Mothering Under Surveillance: Psychological Dimensions of Welfare Stigma in Low-Income Mothers

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Objective: This study aimed to explore the psychological dimensions of welfare stigma among low-income mothers in Thailand who are subject to institutional surveillance and conditional welfare support.

Methods and Materials: Using a qualitative research design, this study employed semi-structured, in-depth interviews with 27 low-income mothers residing in urban and semi-urban areas of Thailand. Participants were purposively sampled based on their current receipt of state welfare benefits and were interviewed until theoretical saturation was reached. Interviews lasted between 60 and 90 minutes, were audio-recorded with consent, and transcribed verbatim in the original language. Data were analyzed thematically using NVivo software following Braun and Clarke's six-step framework to identify key categories, subcategories, and recurring concepts related to mothers' emotional experiences and identity formation in the context of welfare surveillance.

Findings: Thematic analysis revealed four overarching categories: emotional burden of welfare surveillance, disrupted maternal identity, coping strategies and resistance, and structural and institutional barriers. Participants described chronic stress, shame, and emotional exhaustion resulting from bureaucratic scrutiny and moral judgment. Welfare surveillance disrupted their maternal identity, fostering feelings of inadequacy and fragmentation. Despite these pressures, mothers demonstrated resilience through selective disclosure, emotional regulation, and informal peer support. Institutional practices such as invasive inspections and rigid eligibility rules intensified mistrust and left psychological needs unmet. These findings align with existing international research on welfare stigma, while also highlighting context-specific emotional impacts within Thai welfare systems.

Conclusion: Policies and practices must be restructured to prioritize dignity, reduce bureaucratic harm, and provide integrated emotional support to empower welfare-involved mothers and mitigate the long-term impact of stigma.

Keywords: *Welfare stigma, maternal identity, psychological impact, low-income mothers.*

1. Introduction

In contemporary welfare systems, motherhood is not merely a private, nurturing role but also a politicized identity subjected to surveillance, assessment, and regulation. For low-income mothers, particularly those receiving state support, the experience of mothering is deeply entwined with bureaucratic scrutiny and public suspicion. These mothers are not simply recipients of aid; they are frequently cast as moral subjects who must constantly demonstrate their worthiness, competence, and conformity to state-sanctioned norms of motherhood (England & Henley, 2024; Herbst-Debby, 2022). Within this context, welfare stigma becomes not only a social but also a psychological phenomenon that shapes how mothers see themselves, perform care, and negotiate their maternal identities.

The neoliberal transformation of welfare systems globally has intensified the conditionality of benefits and redefined the maternal role through the lens of self-sufficiency and productivity. Mothers in poverty are increasingly expected to embody the ideal of the "activating mother," who not only cares for her children but also takes proactive steps toward employment and social integration (England & Henley, 2024). Yet these expectations often collide with the material and emotional realities of their lives, producing experiences of shame, disempowerment, and identity conflict (Medina & Magnuson, 2009; Sinai-Glazer et al., 2019). For example, single mothers who rely on welfare face a dual burden: the structural marginalization of poverty and the societal judgment attached to perceived dependency and reproductive choices (Herbst-Debby, 2012; Kang et al., 2023).

Welfare stigma operates through both overt and subtle mechanisms, such as invasive eligibility procedures, home inspections, and moralizing discourses that construct welfare recipients as irresponsible or deviant (Sandberg et al., 2020; Søgaard, 2018). This stigmatization is particularly pronounced for mothers, who are viewed through a gendered moral lens that links their worth to caregiving competence and economic independence (Herland, 2019; Wołowicz, 2015). As Herland and Helgeland (2014) argue, the experience of being a mother under surveillance involves constant negotiation between one's private caregiving practices and the expectations imposed by external authorities (Herland & Helgeland, 2014). In such environments, mothers may internalize stigma, feel delegitimized in their parenting roles, and even withdraw emotionally from their children or support networks (Smith, 2021; Virokannas, 2011).

In diverse welfare contexts, the institutional gaze disproportionately targets mothers who deviate from dominant family norms—be it due to early maternity, single parenting, disability, or ethnic minority status (Azarova, 2015; Dooley & Finnie, 2008; Kempińska, 2017; Nordberg, 2015). In Thailand, where cultural expectations around motherhood intersect with evolving welfare policies, poor mothers often face silent but powerful pressures to conform to idealized images of maternal sacrifice and responsibility. Yet these ideals frequently exclude the lived experiences of women navigating poverty, informal employment, and bureaucratic hurdles (Ostanina, 2023). The mismatch between normative motherhood and structural realities intensifies emotional labor, as mothers strive to present themselves as both competent caregivers and compliant welfare subjects (Hung & Fung, 2011).

