CHRONIC STRESSORS: STRESSORS, PERVASIVE UNCERTAINTY AND WELL-BEING: RESIDENTS' ACCOUNTS OF LIVING IN AN ECONOMICALLY DISADVANTAGED, RACIALLY SEGREGATED SUBURBAN NEIGHBORHOOD

JOHANNA SHIH

Hofstra University

This paper explores the effect of neighborhood social disorder on the everyday lives and well-being of residents in Hempstead Village, an economically disadvantaged, racially segregated suburban neighborhood located in Nassau County, NY. Interviews and focus groups indicate that residents experience their neighborhood as one with multiple ambient, chronic stressors, particularly stemming from the risks of violent victimization and illegal drug activity. These same stressors are also embedded within respondents' personal histories and social networks, creating synergistic effects that enhance the likelihood of exposure. Further analysis of respondents' accounts suggests that one key mechanism by which neighborhood social disorder may affect residents' well-being is by producing pervasive uncertainty. Residents describe everyday life as unpredictable-they are not sure that they or their children are safe in any public spaces and are continually unsure about how others will behave, reflecting beliefs that shared norms regulating collective behavior are absent. Managing this uncertainty guides residents' behavior, as they avoid public spaces, pursue strategies of self- isolation, and feel safe only within the confines of their own homes. The cumulative impact of the presence of chronic stressors and pervasive uncertainty appears to be profound unease and distress that negatively impacts residents' wellbeing.

Research on how neighborhood characteristics affect residents' health outcomes has increased exponentially over the past three decades. It is now fairly well established that the extent of class and/or racial segregation of neighborhoods impacts the incidence, prevalence and trajectories of disease and illness among residents (Diez Roux et al 1997; Robert 1999; Picket and Pearl, 2001; Sampson 2003; Lupton 2003; Krieger et al, 2005; Subramanian et al, 2005; Diez Roux and Mair, 2010). This body of research informs the broader association between race, class and negative health outcomes, moving beyond

an individual lens to highlight the contextual patterns of disease incidence and prevalence (Massey, 2004; Williams and Jackson 2005). Importantly, the research serves as a counterpoint to the "behavioral risk" model that focuses on the health choices of individuals in a vacuum.

The most prevalent set of arguments explaining the relationship between neighborhoods and health focuses on the physical and social aspects of communities. With respect the physical aspects of communities, studies note that class and race segregated communities face the worst "built environments". For example, African American, Latino, and/or low-income neighborhoods have the greatest density of tobacco retail outlets (Schneider et al, 2005), liquor stores (Ashe, 2003), and fast food restaurants (Block, 2004), while having less healthy food options (Morland et al 2002) and less access to safe, physical activity.

Research has also focused on how the social characteristics of neighborhoods, most notably the degree of social disorder, collective efficacy, shared social norms and social capital/ties may impact the health of residents. The extent of social disorder in a neighborhood (typically operationalized as the presence of graffiti, vandalism, crime, unsupervised youth, drug use, trash and abandoned buildings) is of particular import, especially because exposure to social disorder is greater in poor, racially segregated communities (Massey 2004). Evidence indicates that higher degrees of social disorder are associated with poorer health outcomes (Hill et al. 2005), and that conversely, the presence of collective efficacy, defined as the "capacity of residents to achieve social control over the environment and to engage in collective action for the common good. (Sampson, S58:2003)" is associated with better health outcomes. In short, the degree of social disorder in a neighborhood may be the key mediator in the relationship between neighborhood characteristics and individuals' health outcomes.

A key way in which social disorder affects individuals' health is that it exposes them to continuous stressors. As elucidated in Pearlin's "stress process model" (1981, 1989), individuals' social structural position shapes both the degree of exposure to chronic stress as well as individuals' vulnerability to these stressors. The same antecedents that shape exposure also influence the arsenal of coping resources (i.e. trusted social networks that can be called upon for help) individuals have access to that could moderate the impact of stress and also influence the development of personal characteristics for coping such as a sense of control/mastery over life. This body of research on stress also notes that social stressors do not occur in isolation, rather they are often connected to one another and located within a chain of events that results in

stress proliferation (Wheaton, 2013; Aneshensel, 2015).

Thus, neighborhoods with high degrees of social disorder expose their residents to chronic stressors (Steptoe and Feldman, 2001), which in turn produces continuous physiological activation of a stress response that result in heavy allostatic loads (Sampson, 2003) or a "weathering" (Geronimus, 2013) effect on residents, impacting a range of heath indicators such as likelihood for depression or anxiety, inflammatory illnesses, and cardiovascular disorders (see Hill, Ross and Angel 2005 for a detailed summary). As Geronimus proposes, "Weathering is a cumulative stress perspective grounded in social research that draws on stress physiology to posit that prolonged psychosocial or physical challenges to metabolic homeostasis in socially marginalized groups increase the risk of disease and early onset of chronic conditions and ultimately, accelerate aging. (Geronimus, S57:2013). While the weathering hypothesis was initially proposed with respect to physical health outcomes, its extension to mental health is clear. Hill, Ross and Angel (2005), for example, find that residents of neighborhoods with higher degrees of social disorder are more likely to be depressed and experience fearful anxiety. Importantly, both the fear of violent events and their actual occurrence result in a stress response, so that an individual does not have to directly experience an act of violence to experience stress activation. Moreover, Ross (2018) argues that neighborhoods that are perceived as dangerous by its residents are "subjectively alienating", promoting mistrust and negatively impacting a sense of personal control. As such, "neighborhood disorder impairs residents' ability to cope with its own ill effect by also producing a sense of powerlessness. (Ross, 288:2018)"

