Winter February, 2016

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International Quarterly of
Community Health Education
0(0) 1–18

DOI: 10.1177/0272684X15627800
qch.sagepub.com

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Abstract

An emerging body of research suggests that those who reside in socially and economically marginalized places may be marked by a stigma of place, referred to as spatial stigma, which influences their sense of self, their daily experiences, and their relations with outsiders. Researchers conducted 60 semistructured interviews at partnering community-based organizations during summer 2011 with African American and Latina/o, structurally disadvantaged youth of diverse gender and sexual identities who were between 18 and 26 years of age residing in Detroit, Michigan. The disadvantaged structural conditions and dilapidated built environment were common themes in participants' narratives. Beyond these descriptions, participants' framings and expressions of their experiences in and perceptions of these spaces alluded to reputational qualities of their city and particular areas of their city that appear related to spatial stigma. Young Detroit residents articulated the ways that they experience and navigate the symbolic degradation of their city.

Keywords

spatial stigma, structural inequality, minority health, urban health, young adults

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Introduction

A large body of literature has considered how places contribute to health.[1–3] Much of this research has considered the numerous vulnerabilities and resources that are contained within the bounded spaces of neighborhoods and communities. Only recently have scholars begun to consider how these material conditions interact with the symbolic dimensions of place to further affect health.[4–7] In particular, an emerging body of research suggests that those who reside in socially and economically marginalized places may be marked by a stigma of place, referred to as *spatial stigma*, which influences their sense of self, their daily experiences, and their relations with outsiders.[8–10] In this article, we contribute to this emerging literature by examining how spatial stigma may be experienced, negotiated, and resisted by young residents of one quintessentially stigmatized U.S. city, Detroit, Michigan.

Drawing on stigma theory, sociologist Loic Wacquant[11] identified *territorial stigmatization,* or spatial taint, as a feature of urban marginality in our current era. He noted that individuals who reside in symbolically degraded places, such as many disadvantaged urban areas and public housing developments, may be marked by a stigma of place that influences how they view themselves, how they are treated and regarded, their mobility beyond their communities, and their relations with each other. In this sense, spatial stigma can act as a degrading mark or "spoiled identity" that is associated with an individual's current or former home and, in the words of Erving Goffman[12] "reduces them from a whole and usual person to a tainted, discounted one" (p. 3).

While spatial stigma can be conceptualized as a degrading mark at the individual level, it is also a form of structural stigma that works to maintain inequality.[13] As Wacquant[14] argues, inequalities related to race and class have become spatialized through processes of segregation and ghettoization. The sitgma tied to this spatialization is interconnected, yet distinct from the stigma associated with race, class, and other identities or social positions. While a large literature on neighborhood effects[15,16] has typically focused on the material and social conditions that exist within the bounded spaces of neighborhoods and communities, the notion of spatial stigma focuses attention on the broader societal meanings that are attached to and derived from places. From this perspective, spatial stigma in marginalized urban neighborhoods cannot be separated from the structural and institutional systems that shape these spaces and the often racialized tropes used to articulate their "failings."[17,18]

Spatial stigma is a social determinant of health in both its potential to directly affect health outcomes as well as its influence on structural conditions that shape health.[4] At the structural level, neighborhood reputations can affect the development and support of policies that determine access to economic opportunities and health protective services which are important for resident well-being. For example, as Wacquant[19] suggests, the heavy policing of poor minority

neighborhoods may be connected to widely circulating racialized stereotypes about these places. Likewise, grocery stores, commerce, and regional investments that contribute to the vitality of a community and the health of its residents are likely to eschew stigmatized places.[20]

At the institutional and interpersonal levels, individuals who reside in stigmatized locales may face both institutional discrimination and micro-aggression when others view them negatively because of where they live. This discrimination can influence mental health, risk behaviors and access to resources that are important for social and economic advancement. For example, spatial stigma may limit employment opportunities. Among youth, it may affect how they are viewed by teachers and other adults who play a role in determining their future trajectories. Furthermore, negative reputations of neighborhoods or spaces may be internalized and incorporated into individual identities. The internalization of these identities may have profound implications for well-being, particularly among young people whose senses of self will affect the opportunities that they choose to pursue and the risks that they choose to take. Finally, the strategies that young people employ in order to manage or resist spatial stigma can have implications for both individual and collective well-being. In particular, some evidence suggests that residents of disparaged places may attempt to disidentify with their environments by withdrawing to the private sphere.[4,21] While this coping mechanism may in part protect residents from risks that are associated with urban poverty, it may also prevent the development of community cohesion and increase social isolation.

