanna Kallio, PhD in social policy, is a senior researcher in the Department of Social Research at the University of Turku, Finland. Her research focuses on the aspects of welfare attitudes, socioeconomic disadvantage, poverty and intergenerational social mobility. Maria Ohisalo, PhD in sociology, is a project researcher in the Department of Social Sciences at the University of Eastern Finland. Her research interests include poverty, subjective well-being and social inequality.

Corresponding author: Tuomo Laihiala, University of Eastern Finland (UEF) Faculty of Social Sciences and Business Studies P.O. Box 1627, FI-70211 Kuopio email: tuomo.laihiala@uef.fi tel. +358 44 974 1582

well-being make the experiences of shame an important topic for academic research.

In this study, we outline perceived shame related to charity food aid in Finland. Is it personally (*It is shameful for me to receive food*) or socially (*I don't want my neighbours or family members to see me receiving food*) shameful to seek food aid in Finland? We use a unique survey data on Finnish food aid recipients collected in 2012–2013 (N = 3474). Our main purpose is to identify the factors that explain shame; thus, a logistic regression model has been used to determine the extent to which 1) demographic factors, 2) socioeconomic factors, 3) the frequency of receiving food aid and 4) for whom the charity food is sought are related to an individual's likelihood of experiencing personal or social shame.

Shame among the recipients of charity food aid in Finland has not been adequately studied, although various forms of food aid have become a social practice and an unofficial component of the Finnish welfare state since the economic recession in the 1990s (Hänninen et al. 2008; Ohisalo et al. 2014). Furthermore, shame and stigma in Europe have been studied primarily using qualitative methods. Therefore, quantitative research can produce fresh contributions to the academic discussion on shame (Baumberg 2016; Zavaleta Reyles 2007).

### Shame and poverty

Poverty encompasses multiple dimensions. Sen (e.g., 1990; 1995) argues consistently that poverty has both material and social aspects. Recently, social scientists have begun to show increasing interest in the psychosocial dimension of and emotional responses to poverty, including stress, hopelessness and shame (e.g., Baumberg 2016; Jo 2013; Marttila et al. 2010; van der Horst et al. 2014; Walker et al. 2013). Shame is the essential frame when endeavouring to understand how people who live in poverty respond to social demands (Chase & Walker 2013). The poor are unable to participate fully in society, which produces a feeling of personal failure (Scheff 2003; Walker 2014). Studies have noted that people in poverty feel ashamed of their living circumstances, particularly of receiving last-resort support such as social assistance or charity food aid (Blomberg et al. 2016; van der Horst 2014; Walker 2014).

Shame is one of the master emotions of everyday life in which individuals are socialised beginning in childhood. It is a self-conscious and painful psychosocial emotion universal across cultures (Lewis 1995; Scheff 2003; Walker 2014). Shame is often more deeply hidden than are other, similar emotions. Shame is a response to the dominant voice of others or to the demands of the individual. The wider the gap is between the demands and the actual ability to meet those demands, the stronger the feeling of shame. The core of shame is the fear of exposing oneself to others and the tendency to evaluate one's self negatively. The source and level of shame are socially defined, for example, via dominant and widely shared sociocultural norms, goals, values and discourses (Jo 2013).

Although shame is nuanced both socially and culturally, it is associated with poverty across a wide variety of different

societies with different living standards (Chase & Bantebya-Kyomuhendo 2014; Walker 2014). Shame has changed in modern times to become a more individualised experience; it is more individualistic in its incidence and its effects (Chase & Bantebya-Kyomuhe 2014; Gubrium 2014). The prominence of shame appears to be lower in individualistic cultures, such as Finland, than in collectivistic cultures (Fessler 2004; Sutton et al. 2014). In societies with a collectivistic culture, shame appears to yield positive social benefits, such as ensuring conformity and reinforcing social and cultural obligations (Chase & Bantebya-Kyomuhe 2014).

Shame has greater negative connotations in individualistic cultures than in collectivist ones because it currently has transitioned from families and traditions to individuals themselves. The so-called attainment society causes shame through mechanisms that are different from those of traditional society, in which shame is experienced when the norms and rules of behaviour are broken (see Frønes 2001). In consumerist societies, those with low income and insufficient resources do not have a similar freedom to consume compared with the surrounding society. In other words, it becomes difficult to build their identity via consumption. For example, Jeremy Seabrook (2014) states that shame is the most dominant feature of poverty in individualistic modern societies because today's poor do not view their poverty any longer as a fate and are thus reluctant to accept it. Consequently, shame is often invisible in modern societies because it has become taboo. Shame results in denial, silence, loneliness and self-accusations associated with the failure to achieve individual goals or reach a level of personal fulfilment and potential (Scheff 2003).

### Social shame, personal shame and social stigma

Shame can be produced by a lack of deference or respect, public errors or mistakes, criticism or insult. However, shame can also be aroused by purely internal events (Scheff 1994). "Traditional studies" of social psychology suggest that the phenomenon of shame is generated both internally and externally (e.g., Adler & Adler 1994; Becker 1963; Goffman 1963); it combines an internal sense of inadequacy and an imposed or imagined external judgement by others (Goffman 1963; Walker 2014). This important distinction between *personal (internal)* and *social (external) shame* is not always made by researchers of shame.