The aim of this article is to explore the relationship between neighborhood characteristics, social disorder and distress through a case study of Hempstead Village, an economically disadvantaged, racially segregated neighborhood in suburban Long Island, NY. The prevailing body of research in this field is heavily dominated by quantitative studies, and there is general agreement that more complete theoretical frameworks to inform statistical modeling could benefit from qualitative approaches (Robert, 1999; Lupton, 2003; Diez Roux and Mair, 2010; Geronimus, 2013). This research is primarily based on interviews and focus groups with residents whose experiences living in a neighborhood with a high degree of social order speak directly to the issues raised thus far.

Residents' accounts of living in Hempstead Village lends evidence to a chronic stress model, where the continuous stressors of living in a precarious neighborhood coupled with few buffering resources contributes to negatively affect residents' sense of well-being. Analysis of the data indicate that first,

residents describe living in a community with a high degree of risk stemming from their perceptions of social disorder in the neighborhood. These perceived risks are experienced as stressors. While there were a variety of stressors noted, residents describe their fears of the potential for violent victimization and their proximity to illegal drug activities in a manner that is consonant with the experience of chronic stress. Second, stressors were entangled (as predicted by concept of stress proliferation) and deeply embedded--the same stressors that residents identified as stemming from neighborhood characteristics also existed in their own personal histories and social networks such that stressors were embedded into multiple levels of residents lives, producing "synergistic effects", defined as "the interaction between stressors operating at the individual level and environments (Diez Roux and Mair, 135:2010) that increase exposure. This interaction has been the subject of significant methodological concern among quantitative research that aims to measure neighborhood effects. From the residents' "on the ground" standpoint, the interwoven and multi-level nature of stressors creates a web that is difficult for them to become disentangled from. Third, I suggest that social disorder produces a pervasive uncertainty in residents' everyday life and that this uncertainty should be understood as a key mechanism that connects neighborhood disorder with residents' distress. Residents consistently expressed uncertainty over both their safety in public spaces and about what "other people" will do, because they believed that a shared agreement to rules that govern collective behavior did not exist. Since everyday life is experienced as unpredictable, residents attempt to manage this unpredictability through strategies of isolation, although these strategies are difficult to enact. Fourth and finally, respondents' accounts about the absence of predictability, the "chaos" that characterizes for them their experiences in living in Hempstead Village suggests how chronic stress and uncertainty is linked to profound feelings of unease and distress among residents that could negatively impact health.

Data and Methods

Hempstead Village is an incorporated village in the town of Hempstead, located in Nassau County, one of the two counties that comprise Long Island, NY. About 30 miles east of New York City, Hempstead Village is a densely populated suburb with a population of 54,883 distributed over 3.7 square miles (Census 2010). As an example of emerging "majority minority" suburbs, it represents an important case study. As Table 1 indicates, the village is racially concentrated: 47.9% of residents are Black or African American, 45% identify as Hispanic or Latino, and only 5% of residents identified themselves

as white, (not Hispanic). This racial composition differs significantly from the county it is located in and New York State overall and reflects Long Island's racially biased post World War 2 development policies.

Table 1: Racial/Ethnic Demographics in Hempstead Village, Nassau County and New York (Census 2010)

	Hempstead Village	Nassau County	New York
White	13.8%	74.4%	65.7%
Black or African American	47.9%	12/9%	15.9%
American Indian/Alaska Native	.5%	.5%	.6%
Asian	1.3%	10.1%	7.3%
Native Hawaiian	0	.1%	0.0%
Two or more races	4.9%	1.9%	3.0%
Hispanic or Latino	45.0%	17.2%	17.6

In contrast to its relatively affluent neighbors, the residents of Hempstead Village are more likely to be struggling economically, as reflected in lower median family incomes, lower per capita incomes, and a higher percent of individuals and families living in poverty. Table 2 is a comparison of Hempstead Village with Nassau County overall. Over 20% of individuals are under the poverty line in Hempstead Village, in comparison to 6.1% of individuals in Nassau County overall, and educational attainment among residents is much lower than in Nassau County.

Table 2: Economic and Educational Characteristics of Hempstead Village and Nassau County (Census 2010 Quick Facts)

	Hempstead Village	Nassau County
Median Family income	56,239	102,044
Per capita income (1999)	22,295	44,548
Individuals below poverty	20.3%	6.1%
High School Graduate (25 years +)	69.9%	90.9%
College Graduate (25 years +)	18.2%	43.5%

The Hempstead Free Union School District reflects the demographics of the village. In 2017, 98% of the students in the Hempstead Free Union School District were either Black or Latino, 70% qualified for free lunch, and the graduation rate for the district was 37%, in comparison to 80% in New York State overall (https://data.nysed.gov). With respect to health outcomes, the available data indicate that Hempstead Village/Uniondale residents were more

likely to report poor or fair health in general and were also more likely to have poorer health and health access across a range of more specific indicators such as diabetes rates and quality of care (Nassau County Department of Health, 2007; Eichberg, 2014) than those who live in other parts of Nassau County.

