Contents lists available at ScienceDirect

Health & Place

journal homepage: www.elsevier.com/locate/healthplace

'It's not that bad': Stigma, health, and place in a post-industrial community

Gareth M. Thomas

Cardiff School of Social Sciences, Glamorgan Building, King Edward VII Avenue, Cardiff CF10 3WT, UK

ARTICLE INFO

Article history: Received 9 February 2015 Received in revised form 30 November 2015 Accepted 1 December 2015

Keywords: Health Place Stigma Wellbeing Young people

1. Introduction

This article is informed by empirical data collected during a collaborative project with young people in Merthyr Tydfil,¹ a postindustrial town of roughly 58,000 people in the South Wales (UK) valleys, to map their experiences and perceptions of health and place. Merthyr was once a hub of industrial activity and pioneering technological development. The town enjoyed solid prosperity in the twentieth century and was firmly located in the global economy. But this success did not last. The Great Depression and post-War economic decline, followed by the policies of the Conservative Party in the 1970s–1980s, led Merthyr to suffer the effects of deindustrialization and witness the closure of many mines. This shift from industry to post-industry resulted in communities in and around Merthyr experiencing a deep rupture as well as brutal health, economic, and employment decline.

Today, many valleys' communities – Merthyr included – are among the most deprived in Wales. According to a WIMD report (2014), 30.6% of the 36 LSOAs² in the Merthyr local authority are in the 'most deprived 10%' of all LSOAs in Wales for health. Merthyr also scores poorly in the domains of overall deprivation, education, and income (all the second highest number of LSOAs in the most deprived 10% of LSOAs in Wales) together with 'employment' (the

http://dx.doi.org/10.1016/j.healthplace.2015.12.001 1353-8292/© 2016 Elsevier Ltd. All rights reserved.

ABSTRACT

This article highlights the importance of dissecting the complex relationship between stigma, health, and place. Drawing on qualitative research with young people in a post-industrial town in the UK, I explore how these young people reflect on their broad sense of health in a stigmatized community. I capture the multiple senses of place experienced by young people and how they come to imagine, negotiate, resist, and accommodate this stigmatization. I conclude by unpacking what implications place-based stigma has for policy as well as for studying young people's health and wellbeing.

© 2016 Elsevier Ltd. All rights reserved.

highest number of LSOAs in the most deprived 10% of LSOAs in Wales).³ In addition, governmental policies, such as closing youth centers and tightening austerity measures (e.g. bedroom tax⁴), have ignited a shift from a model of economic regeneration to resource reduction in Merthyr. This contributes to a community 'annihilation', that is, the dissolving of the containing boundaries of community life (Walkerdine and Jimenez, 2012).

Merthyr is also highly stigmatized via pejorative media representations. In local and national accounts, the town is constructed as a manifestation of the most negative components of the welfare state such as apathy, benefit dependency and fraud, unemployment, substance abuse, and poor health. A famous televised documentary by Sky News in 2010 describes residents, and young people in particular, as 'work-shy', 'feral', '[losing] the will to work', and 'stubbornly dependent on welfare'. One district in Merthyr, Llanmerin, ⁵ is described as emitting a 'stench of decay' and as a place where 'hard work has been replaced by hard drugs and crime'. Llanmerin, it says, is a 'desperate place' of 'confusion' and 'bleak nihilism' which is 'full of crime'. Young people are







E-mail address: thomasg23@cf.ac.uk

¹ Hereafter referred to as Merthyr.

² Lower layer super output areas.

³ For more details of how 'domains' (health, education, employment, income, etc.) are measured, see the final report (WIMD, 2014). Statistics specifically concerning young people in Merthyr with respect to these domains were not available.

⁴ Implemented in the UK in 2013, bedroom tax (also known as the 'under occupancy charge') is a change to housing benefit entitlement. It means that people receive less in housing benefit if living in a housing association or property deemed to have one or more spare bedroom.

 $^{^{5}}$ Pseudonyms have been used for Merthyr districts (as well as the young people cited here).

'[unwilling] to get out' and are 'blighted by bleakness and despair and despondency', with a local youth center hailed as a temporary anecdote to 'an awful existence in a drug-fueled rut'.

The documentary by Sky News is part of a stigmatizing representation of Merthyr in the media, particularly in local and national newspapers. Together with media descriptions of residents including 'gymslip mums' (UK slang for teenage mothers) and 'primary school puffers' (primary school children smoking cigarettes), the town of Merthyr itself has been described in the national press as the 'sick-note capital of Britain' (thus stigmatizing ill-health), 'a town with the worst youth crime in England and Wales', and a 'grev town full of aimless grev people with nothing to do'. Llanmerin has been depicted in equally negative terms: it is a 'notorious', 'tough', and 'crime-riddled estate'; an 'ugly [...] sprawl of rundown shops and boarded up houses' where 'drugs are plentiful and cheap', and; an area with a 'culture of despair' and where 'fiddling' residents are 'shameless about their lifestyles'. Perhaps most shockingly, a prominent political party created a website in 2002 promoting a spoof Olympic bid campaign for Llanmerin, portraying residents as 'drug taking, wife beating, drunken criminals'.6

Although some media accounts are more sympathetic (e.g. by equating unemployment in the town to physical and symbolic barriers), negative accounts of Merthyr and its districts prosper. Such accounts frequently feed into neoliberal discourses equating unemployment, benefit dependency, and poor health with bad lifestyle choices rather than broad institutional conditions of deep social, political, and economic crises. These representations also build on depictions of the UK working-class in media outlets as value-less subjects – as abject, irresponsible, ungovernable, dirty, and hopeless (Tyler, 2008); they refuse 'not only to accrue value to themselves, but are also represented as a drain on the nation' (Skeggs, 2011: 502).