Claiming food aid can generate a sense of personal failure, i.e., shame arising from a person's conviction that receiving food aid is to be avoided. People in poverty generally feel ashamed at having failed to live up to society's norms and goals. Most of them will internalise this failure as their own, thus rendering shame part of their identity. Personal shame is related to negative self-evaluations (Walker 2014). Shame is internally felt – I feel ashamed to be what I am and to do what I do. In other words – I am ashamed because I am poor and I am applying for food aid. The essential question here is, Does claiming food aid conflict with an individual's own expectations or the internalised goals of a wider society?

The greater the difference is between these alternatives, the stronger the experience of personal shame.

The core of social shame, however, is the fear of being exposed by others (Walker 2014). The following question arises: What are people's perceptions concerning those aspects of poverty they believe others would reject or attack if those aspects became public? On a cognitive level, social shame refers to how one thinks others see the self. Members of vulnerable groups can feel particularly helpless if they face both internally and externally generated shame, a state that can lead to many other negative feelings. (Baumberg 2016; Gilbert et al. 1994; Scheff 1994.)

*Social stigma* is a process entailing attitudes, thoughts and actions on the part of the majority and perceptions of and responses to these responses by the people who are stigmatised (e.g., Dovidio et al. 2000). According to Goffman (1963), stigma is a process by which the reaction of others spoils normal identity. Stigma is something that disqualifies an individual from full social acceptance as a person. For example, stigmatised individuals might feel that they are not accepted fully into society. Stigma is a deeply discrediting attribute; Pescosolido and Martin (2015) speak about the "mark of shame".

Poverty is a special case that unites social stigma and shame. The poor are typically considered stigmatised by those who are not poor. The mechanisms of the process include distancing, separating, excluding, devaluing and discriminating (Lott 2002). Indeed, because shame related to poverty and social stigma are similar, poverty and social stigma can often be treated as synonymous. If seeing one's self critically in the eyes of others is an essential element of shame, a common means of measuring stigma is to determine whether people provide shame-related reasons for not seeking welfare benefits (Baumberg 2016). Similar mechanisms can lead to under-use of charity food aid.

### Charity food aid in the Finnish welfare state

Traditional stigmatising of poor relief was thought to have become obsolete with the introduction of a universalistic and extensive welfare state in Finland following the Second World War. However, in the early 1990s, Finland faced a deep economic recession that had significant effects on employment, poverty and the socio-political atmosphere. Finland witnessed an ideological shift from universalism towards selectivism, and so-called poverty policy emerged on the political agenda (Julkunen 2001; Kuivalainen & Niemelä 2010). Charity food aid emerged at the same time, and so-called bread queues (*leipäjono* in Finnish) became an essential part of the picture of urban poverty in the Finnish welfare state (Ohisalo et al. 2015; Silvasti & Karjalainen 2015).

Poverty and income inequality have risen since the 1990s recession. The poverty risk rate increased from 7 to 14 per cent between 1993 and 2010 (Moisio et al. 2014). The growth of income inequalities from the 1990s to the early 2000s was exceptionally rapid and severe in Finland compared with other Western societies (OECD 2008; 2011). In

addition, the growth of economic inequality is observed in terms of wealth (Jousilahti & Niemelä 2016). In particular, the number of Finns who experience long-term economic difficulties has increased (Riihelä & Suoniemi 2015).

Charity food aid has become established in Finnish society, although it was initially considered a temporary means of relieving the problems caused by high levels of unemployment and reductions in welfare benefits (e.g., Salonen 2016). The delivery of free or low-cost lunches for the unemployed began in 1992, and in 1995 – after Finland joined the European Union – the Evangelical-Lutheran Church established the first official Food Banks to distribute EU food<sup>1</sup> in its parishes across the country. Currently, Finnish charity food aid is a fragmented field involving different third-sector actors, such as the Evangelical-Lutheran Church and its parish offices, other faith-based charitable organisations and unemployed associations. In 2013, the number of charity food-aid distributors in Finland was estimated at over 400 (Ohisalo et al. 2013).

The number of people who receive food aid is not known in many countries, including Finland, because there is no official census and therefore no reliable statistical information available. According to national-level estimates based on a telephone survey (Lehtelä & Kestilä 2014, 274), 2.5 per cent of Finnish men and 2.1 per cent of Finnish women had received charity food aid at least once in the last twelve months in 2013. According to estimates by the various charity food-aid actors, the number of weekly recipients of Finnish charity food aid is approximately 20,000 (Ohisalo et al. 2013).

A typical Finnish food aid recipient is middle-aged or elderly and either unemployed or a pensioner. The number of young adults is rather low. The recipients are likely to live alone or as a single parent in rented accommodation (Ohisalo & Saari 2014). Women are overrepresented among recipients who are over sixty years old, whereas men are overrepresented among the middle-aged. Male recipients are more often unemployed than are female recipients, and women are more often pensioners than are men. This phenomenon reflects habitual gender disadvantages in Finland, in which men are more likely to be socially disadvantaged than are women, and the poverty risk for elderly women living alone is much greater than that for either men or couples (Laihiala & Ohisalo 2017). Compared with the average Finnish population, food aid recipients are less educated. Low income is the most prominent reason for seeking food aid. However, more than two-fifths of Finnish food aid recipients suffer from several disadvantages simultaneously; in addition to economic vulnerability, they have poor health and multiple social problems (see Ohisalo et al. 2015).