The research presented in this paper is based on a purposive sample of 34 in-depth face-to-face interviews and/or focus groups with residents of Hempstead Village. These data were primarily collected in 2014-2015. Parents and/or primary caregivers (31 of the 34) were specifically recruited because their accounts capture both their experiences as adults living in the community as well as their experiences raising children in Hempstead Village. Supplementary interviews of medical practitioners and an earlier survey of Section 8 housing recipients in Nassau County, although not included here, served to inform the study.

Participants were recruited through flyers posted at various locations in the neighborhood followed by snowball sampling. Respondents were told that the study was interested in hearing about their experiences with living and raising children in Hempstead Village and more broadly, that the study was about "health and neighborhoods." They were given the option of a one-onone, semi-structured interview or participation in a small focus group (3-4 people); the combination of these methods provided the advantage of both in-depth insights from individual interviews coupled with the benefit of the more spontaneous discussions that arise from the give and take between focus group participants. In total, 26 participants were interviewed one-on-one, 12 participated in focus groups, and 4 residents who participated in focus groups also agreed to be interviewed one-on-one to provide deeper details of their lives. Sessions lasted anywhere from 1-3 ½ hours, all were audiotaped with permission from respondents, and transcribed verbatim. The research study design was approved by the university IRB. Following the principles of qualitative data analysis, the data were analyzed through rounds of open coding and focused coding, followed by the development of themes that arose from these rounds of coding. Quotes used in this paper were chosen to reflect the "typical" response given by residents.

Forty seven percent of respondents were women and 53% were men. Eighty eight percent of respondents self-identified as Black or African American on a brief demographic questionnaire, although within the interviews, some of these respondents also mentioned Native American or Latino heritage in passing. Two respondents identified themselves as white and two identified as Asian or having some Asian heritage. While the data are not intended to be representative, a clear limitation was the relative absence of

participants who identified as Latino and/or Hispanic given the demographics of the community. This is likely due at least partially to the limitations of the interviewers. Neither of the two primary interviewers (whose racial backgrounds were Black and Asian), spoke Spanish fluently and early attempts to post flyers in Spanish yielded no responses. More broadly, it can be noted that recruitment in general was difficult because residents were understandably wary of "outside" researchers coming into their neighborhood, especially because, as will be discussed later, residents had a certain degree of distrust in unknown others.

Findings

Neighborhood Stressors: Residents' Characterizations of Hempstead Village

When asked how they would describe their neighborhood², respondents uniformly agreed that the negative aspects of the neighborhood far outweighed the good, saying "Hempstead is just not my ideal place to be or to be raising a family...I make the best of it just like everybody else out here", and that their decision to live in Hempstead was a "mistake". When asked what is wrong about the neighborhood, they mentioned a variety of issues including problems with substandard housing and lack of economic opportunities, but by far the two most constant complaints (voiced by 91% of respondents) were illegal drug activity and the risks of being a victim of violence, particularly gun violence. These potential stressors were not distal in nature; respondents' accounts depict them to be a pervasive and intimate feature of their everyday lives and a central focus of their fears for their children.

Residents' accounts of living in a neighborhood where crime has a significant presence is supported by data from the Hempstead Village Police Department. During the years when the majority of the interviews and focus groups were conducted, the Hempstead Village Police Department recorded 481 violent crimes in 2014, and 403 violent crimes in 2015³ within the 3.7 square miles that make up the village. In comparison, the adjacent Village of Garden City, an affluent, majority white neighborhood had only 12 recorded violent crimes in 2014 and 3 recorded violent crimes in 2015.

Table 3: Number and Type of Crimes in Hempstead Village 2014-2015

Year	Total Crimes	Total Violent Crimes	Murder	Forcible Rape	Robbery	Aggravated Assault	Property Crime Total	Burglary	Larceny	Motor Vehicle Theft
2014	1446	481	8	4	248	221	965	201	607	157
2015	1120	403	6	8	175	214	717	164	456	97

Source: https://projects.newsday.com/databases/long-island/crime-in-nassau-and-suffolk/?offset=600

Residents expressed frustration at the preponderance of illegal drug activity in their immediate neighborhood, saying that they routinely saw people selling drugs in public places such as parks, at homes near or on their block or in the lobby of their apartment buildings, so "the second you walk out the door, it's drug infested, there's crime, there's a lot going on.". Those living in apartment complexes were particularly upset, saying for example, "There's always someone or a group of people in front of my building that has no reason to be in front of the building...they hustle during the night. They'd rather be in front of a building that they know, they run inside and hide, or stash they stuff...But they kinda bad for the community." Respondents also believed that the backyard areas of the complexes, some of which were originally intended as playgrounds for children, were also problematic. A man who worked for a set of apartment complexes and has been involved in helping the police with a number of drug and assault arrests, says "In the back of the building there were these tarps where people lived and they would go into the building to have sex, do drugs whatever."

The threat of violence often accompanied the presence of illegal activities. Respondents said that guns were ubiquitous in the community which made them fearful for themselves and their families. At the most dire level, parents in particular worried that their children would be victims of unintended gunshots. For example, a mother of one young son said, when talking about whether she would attend some community events that had been organized, "I'm scared to bring my son out like during certain things that they have because you never know, they always shooting, you never know where that bullet could go, there's no name on that bullet. It's dangerous out here." This concern was present even with residents who have adult children. A woman with three adult children says that she still worries about their safety because

My son almost got shot, he came home one evening and there was a car there and he's passing by and the guys are looking at him and the guy says 'Oh, that's not him'. Now if he hadn't have really looked he could have shot him. Because they did shoot—the day after, the guy they were looking for, they shot. So if they weren't looking, they could have thought my son was him, so you know. And the bullets go through the lobby, it could have shot someone in the lobby.