Our study builds on a small handful of prior studies that have examined spatial stigma and its relevance for urban residents. For example, Wacquant[22] described urban marginality and territorial stigmatization among residents of Chicago public housing projects. He found that spatial defamation contributed to pervasive fear of its residents and political abandonment. He also found that this defamation was often applied to residents by their neighbors, in a process of lateral denigration that contributed to social isolation and disorganization. Popay et al.[23] examined how individuals construct positive identities while residing in "improper" places. Focusing on youth, Castro and Lindbladh[24] described how young residents of marginalized Swedish municipalities interpret and respond to the stigmatization of their homes. Finally, Draus et al.[25] examined the stigmatization of the city as one force contributing to the marginalization of heroin users in Detroit.

We build on Draus's work to consider the symbolic marginalization of Detroit among a diverse sample of urban youth. Detroit is an important site for the study of spatial stigma. Throughout the last century, the partial collapse of the automobile industry, white-flight to the suburbs,[26] the foreclosure crisis, and Great Recession have devastated the city where unemployment was recently above 15% and where homelessness rates are among the highest in the country.[27,28] While the core of Detroit has recently undergone a period of gentrification with an influx of

young professionals, restaurants, and sporting venues, the predominantly black areas that surround this core have continued to suffer from structural abandonment.[29] In addition to the material realities of the economic crisis that confronts Detroit, the city also bears a symbolic burden as a quintessentially stigmatized place whose reputation includes political corruption, racialized unrest, a recent bankruptcy, shrinking population, and urban dilapidation.

In a recent issue of *Time Magazine*, a photo essay entitled "Detroit's Beautiful, Horrible Decline," presented a narrative that has become a metaphor for Detroit in the contemporary era. Based on an acclaimed book by French photographers Yves Marchand and Romain Meffre entitled "The Ruins of Detroit," the *Time* piece presents stunning pictures of structural decay and abandonment. These poignant images, including collapsing and dilapidated monuments such as the Lee Plaza Hotel, the United Artists Theater, and the Michigan Central Station, are presented as a sort of biblical disaster—an apocalypse from which all of Detroit's citizens have apparently fled. Once a national symbol of modernity and industrial progress, Detroit has come to represent the potential for urban decline and the omnipresent dangers when cities are not equipped to transform their economies in the wake of de-industrialization, globalization and outsourcing.

While many of the visual representations of Detroit that circulate in the national imagination do not contain people, the city still has approximately 700,000 residents, the majority of whom are black and economically disadvantaged. In 2010, Black residents made up 83% of the city, there was a 29% unemployment rate for those 25 years of age and older, and the median household income in 2011 was only $25,193. Further, the age-adjusted mortality rate was 1.7 times greater than the U.S. overall.[30]

While much has been written about Detroit's decline, there has been almost no work on its symbolic marginalization (see Draus as one notable exception). Given the paucity of Detroit resident voices in the literature on symbolic marginalization and the still emerging state of the spatial stigma literature, we contribute to filling these gaps by drawing on utterances and articulations of marginalized Detroit youth that could be interpreted as gesturing toward spatial stigma in order to examine how young Detroit residents interpret and experience the symbolic qualities of their city. Our observations speak to the ways that the physical and symbolic decline of neighborhoods in Detroit and Detroit as a whole, may act as salient day-to-day realities for its young residents, with important implications for their identities, health, and access to health promoting social support.

Methods

The Detroit Youth Passages project (DYP) is a collaboration between the University of Michigan, three community-based organizations and the youth

communities they serve: the Ruth Ellis Center, Alternatives for Girls, the Detroit Hispanic Development Corporation, and structurally disadvantaged African American and Latino youth of diverse gender and sexual identities. Initially funded by Ford Foundation in 2010 and using community-based participatory approaches, DYP seeks to examine and positively transform structural conditions that contribute to psychosocial and sexual vulnerabilities among young people in Detroit, Michigan. DYP studies the effects of economic crisis and residential instability on contexts and situations that increase the likelihood of negative sexual and mental health outcomes. While we did not originally design the study to examine spatial stigma, the project used the notion of "sexual geographies," which is based on the idea that the meanings and practices of gender and sexuality are geographically situated and that the social organization and politics of space influence gender and sexual identity, vulnerability, and resilience.[31,32]