### Explaining shame among the recipients of charity food aid

Few studies have been published on shame among food aid recipients. In the Netherlands (van der Horst et al. 2014), in the UK (Caplan 2016; Purdam et al. 2016), in Helsinki (Siiki 2008) and in Pori (Hämäläinen 2006) in Finland, many interviewees report experiencing shame when receiving food

aid for the first time. Some food aid recipients were too embarrassed to collect a food parcel, so a volunteer took the parcel to them (Purdam et al. 2016). Additionally, desperation, gratitude, shame and powerlessness were prevalent themes mentioned by food aid recipients in Scotland (Douglas et al. 2015).

The first Finnish study of the shame of poverty, in which ten food aid recipients were interviewed, dates back to the 1990s (Metsähuone 2001). The most important topic emerging from the interviews was shame. According to the results, the recipients found obtaining food aid both difficult and shameful; the latter was revealed by how they felt it was necessary to justify their need for charity food. The study showed that those who were the most harshly treated by the 1990s recession found it more shameful to receive food aid than did those who were already in a vulnerable position before the crisis. These “dropouts” also found poverty to be shameful. Based on Finnish research and the above-mentioned international studies, we assume that receiving food aid is also related to shame in Finland in the 2010s.

A more recent Finnish study (Hämäläinen 2006, 132), which interviewed fifteen food aid recipients, revealed that personal shame was not felt after the first times in the bread queue. However, the interviewees described queuing for food as socially embarrassing – a situation that one would rather avoid (Hämäläinen 2006, 132). Moreover, those who did not feel shame about obtaining food aid thought that the other recipients considered doing so shameful. They also believed that many in need considered receiving charity food so shameful that they did not fetch it at all.

According to previous research, age can be an essential factor in explaining the shame of poverty; the elderly represent the population most ashamed to apply for food aid (e.g., Ohisalo et al. 2014; Purdam et al. 2016). We can postulate here a generational effect if we assume that younger generations are more familiar with applying for help than are older generations. The young are likely to be more accustomed to food aid because the phenomenon has been present for as long as they remember, i.e., since the 1990s. Conversely, growing older reduces opportunities to exit poverty. There is a clear difference in the average duration of poverty between young students and pensioners; the poverty of students is often temporary, which is not true for pensioners (e.g., Riihelä & Suoniemi 2015).

Studies show that shame is also predicted by gender, because women are more prone to experience shame than men are (e.g., Akbag & Imamoglu 2010; Tangney & Dearing 2002). For example, a slightly larger proportion of long-term unemployed women report shame than do men in the same situation (Jönsson 2002). Similarly, over-indebtedness appears to affect women more strongly than men in Finland (Blomgren et al. 2014), and women who receive food aid report health problems and insufficient income more often than male recipients do (Laihiala & Ohisalo 2017). All of the above appears to be consistent with the gendered ageism deeply entrenched in our culture, which makes elderly women feel particularly stigmatised by society (Bousson 2016). Concerning gender stereotypes, women tend to

be more emotional than men and therefore perceive shame more easily than men. Women, particularly working-class women, typically feel responsible for the honourable status of the entire family (e.g., Morgan 2004). This feeling can exist because women often have high expectations concerning their roles as caretakers and concerning how they should present themselves in public (Gubrium 2015, 108).

Economic difficulties, such as insufficient income and indebtedness, cause experiences of failure that lead to shame in consumerist societies. Therefore, it is likely that personal economic difficulties increase emotional responses even among food aid recipients (e.g., Walker 2014). The more difficult the economic situation is, the more ashamed a recipient of food aid is likely to be. It is even probable that food aid recipients perceive double shame because they are both in poverty and receive charity food.

We also assume that the labour market situation is connected to emotional responses to receiving food aid. As previously mentioned, the situation of students is different from that of pensioners. Retirement is a permanent situation in life and often makes pensioners' poverty stable. Consequently, pensioners' emotional responses can be more severe than those of others, such as students and those who are temporarily unemployed.

It is possible that the highly educated are more ashamed to apply for food aid than are those who have only a compulsory-school degree. Having a valued social position raises the possibility that one will feel stigmatised because one has not exhibited the positive qualities that are presumed to go with the position (Crocker & Garcia 2006, 297). Shame is closely associated with the threat of devaluation by others; it performs a function of defending against social devaluation (Sznycer et al. 2016). The highly educated likely set higher expectations and therefore feel more ashamed than do those with low education levels. Social position matters when one makes a comparison with one's reference group, a group with the members of which one compares one's self. In this context, Runciman (1966) distinguishes two types of relative deprivation based on subjective feelings: egoistic and fraternalistic. Egoistic deprivation is caused by unfavourable social position when compared with other, better-off members of a specific group, whereas fraternalistic deprivation is caused by unfavourable comparison with other, better-off groups.

In the UK, the clients of food banks often claim to be ashamed because they cannot provide for their families (Caplan 2016). According to Walker et al. (2013), shame is greatest among those who cannot support their children. For Norway and Denmark, shame of poverty is felt strongly within the context of protecting children from being associated with a lowered economic status of the family compared with local expectations (see Erjnæs et al. 2016; Gubrium & Lødemel 2015). Therefore, it is possible that individuals who have children and receive food on behalf of an entire family are more ashamed than are those who do not have children and receive food only for themselves.