The fear of public spaces is especially intense at night time, which residents describe as "like the Purge, the movie". When asked if they walk outside at night, a woman exclaimed, "Heavens no. I try to make sure I'm there before the sun goes down. I'll call my kids and say I'm on my way home or I'm going here, so someone knows where you are if you don't reach your destination."

While schools are sometimes viewed in disadvantaged neighborhoods as a safe space, this did not seem to be the case in the Hempstead Unified School District which has been the subject of financial audits and accusations of corruption. This seemed especially true at the high school level where parents depicted a chaotic environment with "a lot of fighting, even stabbing, you don't know what your kid is going through so every day at school I'd be right there dropping her off and picking her up, because you can't play around with that." Respondents that attended high school in Hempstead Village described fighting as simply a part of life. For example, a young woman said she was unable to graduate because of the fighting, saying "I always had problems, somebody always wanted to fight me...I got jumped, everything...(I was) always suspended, I never could finish my schoolwork. That's why I didn't graduate."

While, as indicated above, girls were also at risk for violence, respondents uniformly believed that the neighborhood held greater risks for boys, in part because of the presence of gangs. An African American man who works in the security field and has become a father to his brother's children, explains

You're scared. Either they're getting sucked into the drugs, getting sucked into the gang, they getting killed by each other or they're getting killed by the police. So it's just taking it one day at a time, trying your best and hoping that they really really learn from it and take your lead and either get out or (pause), that's all you can do is get out, hope for a way out, hope for a blessing...So that's just the reality of it.

Subsequently, parents try to educate their sons about navigating the neighborhood and their surroundings carefully, describing it as a high stakes situation rife with pitfalls. As one parent says to their son, "Always take your time. Step back and evaluate your surrounding and your situation before you react because your reaction will either cost you your life, it could cost you your freedom, or it could cause you to be put into the hospital."

Embedded and Interwoven Stressors: The intertwining of family histories, social network characteristics and community characteristics

A methodological problem noted by quantitative researchers seeking to isolate the effect of neighborhood characteristics is that neighborhoods are endogenous to the people who populate them. This entangling of neighborhood and individual characteristics is reflected in the accounts of Hempstead residents as they talk about how their own personal and family histories mirror the problems of the community. For example, while illegal drug activity is one of the main stressors that respondents identify in the

neighborhood, 88% of our respondents also talked about their own or someone in their family's histories of either using, being addicted to, and/or selling drugs. In an example that typifies many of the respondents' experiences, an African American father in his 40's who grew up in and is now raising a family in Hempstead believes that drug use and selling is a major problem in the neighborhood, but also explains how he started using and then got arrested at 16 for selling drugs:

The chain of events was like you go out and I went to the park and you are hanging out and see older guys selling drugs with some of the things you like but you are not able to get your hands on because the finances in the family are not there, so you go and try it and like they say, beginner's luck, you go out and you get a little bit of drugs but as soon as you get it it's gone. So now an addiction of selling it becomes higher in your life...So you're taking a risk, it's a choice in your life, but it's a risk that you're taking because you want to have things you couldn't have or maybe you wanted to give some money to your mother or put food in your refrigerator because it just wasn't there like that. So um, I eventually get arrested.

In his account, his own experiences with illegal drugs mirrored the presence of drug selling in the neighborhood, and he also later explains that many of his friends when he was a teenager were engaged in using and selling drugs as well. His explanation reflects how stressors are embedded at multiple levels and interact synergistically to reinforce and amplify illegal drug activity at all levels, thereby also constraining opportunities of avoidance.

Stressors are not only embedded within multiple structural levels, they also seem to proliferate because they are interwoven. For example, in one respondent's account of his family history, it is evident how the issues were connected to or led to the others.

My dad left home when I was 3 years old...he quit his job and said he was going to hustle. That's what he wanted to do. He left my mom with me and my brothers and sister, there are four of us. He would still try control the household from the outside from what he was doing. He would beat my mom. For many, many, many years he almost killed my mother. Mom can't wear dresses today because of the abuse, the black and blue on her arms and legs. I wound up moving out. ...my dad went to jail for abusing my mom.

In this account, the multiple stressors faced by the family (domestic abuse, drug selling, incarceration, and drug addiction he later explains among his siblings) are interconnected, which was characteristic of respondents' experiences where being exposed to one stressor makes it more likely to have been exposed to others, whether as antecedent, concurrent or consequential phenomena.

The multi-level and interconnected nature of stressors meant that as much as respondents talked about the risks posed by neighborhoods and their desire to keep themselves and their children away from these risks, respondents also acknowledged that they themselves were potentially a negative influence on their children, saying for example that it was like "the blind leading the blind". One father, for example, spoke of being attracted to the material wealth of his father, who was hustling drugs, so he followed suit and started selling and abusing drugs at age 12 and was arrested multiple times. He mentions that he was incarcerated at the time of his son's birth and that his own mother ended up taking his baby because his son's mother had a problem with drug addiction and the baby had been born addicted to three substances. He says about his son now,

My mom raised him more than I did; she raised him with morals and values. He's working and he's responsible. He's respectful, he's a really good kid. I can see where my not being there and not teaching him through different stages of becoming a young man has played a part in his self-esteem and self-worth. He's a fighter and he hasn't given up. He's pushing forward, he works for the town, has two jobs. He's a good kid.