In a broad sense, the study design and methodology seek to understand the linkages between space, vulnerabilities, and community assets among young Detroiters and provide data on both the material and symbolic dimensions of place. While we did not ask questions specifically about spatial stigma, it became apparent that participant language, phrasings, and explanations suggested experiences of spatial stigma potentially at play in their lives. We thus decided to systematically analyze the data with a focus on spatial stigma. The genesis of our analytic questions derived both from an interest by academic partners in symbolic dimensions of space and from comments by community partners about the ways that Detroit tends to be marginalized and misunderstood in the media, research, and interventions, in large part due to inaccurate assumptions about the city and its residents. Additionally, regular steering committee meetings with community partners allowed us to further refine interpretations of the data based on their insights into our analyses.

Design and Sampling

The project began with social and cultural immersion into Detroit youth communities through volunteering at the community partner organizations and conducting shadowing and ethnographic mapping (EM). EM allows researchers to map activities, meanings, and social dynamics of particular spaces by targeting participant observation in specific sites. EM was conducted over 6 months in numerous spaces frequented by the youth communities serviced by our partner organizations. Through EM and in cooperation with community partners, potential participants were recruited to participate in semi-structured interviews. Initially, potential interview participants were identified by both researchers during EM and research staff at each community partner organization who were well-known in their respective communities and connected to diverse networks of youth. As recruitment progressed, snowball sampling technique was also used to identify potential participants.

The sampling frame for the interviews consisted of structurally disadvantaged, ethnically minoritized youth. Inclusion criteria were: self-identification as black, African American, Latino/a, Hispanic, or mixed-race (including black or Latina/o); age between 18 and 26 years, inclusive; and current residence in Detroit or surrounding metropolitan area. Using a purposeful, criterion-based sampling strategy, potential participants were selected along two axes of diversity: gender and structural disadvantage. In accordance with the goals of the parent project, the sample was stratified across three gender categories (cis-gender man, cis-gender woman, and transgender woman) and three structural disadvantage operationalizations (current or recent residential instability, affected by neighborhood violence, and economic desperation as indicated, for example, by participation in survival sexwork).

Procedures and Data Collection

Researchers conducted 60 semistructured interviews during summer 2011 with African American and Latina/o, structurally disadvantaged youth of diverse gender and sexual identities who were between 18 and 26 years of age residing in Detroit, Michigan at partnering community-based organizations. While our sample is highly diverse, our analytic approach here is not to draw out distinctions in the unfolding of spatial stigma in each group, but rather to identify common themes emerging across our sample. Semistructured interview guides were developed in collaboration with community partners to assess domains of interest, such as socioeconomic and housing situation, sexual exchange history, social networks and relationships, and other related topics. Detailed elaboration of the full study methods and data collection have been described elsewhere.[33–38]

Analytic Process

Each interview was audio-recorded and transcribed. Transcripts were read and analyzed by five team members who met weekly for 9 months to discuss emerging themes and preliminary interpretations. Our process involved several steps. First, analytic summaries of each interview were written and discussed to highlight the primary characteristics of each participant and develop an initial assessment of emerging themes. Next, in vivo coding was conducted to identify concepts and relationships between them in participants' own language. Our team then identified central themes and sub-themes that were well-elaborated in the data and developed these into a focused codebook.

Team members and community partners discussed the codebook and then used it to code a sub-set of interviews. The codebook was iteratively revised. Once the codebook was determined to be well-structured, four of the team members conducted formal coding of all transcripts in Atlas-ti, meeting regularly to discuss any discrepancies in the application of codes. The final codebook

possessed several codes for stigma experiences and spatial descriptions. For this article, we conducted vertical searches of these terms and reviewed coded text to identify tendencies in the narratives on stigma and space and then examined important distinctions in expression of these codes by resituating them back into the context of individual narratives.

Results

The disadvantaged structural conditions and dilapidated built environment were common themes in participants' narratives. Beyond these descriptions, participants' framings and articulations of their experiences in and perceptions of these spaces allude to reputational qualities of their city and particular areas of their city that appear related to spatial stigma. Some participants seemed to ascribe these stigmatizing characteristics to the city's residents, in a process that Wacquant[39] refers to as lateral denigration. Finally, they attempted to create symbolic and physical distance between themselves and the widely circulating tropes about Detroit. These distancing strategies in turn contributed to social isolation.