It is possible that individuals become accustomed to the stigma of poverty when poverty is prolonged. Thus, it is possible that those who seek food aid regularly are less ashamed

because they are more accustomed to difficult economic and social situations than are those who seek help only irregularly. This assumption is similar to Merton's strain theory (1968); because the disadvantaged lack the means to achieve the goals that are considered valuable and essential in the society, they reject those goals. However, there are also studies that do not support the idea of adjustment to social stigma; instead, these studies underline the role of negative emotional responses to long-term disadvantage (Marttila et al. 2010; van der Horst et al. 2014).

### Data, variables and methods

The recipients of charity food aid form a marginal group in terms of size compared with the Finnish population. The disadvantaged groups of society are typically difficult to reach via telephone interviews or postal surveys. They can also be difficult to find, and it can be challenging to persuade them to take part in surveys; thus, they are called "hard to survey populations" (Tourangeau et al. 2014). For these reasons, researchers must dig deeper to gather data. Samples can be collected from low-threshold services in which the disadvantaged are encountered – in this case, from charity food-aid service locations.

We utilise a sample of Finnish food aid recipients (N = 3474) collected by the University of Eastern Finland in the years 2012–2013. The data were collected from 36 food-aid distribution points in 11 municipalities and seven congregations. It is the first large and, thus far, the best quantitative dataset on the topic collected in Finland. These survey data are also unique internationally.<sup>2</sup> The survey administration dates were randomly selected, thus ensuring that the circumstances were as typical as possible. The selected distribution points were the largest in each city in terms of the quantity of food aid distributed and the number of people served. The recipients were informed about the survey in advance to familiarise them with the notion of being contacted by the researchers.

The sample was selected by handing the survey form to each person in the queue. Thus, everyone present in the queue at the time the survey was conducted was given the opportunity to participate. However, there were individuals who were unwilling to participate in the survey at each charity food-distribution point. The surveyors received the impression that the elderly, men, substance abusers and non-Finnish speakers might have been overrepresented among those who refused. We can thus assume that the factors underlying refusal include negative attitudes towards the research, intoxication, foreign language and poor eyesight.<sup>3</sup> Despite these refusals, the sample can be considered representative and reliable because, although it was collected from charity food distribution points with different volumes, the distributions of the respondents' answers were found to be essentially similar everywhere (see Ohisalo & Saari 2014). Because the data were collected in the largest and a few smaller cities, the picture they draw is necessarily urban.<sup>4</sup> Charity food aid is also delivered in the countryside but on

a considerably smaller and more fragmentary scale than in cities.

In the questionnaire, shame is measured using two statements: 1) "Receiving food aid is humiliating for me", and 2) "I don't want my neighbours or relatives to see me receiving food aid". The recipients were asked to answer by choosing one of the following response categories: Fully agree, Partly agree, Neither agree nor disagree, Partly disagree, or Fully disagree. The two variables obtained from the responses were recoded into two dichotomous variables. Consequently, the first variable, which indicates Personal shame, i.e., whether one feels humiliated to receive food aid, has the following levels: 1 = fully or partly agree (N = 909) and 0 = other options (N = 1722). The second variable, which indicates Social shame, i.e., whether one does not want one's neighbours or family members to see one obtaining food, has the same two levels: 1 = fully or partly agree (N = 903) and 0 = other options (N = 1741). The dichotomy Social/Personal shame arises from the here applied theoretical framework, as sketched for example in Scheff (1994).

The age of the respondents was recoded into four categories: (1) 35 years or less, (2) 36 to 45, (3) 46 to 55 and (4) 56 or over. Gender is measured using dichotomous categories: (1) Men and (2) Women. The number of children in a family was recoded into three categories: (1) two or more children, (2) one child, and (3) no children. Level of education is measured using three categories: (1) Primary education (comprehensive school or less), (2) Secondary education (vocational/upper secondary), and (3) Tertiary education (including degrees from university and polytechnic institutions). Employment status, originally measured via a more fine-grained categorisation, is recoded into five categories: (1) At home (e.g., as a parent of a small child), (2) Pensioner, (3) Unemployed or laid off, (4) Student and (5) Working (either permanently, fixed term or part-time). Subjective sufficiency of income is measured using four categories as responses to the statement "My income is enough to cover my expenses": (1) Agree, (2) Neither agree nor disagree, (3) Partly disagree, and (4) Fully disagree. The person or people for whom the charity food is obtained are measured using three categories: (1) For me and others, (2) For me and my family and (3) Only for me. The frequency of receiving charity food aid within the past year is measured via four categories: (1) A few times per year, (2) Once per month, (3) Every other week, and (4) Every week. Cases with missing data for the independent or dependent variables were dropped from the analysis. The frequencies of the variables used in the analysis are presented in appendix Table 1.

Descriptive statistics and binary logistic regression are used as the analysis methods. Logistic regression measures the relationship between the dependent variable and one or more independent variables (e.g. Mood 2010), which can be categorical or continuous. In this analysis, the average marginal effect (AME) of all covariates is calculated as a part of the logistic regression. Average marginal effects – an average increase or decrease – on the response scale of the categorical independent variables are particularly easy to

understand and are used to overcome the problems encountered when comparing separate models (see Williams 2012, 323). To assess the explained variation, we also report the standard errors, chi-square and BIC.