Numerous studies have shown that welfare interactions can undermine mothers' self-concept and emotional well-being. Hung and Fung (2011), for example, demonstrate how mothers in welfare-to-work programs in Hong Kong internalized institutional messages of failure when unable to meet unrealistic employment expectations (Hung & Fung, 2011). Similarly, Pryce and Samuels (2009) reveal that young mothers aging out of welfare systems experience both renewal and risk, caught between developmental demands and stigmatized motherhood (Pryce & Samuels, 2009). These findings echo across national boundaries, pointing to the global reach of welfare stigma and its psychological implications.

From a psychological perspective, the constant surveillance and conditionality associated with welfare participation can evoke feelings of shame, fear, and emotional detachment. Mothers may begin to censor their behavior, hide their welfare status, or avoid public spaces to minimize judgment (Menashe et al., 2012; Sinai-Glazer et al., 2019). In doing so, they engage in what England and Henley (2024) describe as "maternal activation"—a strategy to navigate contradictory expectations by selectively performing care and compliance for institutional approval (England & Henley, 2024). Yet such performances often come at the cost of authenticity and mental health, leading to emotional exhaustion and identity fragmentation (Herbst-Debby, 2022; Herland, 2019).

Moreover, the intersection of professional and maternal identities can further complicate these dynamics. Child welfare officers who are mothers themselves often report

tension between their professional duties and personal values, suggesting that surveillance roles carry emotional costs even for those enforcing welfare rules (Menashe et al., 2012). These ambivalences underscore the need to view welfare systems not merely as administrative structures but as relational environments where power, identity, and emotion are co-constructed.

Welfare stigma also impacts how mothers understand and communicate their maternal identity. In contexts where mothers are pathologized or silenced, some adopt counter-discourses that resist stigma by reasserting their maternal legitimacy. Herbst-Debby (2012) highlights the example of Israeli single mothers who framed themselves as "warrior moms," reclaiming agency through political protest (Herbst-Debby, 2012). Similarly, Wołowicz (2015) documents how Polish women with disabilities challenge exclusionary narratives by emphasizing their commitment to caregiving and self-determination (Wołowicz, 2015). These acts of resistance suggest that while welfare stigma constrains maternal expression, it also generates new forms of resilience and meaning-making.

Importantly, maternal identity cannot be disentangled from broader sociocultural constructions of gender, citizenship, and morality. As Nordberg (2015) argues, migrant mothers in Nordic welfare states often face invisibilization, as their care practices fall outside national ideals of motherhood (Nordberg, 2015). Incarcerated mothers in Mexico also experience this erasure, navigating motherhood under punitive conditions that frame them as both deviant and disposable (Sandberg et al., 2020). These comparative insights illuminate how surveillance and stigma operate through culturally specific yet globally resonant logics that devalue mothers at the margins.

In the Thai context, these dynamics are understudied, particularly in relation to how low-income mothers internalize, resist, or reframe the emotional and symbolic violence of welfare stigma. Despite growing recognition of maternal mental health in policy discourse, there remains a lack of empirical research exploring the psychological dimensions of mothering under surveillance in Southeast Asia. As Søgaard (2018) notes, societal discomfort with certain maternal desires or practices often leads to institutional scrutiny, rather than support, reinforcing cycles of exclusion (Søgaard, 2018). To address this gap, the present study investigates how welfare stigma shapes the psychological experiences of low-income mothers in Thailand who rely on state support.

2.   Methods and Materials

2.1.   Study design and Participant

This qualitative research employed a descriptive-interpretive design to explore the psychological dimensions of welfare stigma as experienced by low-income mothers in Thailand. The study aimed to capture in-depth narratives of participants' lived experiences, focusing on how welfare-related surveillance impacts their sense of self, maternal identity, and emotional well-being. Participants were selected through purposive sampling to ensure rich, relevant data from individuals who had direct experience with government welfare systems. A total of 27 low-income mothers, aged between 22 and 45 years, residing in both urban and semi-urban areas across Thailand, participated in the study. All participants were receiving state welfare benefits at the time of the interview and had at least one child under the age of 12. Recruitment continued until theoretical saturation was achieved, whereby no new significant themes emerged from additional interviews.

