Community identity as resource and context: A mixed method investigation of coping and collective action in a disadvantaged community

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Abstract

Community identities enhance well-being through the provision of social support and

feelings of collective efficacy as well as by acting as a basis for collective action and

social change. However, the precise mechanisms through which community identity

acts to enhance well-being are complicated by stigmatisation which potentially

undermines solidarity and collective action. The present research examines a real-world

stigmatised community group in order to investigate: (1) the community identity factors

that act to enhance well-being, and (2) the consequences of community identity for

community action. Study 1 consisted of a household survey conducted in disadvantaged

areas of Limerick city in Ireland. Participants (n=322) completed measures of

community identification, social support, collective efficacy, community action, and

psychological well-being. Mediation analysis indicated that perceptions of collective

efficacy mediated the relationship between identification and well-being. However,

levels of self-reported community action were low and unrelated to community

identification. In Study 2, twelve follow–up multiple-participant interviews with

residents and community group workers were thematically analysed, revealing high

levels of stigmatisation and opposition to identity-related collective action. These

findings suggest the potential for stigma to reduce collective action through

undermining solidarity and social support.

Keywords: Social identity; community; stigmatisation; social support; collective action

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social identity in coping and collective action in a disadvantaged community.

Introduction

Community and well-being

Creating and maintaining socially cohesive and mutually supportive local communities

is an increasingly priority for local and national government (Chaskin, 2008; Sampson,

1999). Well-functioning communities provide a range of material and psychological

resources that promote individual resilience and enhance quality of life and

psychological well-being. Research on 'psychological sense of community' shows that

identification with community acts to protect the psychological well-being of residents

(Pretty, Bishop, Fisher, & Sonn, 2007; Vinson, 2004). Moreover, the Social Identity

tradition proposes that the aspect of self concept derived from community can influence

how members both cope with and respond to stresses associated with group life as well

as acting as a basis for social change (Haslam & Reicher, 2006).

However the communities that could benefit most from these psychological

resources are also typically those that face the most discrimination and stigmatisation

(Kellaher, Warr, Feldman & Tacticos, 2010). In socioeconomically disadvantaged areas,

residents experience a range of daily challenges such as poor quality housing, a lack of

local services and amenities, and high levels of anti-social behaviour and crime. In

addition, they also have to cope with the stigmatisation of their community by outsiders

given that living in these areas is often perceived by non-residents as a "deeply

discrediting attribute" (Warr, 2005).

The paradox of community deprivation is therefore that residents are often

doubly disadvantaged by reputation as well as by poverty, but must still draw on local

community resources to cope with the daily challenges and stresses they face. The

present paper considers how the insights from the Social Identity approach can be

applied to exploring how community identity can form the basis for coping with and

responding to neighbourhood disadvantage, including the effects of stigmatisation.

Social Identity, Well-being and Collective Action

The Social Identity approach to group processes (Tajfel, 1978; Turner, Hogg, Oakes,

Reicher & Wetherell, 1987) argues that our social identities play a fundamental role in

shaping the way in which we experience and respond to our social worlds (Reicher,

Spears & Haslam, 2010). In particular, social identity has been shown to impact upon

wellbeing through the provision of social and psychological resources which enable

group members to cope with adversity (Haslam, Jetten, Postmes & Haslam, 2009).

These resources include a) social support, b) perceptions of collective efficacy, and c)

the means to effect collective action (Haslam & Reicher, 2006; Reicher & Haslam,

2006; Outten, Schmitt, Garcia & Branscombe, 2009; Schmitt & Branscombe, 2002).

Firstly, in terms of the provision of social support (Haslam, O'Brien, Jetten,

Vormedal & Penna, 2005), increased levels of social identification are typically

associated with higher perceptions of social support which are in turn associated with

positive psychological outcomes. For example, Haslam et al., (2005) found that

increased identification with one's family was associated with lower stress, higher

levels of self-esteem and higher life satisfaction in heart surgery patients. This

relationship was mediated by perceptions of social support. Similarly, the authors found

that the relationship between identification with a work group and perceptions of work-

related stress and job satisfaction was also mediated by perceptions of social support.

Outten et al. (2009) looked at the extent to which endorsement of individual and group-

based coping options mediated the relationship between social identification and well-being in African-Americans, finding that those who were more highly identified with the group were more likely to perceive social support as being available from other group members.