Urban Decline and Its Reputational Qualities

The contemporary structural conditions of Detroit pervaded many aspects of youth's daily lives, through both their experiences of physical surroundings, such as abandoned and burned-out houses, and through the publicly circulating notions of decay and degradation that are widely seen as characteristic of the city beyond its physical features. When participants were asked to describe their communities, they often referred to the physical landscape as decaying and dilapidated, using negative evaluative terms such as "abandoned," "burned out," "filthy," or "ghetto." Such vivid descriptions cut across the different populations and neighborhoods in our sample and consistently emerged in response to neutral questions (not focused on material structure) intended to elicit unprimed assessments of how youth perceived their neighborhoods and the city of Detroit. Participants' language was not simply descriptive of the built environment, but also connotatively and symbolically spoke to more generalized attitudes of the sociocultural aspects of the space as well, as seen, for example, in the use of historically contentious "ghetto."

Vanessa, a 20-year-old African American woman described the area where she lived as follows: "The neighborhoods are falling apart. The houses, more abandoned houses. It's like, seven abandoned houses on my block that, I know of, for sure. And a lot of empty houses, too." Similarly, Bria, also 20, expressed a presence of generalized decay that pervaded the entire city: "So everything in Detroit, to me, is going downhill. Everything, everything burnt up. You can't walk down a block without seeing a long vacant lot and then the two houses on the corner."

In these descriptions, participants seem to be both describing the empirical realities of their daily lives and also alluding to a more widespread "falling apart" or "going downhill" that the built environment deterioration seems to represent.

Our participants, who were too young to have seen Detroit in its more prosperous times, nevertheless were aware of their own historical position as residents of an urban area in historical decline. Alejandro, a 20-year-old Latino immigrant in Southwest Detroit, provides an illustration of this when he reflected: "Before Detroit used to be better. There wasn't so much trash, so many houses burned out. The place was much better than it is now. Each year it gets worse." Such statements demonstrate the extent to which nationally circulating discourses of the city's fall from grace are incorporated into personal narratives of young people who are coming of age in the wake of urban decay. Although Alejandro is too young to have actual memories of Detroit at its peak, he relies on stories he's heard and media messages to frame his experience and rhetoric and extends his assessment of the damaged physical structure to characterize the whole of Detroit.

Participants seemed to be keenly aware of these derogatory tropes and described concerns over how the conditions of the city are viewed by outsiders. As Catarina, a 19-year-old Latina, noted, "People that come from the other side of the city or something, they won't want to live around [here], looking at how it is around here." Jessica, a 21-year-old Latina, elaborated on this sentiment, focusing on the perception of those who might visit the city:

> You see, like, trash everywhere, so when people do come out from other states and come see Detroit, they're just like, you know, you see all these, the trash, the burnt houses and stuff. So . . . the first impression, you know, means everything. So, when they come over here, and people see that, you're just like, "Well, you know, I'm not coming back here. It looks dirty."

Some participants cast structural decay as the defining characteristic of the city and do not separate this decay neither from the identity of the city as a whole nor other aspects of the city (e.g., social, cultural, institutional), thereby illuminating how the denigrating assessment of physical space has become the city's identity and has attached to its residents. For some participants, this sense of shame was not only related to current conditions but also to the perceived downward trajectory of the city. For example, Karen, an African American participant, explains:

> But they also need to fix up the neighborhoods, too, burned down houses and stuff . . . You know back then a lot of people said they used to like coming to Detroit because of the attractions here. I don't see who will want to come here now.

Embodying Spatial Stigma

For some young Detroiters, the spoiled characteristics of the city threatened to become spoiled qualities of the self, which shaped their lives and opportunities. Angela, a 19-year-old Latina participant from Southwest Detroit, repeatedly lamented the "slum" and "ghetto" qualities of the city, and what she described as the "bad hygiene" of her neighbors, which she believed makes "the whole city look bad." She describes experiencing Detroit's negative reputation first hand and the importance of letting others know that she herself is not like the rest of the city, stating:

> [It's] like a dirty life, you know. And it's nasty, you know, to live with people that don't care . . . because it makes the whole city look bad, because you have so many people that just don't care, don't take care of their stuff. It just makes us look bad, like, you just hear people, like, "Where you from, Detroit? Oh, it's so bad over there." You know, to hear people say that about your own city and where it's from, it's like, *I'm not like that*.

