



# The meaning of community in diverse neighborhoods: Stratification of influence and mental health

Emily Walton

Department of Sociology, Dartmouth College, 108 Silsby Hall, Hanover, NH 03755, United States



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## ABSTRACT

As the United States diversifies, individuals are increasingly encountering and managing racial and ethnic difference in their neighboring relationships, thus challenging the “cultural” basis for consensus on the local meaning of community. This mixed-methods study considers the ways in which sense of community relates to mental health in two longstanding racially- and socioeconomically-diverse neighborhoods. I ask how social resources are distributed within diverse neighborhoods, integrating survey ( $N = 243$ ) and interview ( $N = 60$ ) data to make observations about both the existence and nature of relationships among the unique dimensions of sense of community and mental health. Findings indicate that the influence dimension of sense of community is particularly vital for mental health, and that whites and homeowners perceive and utilize influence more than other residents. I use residents’ narratives about their experiences to interpret how influence may relate to mental health and elaborate the ways in which people of color, renters, and individuals with long tenure comprehend their lack of influence in diverse neighborhoods.

## 1. Introduction

A long history of residential segregation in the United States means that resources people can use to improve their quality of life—such as high quality schools, access to good jobs, and helpful social networks—align with neighborhood boundaries (Briggs, 2005). Racially and socioeconomically diverse neighborhoods, on the other hand, may provide opportunities for beneficial social contact between privileged (white and middle class) and disadvantaged (racialized minority and low-income) individuals, potentially contributing to greater empathy and connection among diverse social groups (Dixon and Rosenbaum, 2004; Fischer, 2011) and ultimately improving well-being among society’s most vulnerable. However, neighborhood diversification is certainly not a panacea for the problems of segregation, as urban ethnographers have repeatedly demonstrated how social position structures access to neighborhood benefits even in diverse places (Deener, 2012; Freeman, 2006; Mayorga-Gallo, 2014; Perry, 2017). If neighborhood diversity is to be a viable solution to the problem of concentrated disadvantage, scholars and policy makers should better understand how residents of diverse places perceive their community environments in order to ensure equitable distribution of resources within them. In this study, I ask how mental health relates to perceptions of the neighborhood social environment, and in what ways individual social status inhibits or enhances access to the mental health benefits of community.

Research into the neighborhood correlates of mental health typically situate their analyses within the social disorganization framework (Sampson and Groves, 1989). In this view, the concentration of disadvantage in segregated neighborhoods negatively influences mental health through individual mechanisms such as social isolation and ineffective social networks (Desmond, 2012; Kawachi and Berkman, 2001), mistrust and powerlessness (Ross and Mirowsky, 2009), and the demoralization of living in disinvested and hazardous conditions (Downey and Van Willigen, 2005; Schulz et al., 2000). Though not suffering the concentration and isolation problems of segregation, diverse neighborhoods are also considered socially disorganized because communication is limited, and thus residents have a harder time solving common problems and achieving collective goals (Kornhauser, 1978). In part because people may associate more often and more deeply with others they consider similar to themselves (McPherson et al., 2001), social cohesion is lower in diverse communities (Neal, 2015; Neal and Neal, 2014; Putnam, 2007).

Some research suggests, however, that active investment in the cultivation of a social psychological *sense of community* in diverse settings may provide a basis for shared values and consensus on group membership (Walton, 2016). In turn, residents’ positive sentiments about the strength of their community—despite overt diversity-related disadvantage—may provide a supportive environment for better mental health (Pretty et al., 2007; Prezra et al., 2001). Sense of community broadly indicates sentiments of attachment to and participation in a

E-mail address: [emily.c.walton@dartmouth.edu](mailto:emily.c.walton@dartmouth.edu).

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neighborhood along four dimensions: fulfillment of needs, influence, emotional connection, and membership (McMillan and Chavis, 1986b). Regardless of the detailed elaboration and psychometric validation of the sense of community concept in the field of community psychology, we still lack empirical understanding of its causes and consequences in urban and community studies more generally. Further, each dimension of sense of community may have a unique relationship with mental health and be distributed inequitably among residents of diverse neighborhoods.

In this study, I use mixed methods to consider the ways in which sense of community relates to mental health in two longstanding racially- and socioeconomically-diverse neighborhoods in Boston. Unlike most neighborhood studies of mental health, I ask how social resources are distributed within diverse neighborhoods, rather than across different types of neighborhoods. The integration of both survey (N = 243) and interview (N = 60) data allows me to make observations about both the existence and nature of relationships among the unique dimensions of sense of community and mental health. I first ask if sense of community is related to mental health in diverse neighborhoods. Second, I explore the unique relationships of each dimension of sense of community with mental health. Finally, I examine the ways in which access to sense of community and its mental health benefits is stratified by important status characteristics—race, homeownership, and neighborhood tenure. I find that the influence dimension of sense of community is particularly vital for mental health, and that whites and homeowners perceive more influence than people of color and renters. I use residents' narratives about their experiences to interpret how influence may relate to mental health and why it is greater among whites and homeowners. Further, I elaborate the ways in which people of color, renters, and individuals with long tenure comprehend their lack of influence in diverse neighborhoods.