In addition, the perception of a shared social identity among group members has been demonstrated to increase the level of helping behaviour given and received and to increase the likelihood that offers of help will be perceived in the same way that they are intended (Levine, Cassidy, Brazier & Reicher, 2002; Levine, Prosser, Evans & Reicher, 2005). Likewise, in Haslam & Reicher's (2006) prison experiment study, behavioural observation of participants suggested that increased levels of identification were associated with an increase in the amount of social support sought and received by prisoners from other prisoners. This suggests that a sense of shared identity translates into actual helping behaviour.

However, the relationship between identity, social support and positive psychological outcomes is complex. For instance, while Outten et al. (2009) found that group identification was associated with increased perceptions of social support, social support did not mediate the relationship between identification and well-being. Likewise, Gleibs, Haslam, Haslam, & Jones, (2011) did not find evidence for this relationship in their study of the effects of membership of water clubs (designed to promote water-drinking among elderly residents of a residential facility) on well-being. Instead they found that perceptions of social support among members of the water clubs lead to the establishment of a sense of shared identity which in turn enhanced well-being. Thus the relationship between social identity, social support and well-being demonstrably varies across different group contexts.

The second positive impact of social identity on collective wellbeing involves perceptions of increased collective efficacy. Outten et al. (2009) reported that in their study, group identification predicted beliefs that the group could effectively cope with disadvantage. In particular, envisioning the group working together to challenge discrimination and prejudice was positively associated with self-esteem and life satisfaction and mediated the relationship between group identification and these variables. Outten et al. (2009) did caution that envisioning one's group coping with disadvantage may not always translate into behaviour. However, in their prison experiment, Haslam & Reicher (2006) found that increased levels of identification among prisoners occurred alongside increased feelings of collective efficacy and suggested on the basis of observational data that this led to the mobilisation of prisoners in their challenges to the authority of the guards.

Following from this, a third positive impact of social identity upon collective wellbeing is posited to occur through collective action. Social identity is posited as the basis on which collective action can occur such that shared identification can coordinate and direct action to effect social change and thereby improve the group's situation (Haslam & Reicher, 2006; Reicher, 1996). However, the variety of factors affecting collective action in the real world means that this is not a straightforward analytic task. There is variability in the basis of group mobilisation: as self-labelling, shared emotion, or even shared ideology and opinions (Wright, 2009). Motivations have been found to include emotion, instrumental judgement, and intragroup concerns as well a personal and interpersonal consequences (Sturmer & Simon, 2004). The social structural variables including the perceptions of group inequality, its evaluation as unfair and the possibility of social change (Haslam & Reicher, 2006) will also constrain collective

action, while in turn the outcomes of collective action will have consequences for the

future participation of group members (Drury & Reicher, 2005) as well as its impact or

not on the conditions of the group (Louis, 2009). As Haslam and Reicher (2006) admit,

the relationships between identification, collective action and social change are often far

from clear.

Disadvantage and Stigmatised Identities

While the protective, beneficial properties of social identity outlined above are assumed

to operate when groups have a positive and valued sense of identity, the question arises

of what happens when the identity itself is problematic. Stigmatisation, or the

imposition of a negative identity upon a group, has been demonstrated to have a

profound impact on a range of psychological and social factors including health,

education, mental and physical illness as well as an accumulation of reduction in life

chances (Link & Phelan, 2001; Sidanius & Pratto, 1999). This is thought to be mediated

by a range of cognitive, affective and interpersonal processes which perpetuate

underachievement and poor relations with others (Major & O'Brien, 2005).

At first glance then, identification with a stigmatised identity would appear to

have largely negative consequences. Despite this, the findings from the social identity

approach on stigmatised identities are surprisingly positive. The work of Branscombe,

Schmitt & Harvey (1999) suggested that rejection by a dominant group can actually

lead to the strengthening of ties among the group which in turn has a positive effect on

well-being. Their research indicated that for African Americans, perceived prejudice has

a direct negative effect upon well-being but also has an indirect counter effect mediated

by ingroup identification when it is perceived as illegitimate and the outgroups'

prejudice is discounted. Indeed, spontaneously constructed minority identities can

afford this protection in response to perceived illegitimate prejudice (Schmitt, Spears & Branscombe, 2003).