Similarly, several transgender women in our sample felt that qualities of certain spaces in Detroit combined with perceptions of their gender identities to severely stigmatize them and constrain their possibilities for social advancement. They explained, using sex work as an example, that the characteristics of a particular neighborhood had become inextricably linked to particular undesirable representations which shaped how they were treated and regarded. This neighborhood, known as an LGBT social space, had become known as an area for sex work and thus whenever transgender participants were in the area they were assumed to sell sex as life purpose. Karina, a 24-year-old transgender woman, noted: "I don't like being in [Old Town] because . . . they just automatically assume that because you're trans . . . that [sex work is] what you're supposed to do with your life." The expectation of sex work activity in the neighborhood is cast by Karina as more than a reflection of the frequency with which it occurs. The assumption of sex work Karina references becomes an allegorical characteristic of the space in that the neighborhood frames transgender bodies so as to indicate a life purpose, not just an activity likely to happen in the space. That is, Karina's statement, "they just automatically assume that because you're trans . . . that [sex work is] what you're supposed to do with your life," suggests that people do not just expect sex work to take place in the neighborhood because it has a history of sex work activity, but transwomen are now assumed to aspire or desire to engage in sex work. In this way, the characteristic of the space has become indistinguishably linked to residents and associated with their identities which reflect spatial stigma and influence how others view and perceive residents.

Irene, 18, illustrates both harmful, emblematic attributes of place and the ways that this stigma of place could be internalized, potentially affecting one's ability to advance in personal or professional projects. In her interview, Irene explained that the figurative features of her neighborhood might affect her ability to study and become a doctor, which was her lifelong dream. "I feel like some people are a product of their environment . . . like, if you hang around . . . gang members or whatever, you might grow to be a gang member." She uses this role-model social conditioning example as a metaphor that personifies Detroit by paralleling her neighborhood and Detroit with the gang, and herself with the potential gang member:

> So, I feel like *I might get a distraction of being in my neighborhood*. Like, I might be like, 'Oh, I don't want to be motivated to go to school no more. I'm gonna quit. It's nothing. *I'll just stay here in Detroit with everybody else*.' That's the – I think that's my only fear. Like, I'm gonna give up.

She does not attribute the qualities of being unmotivated, quitting, or giving up to any particular individual or group of people from whom she might adopt these traits, but rather to the neighborhood and city itself. She fears she will become the city and believes everyone else has already come to embody the discouraged, resigned, and disparaged city.

In participants' narratives, we also witnessed the way that dominant tropes about Detroit were often appropriated and applied to the city's residents, a process that Wacquant[39] refers to as lateral denigration. Jessica, for example, confesses a growing alienation toward the city that had begun to inform her decision to move away. She says:

> I just feel like as I'm getting older, I just see everything so different, like even just driving around Detroit these few past weeks, and just looking around and it's just like *everything looks so different to me . . . people look so, like, they have no goals* . . . I don't want to live in Detroit no more, but I have no choice. Detroit's where my family's at and I'm not gonna, like, leave them . . .

Jessica describes Detroit people as looking as if "they have no goals," casting not having goals as somehow endemic to Detroit compared with other cities.

Likewise, Roberto, 24, describes the presumed differences between residents in Detroit and the suburbs. This contrast surfaced frequently in the interviews, suggesting essential differences in perception between the city center and the surrounding areas:

> I would like a community to be people in a neighborhood that don't really have too many issues that can, like, do things, like help fix their community or help each other with their children or—like, people in the suburbs, like, a lot of people say

> that they're nosy. But the thing is, it isn't that they're nosy. They just try to keep an eye out for other people and other people's kids . . . That's what I mean. Like, a closeness, a bond between you and your neighbors 'cause that's the way it's supposed to be. You're not supposed to be fighting with your neighbors or shooting them or—you know what I mean?

Roberto's comments begin with a complex balance wherein he longs for neighbors without "too many issues," but enough collective issues for his neighbors to "help fix." He goes on to characterize suburbanites as caring, watchful, selfless, and protective which he contrasts to Detroiters as violent and lacking neighborhood cohesion and community connectedness. Not only may this reflect some generalized stereotypes about urban and suburban places, but also suggests that there is something about the places themselves that give rise to or produces these generalized attributes. The spatial identity of Detroiters is perceived somewhat negatively, while the spatial identity of suburbanites is perceived somewhat positively.