2.2.   Measures

2.2.1.   Semi-Structured Interview

Data were collected through semi-structured, in-depth interviews conducted in person at locations convenient and safe for the participants. Each interview lasted approximately 60 to 90 minutes. The interview guide included open-ended questions focused on participants' interactions with welfare systems, feelings of being monitored or judged, and the psychological impact of these experiences on their maternal roles. Follow-up probes encouraged participants to elaborate on their emotions, perceptions of public assistance, and coping strategies. All interviews were audio-recorded with consent and subsequently transcribed verbatim in the original language to preserve the nuance and authenticity of participants' narratives.

2.3.   Data Analysis

The data were analyzed thematically using NVivo software to facilitate systematic coding and theme development. Analysis followed Braun and Clarke's six-phase approach: familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Thematic saturation was confirmed after 27 interviews, as

no new codes or concepts emerged in the final transcripts. Throughout the coding process, reflexivity and memo writing were employed to track analytical decisions and enhance the credibility of interpretations. To ensure trustworthiness, the study maintained methodological rigor through peer debriefing and member checking with selected participants, allowing them to validate the interpretations and offer feedback on emerging themes.

3. Findings and Results

The study sample consisted of 27 low-income mothers residing in various urban and semi-urban areas of Thailand. Participants ranged in age from 22 to 45 years, with the majority (n = 15) falling within the 30–39 age group. Most of the mothers (n = 19) had completed secondary education, while a smaller portion (n = 6) had only primary education, and two participants held a post-secondary diploma. In terms of marital status, 11 participants were single mothers due to divorce or separation, 9 were currently married, and 7 were widowed. The number of children per participant ranged from one to four, with the most common being two children (n = 14). All participants were recipients of government welfare benefits at the time of the study. Additionally, 18 participants reported informal employment (e.g., street vending or domestic work), while the remaining 9 were unemployed and relied entirely on state support. These demographic characteristics provided a diverse context for understanding the psychological impact of welfare stigma among Thai mothers.

Table 1

Categories, Subcategories, and Concepts Derived from Qualitative Analysis

Categories	Subcategories	Concepts (Open Codes)
1. Emotional Burden of Welfare Surveillance	Fear of Losing Benefits	Anxiety over random inspections, Avoidance of social workers, Constant tension, Feeling helpless
	Shame in Receiving Help	Embarrassment at welfare office, Hiding benefit usage, Avoiding questions from neighbors, Feeling "less than" other mothers, Internalized stigma
	Emotional Exhaustion	Burnout from proving need, Feeling judged all the time, Crying after interviews
	Isolation and Withdrawal	Avoiding community spaces, Not talking to neighbors, Skipping school events, Reduced social engagement
	Guilt About Dependency	Feeling like a burden, Self-blame for needing help, Fear of disappointing children
	Surveillance-Induced Stress	Increased heart rate when contacted, Insomnia before reviews, Panic during inspections
2. Disrupted Maternal Identity	Conflict Between Ideal and Reality	Feeling inadequate as a mother, Disappointed expectations, Mourning a different life
	Perceived Judgment as a Parent	Feeling watched while parenting, Interpreting feedback as criticism, Scrutiny during home visits, Second-guessing decisions
	Undermined Authority	Kids questioning rules due to outside intervention, Loss of parental control, Confusion about boundaries
	Emotional Distance from Children	Avoiding emotional discussions, Withdrawing affection, Fear of showing vulnerability
	Silenced Voice	Not speaking up during interviews, Avoiding complaints, Feeling voiceless in system
	Identity Fragmentation	Being "just a welfare mother," Disconnect between self and system label, Erasure of individuality
3. Coping Strategies and Resistance	Selective Disclosure	Hiding status from school staff, Withholding information from friends, Concealing government interactions
	Seeking Informal Support	Talking to other welfare moms, Relying on extended family, Sharing in community groups
	Reframing Motherhood	Focusing on resilience, Finding strength in adversity, Seeing self as protector
	Strategic Compliance	Performing ideal motherhood, Preparing for visits, Cleaning before inspections
	Emotional Regulation Techniques	Deep breathing, Journaling, Prayer or spiritual rituals, Positive self-talk
4. Structural and Institutional Barriers	Bureaucratic Burden	Complicated forms, Frequent reapplications, Delayed payments, Lack of clarity
	Invasive Procedures	Home inspections, Demand for private details, Documentation of parenting routines
	Mistrust in Welfare System	Feeling tricked, Being surveilled without consent, Lack of transparency
	Cultural Misunderstandings	Officials not understanding Thai parenting norms, Misinterpretation of poverty signs, Communication gaps
	Limited Advocacy Channels	No way to appeal decisions, Fear of retaliation, Lack of ombudsman role, No translation support
	Rigid Eligibility Criteria	Arbitrary income limits, Ignoring childcare needs, Disregard for informal work
	Lack of Mental Health Support	No counseling offered, Ignored trauma histories, Dismissed distress

