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Race, class and the stigma of place: Moving to "opportunity" in Eastern Iowa

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ABSTRACT

In this paper, we explore how the stigmatization of place is transported to new destinations and negotiated by those who carry it. Additionally, we discuss the implications of 'spatial stigmatization' for the health and well-being of those who relocate from discursively condemned places such as high-poverty urban neighborhoods. Specifically, we analyze in-depth interviews conducted with 25 low-income African American men and women who have moved from urban neighborhoods in Chicago to predominantly white small town communities in eastern Iowa. These men and women, who moved to Iowa in the context of gentrification and public housing demolition, describe encountering pervasive stigmatization that is associated not only with race and class, but also with defamed notions of Chicago neighborhoods.

1. Introduction

A large body of literature has documented the profound negative health consequences associated with residence in racially segregated, economically disadvantaged and socially marginalized urban neighborhoods (Acevedo-Garcia et al., 2003; Williams and Collins, 2001). The bulk of this research has considered these negative health consequences as the result of physical proximity to unhealthy phenomena, limited access to health promoting resources or exposure to socially harmful patterns that emerge under conditions of long-term economic deprivation (Ellen and Turner, 1997; Entwisle, 2007; Sampson et al., 2002; Wilson, 1987). In addition to studies that have focused on the conditions *within* high-poverty neighborhoods, others have considered how the social construction and stigmatization of 'the ghetto' itself affects the health and well-being of its residents (Kelaher et al., 2010; Macintyre et al., 2002; Popay et al., 2003; Wacquant, 2007, 2008; Wakefield and McMullan, 2005). As Wacquant points out, urban neighborhoods are not only physically bounded spaces, they are also symbolic places onto which powerful meanings are loaded. Urban "ghettos" are both spatial representations of deeply rooted structural inequalities and also a mechanism by which this inequality is reinforced, not only through geographic marginalization but also through "discourses of vilification" that are perpetuated in popular and political discourse (Wacquant, 2007). As discussed by some analysts (Goode and Maskovsky, 2001; Wacquant, 1997), this vilification of high-poverty urban areas is also perpetuated in a wide range of academic scholarship that has emphasized the presumed social pathologies of an urban 'underclass'. According to Wacquant (2007), residents of such vilified spaces are often marked not only by the stigma of race and class, but also by a "blemish of place" that, much like many other forms of stigma, "reduces them from a whole and usual person to a tainted, discounted one" (Goffman, 1963).

Only a small body of literature has considered the ways that residents of such "tainted" places experience, manage and resist this 'spatial stigma' (Gordon, 1991; Neckerman and Kirschenman, 1991; Wacquant, 2007, 2008) and even fewer studies have explored the implications of spatial stigma for health and well-being (Kelaher et al., 2010; Popay et al., 2003; Stead et al., 2001; Wakefield and McMullan, 2005). We know even less about how spatial stigma affects those individuals who relocate *from* discursively condemned neighborhoods. In this paper, we draw on qualitative interviews among a group of migrants experiencing significant spatial stigma that is associated with their former residence in high-poverty urban areas. In our analysis, we interrogate three questions: to what extent do the bodies of migratory people become markers of the very places they leave behind? What strategies do persons experiencing spatial stigma employ in order to shed discrediting marks of place? And what are the consequences of spatial stigma for health and well-being?

These questions are particularly relevant in the context of recent programs and policies that seek to ameliorate urban poverty and its consequences through poverty deconcentration

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(Goetz, 2001) or social-mixing initiatives (Musterd and Andersson, 2005). In the European context, such policy approaches have primarily emphasized the construction of mixed-tenure communities where home owners and renters live side by side (Musterd and Andersson, 2005). In contrast, several recent US initiatives have promoted the mobility of low-income households. The most well-known of these initiatives is the US Department of Housing and Urban Development's (HUD) Moving to Opportunity Program (MTO), which between the years 1994 and 1998, provided over 3000 volunteer public housing residents in five cities with vouchers and the opportunity to leave public housing. MTO was not only a housing program, but also a randomized experiment that has provided a wealth of data on relocation from public housing. Over a 10 year follow-up period, the experiences and outcomes of MTO voucher users were compared with those of 1600 "controls" who were not provided with vouchers (Kling et al., 2007). A second strategy has facilitated poverty deconcentration through the demolition of public housing developments that are considered to be a structural cause of concentrated poverty (Bickford and Massey, 1991). In 1992, HUD initiated the HOPE VI program to fund the demolition of public housing, the relocation of public housing tenants, and the construction of mixed-income communities at the sites of demolished developments (Zhang and Weismann, 2006).