On a similar vein, one's social networks can also negative affect individuals who are otherwise avoiding risks. For instance, one parent expressed unhappiness about their second daughter's boyfriend, saying that their daughter was in college and doing well but the boyfriend had the potential to drag her down, "I don't like him because I know she's third on his list, he's got his baby mama, another girl, and then it's her, so I don't like his ways... now the guy is in jail (because he got caught with a gun), but he ran through her credit card and everything...So you sit there saying if you are going to college and working, why wouldn't you want someone who is going to college and working like you, why would you want someone out on the streets, because you'll fall right back." As these comments illustrate, the presence of stressors at the individual, social network and community levels serves to enhance exposure and limit individuals' opportunities of avoidance.

Strategies of Isolation and the Problem of Uncertainty:

Given residents' perceptions of the multiple risks in their environment, what strategies do they deploy to keep themselves and their families safe? First, regardless of where they lived, all the residents seemed to have a general mental map of Hempstead Village, sectioning it off by noting where the "good parts" and "bad parts" are, "where everyone knows you shouldn't go there or if you do go there you should go right to where you are going",

and where different racial/ethnic groups are residentially concentrated. For example, one group of men interviewed, who all grew up in Hempstead and characterized themselves as particularly knowledgeable about avoiding risks, talked about the different sections of the neighborhood, noting details such as which blocks had closed circuit cameras that linked to the police station, which to avoid because they "don't want to get shot, I might get hit in the head." When asked if they were fearful, they said no, first joking that they knew who to avoid because they themselves were the "bad guys" because they had had histories of drug selling and/or incarceration, but when pressed on how they know who to avoid, they say,

You grow up with them, you know who is in the neighborhood. We know all the bad guys, grew up with them. You (indicating to the interviewer) know who your butcher is, you know who the cleaner is, that's how it is. I know who the gun man is, I know who the drug guy is.

Most residents though, do not display such intimate knowledge of the neighborhood and/or confidence in distinguishing who the trustworthy people are and instead used a broad strategy of isolation. Respondents consistently emphasized that they "kept to themselves" because they could only trust a select few, saying, "I know who I know and who I don't know I don't deal with.", that "I stick with my group of friends and that's about it, nobody else. Not everybody's bad but you never know", and that "I mind my (own) business in Hempstead". As one resident says, "you click with other good people and try to survive, because where are you going to go?" This exchange between two African American men, a 34 year old security officer raising his deceased brother's children and a married father of one who works as a job recruiter, reflects the sentiment that engagement with others could lead to trouble.

T: OK, I don't have a relationship with people in the neighborhood because if you don't mind your business you get caught up in things that you don't want to get caught up in, things that you don't have nothing to do with and you have to walk looking over your shoulder, fearing for your life. So I don't have a relationship with anyone in the community. Once you know somebody's name it becomes a problem. Once you know their name or they know your apartment it's a problem.

V: Oh yeah, don't let nobody know your apartment number, where you live.

T: Because they'll be like Oh you know E lives on..

V: (interrupts) Come on see, why are you putting my name and my apartment number in your conversation, that's too much.

T: You don't want that, you're just, how you doing, have a good day. Minimum, keep it to a minimum.

The goal of this strategy of isolation is to avoid the "bad ones", not simply because people might directly harm you, but because of the perception of a contagion effect—that you or your children could become involved in risky activities. As one person puts it, "The people who are involved in the stuff they are involved in in Hempstead, it's almost like by design—my neighbor is doing it, and my neighbor's neighbor is doing it, so I too will do it." Because of this, interviewees repeatedly stressed that they and their children must avoid those who engage in illegal or violent activity. In research on neighborhood social disorder and its impact on the erosion of a sense of personal control, Ross (2018) notes that one unexpected finding is that those who are more socially isolated have lower degrees of anger and anxiety. In respondents' accounts, this may be because social isolation is viewed as the desirable outcome of effectively controlling the range of potential risks one is exposed to.

Even those with younger children, who are typically more likely to engage with others in a neighborhood, emphasize that they keep to themselves because they cannot trust other people. Other people cannot be trusted to help with childcare "because I never know. I never know what the individual is thinking, what they'll do to my child. It's sad but it's true." One mother commented that not only would she not trust others with her child, but "I'm not going to babysit your child. You're not gonna just drop them off. You may go to the store and never come back." This strategy of isolation is imparted to the children as well. A mom who is a child care worker, says "I had to show (my children). You can't have no company here, don't be bringing nobody in my house, and don't go in their house because they can't come in our house. Things start growing feet and walking away."

As the quotes from the above parents show, while residents of Hempstead Village, like all residents in any area, employ strategies to keep themselves and their loved ones safe ("living to survive" as one resident put it), a central problem is that they perceive a high level of uncertainty over their ability to do so. The phrases used such as "I never know", and the possibility of routine social exchanges ending badly—such as not knowing if another person will hurt their child or a guest stealing from their home—indicate a high degree of uncertainty over the behavior of other people in everyday life. This type of uncertainty is peppered throughout all the interviewee's accounts, whether it is the account of one man who lives in a rooming house with other men and who matter-of-factly says he never knows when "something might 'jump off'" to a neighborhood situation by a homeowner who describes his immediate neighborhood as a "hothouse". Residents describe "other people" and the environment in general as unpredictable because they do not believe there is

a shared set of guidelines that govern behavior in everyday life, and this in turn generates chronic stress.