These developments constitute what Wacquant (2007, p. 67) calls 'discourses of vilification' which usually circulate in political, bureaucratic, and journalistic fields. In a period of 'advanced marginality', these vilifying discourses contribute to the creation of 'territorial stigmatization', whereby certain places are 'blemished' and configured as 'social purgatories [...] where only the refuse of society would accept to dwell' (2007, p. 67). Extending Goffman's (1963) theory of stigma to ascertain how identities become 'spoiled' by location, Wacquant identifies how place 'disqualifies' people and deprives them of 'full acceptance by others' (2007, p. 67). This 'territorial infamy' poses dilemmas of information management, identity, and social relations which, even where a negative reputation is unfounded, produce 'stamps of dishonor' and set off 'socially noxious consequences' (2007, pp. 67–8).

I approach the article from the position that this place-based stigma, as others have shown (Bush et al., 2001; Keene and Padilla 2010, 2014), can shape health. I understand health not just as the absence of disease or illness but as a state of physical, mental, and social wellbeing. As such, I show how place-based stigma may impact on a person's broad sense of health. Keene and Padilla (2014) argue that spatial stigma can affect health in three ways. First, health can be affected by access to material resources. This can include employment discrimination when someone discloses their residential address, little regional investment, and how some services – e.g. police, taxis, home help workers-avoid stigmatized areas. Such forms of discrimination and exclusion, for Keene and Padilla, fundamentally shape access to health and so spatial stigma can be seen as a primary cause of health inequality. Second, spatial stigma can affect health since stigma-related stress is well-linked to mental and physical health outcomes.

Third, spatial stigma affects health with respect to how one shapes and manages their identity in relation to place. For instance, people living in stigmatized regions may distance themselves from their neighbors and withdraw to private spaces which could fuel feelings of isolation or reduced community integration. For Keene and Padilla (2014, 392), then, spatial stigma is a vital yet understudied mechanism by which 'disadvantaged places contribute to multiple physical and mental health outcomes'. This is my departure point for this article.

Framed by the small amount of literature on health and placebased stigma (Bush et al., 2001; Cattell, 2001; Howarth, 2002; Keene and Padilla, 2010, 2014; Pearce, 2012; Popay et al., 2003), Wacquant's (2007) theory of territorial stigmatization, and the broader structural context in which Merthyr is situated (government policy and media depictions), this article explores how young people perceive their own health in a stigmatized location. Drawing on fifty-six interviews with 14-15 year olds, I show that residing in Merthyr is not a straightforward tale of troubled living. Many young people identify social problems (violence, drugs, sexual harassment, domestic abuse, environmental problems)⁷ yet they urge for a more balanced account, describing the positive elements and health benefits of living in Merthyr including the open landscape, spatial and symbolic closeness with residents, and a strong sense of belonging. Equally, I claim that young people produce multiple meanings of place and can resist stigma by Othering certain districts and social groups. Finally, I reflect on the relationship between health and place-based stigma and the policy implications of this study.

2. Study and methods

The research is concerned with young people mapping their own experiences and perceptions of health and place in a stigmatized area. This article reports on interviews with fifty-six young people using GIS technology, a system designed to capture, visualize, analyze, and present geographical data to characterize spatial patterns/trends (i.e. it allows one to read/analyze map data). GIS can be used to 'associate a range of meanings with neighborhood spaces, in ways that are strategically shifted to support different priorities and goals' (Elwood, 2009: 58). It can advance multiple delineations of neighborhood boundaries, represent areas as both social and material places, and capture binding meanings, knowledge and identities to these places.

Interviews were carried out using a GIS 'app' on an iPad. Researchers (carrying out one-to-one interviews) began by asking young people to answer questions about demographics (age, gender, ethnicity, employment status of parents, family living at home) and we entered details into the app developed for this project. Participants then used the GIS technology to map out their 'home neighborhood', as they define it, using the 'draw' tool. Referring to this shaded area, we asked what they liked/disliked about the neighborhood, if they felt safe there, and their social relationships. Following this, young people mapped out their broad sense of wellbeing by 'drawing' other Merthyr locations which they liked/disliked and where they felt safe/unsafe – and how these settings made them feel. Locations were categorized by young people as 'positive', 'negative', 'positive and negative', or 'neutral' (see Fig. 1).

When participants told us what they disliked about certain areas (e.g. drug paraphernalia, groups of people, darkness, litter), this would be identified through the use of 'signals' (Innes, 2014)

⁶ Media citations are too numerous to list here but the Sky News documentary cited above, as well as articles in the Daily Mail (2011) and The Mirror (2005) newspapers, provide representative examples of stigmatising discourses circulating in media outlets.

⁷ Interestingly, a few participants (both of UK and non-UK descent) said that they had heard about racial hostilities in Merthyr but had not witnessed or personally experienced this themselves. However, this may be due to the nature of the research rather than young people not experiencing racism themselves (i.e. they did not want to tell the researchers about these experiences).

Download English Version:

https://daneshyari.com/en/article/7457530

Download Persian Version:

https://daneshyari.com/article/7457530

Daneshyari.com