Managing and Negotiating Spatial Stigma

As a consequence of the disparaged image of Detroit, a number of residents described the need to implement strategies to manage or minimize the stigmatized status of the city. These techniques are specific manifestations of Goffman's more general conceptualization of "stigma management strategies" and are particular to the management of stigmatized spaces. Here, we provide narratives illustrating two overlapping techniques that were significant among our participants: (a) attempts to disidentify oneself from the negative characteristics that define one's social space and (b) attempts to isolate oneself from other residents in the immediate social environment.

This theme of disidentification was evident in Angela's quote above. She follows her description of the negative qualities of the city with the phrase, "I am not like that," encapsulating her attempts to distinguish herself from the stigmatizing characteristics of Detroit. Similarly, Joanna, 19, a Latina in Southwest Detroit, explained that the burned out houses in her neighborhood

> makes it less valuable. It makes the community look a lot worse. It makes us look a lot worse '*cause it looks like we're doing it. Like, you know, we have some innocent people out there.*

Here, Joanna's reference to "innocent people" expresses her fear that she, and others like her who do not contribute to the structural decline of the city, may suffer because of the negative perceptions of outsiders, who may believe that "innocent" residents like her are contributing to the destruction of the landscape. Conversely, she also implicitly presumes that there are other "guilty"

parties who are responsible for such bad behavior, and who, therefore, threaten to damage her reputation by association.

Interviewees often used phrases and linguistic techniques that separated themselves from other residents in their communities or drew qualitative distinctions between themselves and others. For example, Oscar, 19, explained why he felt he was different from others in his neighborhood:

> It's just the people—I mean . . . Most of the people in, in my neighborhood are just, they don't care. They just—I don't know, just stealing. They, they, they burn houses. There's—I don't know. They're just out of control over there.

By using the third person plural, Oscar signifies that he is not a member of the referent group he criticizes and thereby contributes to the generalizations about Detroit residents even as he separates himself from these stigmatized qualities. A number of participants discussed the bad behaviors of neighbors, often using constructions such as "those people" or "people who do bad things," which we interpret as reflections of the distancing strategies that participants used to dissociate themselves from individuals who they believe embody stereotypes of Detroit.

A second technique for stigma management, which overlaps with but is somewhat distinct from disidentification, involved social distancing strategies, such as keeping to oneself or avoiding contact with neighbors. We interpret these attempts to restrict social networks or retreat to the private sphere as products of the internalization of spatial stigma that participants apply to their neighbors. This social distancing was often described as "having associates" rather than maintaining close friendships, which was justified as a means to avoid getting into trouble or because of a lack of trust. Orlando, 22, illustrates this tendency in the following exchange, when the interviewer asked whether he has any close friends:

> Orlando: Associates.
>
> Interviewer: Just associates.
>
> Orlando: I don't, I don't really talk to – I don't trust people . . . especially not my age.
>
> I: OK. And so, what's a relationship with an associate like?
>
> Orlando: We can talk, hang out, but nothing serious. We'll, you're not gonna know anything about my real life . . . I kind of avoid people.

Likewise Natalie explains:

> I distance myself from certain things, like [. . .] my family only gets along when there's a funeral. So it's like it's – it's really the only time I be bothered with anyone.

> But any other time I stay to myself or I'm with my godmother and sister (godsister). That's it. I don't like dramatizing, or negative stuff, so I block myself from it. Like I don't have too many friends or I'll speak to someone, but that's not a friend. That's an associate I speak to.

While the preference for "associates" was consistently described as self-protective, it is important to note that many young people had generalized this social distancing strategy to all of their neighbors, due to a pervasive assumption that people in their neighborhood "do bad things." Spatial stigma made them skeptical of others in their in-groups.

Since these young people often described themselves as distinct from those around them and because they associated their neighborhoods with negative attributions, restricting social networks and avoiding excessively close friendships was considered a prudent strategy. Nevertheless, these actions often resulted in greater isolation and in some cases were done preemptively. Thus, while social distancing is described as a strategy of self-protection, it may also contribute to the disintegration of protective community relationships and networks, which could actually function to weaken community cohesion and resilience. There was slippage and convergence in how the material and people were disucussed.