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The analysis of interviews with 27 low-income mothers in Thailand revealed four overarching themes: *Emotional Burden of Welfare Surveillance*, *Disrupted Maternal Identity*, *Coping Strategies and Resistance*, and *Structural and Institutional Barriers*. These themes encompassed 24 subcategories, each reflecting distinct psychological dimensions of welfare stigma. Below is a detailed description of each subcategory supported by participants' narratives.

Mothers expressed intense fear of losing their benefits, often triggered by the unpredictability of inspections and assessments. This fear led to chronic anxiety and hypervigilance. One participant shared, "Every time someone from the government calls, my heart races. I think, 'Is this the time they take everything away?'" Many reported avoiding interactions with caseworkers and feeling constantly under threat, which impacted their emotional well-being.

Shame in receiving help was a pervasive experience among participants. Despite needing support, mothers often concealed their benefit usage to avoid judgment. One mother noted, "I lie to my neighbors. I say my husband sends money. I can't let them know I'm on welfare—it's too humiliating." These women described a sense of being morally inferior and reported feeling like "bad mothers" for relying on government assistance.

Emotional exhaustion was another consequence of constant scrutiny. Participants described the process of continually proving their need for aid as "draining" and "humiliating." One mother said, "I cried after every interview. It's like I have to beg to be seen as a real person." These emotional costs accumulated over time, leading to burnout and despair.

Social withdrawal was common, as many mothers chose to isolate themselves to avoid community scrutiny. They reported skipping school events, avoiding public spaces, and cutting off social connections. A participant explained, "I don't go to the temple anymore. Someone always asks how I can afford food, and it breaks me."

Guilt about dependency weighed heavily on participants, particularly in relation to their children. Many felt they were failing their role as providers. "My daughter asked why we can't go to the zoo like her friends," one mother said. "I felt like a failure. Not just as a mom—but as a person." This guilt often translated into internalized shame and self-blame.

Surveillance-induced stress was frequently mentioned, especially around benefit review periods. Participants described symptoms such as insomnia, panic attacks, and somatic distress. One woman recalled, "I didn't sleep for two nights before the home visit. I kept cleaning until my hands cracked from the soap."

The theme of disrupted maternal identity captured how welfare stigma challenged mothers' sense of self. Conflict between ideal and reality emerged as mothers contrasted their hopes for motherhood with the limitations imposed by poverty. "I dreamed of reading books to my child every night," said one woman. "Now I just try to keep the lights on."

Many mothers felt they were perceived and judged unfairly in their parenting roles. This perceived judgment created constant self-doubt. One mother expressed, "The social worker looked around my house and said nothing. But her silence made me feel like I had already failed."

Authority in the household was also undermined. Some participants described how welfare surveillance blurred boundaries and weakened their parental control. "My son asked if the lady from the office is going to take him if I don't do things right," said a mother tearfully.

Emotional distance from children arose in some cases, as mothers withdrew to cope with stress. They avoided expressing vulnerability or engaging in emotionally demanding conversations. "I can't let my kids see me cry," one participant noted. "They'll think everything is falling apart."

The subcategory of silenced voice emerged from stories where women felt they had no platform to express their concerns. They described remaining quiet during interviews out of fear or futility. "What's the point of talking?" one mother asked. "They've already made up their minds."

Identity fragmentation was also evident. Participants spoke of being reduced to "just a welfare case" by officials and society. One woman stated, "They don't see me as a mother, or a person. Just a file to check off."

Despite these hardships, many participants demonstrated resistance through various coping strategies. Selective disclosure was one method of managing stigma. Mothers selectively concealed their status from teachers, neighbors, and even relatives. "Only my sister knows," said one woman. "Everyone else thinks my ex-husband still sends money."