Even in cases where positive identity reformulation is not possible, a stigmatised group identity can be a source of support as well as shame. Crabtree, Haslam, Postmes & Haslam (2010) found that for individuals with mental health problems, identification with this group increased social support, stigma resistance and stereotype rejection. These effects were found to suppress a more general negative relationship between identification and self-esteem. Consequently it would appear necessary to make a distinction between coping and striving such that the analysis of a group's ability to cope with the negative effects of disadvantage should be considered separately from its ability to change the situation of disadvantage in which it finds itself.

In terms of collective action, research suggests that stigmatisation can potentially undermine collective behaviour. While Branscombe et al., (1999) found that rejection by a dominant group can lead to increased resistance among the minority, more generally the social identity approach to intergroup relations suggests that individualisation and avoidance is the typical response to a devalued identity (Tajfel & Turner, 1979; Haslam & Reicher, 2006). Perceptions of the stability or fairness of inequality and a lack of collective efficacy will preclude collective action. Perceptions of one's own group's conditions as illegitimate, inevitable and likely to worsen are associated with the emotions of fear and sadness which in turn predict disengagement and avoidance (Smith, Cronin & Kessler, 2008). Moreover previous experience of collective frustration and failure will not predict future involvement (Drury & Reicher, 2005). In sum, while even stigmatised identities can provide coping resources, stigmatisation itself is not a positive predictor of collective action.

Case Study: Stigmatised Community Identity in Limerick, Ireland.

Theoretically then, while the role of social identity in coping with disadvantage is well

delineated, the path to collective action in this process is more complex and variable.

Additionally, the impacts of stigmatisation upon these coping and collective action

processes are potentially profound, but poorly understood. Furthermore, while these

processes have been examined in relation to broad ethnic and national groups, they have

not been examined in relation to disadvantaged residential communities. In the current

research we are interested in exploring how community identity impacts upon the

wellbeing and collective action of residents in the context of the stigmatisation of their

community.

The research reported here was conducted in Limerick City, Ireland. Limerick is

a medium-sized city with a population of 90,000 and displays "a high degree of

socioeconomic polarisation which is sharply delineated in geographic terms" (Limerick

City Development Board, 2001). In disadvantaged areas of Limerick city, educational

attainment rates are well below average (Walsh, Feeney &McCafferty, 2001),

unemployment is five times the national average, and there is a high rate of violent

crime (Fitzgerald, 2007). Media representations of these areas are overwhelmingly

negative and the occurrence of high-profile violent crime has been used to characterise

the local population. A major programme of urban renewal targeting four of the city's

most disadvantaged areas was established in 2008 with the aim of physical, social and

economic regeneration that would improve the quality of life of residents.

The aims of the present paper are to (1) investigate what community identity

factors act to enhance well-being, and (2) explore the consequences of identification

with the community on community action. In line with previous research, we

hypothesised that identification with the community would have a positive influence on

psychological well-being and that this relationship would be mediated by perceptions of

social support and collective efficacy. Furthermore, we hypothesised that identification

with the community would be associated with community collective action, i.e.

community members joining together to address the problems in their neighbourhood.

We employed a mixed method design (Cresswell, 2009) to firstly use a large-scale

survey of residents to establish the relationship between the variables of theoretical

interest and then to explore the possible meaning of these statistical relationships though

an analysis of indepth interviews with residents and community workers.

STUDY ONE

Method

Participants

A total of 322 residents of each of the four areas targeted for regeneration took

part in this research. There were 109 males and 212 females and 1 unspecified. The

modal age of participants was between 45 – 64 years. Most were long-term residents

with 86.8% having lived in their neighbourhoods for more than 10 years. 55.8% of

residents owned their home and 39.8% were renting. 28.7% had completed education to

primary level only and 17.2% had completed to secondary level. 25.8% described

themselves as working full- or part-time, 17% were unemployed or looking for work,

22.3% worked in the home, and 28.2% were retired (4.4% declined to answer).

Procedure and Measures

The data was collected in a door-to-door household survey across the four areas

designated for urban regeneration. Participants completed measures of community

identification, perceptions of social support, collective efficacy, self-reported

community action and psychological well-being. The order of measures was

randomised within each questionnaire. Responses ranged from 1(strongly disagree) to 5

(strongly agree) except where otherwise indicated.