Indeed, I would suggest that the unpredictability of everyday life in Hempstead is a core mechanism that affects the well-being of its residents. Take for example, parents' worries about the violence in the neighborhood. The following quote from a mother whose son is in their 20s illustrates this point:

I always say a prayer for him when he does go out. My son is not a wild kid or anything like that but that but that being said it doesn't matter now whether your child is a good child or a bad child because the good ones go too. I just worry about him when he goes outside, I always pray for him to be sure he be safe. I've seen a lot of his friends that are gone and that's a big concern with me when he goes out because I hope, cuz sometimes you can be in the wrong place at the wrong time. Some things is not meant for everybody, you know, it doesn't necessarily have to be meant for you, they could be trying to get to somebody else, you might be just in the wrong place, I've seen that a lot.

The uncertainty expressed here over the safety of any public space was evident in earlier quotes as well about the risks of violence in the neighborhood. If anywhere is potentially the "wrong place", then residents conclude that the only safe space is in the confines of one's home—the only complete way of employing an isolation strategy. Respondents talked of the relief they felt when they came back to their own homes and are able to shut the door to the outside world, saying "we can stay in our apartment and relax, you don't have to worry about other people" and "I think everybody just wants to do what they have to do, mind their own business and then get behind their door and tune it all out."

Experiencing Chaos and Finding Peace:

Given the high degree of uncertainty in everyday life, residents describe Hempstead as being in a "community of chaos" where "peace" is elusive. In respondents' accounts, the neighborhood appears as an ominous entity, exemplified by this comment from a woman in her 50's who recently left Hempstead but still has an (adult) daughter who lives there. She says,

My husband and I used to go to vacation and as soon as we got back to Hempstead we were like well, we're back, and it was like a depression, a cloud, a darkness, it is. It's like a black cloud that's hovering, and when we moved and I came back to visit my daughter, I saw when you live there every day it becomes a part of you and it's just, when you live there you just block it out and you get behind your door and everything is ok...We plan on getting our daughter out of there by the end of this year.

The use of specific words in her comments, that living in the neighborhood was like a "depression, a cloud, a darkness" and that the only solution was either to "get behind your door" or "getting our daughter out", words similar to those expressed by other residents as well, poignantly reflects the sense that for residents, living in Hempstead Village resembles being entrapped. It also suggests that living in a neighborhood such as Hempstead Village takes a cumulative toll on its residents, as is suggested by the weathering hypothesis. This is more directly expressed by some respondents, who say that living in the neighborhood "does affect (my health) because the stress, it does affect it, the negativity, the negativity all the time brings you down", while another respondent agrees that it "gets you so low". When asked what it means to be healthy, one woman makes a direct connection from her neighborhood environment to health when she says,

I think it has to do with having a peaceful mind, because it comes from within. So being able to have a good mental outlook on life, be at peace mentally, being able to think clearly without all this stuff going on around you. That's one thing, and then there's the trash and the insects and everything, the dust and mold and people are getting sick from that. You got all of this combined, and then you are not safe, you fear for your life. You live in filth—how can that be healthy? And mentally, it controls your whole life.

Indeed, the feelings expressed when residents compare Hempstead to other places they have visited emphasizes the extent to which everyday life in the village enshrouds residents in a way that is palpable, especially when they spoke about other places they had been to. One young woman wistfully mentions at the close of her interview that she had just visited her aunt in Georgia, and that "it was so peaceful there, just different". This sense of leaving to find peace is also invoked by the comments of a woman who tells me she is planning to move to Suffolk County, saying "These people they don't know you but they will talk to you as if they know you for years. They treat you with respect, you go to the supermarket they say "ma'am do you need help to your car?' It's a totally different world." When I comment that her facial expression relaxed and changed dramatically as she described her upcoming move, she smiles and explains that she first visited Suffolk when helping a friend move, and when she saw it she said "I just couldn't believe it, it was so beautiful, so relaxing... I started thinking, why couldn't I be here too? It's so clean... I just can't wait, I'm just so happy."

This link between chronic stressors, pervasive uncertainty and health is perhaps best expressed by a married barbershop owner who grew up in Hempstead with his mother and 9 siblings. Towards the end of the interview,

where he had described a couple of incidents of life threatening violence, he suddenly starts talking in a long jag, following up on his earlier comments that he wants to move. He says,

I've really wanted to move to Maryland. When we got out of the car... the air was just different, and I wanted to move, friends of mine moved, my cousin, another brother, a host of friends...I'm just ready to just, to just live a more quiet laid back life. Hempstead, it's fast, the day could go by like (snaps his fingers) because there is so much going on, and the so much going on is negative...A lot of people out here are really lost within their own ways of life...I want to sell our house, pay some bills, and just move and I could cut hair, and (my wife) could work one job and we could live a nice peaceful life with our daughter and just, you know relax.