Seeking informal support helped buffer psychological distress. Participants leaned on other mothers, family members, and online communities for emotional and

practical help. "I talk to other moms at the health center," one participant shared. "They get it. We lift each other up."

Reframing motherhood emerged as a source of resilience. Mothers found strength in their caregiving role and emphasized emotional support over material provision. "I may not have money," one participant said, "but my kids know I love them. That's what makes me a good mother."

Strategic compliance was another coping mechanism. Mothers reported engaging in surface-level behaviors to meet welfare expectations. "I know what they want to see," said one participant. "So I clean up, dress nice, smile. That way they leave me alone."

Some women used emotional regulation techniques to manage daily stress. Practices such as journaling, prayer, and deep breathing were common. "I write every night before bed," one woman explained. "It's the only time I feel like I'm not drowning."

The final theme, structural and institutional barriers, further complicated mothers' experiences. Bureaucratic burden included complaints about repetitive paperwork, unclear rules, and frequent delays. "The forms are endless," said one woman. "And if you miss one thing, they cut you off."

Invasive procedures were deeply distressing for many. Home visits, documentation of personal habits, and questions about parenting routines felt intrusive. "They asked how often I hug my child," recalled one mother. "It felt like an interrogation."

Mistrust in the welfare system was widespread. Participants felt the system operated under assumptions of fraud or incompetence. "They don't trust us," said one participant. "It's like we're guilty until proven innocent."

Cultural misunderstandings added another layer of alienation. Several mothers reported that caseworkers misunderstood Thai customs or misread signs of poverty. "They thought I was lazy because I stayed home with my baby," said one woman. "But that's normal here."

Limited advocacy channels left participants feeling voiceless and unprotected. They described an inability to appeal unfair decisions or access interpretation services. "I didn't understand what they said," one participant stated. "But I signed the form anyway. What choice did I have?"

Finally, rigid eligibility criteria excluded many from necessary support. Arbitrary income thresholds and a disregard for informal work were major concerns. "I sold snacks to make extra money," one woman explained. "They said I made too much and cut my benefits."

Additionally, the lack of mental health support within the welfare system was a significant issue. Mothers struggling with trauma, anxiety, and depression were often ignored or dismissed. "I told them I was crying all the time," said one participant. "They just gave me another form to fill out."

These findings illustrate the profound psychological toll that welfare surveillance imposes on low-income mothers in Thailand. Their narratives reflect both the burden of stigma and the strength of maternal resilience in the face of structural adversity.

4.   Discussion and Conclusion

This study explored the psychological dimensions of welfare stigma as experienced by low-income mothers in Thailand, highlighting four key thematic categories: the emotional burden of welfare surveillance, disrupted maternal identity, coping strategies and resistance, and structural and institutional barriers. The findings reveal the intense emotional labor these mothers perform in navigating a welfare system that imposes scrutiny and judgment while failing to account for the complex realities of their lives. Participants' experiences of shame, fear, emotional detachment, and identity conflict reflect the deep psychological toll of being mothered under state surveillance. These findings align with previous international research documenting how welfare systems discipline maternal behavior through bureaucratic control, often undermining women's sense of agency and self-worth (England & Henley, 2024; Sandberg et al., 2020).

The emotional burden of surveillance emerged as a dominant theme, with mothers expressing heightened anxiety, shame, and stress linked to welfare inspections, re-certification processes, and the persistent threat of benefit loss. This finding echoes earlier studies that highlight the internalization of stigma among mothers who rely on state support, resulting in psychological distress and social withdrawal (Medina & Magnuson, 2009; Sinai-Glazer et al., 2019). In line with Herland's (2019) work, participants in this study described feeling reduced to their welfare status, with one mother noting that she was seen "just as a file to check off," indicating the dehumanizing effect of institutional interactions (Herland, 2019). The emotional exhaustion from managing these encounters—often described by participants as "humiliating" or "terrifying"—supports Søgaard's (2018) observation that welfare systems can provoke maternal anxiety by positioning mothers as both risky and responsible subjects (Søgaard, 2018).

