Mingling, observing, and lingering: Everyday public spaces and their implications for well-being and social relations

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Abstract

The rejuvenation of public spaces is a key policy concern in the UK. Drawing on a wide literature and on qualitative research located in a multi-ethnic area of East London, this paper explores their relationship to well-being and social relations. It demonstrates that ordinary spaces are a significant resource for both individuals and communities. The beneficial properties of public spaces are not reducible to natural or aesthetic criteria, however. Social interaction in spaces can provide relief from daily routines, sustenance for people's sense of community, opportunities for sustaining bonding ties or making bridges, and can influence tolerance and raise people's spirits. They also possess subjective meanings that accumulate over time and can contribute to meeting diverse needs. Different users of public spaces attain a sense of well-being for different reasons: the paper calls for policy approaches in which the social and therapeutic properties of a range of everyday spaces are more widely recognised and nurtured.
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Introduction

This paper explores interconnections between public open spaces, social relations, and people's sense of well-being. Public spaces[1] are a funda-

mental feature of cities. They represent sites of sociability and face-to-face interaction, and at the same time their quality is commonly perceived to be a measure of the quality of urban life. Ideally they are places that are accessible to everybody and where difference is encountered and negotiated (Young, 1990). The rejuvenation of public spaces

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[1]We are conforming to common parlance in speaking of public spaces, but at the same time are treating particular areas, such as parks, streets, and markets, as places in the sense used by

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(footnote continued)

humanist geographers. Whereas 'spaces are bounded settings in which social relations and identity are constituted', place 'was seen as more subjectively defined, existential and particular' (Duncan, 2000, p. 582; see also Tuan, 1974).

in city centres and in neighbourhoods has become a key concern in the British Government's plans for urban renaissance, where the emphasis is on improving their design, management, and environmental quality (see CABE Space, 2004; ODPM, 2003a). Various initiatives aimed at fostering social inclusion and community cohesion have also considered the strategic role of public space (ODPM, 2002, 2003a, b). It is acknowledged also that public spaces can play a role in encouraging healthy lifestyles or benefiting emotional health (DTLR, 2002), while an overall policy concern is that public places meet the diverse needs of users. We need to deepen our understanding about ways in which public spaces are used by different social and cultural groups (see e.g. Williams and Green, 2001), the extent to which spaces are shared and may influence community cohesion, and about the meanings that people attach to places and what the implications may be for health and well-being. However, there may be tensions between different goals that arise from particular concrete concerns and political agendas. Young, for example, talks about the inherent element of risk at the heart of an ideal notion of public space: "Because by definition a public space is a place accessible to anyone…in entering the public one always risks encountering those who are different, those who identify with different groups and have different opinions of different forms of life" (Young, 1995, p. 268).

The renewed focus on public space has been accompanied by discourse on the need to reverse the decline of public space as well as halt what is perceived as deterioration in more generalised features of urban life. There has been a tendency for area regeneration schemes for example to adopt a 'deficit model' of urban neighbourhoods (Whitley and Prince, 2005); negative labelling of poor, inner city areas has a long history and bears comparison to pathologising notions of 'underclass' (see e.g. MacGregor and Pimlott, 1990). On another level, as Fyfe et al note, the incivility rather than the civility of urban life has come to dominate policy and research agendas. Increasingly, they suggest, 'the difference and diversity of urban life [for example] are viewed as threatening rather than enriching' (Fyfe et al., 2006, p. 854). There is a danger that policy and academic approaches with too narrow a focus on negativities, may, as Whyte once argued when taking to task the 'social disorganisation' school of Chicagoan sociology (Whyte, 1995), obscure much that is positive and valuable in

community and urban life. There is a need to explore relationships between public spaces, social relations and well-being that are not predicated upon a presumed decline of public space but rather on positive forms of social engagement in urban areas, and to consider sites of association, to use Amin's phrase, as 'sites of civic promise' (Amin, 2006, p. 1020).

Amongst questions frequently addressed in the literature on social inequalities in health are those centred around the difference that places can make, independently of, or in interaction with, the characteristics (including class, income or ethnic group) of those living there (Curtis, 2004; MacIntyre et al., 2002). One strand of this work has sought to disentangle the effects of different neighbourhood features—such as those relating to local services and the physical and social environment—on health or health-related behaviours (Ellen et al., 2001; MacIntyre and Ellaway, 2003; Parkes and Kearns, 2006). Issues connected to the causal pathways that influence people's subjective perceptions of their well-being (as opposed to objective measures of health, illness and disease) and underlying influences on them are now gaining prominence across academic disciplines, while the search for policy solutions to boost well-being has become a cross-party political imperative (Walker, 2007; Bunting, 2007). 'Well-being', has been described as 'positive health', or 'a state of physical mental and social well-being' (WHO, 1948, p. 100). It is understood as a dimension of a 'social model' of health which locates individual experience within social contexts and is concerned especially with people's interpretation of them. The concept enables a focus on what promotes and protects health, rather than on what causes illness (Blaxter, 1990; Bowling, 1991; Gattrell et al., 2000). Research has demonstrated diverse influences such as the role of social networks; social support; humour and leisure activities; associational participation and processes of community empowerment (see, for example, Diener and Ratz, 2000; Layard, 2005). Well-being has been conceptualised by ecopsychologists as a healthy balance between met and unmet needs; they include social and emotional needs and needs for self-actualisation (Pickering, 2001). To positive psychologists it also involves feeling good, not only about ourselves, but about our social relationships, within families, between peers, and in communities (Keyes, 2002). Similarly Layard, drawing on Enlightenment principles of 'the common good'