## 2. Background

Residential segregation by race and class is detrimental to mental health because resources that support and stressors that undermine well-being are intimately tied to local geography (Williams and Collins, 2001). Sociological research on neighborhoods and mental health generally rests on the social disorganization framework, where scholars view poor, minority neighborhoods through the lens of structural and social disadvantage (Sampson and Groves, 1989). Beyond the effects of concentrated disadvantage in segregated neighborhoods, urban scholars also consider diverse neighborhoods to be socially disorganized, on the premise that interacting with difference hinders beneficial social connections and control over local problems (Neal and Neal, 2014; Putnam, 2007; Sampson, 2012). With a basis in the social disorganization framework, mental health researchers posit an ecological stress process model where disadvantaged neighborhoods disproportionately expose residents to stressful experiences and undermine coping resources (Aneshensel, 2010). Specifically, residents of disadvantaged neighborhoods adapt to neighborhood structural and social disorder—such as high levels of crime, violence, and institutional abandonment—with feelings of fear, hopelessness and alienation; in turn, these stress responses result in mental health challenges, such as increased anxiety, anger, and psychological distress (Ross and Mirowsky, 2009). This ecological model works well to explain the effects of segregation and concentrated disadvantage on mental health, but I ask about mental health in relatively rare instances of stable diversity (Lumley-Sapanski and Fowler, 2017). Does the social disorder created by diversity itself relate to worse mental health, or are residents of stably diverse neighborhoods able to come together to sustain equitable community that nurtures the mental health of all residents?

Given the host of social problems associated with residential segregation, scholars and policy makers are very interested in understanding and promoting diverse communities. Demographers have documented a modest but steady decline in black/white residential

segregation since the 1970s (Iceland, 2004; Iceland et al., 2014; Lichter, 2013). In addition, Logan and Zhang (2010) recognize a promising rise in a new type of neighborhood that may serve as pathway toward stable integration: “global neighborhoods”, in which four main racial and ethnic groups are represented in proportions mirroring the composition of their diverse metropolitan areas. We might temper our optimism a little, however, as Bader and Warkentien (2016) observe that many demographic models conflate nominal and durable integration, and thus overestimate gains in stable diversity. In addition to interest in trajectories of neighborhood diversity, policy makers are increasingly incorporating integration goals into urban planning. Since the beginning of the 21st century, municipal and federal programs have been explicitly promoting mixed-income housing as a mechanism to break the links between public housing and concentrated urban poverty among racialized minorities. These integrated settings are thought to ensure more equitable access to vital city services—such as policing, sanitation, street lighting, and health care—and incorporate poor and working class individuals socially into the “normative mechanisms and rhythms of civil society” (Chaskin and Joseph, 2015).

While we have a good understanding of national desegregation trends, we know less about residents' lived experiences in stably diverse communities. A growing vein of research investigates the underpinnings of “civility” in diverse places (Amin, 2002; Padilla et al., 2015; Valentine, 2008; Vertovec, 2011), arguing that racial and ethnic difference could eventually become a mundane, unremarkable part of everyday interaction, rather than a marker of inequality and hierarchy. But, other urban scholars are less hopeful, finding that statistical diversity observed from a bird's eye view rarely equates to meaningful integration on the ground, but rather microsegregation of everyday social activities and organizational participation among diverse residents (Kleit, 2005; Tach, 2014). Moreover, deep probing of social dynamics in diverse places demonstrates the ways in which inequality is reproduced along race and class lines (Hyra, 2017; Lewis et al., 2015; Mayorga-Gallo, 2014; Perry, 2017; Tissot, 2015). In the current study, I add to this growing literature on the nature of diverse communities by inquiring into the stratification of access to and consequences of a particular social good related to mental health: sense of community.

Separate from the sociological work on neighborhood social disorganization, social psychologists have developed the construct “sense of community” to broadly refer to an individual's emotional and functional orientation toward a social group; a high degree of sense of community is an indication of consensus on values and norms. Because sense of community is not necessarily rooted in actual experience, but in *perceptions* that one is part of a group whose social goods will be accessible if needed (Pretty, 1990), its power is seen as distinct from that of social cohesion and social capital, which focus on the *actual* resources that inhere in individual relationships and larger webs of community social networks. To further clarify, I consider social cohesion to refer to patterns of social interaction and values (e.g., number and strength of ties; mutual trust and reciprocity), whereas social capital refers to the resources rooted in community social networks (e.g., social support, social leverage, social control, and organizational participation) (Carpiano, 2006); however, I do not measure social cohesion nor social capital in this study, but focus on sense of community as a social psychological complement to structural features of the neighborhood typically measured by sociologists.

McMillan and Chavis (1986a) elaborate four main dimensions of sense of community. The first, *fulfillment of needs*, refers to the resources and rewards individuals receive from their participation in the social life of a community (Lott and Lott, 1965), ranging from instrumental to emotional types of fulfillment (McMillan, 1996). The second dimension, *influence*, conveys the mutual ability of individuals to influence others in the group and for the group to have sway over them. Mutual influence helps to maintain social order because acknowledging and understanding the needs of others allows people

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