The second thematic category—disrupted maternal identity—further illustrates the psychological fragmentation mothers experienced as they attempted to reconcile their caregiving roles with institutional expectations. Many mothers internalized the perception that their parenting was being judged and found deficient, particularly during home visits or benefit evaluations. These experiences resonate with Sinai-Glazer et al. (2019), who found that welfare-involved mothers in Israel often felt scrutinized not only for their financial need but for their maternal choices and values (Sinai-Glazer et al., 2019). Similarly, Herland and Helgeland (2014) describe how marginalized mothers struggle to negotiate their identities in systems that simultaneously demand nurturing care while suspecting them of incompetence (Herland & Helgeland, 2014). Mothers in this study also reported distancing themselves emotionally from their children to manage psychological overload—an outcome that reflects prior findings by Virokannas (2011), who noted that identity conflict in stigmatized mothers can lead to detachment and guilt (Virokannas, 2011).

The perceived judgment these mothers faced was not abstract—it was embedded in daily interactions and bureaucratic protocols that made them feel voiceless, powerless, or "always one mistake away" from losing support. This aligns with Smith's (2021) depiction of existential immobility, where welfare clients become stuck in an emotional limbo, unable to advocate for themselves or envision a path beyond survival (Smith, 2021). The psychological fragmentation that accompanied this scrutiny suggests that welfare stigma not only labels mothers socially but also destabilizes their internal sense of self. As participants attempted to comply with institutional expectations while preserving their identity as "good mothers," many described a kind of emotional dissonance—a performance of compliance that left them feeling hollow or inauthentic.

Despite these burdens, mothers in the study demonstrated a range of coping strategies and subtle forms of resistance, from selectively disclosing their welfare status to engaging in emotional regulation practices like journaling or prayer. These findings are consistent with England and Henley's (2024) concept of "maternal activation," where mothers strategically manage their identities to navigate contradictory discourses of care, responsibility, and moral legitimacy within welfare systems (England & Henley, 2024). Similarly, Herbst-Debby (2012) documented how Israeli single mothers reframed themselves as "warrior moms" to counteract stigmatizing narratives, asserting agency within constrained social structures (Herbst-Debby, 2012). Participants in the present study reframed motherhood in ways that emphasized emotional availability, moral strength, and self-sacrifice, suggesting that even within oppressive systems, mothers construct counter-narratives that affirm their caregiving legitimacy.

Seeking informal support was another significant strategy mothers employed to buffer psychological stress. This aligns with findings from Pryce and Samuels (2009), who documented how young mothers aging out of welfare systems relied on peer networks to cope with stigmatization and insecurity (Pryce & Samuels, 2009). Mothers in this study often turned to friends, extended family, or online communities of other welfare recipients to find validation and understanding. These networks provided an alternative space for recognition—one where their experiences were not only normalized but valued. As Medina and Magnuson (2009) note, contemporary motherhood increasingly involves navigating complex social pressures, making supportive relationships a critical resource for maintaining emotional well-being (Medina & Magnuson, 2009).

At the institutional level, mothers encountered numerous barriers that compounded their psychological distress, including excessive bureaucracy, rigid eligibility criteria, and invasive inspections. These challenges parallel the bureaucratic burdens identified in international literature, where welfare systems are seen as punitive rather than supportive (Dooley & Finnie, 2008; Hung & Fung, 2011). For example, participants described feeling mistrusted or interrogated during home visits—experiences also reported by Menashe et al. (2012), who found that social service professionals often unintentionally undermine maternal authority through surveillance (Menashe et al., 2012). The lack of advocacy channels and culturally competent communication further isolated these mothers, echoing Nordberg's (2015) analysis of migrant mothers in Nordic countries who felt excluded from citizenship through the invisibilization of their caregiving contributions (Nordberg, 2015).

Importantly, many mothers noted the absence of any form of psychological or emotional support within the welfare system itself. This absence reinforces findings by Azarova (2015), who argued that welfare regulation often centers on demographic control rather than holistic care, particularly for mothers and children (Azarova, 2015). Moreover, the psychological toll of navigating these systems—often while juggling informal labor and caregiving—supports Kang et al.'s (2023) assertion that motherhood continues to carry

both economic and emotional penalties in global contexts, especially when intersecting with poverty (Kang et al., 2023). The findings also resonate with Wołowicz (2015), who emphasized that marginalized mothers often resist exclusionary norms by constructing new meanings around their maternal roles, a pattern seen in this study as mothers reasserted the value of love, protection, and resilience even in the absence of material resources (Wołowicz, 2015).