## Results

Slightly more than one-third of the respondents report shame; 34.6 per cent report feelings of humiliation when receiving food aid, and 34.2 per cent do not want their neighbours or family members to see them queueing for food. It is clear that most of the people who receive food aid do not perceive it as shameful or socially harmful. A cross tabulation indicates that both types of shame are connected with one another; 68 per cent of those feeling social shame also feel personal shame, and 66 per cent of those feeling personal shame also feel social shame. However, these percentage results indicate that the two statements do not measure exactly the same concept. Together with the theoretical frame concerning the two forms of shame, this finding provides a justification to analyse the statements about social and personal shame as separate variables.

The analysis explores which factors explain perceived shame among those receiving food aid. The analysis is conducted by creating regression models with  $dy/dx$  margins<sup>5</sup> in Stata 14.1. These models are presented in Table 1. The first column explores the bivariate connection between each independent variable and Personal shame, and the second column analyses all of the factors simultaneously such that the effects of all of the independent variables are controlled. The same research setting is repeated but explains Social shame in columns 3 and 4.

According to the bivariate analysis (column 1 in Table 1), Age has a significant effect on Personal shame; those over 65 years of age report the highest perceived personal shame compared with the youngest age group, the 16- to 25-year-old group (reference category). The two youngest groups experience the least shame, whereas after the age of 35, one is more likely to feel ashamed when obtaining charity food aid. Those who have two or more children to support report more personal shame than do those without children or those who have only one child. Gender is not significantly connected with social shame. The highest education level is associated with experiencing personal shame. Pensioners and the unemployed or laid-off feel more personal shame compared with those “at home”. Those who fully disagree that their income is sufficient to cover their expenses feel more personal shame than do those who report that their income is more sufficient. Frequenting food-aid locations every other week during the preceding year predicts a higher level of perceived personal shame than receiving food aid only a few times in the past year. When all of the independent factors are standardised, the results suggest that personal shame is largely determined by age. The effect of age is even a slightly more powerful one than is the bivariate effect. Other key determinants of personal shame are education and perceived sufficiency of income. The higher education levels predict experiencing personal shame compared with the lowest education (refer-

ence category). Those who fully disagree that their income is sufficient to cover their expenses feel more shame than do those with sufficient perceived incomes. Unlike in the bivariate results, the frequency of seeking food aid is no longer statistically associated with personal shame in the full model. The same result is observed for employment status; being a pensioner or unemployed is no longer statistically associated with personal shame when all of the variables, including age, are controlled for.

The determinants of Social shame are estimated in the third and fourth columns in Table 1. The bivariate results suggest that Age (36 or over), Gender (female), Education (university), Income (most insufficient) and seeking food aid for family have significant effects on Social shame. When all of the independent factors are standardised, Age continues to have a significant effect on social shame; the greater one's age, the more likely one is to feel that it is shameful for neighbours or relatives to see one queueing for food aid. However, the age effect is somewhat weaker than in the model concerning personal shame. The women receiving charity food aid consider it more shameful to be observed queueing at a food aid location than do the male recipients. Similarly, those who have the largest income problems find it more shameful to be observed at food aid locations. Unlike for perceived personal shame, feelings of social shame are greater when charity food aid is needed to support the entire family rather than an individual recipient. However, when all of the independent variables are controlled for, having children is not connected with a greater social shame. The results mean that, rather than seeing receiving food aid as socially shameful, those who support children consider it a personal failure not to be able to support their children.

Overall, the shame perceived by the food aid recipients in this study is associated with both demographic and socioeconomic factors. It is interesting that the elderly women appear to feel the strongest shame. Elderly women are overrepresented among Finnish food aid recipients because of the high poverty risk for pensioned women living alone. Age predicts both social and personal shame; in particular, the oldest food aid recipients feel it is shameful to obtain charity food. In addition to age, female gender is linked to the social aspects of shame; women perceive it to be more shameful to be observed by their neighbours or relatives when queueing for assistance than men do. Furthermore, education is linked to both types of shame; it appears that well-educated food aid recipients feel more shame because they might feel less successful in their lives than their well-educated social reference groups. The same type of feelings can be experienced by food aid recipients who have families to support. Seeking charity food for one's family predicts experiencing social shame, and having two or more children predicts experiencing personal shame; one is likely to feel miserable when one cannot support one's family without charity food aid. The importance of food assistance is at its highest when the economic situation is particularly weak. It appears that the deepest scarcity predicts both personal and social shame; those with the least-sufficient perceived incomes are more likely to report shame.

Table 1

*Perceived Personal and Social shame. Binary logistic regression models with average marginal effects (standard errors in brackets).*