He explains that his wife, who is working two jobs, just had a stroke, and that he is increasingly worried that he might be the accidental victim of violence. When he recently had to leave town to attend a funeral for a couple days, he received a call from one of his barbers who told him that the shop had been broken into by people he knew and one of the burglars fought with one of the barbers. He explains that when he returned:

When this thing happened in my barbershop, normally I can cut hair in about 20 minutes, but every head that I cut after that probably took about 40 minutes because I couldn't get my head together because my mind was somewhere else, I was so destroyed at what happened. Because I had to pull out my highest card to these guys and let them know, I had to pull these guys aside and say to them I know that you guys are upset, but the thing is, is that I raise my family off of this here, so I need you all to give me this respect. I had to put my family in order for them to respect that.

Interviewer: So they actually stepped back.

Yes, it's just, so how many times is this going to happen where someone's (pause), I don't see how much further, at some point there will be someone who won't respect that. And that's the same thing that happened over at my mother's house with my brother, he was just sitting there doing nothing (and was shot in the stomach for intervening in an argument). It could have been down here, I'm in the midst of it...yes, how much more can I take? People are not happy, schools have closed down, you talk about everything is jammed in and everyone is fighting to get out and nobody is going nowhere, no one's going nowhere. It's chaos, it's like do you still want to stay...you start weighing it, you think, I know I can stand here, but how long can I stand here?"

Discussion

Recent work has documented the association between neighborhoods and health outcomes and found that the degree of social disorder in a neighborhood is a key mediator in this relationship. This paper enhances the existing body of knowledge by exploring what social disorder means "on the ground" in the lives of residents in Hempstead Village, NY, a densely populated suburban area that is economically disadvantaged and racially segregated. A primary limitation of this study is that it is based on a small, non-random sample and as such, cannot and is not intended to represent the entire population of Hempstead Village nor can the findings be generalized to other similarly segregated communities. Instead, the aim is to explore, through the perspectives of residents, the possible pathways in which neighborhood social disorder in a disadvantaged community can impact upon the lives and well-being of those who live there.

Existing crime data indicate that there is a high number of violent crimes (and crimes overall) in Hempstead Village. This is reflected in respondents' characterizations of illegal drug activity and the risks of violent victimization as pervasive and intimate features of their everyday lives. These fears (which are sometimes actualized) represent chronic stressors that they say significantly impact their quality of life and mental well-being. However, residents accounts also indicate that these same neighborhood stressors they identified also often exist in their own social networks or family and personal histories. The existence of the same stressors at the individual, social network and community levels appear to produce a synergistic effect (Diez Roux and Mair 2010), enhancing the risks of exposure to stressors. While primarily discussed in the research as a methodological problem in isolating the effects of neighborhoods, respondents' accounts highlight how the embedded and interwoven nature of stressors creates a social reality that is difficult for residents to become disentangled from, absent moving out of the neighborhood or other significant or unexpected changes in their situation.

Residents' accounts make it clear that what is particularly problematic about their environment is the uncertainty that is embedded within almost the entirety of their everyday lives. This uncertainty is present in two senses. In the first sense, given the ubiquity of violence in the neighborhood, residents are simply unsure when they or their children are safe in public spaces. It is worth noting that while the fear from the risk is itself a stressor, this risk is not far from reality, because the majority of the residents interviewed either had personal experience with or had a family member or friend have some experience with gun violence, whether or not they were the intended target. In the second sense, uncertainty is also pervasive because respondents believe

that they cannot count on those around them to have a shared agreement or commitment to what constitutes appropriate behavior, even for exchanges that would appear to be "common sense". To put it differently, residents do not have trust in other people, they cannot, take on faith that others will behave in a manner that reduces the range of possible behaviors. (i.e. When someone drops their child off at one's home, we "trust" that they will come back for them, even though that is only one of the possible contingencies. In a situation with no trust, we might feel, as one resident did, that they would not let anyone drop off their children lest they do not return.) Lack of trust is not synonymous to mistrust—residents do not necessarily believe that others around them have ill intent, but rather that they simply do not know. Thus given this uncertainty, residents' only options are to reduce the range of possible outcomes by using either strategies of isolation (which are difficult to fully achieve given the structural character of stressors in the neighborhood) or by staying at home (residents say they can only relax when the "door is shut" behind them).

Sociologists have suggested that everyday life is made up of innumerable taken for granted assumptions and that we need these innumerable assumptions to create a sense of a stable reality. In the absence of these innumerable assumptions, we experience subjective instability. Put differently, these innumerable assumptions that we are able to make relies on trust in others to think and behave in predictable ways. Trust, as a relational concept, is necessary in society because, as Lewis and Weigart (1985) explain, "It is the mutual 'faithfulness' (Simmel, 379) on which all social relationships ultimately depend. Consequently, trust may be thought of as a functional prerequisite for the possibility of society in that the only alternatives to appropriate trust are 'chaos and paralyzing fear' (Lehmann, 4)." Strikingly, residents accounts suggest this exactly. In the absence of trust (and predictability)—the ability to operate every day on the basis of taken for granted assumptions--they characterize themselves as continuously fearful and their neighborhood chaotic. While this study does not attempt to formally measure distress, it is reasonable to conclude from residents' accounts that the presence of chronic, entangled stressors coupled with a pervasive degree of uncertainty in everyday life produces a profound sense of unease and distress which negatively impacts health.

Notes

1 All participants were residents of Hempstead Village with the exception of two, who had both lived for more than a decade in Hempstead Village, moved, but still worked in the community.