Taken together, these findings contribute to a growing understanding of how welfare stigma operates not only as a social label but also as an emotional and psychological structure that shapes identity, relationships, and survival strategies. While prior studies have documented these dynamics in Western and post-industrial welfare contexts (Herbst-Debby, 2022; Sandberg et al., 2020), this study extends these insights into the Southeast Asian context, where cultural expectations of maternal sacrifice intersect with bureaucratic welfare regimes. In doing so, it reveals the enduring psychological costs of state surveillance and the resilient, complex strategies mothers employ to navigate them.

While the study offers rich qualitative insights into the psychological dimensions of welfare stigma, it is not without limitations. The sample was composed exclusively of mothers residing in urban and semi-urban areas of Thailand, potentially excluding the experiences of rural or hill-tribe women, whose interactions with welfare systems may differ due to geographic, linguistic, or ethnic factors. Additionally, although theoretical saturation was achieved, the relatively small sample size and the specificity of the Thai welfare context limit the generalizability of findings. Language translation from Thai to English for analysis may have also influenced the nuance of some emotional expressions, despite careful efforts to preserve authenticity. Furthermore, the cross-sectional design of the study means that it captures experiences at a single point in time and does not account for the long-term psychological impact of welfare surveillance across different stages of motherhood.

Future research should consider longitudinal approaches to examine how the psychological effects of welfare stigma evolve over time, particularly as children grow and mothers move through different welfare programs. Comparative studies involving mothers from diverse cultural and national welfare systems could also offer insights into the universal versus context-specific aspects of surveillance and stigma. Including perspectives from welfare administrators or frontline workers may enrich the analysis by illuminating institutional intentions and constraints. Moreover, future

inquiries could explore the experiences of fathers or non-binary parents in welfare systems, contributing to a more inclusive understanding of how caregiving identities are regulated and stigmatized across gender lines.

To mitigate the psychological harms of welfare stigma, welfare institutions should adopt a trauma-informed and dignity-centered approach in their interactions with mothers. Simplifying bureaucratic procedures, training staff in culturally competent communication, and embedding mental health services into welfare programs could help address the emotional needs of clients. Creating safe, nonjudgmental spaces for mothers to express concerns and seek support—both peer-led and professional—may reduce feelings of isolation and shame. Additionally, policies that recognize and validate informal caregiving and economic contributions could empower mothers to see themselves not as passive recipients, but as active agents of family and community well-being.

5.   Limitations and Suggestions

While this study offers rich insights into the gendered dynamics of emotional labor in German care professions, several limitations must be acknowledged. First, the study was limited to women participants, which, while intentional given the gendered focus, excludes the perspectives of male or non-binary care workers whose experiences could illuminate additional dimensions of emotional labor. Second, all data were collected through self-report via interviews, which may be subject to recall bias or social desirability bias, particularly in the expression of vulnerability or emotional difficulty. Third, the sample was geographically limited to Germany, meaning findings may not fully capture cultural or institutional differences present in other national contexts. Finally, while the use of NVivo software enhanced the rigor of data analysis, interpretation remains influenced by the researchers' positionalities and the subjective nature of qualitative coding.

Future research should aim to explore emotional labor in care professions through more intersectional and comparative frameworks. Studies could include participants of different gender identities, racial or ethnic backgrounds, and socioeconomic statuses to deepen understanding of how emotional labor is distributed and experienced across diverse populations. Cross-cultural studies could also investigate how national policy structures, healthcare systems, and cultural norms influence emotional labor expectations in various countries. Longitudinal designs may offer additional

insight into the cumulative effects of emotional labor over time, including career trajectories, mental health outcomes, and professional burnout. Additionally, integrating quantitative measures with qualitative inquiry could enrich the depth and generalizability of findings.

Organizations and institutions that employ care professionals should formally recognize emotional labor as a core component of job performance and integrate it into professional development and evaluation processes. Emotional support systems, including supervision, debriefing spaces, and access to psychological counseling, should be embedded into the workplace structure. Leadership training should emphasize the emotional dimensions of caregiving and foster cultures that encourage emotional authenticity and self-care. Policy reform should address compensation models, staffing ratios, and emotional workload assessments to ensure that the emotional contributions of care workers are not only acknowledged but also sustainably supported. Empowering women in care professions to set boundaries, advocate for change, and reclaim the value of their emotional work is essential to transforming the landscape of caregiving labor.

Authors' Contributions

Authors contributed equally to this article.

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In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

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The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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