	Personal shame		Social shame	
	Bivariate analysis	Full Model	Bivariate analysis	Full model
<b>Age</b>	dy/dx (s.e.)	dy/dx (s.e.)		
16-25	.	.	.	.
26-35	0.073 (0.039)	0.058 (0.039)	0.055 (0.040)	0.060 (0.038)
36-45	0.167*** (0.038)	0.144*** (0.039)	0.142*** (0.039)	0.144*** (0.038)
46-55	0.179*** (0.035)	0.161*** (0.037)	0.159*** (0.036)	0.173*** (0.036)
56-65	0.182*** (0.035)	0.191*** (0.039)	0.146*** (0.036)	0.194*** (0.037)
Over 65	0.251*** (0.038)	0.292*** (0.046)	0.196*** (0.040)	0.282*** (0.045)
<b>Gender</b>				
Male	.	.	.	.
Female	0.040 (0.019)	0,021 (0.019)	0,061** (0.018)	0,040* (0.019)
<b>Children</b>				
2 or more children	.	.	.	.
1 child	-0.090* (0.035)	-0.093** (0.035)	-0.047 (0.031)	-0.043 (0.034)
No children	-0.058* (0.026)	-0,072* (0.030)	-0.059* (0.026)	-0.040 (0.030)
<b>Education</b>				
Comprehensive school	.	.	.	.
Upper secondary/Vocational	0.001 (0.021)	0.023 (0.021)	0.019 (0.020)	0.035 (0.021)
University	0.060* (0.026)	0.051* (0.025)	0.106*** (0.026)	0.090*** (0.025)
<b>Employment status</b>				
At home	.	.	.	.
Pensioner	0.080* (0.036)	0.022 (0.041)	0.023 (0.037)	-0.034 (0.042)
Unemployed or laid off	0.073* (0.036)	0.059 (0.038)	0.036 (0.037)	0.018 (0.039)
Student	-0.029 (0.047)	0.038 (0.053)	0.021 (0.049)	0.090 (0.054)
Working	0.032 (0.044)	0.038 (0.046)	-0.002 (0.045)	-0.006 (0.046)
<b>My income is enough to cover my expenses</b>				
Agree	.	.	.	.
Neither agree nor disagree	0.045 (0.034)	0.055 (0.034)	0.051 (0.035)	0.054 (0.035)
Partly disagree	0.047* (0.025)	0.053* (0.025)	0.033 (0.025)	0.031 (0.025)
Fully disagree	0.144*** (0.024)	0.143*** (0.024)	0.112*** (0.024)	0.107*** (0.024)
<b>Person/people for whom food aid is sought</b>				
For me and others	.	.	.	.
For me and my family	0.047 (0,033)	0.040 (0,034)	0.085** (0.032)	0.077** (0.033)
Only for me	0.019 (0.032)	0.017 (0.032)	0.028 (0.031)	0.030 (0.031)
<b>Frequenting food aid locations</b>				
A few times a year	.	.	.	.
Once a month	-0.015 (0.028)	-0.005 (0.028)	0.023 (0.028)	0.002 (0.028)
Every other week	0.068* (0.026)	0.029 (0.026)	0.028 (0.026)	-0.007 (0.026)
Every week	-0.028 (0,025)	-0.026 (0,026)	0.036 (0,025)	-0.011 (0,026)
*=p<0,05; **=p<0,01; ***=p<0,001	chi2	120.09	chi2	106.06
	BIC	3453	BIC	3470.31
	N	2631	N	2644

## Discussion and conclusion

The phenomenon of shame based on poverty is universal; it has always been present – in various ways in different societies, places and socio-political circumstances. It manifests itself as an experience in relation to one's environment (Walker 2014; Chase & Bantebya-Kyomuhendo 2014) and to one's reference group (Runciman 1966). The collectively felt shame of poverty disappeared with the formation of the welfare state. The welfare state replaced stigmatising poor relief with an intent to ensure the well-being of everyone and entitle people to a reasonable standard of living.

The promising development of Finnish society was altered radically by the recession of the 1990s. The segregating development following the recession resulted in the accumulation of prosperity to the well-off and scarcity to the poor. So-called bread queues made poverty visible once again in the cities of the Finnish welfare state.

Finnish society today is highly individualised, and so is the shame of poverty; shame is invisible, and people perceive poverty is a consequence of personal failure (cf. Jo 2013). This phenomenon is associated with the failure to realise individual goals and to reach a level of personal fulfilment or potential (e.g., Gubrium & Lødemel 2014). Therefore, applying for support is considered stigmatising in a society with a strong ethos of self-coping.

The existing research based on qualitative methods canonises shame as one of the main characteristics of the food aid phenomenon in modern Western societies; most studies indicate that it is humiliating to be forced to seek food aid during a difficult economic situation (e.g., van der Horst et al. 2014). In particular, receiving food aid for the first time is typically felt to be shameful because it involves a type of surrender (Caplan 2016; Purdam et al. 2016). The experience of shame is particularly striking when other means have already been used and charity food aid is the only alternative that remains.

We can assume that this experience occurred to many people in Finland in the 1990s recession. Receiving food aid was humiliating, particularly for those who were accustomed to supporting themselves in a world in which the standard of living was continually growing. Conversely, those with prolonged low income levels had already adapted to their situations and become accustomed to using charity food aid as one of their coping mechanisms. Since then, Finnish society has had to adjust to the increase in social inequality, and bread queues remain a visible part of the street scene in the 2010s.

Our first research question inquired whether it is socially or personally shameful to obtain food aid in the Finnish welfare state. According to our results, one-third of the respondents perceive social or personal shame when receiving food aid. The reasons behind this surprisingly low level of perceived shame compared with that found in previous qualitative research (cf. Siiki 2008; Metsähuone 2001) might be due to the above-mentioned social change in Finnish society; Western societies have become more individualised and thus have also individualised shame (cf. Chase & Bantebya-Kyomuhe 2014; Gubrium 2014). In other words, because

Finland is a highly individualised society, for those who are ashamed, shame is a personal, hidden tragedy (cf. Scheff 2003). It can be shameful to admit that one experiences shame. Moreover, some of those who experience shame because of their poverty neither respond to survey questionnaires nor enter into a bread queue at all.<sup>6</sup> Two of three respondents in this study who perceive social shame also perceive personal shame, which suggests that for many, the two forms of shame co-occur. In this type of situation, the negative side effects of shame can be at their worst.