Discussion

In the above narratives, young Detroit residents articulate the ways that they experience and navigate the symbolic and infrastructural degradation of their city. Although these interviews did not set out to inquire about spatial stigma, allusions to spatial stigma tied to the physical landscape, identities, and residents were identified in participants' narratives. The elements of spatial stigma that participants describe are likely to have health implications which are produced through some of the pathways that we describe in our introduction. In particular, the visceral experience of stigmatization that was evident in participants' articulations of how their city was perceived by outsiders is likely a source of stress that pervades their daily lives. Additionally, participants' narratives illustrate the extent to which the spoiled status of Detroit can be embodied by its residents and incorporated into their identities to shape their lives. Participants articulate concern that they will be viewed negatively by others as a result of the city's reputation. Participants also articulate the ways that the internalization of spoiled identities related to place can hold them back, restricting access to those opportunities and resources that are likely to be health promoting. While these narratives do not explicitly articulate experiences of discrimination that are based on their place of residence, it is possible that these experiences would emerge were participants prompted explicitly, moved out of Detroit, or spent more time beyond its boundaries.

Participants also described negotiating a stigmatized landscape and managing stigmatized identities through strategies of discursive and social distancing. In an

attempt to disassociate themselves from the negative characteristics of the city, participants attribute its decline to "those people," creating a rhetorical distance between themselves and their fellow Detroiters. Echoing existing literature,[9] participants also describe keeping to themselves and retreating to the private sphere. While this retreat may reflect identity work that participants employ as they attempt to discursively distinguish themselves from other Detroiters, it may also reflect some internalization of stereotypes about the city and its residents, who are perceived to be dangerous influences.

Regardless of the motivation, the expressed desire to keep neighbors at arms-length may reduce residents' access to health promoting sources of social support and social capital. We do not attribute the cause or development of spatial stigma of places in Detroit or Detroit as a whole to residents. Lateral denigration and strategies to cope with spatial stigma should not be interpreted as culpability of residents for spatial stigma. While not discussed explicitly in our data, it is also likely that the symbolic degradation of Detroit has hastened the structural abandonment that participants describe and has contributed to the presence of poorly lit streets, dilapidated buildings, and other safety hazards that many Detroit residents must contend with.[26]

Our discussion of spatial stigma contributes to a large literature on neighborhood effects by identifying another way that unequal social geographies produce inequalities in well-being and health. However, on another level, our discussion of spatial stigma provides an important reconceptualization of place effects. The neighborhood effects literature has typically focused on the conditions within the bounded spaces of marginalized neighborhoods. In contrast, we approach spatial stigma as a multidimensional phenomenon that is shaped by processes outside of marginalized neighborhoods themselves, incorporating larger sociocultural meanings, economic systems, and political realities that are then manifest in specific local settings and histories.

The narratives presented here describe the experiences of young marginalized residents of one stigmatized U.S. city. Some of their experiences may be unique to Detroit, but these experiences may also speak to a broader phenomenon of spatial stigma that has been articulated in a number of other settings.[14,40–42] We consider this symbolic degradation of place to be an important and understudied process by which places contribute to inequality. Additionally, we consider the concept of spatial stigma to be an important contribution to an emerging literature on structural stigma.[43,44] Spatial stigma emerges from deeply rooted structural inequalities and in turn, helps to reproduce them.

These findings, first and foremost, suggest a need to ameliorate the material conditions that contribute to stigmatized meanings. Participants' narratives articulate the ways that the physical decline of the city and the structural context that precipitated it contributed to perceptions of social disorder and the subsequent construction of residents as stigmatized subjects. However, as Sampson[45] notes, perceptions of social disorder are linked not only to the material realities of place

but also to broader structures of inequality, especially related to race and class. These inequalities have contributed to both the physical and social construction of Detroit and may be reinforced by the stigmatization that its residents experience.[46] Finally, our findings also suggest a need to critically consider the discourse that surrounds marginalized places. Media representation and even academic discourse may contribute to symbolic dimensions of place that are health demoting.

In addition to addressing structural conditions and fundamental causes, social marketing campaigns that have shown some effectiveness in addressing other forms of stigma (e.g., identity and illness based) may be useful as a tool to decrease spatial stigma. Further research should focus on further describing and characterizing spatial stigma, the processes through which it is construed, and the mechanisms that may link spatial stigma to health outcomes. In particular, ethnographic and narrative work is needed upon which to develop quantitative measurement tools to use in statistical analysis.

Acknowledgments

The authors thank Rachel C Snow, former principal investigator of Detroit Youth Passages; Jessica Moorman, former project manager of Detroit Youth Passages; Detroit Youth Passages data collectors, community partners, and participants for their help in this study.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by Ford Foundation's Youth Sexuality, Reproductive Health, and Rights Initiative.

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