Such programs aim to foster escapes from urban "ghettos" through relocation, but do not consider or address the larger structural forces of racial exclusion that have given rise to these areas in the first place (Geronimus and Thompson, 2004). Additionally, those advocating deconcentration and the dispersal of "ghetto" communities, often have not considered the ways that spatial stigma may constrain opportunity and negatively affect the well-being of those who are compelled or forced to move. As Parker and Aggleton (2003) argue, stigmatization must be understood as a social process that works in the service of power to maintain social, political and economic inequality. In other words, for "ghetto" migrants, stigmatization may work to reinforce the systems of social stratification that have given rise to urban ghettos in the first place and may even contribute to the reemergence of such marginalized spaces in their new communities.

As a phenomenon that may contribute to the reproduction of social inequality, spatial stigma has important implications for the health of marginalized and disadvantaged populations such as the residents of high-poverty urban areas. According to Wakefield and McMullan (2005), landscapes can concretely influence the well-being of their residents when social divisions become spatialized and place limitations on the lives of those who inhabit them. As Macintyre et al. (2002) illustrate the social construction of places plays an important role in patterns of investment and disinvestment that shape opportunities for their residents. For those who leave stigmatized places, the discrediting marks of former residences may serve to justify subsequent exclusion from the social and economic resources that support health and well-being (Wakefield and McMullan, 2005). In this sense, spatial stigma may operate as what Link and Phelan (1995) define as a "fundamental cause" of illness; one that shapes "access to resources that help individuals avoid diseases and their consequences" (p. 81).

Additionally, the behaviors that individuals employ in order to manage and resist stigmatization may have important health consequences. For example, Stead et al. (2001) posit that collective smoking behaviors are one way that residents of marginalized Glasgow communities cope with the stigmatization of their neighborhoods. In another example, Popay et al. (2003) find that one of the ways that residents of stigmatized places construct positive identities despite their surroundings is to withdraw from their communities and retreat to the private sphere. Wacquant (2008) observes a similar phenomenon in Chicago's urban neighborhoods and posits that this form of symbolic self-protection reduces residents' access to health-promoting social support. Finally, as indicated by a large body of literature, experiences of stigmatization may serve as a profound source of psychosocial stress (Link and Phelan, 2006). As stigmatized individuals encounter marginalization and unequal opportunities, social comparisons with those around them can lead to stress and frustration (Kawachi, 2000) which may negatively impact health directly, or through the coping mechanisms that individuals employ (Wilkinson and Pickett, 2006). As suggested by existing research on ethnic density and health (Pickett and Wilkinson 2008; Rabkin, 1979), African Americans who relocate from high-poverty urban areas may experience health-demoting stressors as a result of their immersion in predominantly white communities. This may reinforce the systems of social exclusion that motivated their moves in the first place.

To examine processes of spatial stigma as they are experienced by those who relocate from high-poverty urban areas, we analyze in-depth interviews with 25 low-income and working-class African American men and women who have relocated from urban neighborhoods in Chicago to small cities and towns in eastern Iowa. These interviews were conducted as part of a broader study examining the out-migration of low-income minorities from Chicago in the context of gentrification, public housing demolition and concomitant shortages of affordable housing (Keene et al., 2010). Study participants describe moving to Iowa in search of safer neighborhoods, jobs, educational opportunities, subsidized or affordable housing and to "find something better" than what they had in Chicago. While Iowa affords many of these opportunities, participants also describe many challenges to making a new home there. In particular, participants describe encountering pervasive stigmatization that is associated not only with race and class, but also with their former residence in Chicago.

We analyze participants' articulations of spatial stigma that relate to racialized and classed conceptions of Chicago's urban neighborhoods. We also discuss the strategies that they employ in order to symbolically shed the burden of place that for many, seems to present a formidable barrier to getting by in Iowa. In the final section of this paper, we discuss the implications of spatial stigma for the health and well-being of Chicago-to-Iowa migrants.

2. Methods and background

During the past decade, Chicago has undertaken dramatic urban revitalization efforts resulting in the demolition of virtually all of its high-rise public housing developments and contributing to gentrification in many neighborhoods that once housed low-income and working-class communities (Smith, 2006). Shortages of affordable housing, compounded by rising crime-rates and persistent job shortages have led some Chicago families to leave the city in search of safer and more affordable environments. Iowa City and the surrounding Johnson County, located 200 miles west of Chicago, have received small but significant numbers of low-income African Americans from Chicago. The Iowa City Housing Authority (ICHA), which serves all of Johnson County, reported in 2007 that 14% (184) of the families that it assists through vouchers and public housing were from Illinois. Additionally, the ICHA estimates that about one third of the approximately 1500 families on its rental-assistance waiting list in 2007 were Chicago area families.