However, there appear to be food aid recipients who are not ashamed – they do not perceive receiving food aid as humiliating or socially harmful. Studies have noted that many recipients obtain food aid frequently (Ohisalo & Saari 2014; Ohisalo et al. 2013); therefore, perhaps shame loses its meaning and searching for food becomes a social practise or even a norm. Indeed, the long bread queue for the famous charity food location called “Hursti's Self-Service” in Helsinki resembles a pride parade of the disadvantaged. If an individual's reference group is other disadvantaged people seeking food aid, there is no need to be ashamed. Instead of the individualised feelings of personal and social shame, many food aid recipients can feel collectively worthless, dehumanised and invisible in society's eyes (see Ohisalo & Saari 2014). In other words, the low levels of shame reported by some of the recipients might be a consequence of other emotions such as surrender and frustration.

According to a previous study, over 70 per cent of those who have experiences with Finnish social assistance, a strictly means-tested benefit offered by the public sector, agree with the statement, “Applying for social assistance is experienced as humiliating” (Blomberg et al. 2016). Considering the rather low percentage of reported shame shown by our results, it appears to be legitimate to interpret that applying for social assistance is considerably more humiliating than seeking charity food aid in Finland. However, this comparison leads us to consider how differently shame is operationalised in different studies and how these differences affect the results obtained.

An equally important point is that it can be easier to present one's opinions on shame in general than it is to describe personal experiences with shame; there is a tremendous difference between asking for assessments of shame from poverty from those who have not necessarily experienced it personally and from those who have. Accordingly, it is a very different matter to inquire of a recipient whether receiving aid is humiliating (subjective opinion) or whether she or he thinks it is generally considered humiliating (objectivising opinion). Thus, the forms of last-resort support discussed here, such as food aid and social assistance, are likely to be assigned a more humiliating status when an objective opinion is requested than when last-resort support receivers are asked to describe their personal experiences.

Fundamentally, the question of why receiving charity food aid or social assistance is perceived as humiliating by recipients remains open. Perhaps people feel ashamed that they cannot afford to reciprocate. In addition, it is likely that the means testing of the last-resort income schemes violates



recipients' privacy and increases the feeling of being controlled and dependent (Marttila et al. 2010; Jo 2013). Perceived shame can be related to application procedures, such as standing in a queue to receive food aid (Marttila et al. 2010; Blomberg et al. 2016). Here, the essential question is how front-line workers and volunteers treat their clients. Finally, being dependent upon collective organised help can be perceived as humiliating in Finnish society, in which Protestant work ethics are widely shared.

Another question we proposed at the beginning of the study was what factors explain perceived shame among charity food-aid recipients. It has been interesting to discover that those who feel more social and personal shame appear to either be more concerned about their social status than others are (as elderly women and well-educated citizens often are) or feel a personal failure in comparison to their reference groups. In any event, these individuals do not feel "among their own" in a bread queue. In summary, personal shame is determined by old age, high education level, having two or more children and perceived insufficiency of income. Social shame is determined additionally by gender (women) and by whether charity food aid is needed to support an entire family rather than an individual recipient.

The age effect reflects a wider social change in which the young appear to be a generation without shame. However, young people are more accustomed to bread queues as a phenomenon of their time and might not consider them a form of traditional stigmatising aid to the poor. Most food-aid recipients are middle-aged or older, and the older one is, the more shame one feels. Moreover, the older generations might not be as accustomed to expressing shame in public as are the younger. The gender effect might reflect habitual gender roles in Finnish society that are associated with female-typical responsibility for household activities and family status. In general, women report more perceived shame (Bousson 2016). In the case of charity food aid recipients, the problems experienced by women (particularly elderly female pensioners) are more likely to be economy and health based, whereas men suffer more deeply from male-typical exclusions (such as loneliness and substance abuse) (Laihiala & Ohisalo 2017). Women appear to be more concerned about their social status than are disadvantaged men, who are more likely to have adapted to the situation.

Perceived insufficiency of income is one of the main reasons for obtaining food. It is not surprising that insufficient income is felt to be shameful in a country in which a high ethos of self-coping prevails and in which it is stigmatising to fail as a breadwinner. With respect to education, its effect was as expected; the highly educated feel more shame than do those with low education levels. The education effect on shame might be connected with social status, because the feeling of shame is more profound, the deeper one has descended into poverty. This conclusion is also consistent with Runciman's (1966) theory about relative deprivation.

The frequency of obtaining food is not statistically connected to personal or social shame. This lack of connection can exist because the frequency is either not connected with shame at all or because the operationalisation of this vari-

able fails to distinguish between the respondents.<sup>7</sup> It might be more relevant to use a variable that assesses how many years a respondent has been receiving charity food aid. It is possible that to understand shame and stigma and how individuals adapt to them, the actual length of time a person has received food is more important than his or her frequency of use within the past year. Another potentially helpful variable in predicting shame might be place of residence. Note that our data were collected in urban areas, in which charity food aid is more widely utilised than in rural settings. According to previous studies, notions of shame operate more powerfully in small villages than in towns or cities, in which food aid personnel and recipients are less likely to know one another (Caplan 2016).