- As others have noted, definitions of neighborhood vary—while this case study focuses on Hempstead Village, respondents primarily seemed to define "neighborhood" as the immediate blocks surrounding their home and the primary routes they used to go to work, take their children to school or run errands such as buying groceries.
- 3 The data available do not report on the number of crimes related to drug possession or selling.

References

- Aneshensel, C. (2015). Sociological Inquiry into Mental Health: The Legacy of Leonard I. Pearlin. *Journal of Health and Social Behavior*, 56(2): 166-178.
- Ashe, M., Jernigan, D., Kline, R., & Galaz, R. (2003). Land Use Planning and the Control of Alcohol, Tobacco, Firearms, and Fast Food Restaurant. *American Journal of Public Health*, *93*(9):1404-1408
- Block, J., Scribner, R., & DeSalvo, K. (2004). Fast Food, Race/Ethnicity, and Income: a geographic analysis. *American Journal of Preventive Medicine*, 27(3): 211-217.
- Diez Roux, A., & Mair, C. (2010). Neighborhoods and Health. *Annals of the American Academy of Medicine, 1186*: 125-145.
- Diez Roux, A. V. (2004). Commentary. Estimating neighborhood effects: the challenges of causal inference in a complex world. *Social Science & Medicine*, *58*:1953-1960.
- Diez-Roux, A. V., Nieto, F. J., Muntaner, C., Tyroler, H., Comstock, G., Shahar, E., .
 . . Szklo, M. (1997). Neighborhood Environments and Coronary Heart Disease:
 A Multilevel Analysis. *American Journal of Epidemiology*, 146(1): 48-63.
- Division of Quality Improvement, E. a. R. Community Health Assessment and Community Health Improvement Plan 2016-2018. Retrieved from Mineola, NY:
- Eichberg, S. (2014). Vital Signs 2014--Measuring Long Island's Social Health. Retrieved from Garden City, New York:
- Geronimus, A. (2013). Deep Integration: Letting the Epigenome Out of the Bottle Without Losing Sight of the Structural Origins of Population Health. *American Journal of Public Health*, 103:S56-S63.
- Hill, T., Ross, C. E., & Angel, R. J. (2005). Neighborhood Disorder, Psychophysiological Distress, and Health. *Journal of Health and Social Behavior*, 46(June):170-186.
- Krieger, N., Chen, J. T., Waterman, P. D., Rehkopf, D., & Subramanian, S. V. (2005). Painting a Truer Picture of U.S. Socioeconomic and Racial/Ethnic Health Inequalities: The Public Health Disparities Geocoding Project. *American Journal* of Public Health, 95(2):312-323.
- Lewis, J.D. & Weigert, A. (1985). Trust as a Social Reality. Social Forces 63(4): 967-985.
- Lupton, R. (2003). 'Neighborhood Effects': Can we measure them and does it matter? Retrieved from London School of Economics:

Massey, D. (2004). Segregation and Stratification: A Biosocial Perspective. *Du Bois Review*, 1(1):19-25.

- Morland, K., Diez Roux, A., & Poole, C. (2002). Neighborhood Characteristics Associated with the Location of Food Stores and Food Service Places. *American Journal of Preventive Medicine*, 22(1):23-29.
- Pearlin, L. (1989). The Sociological Study of Stress. *Journal of Health and Social Behavior*, 30(September):241-256.
- Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The Stress Process. *Journal of Health and Social Behavior*, 22(4):337-356.
- Pickett, K. E., & Pearl, M. (2001). Multilevel analyses of neighbourhood socioeconomic context and health outcomes: a critical review. *Journal of Epidemiology and Community Health*, 55:111-122.
- Robert, S. A. (1999). Socioeconomic Position and Health: The Independent Contribution of Community Socioeconomic Context. *Annual Review of Sociology*, 25:489-516.
- Ross, C. (2018). Collective Threat, Trust, and the Sense of Personal Control. *Journal of Health and Social Behavior, 52*(3):581-597.
- Sampson, R. (2003). The Neighborhood Context of Well-Being. *Perspectives in Biology and Medicine*, 46(3):443-478.
- Schneider, J., Reid, R., Peterson, A., Lowe, J., & Hughey, J. (2005). Tobacco Outlet Density and Demographics at the Track Level of Analysis in Iowa: Implications for Environmentally Based Prevention Initiatives. *Prevention Science*, 6(4):319-325.
- Steptoe, A., & Feldman, P. (2001). Neighborhood Problems as Sources of Chronic Stress: Development of a Measure of Neighborhood Problems, and Associations with Socioeconomic Status and Health. *Annals of Behavioral Medicine*, 23(3):177-185.
- Subramanian, S. V., Chen, J. T., Rehkopf, D. H., Waterman, P. D., & Krieger, N. (2005).
 Racial Disparities in Context: A Multilevel Analysis of Neighborhood Variations in Poverty and Excess Mortality Among Black Populations in Massachusetts.
 American Journal of Public Health, 95(2):260-265.
- Wheaton, B., Young, M., Montazer, S., & Stuart-Lahman, K. (2013). Social Stress in the Twenty-First Century. In C. Aneshensel et al. (Ed.), *Handbook of the Sociology* of Mental Health, Second Edition (Chapter 15): Springer Science + Business Media.
- Williams, D., & Jackson, P. B. (2005). Social Sources of Racial Disparities in Health. Health Affairs, 24(2):325-334.