The so-called bread queues are a humiliating element of the Finnish welfare state. Participating in them causes shame for many well-off citizens, although the queues do not always appear to cause feelings of shame among those in the queue who have adapted to living in scarcity. In general, Finnish charity food aid is performed in a humanitarian manner. In addition to seeking food, a bread queue is a place to encounter companions in misfortune and to obtain peer support (e.g., Siiki 2008). For some recipients, charity food aid can be a less humiliating way to receive help than the official means offered by the state. The personnel at the distribution points often have a shorter social distance to aid recipients than, for example, social workers have. Indeed, many of the staff members have suffered from unemployment and scarcity in their lives – they can be considered kindred spirits.

This study of social and personal shame among charity food-aid recipients enhances our knowledge of the psychosocial aspects of poverty. Studying the shame of poverty is of the utmost importance given that shame has several negative effects on health and well-being. Furthermore, this article provides new information concerning the factors explaining personal and social shame among a disadvantaged group whose experiences of shame have not been analysed quantitatively in earlier studies. We are aware that our results concerning the frequency of perceived shame among food aid recipients are rough estimates; however, they are based on the best data currently available. Further research is needed involving multiple research methods and new datasets that enable the analysis of shame in a more precise and subtle manner. Indeed, a currently active research group that includes the authors of the present paper has applied the results obtained here to an effort to collect a new, more comprehensive set of data on charity food aid. It is hoped that this study will enable a more fine-grained and comprehensive study of the phenomena involved.

Finally, there is also a need to consider how shame should be operationalised and studied when it is carefully hidden. This examination is particularly relevant because there is the risk that those who perceive the most shame are unwilling to participate in surveys. Despite the notably low level of shame reported in this study, the essential point is that no one should be ashamed of poverty or of receiving aid in a welfare state such as Finland because shame imposes numerous negative consequences on an individual.

## Endnotes

<sup>1</sup>EU food, i.e., the European Union's "Food Distribution programme for the Most Deprived Persons of the Community" (MDP), existed until 2014. After MDP ended, a new programme called "The Fund for European Aid to the Most Deprived" (FEAD) was introduced.

<sup>2</sup>There are multiple surveys on food insecurity and health conducted on food bank users outside Europe (see Bazerghi et al. 2016). As far as the authors know, the survey underlying the present study is the only survey on food aid recipients' subjective well-being and perceived shame. The Finnish survey was replicated in the capitals of Greece, Lithuania (see Ohisalo et al. 2016) and Hungary; it will also be performed in other countries in the near future. The new dataset will be used for comparative study.

<sup>3</sup>The Finnish survey was translated into English and Russian.

<sup>4</sup>The data were collected from Kuopio (N = 306), Espoo (N = 305), Helsinki (N = 396), Vantaa (N = 204), Pori (N = 308), Jyväskylä (N = 292), Turku (N = 331), Mikkeli (N = 300), Tampere (N = 354), Lahti (N = 168) and Porvoo (N = 105). In addition, there were 405 responses collected from seven localities in which the Church offices distributed food aid provided by the European Union.

<sup>5</sup>dy/dx margin stands for average marginal effect, AME (see Stata Stata 2016, 28).

<sup>6</sup>Hidden shame can be best studied by qualitative methods such as in-depth interviews. However, persuading people to participate in interviews is likely to be more challenging than having them fill in questionnaires, which would necessarily lead to exclusion bias.

<sup>7</sup>The variable was categorised into the following levels: a few times per year, once per month, every other week and every week.

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## APPENDIX

Table 1. Distribution of independent variables % (N).

	Personal Shame (N=2631)		Social Shame (N=2644)	
	Freq.	Percent	Freq	Percent
<b>Age</b>				
16-25	167	6.4	166	6.3
26-35	297	11.3	300	11.4
36-45	418	15.9	421	15.9
46-55	663	25.2	666	25.2
56-65	682	25.9	687	26.0
Over 65	404	15.4	404	15.3
<b>Gender</b>				
Male	1306	49.6	1304	49.3
Female	1325	50.4	1340	50.7
<b>Children</b>				
2 or more children	435	16.5	437	16.5
1 child	325	12.4	327	12.4
No children	1871	71.1	1880	71.1
<b>Education</b>				
Comprehensive school	1022	38.8	1026	38.8
Upper secondary/Vocational	1066	40.5	1075	40.7
University	543	20.6	543	20.5
<b>Employment status</b>				
At home	189	7.2	189	7.2
Pensioner	970	36.9	974	36.8
Unemployed or laid off	1042	39.6	1053	39.8
Student	175	6.7	174	6.6
Working	255	9.7	254	9.6
<b>My income is enough to cover my expenses</b>				
Agree	620	23.6	630	23.8
Neither agree nor disagree	255	9.7	254	9.6
Partly disagree	742	28.2	742	28.1
Fully disagree	1014	38.5	1018	38.5
<b>Person/people for whom food aid is sought</b>				
For me and others	253	9.6	257	9.7
For me and my family	1120	42.6	1129	42.7
Only for me	1258	47.8	1258	47.6
<b>Frequentering food aid locations</b>				
A few times a year	648	24.6	652	24.7
Once a month	512	19.5	514	19.4
Every other week	690	26.2	692	26.2
Every week	781	29.7	786	29.7