Predictor variable

   Community Identity

   Community identity was measured using the social identity measure from

Cameron (2004). This measures social identity using three dimensions: (1) cognitive

centrality, (2) ingroup affect, and (3) ingroup ties. Cameron (2004) notes that it can be

adapted to multiple groups. It contains items such as "I feel strong ties to other people

from this area" and "I don't feel good about being from this area." Reliability analysis

indicated that three of the items measuring centrality ("I often think about the fact that I

am from this area", "Overall, being from here has very little to do with how I feel about

myself", and "The fact that I am from this area rarely enters my mind") did not scale as

they exhibited low, negative corrected item-total correlations. Deletion of these items

improved overall alpha from .72 to .87. The total score was calculated by averaging the

responses to the remaining seven items.

Mediators

   Social Support

   Social support was measured by four items relating to both giving and receiving

support based on items contained in the Social Capital Assessment Tool (Krishna &

Shrader, 1999), for example, "I can get help from my neighbours when I need it" and "I

often do favours for my neighbours." Cronbach's alpha for this scale was .86.

   Collective Efficacy

Perceptions of collective efficacy were measured using four items adapted from items used in Reicher & Haslam (2006). Items included "we can always manage to solve difficult problems if we try hard enough" and "we can usually handle whatever comes our way." Cronbach's alpha for the scale was .87.

Outcome variables

Psychological well-being

Psychological well-being was measured using the 12-item General Health Questionnaire (Goldberg, 1978). This is a widely-used screening instrument for psychological disorders. Responses on a four-point scale from 1(never/not at all) to 4 (always/a lot). The bi-modal scoring method of 1-1-0-0 was used to score responses with scoring reversed where appropriate. Total scores were calculated by summing all the items. Higher scores are indicative of poorer psychological well-being. Cronbach's alpha for this study was .82.

Community Action

Self-reported community action was measured by asking participants how often they had joined with other members of the community in the previous 12 months to address a problem or common issue. Responses ranged from 1 (not at all) to 4 (frequently). These were re-coded to yes or no for the purposes of statistical analysis.

Study One Results

In this study we were interested in identifying the community identity factors that act to enhance well-being. The proposed mediators suggested by previous research are social support and collective efficacy. Firstly, we hypothesised that community identity acts on well-being through community members' perceptions of social support and collective efficacy. Secondly, we were interested in the consequences of community

identity for community action, namely, can envisioning what the group can do translate

in to the enactment of coping strategies. Therefore, we hypothesised that community

identity would be related to community action and that this relationship would be

mediated by social support and collective efficacy.

[Table 1 about here]

Table 1 illustrates the pairwise correlations between the variables. This

preliminary analysis indicates that community identity was significantly related to

psychological well-being, $r = -.32$, $p<.001$, suggesting that those who identified with the

group reported better psychological health. Furthermore, identity was also related to

both group-based coping responses. Those who identified with the community

displayed increased perceptions of both social support, $r = .62$, $p<.001$, and collective

efficacy, $r = .46$, $p<.001$. In turn perceptions of social support and collective efficacy

were related to better psychological health, $r = -.26$, $p<.001$, and $r = -.39$, $p<.001$,

respectively. However, while perceptions of social support were weakly associated with

community action, $r = .10$, $p=.04$, the same was not true for collective efficacy or

community identity, $r = -.02$, $p=.36$ and $r = .05$, $p=.19$, respectively.

Community Identity and Psychological Well-being

To test whether social support and collective efficacy act to enhance

psychological well-being, we used Preacher & Hayes' (2008) bootstrapping method.

Both mediators were tested simultaneously. Results of normal theory tests are also

reported. The results of the meditational analysis are reported in Figure 1 and

significance tests of the mediation effects are reported in Table 2.

[Figure 1 and Table 2 about here]

The results of the mediation analysis are consistent with the correlational results. The overall relationship between community identity and psychological well-being was significant, $\beta = -1.10$, $SE = .20$, $t(299) = -5.40$, $p<.001$. Community identity was a significant predictor of both social support, $\beta = .68$, $SE = .05$, $t(299) = 13.17$, $p<.001$, and collective efficacy, $\beta = .45$, $SE = .05$, $t(299) = 8.90$, $p<.001$. Collective efficacy in turn was a significant predictor of well-being, $\beta = -1.16$, $SE = .22$, $t(299) = -5.15$, $p<.001$, but social support was not, $\beta = -.29$, $SE = .22$, $t(299) = -1.30$, $p=.19$. The combined mediation effect of was significant, community identity no longer predicted psychological well-being (to $\beta = -.38$, $SE = .26$, $t(299) = -1.49$, $p=.14$). This was confirmed by the fact that the 95% confidence interval did not contain zero (-1.09 to -.38). However, it was found that this effect was driven by collective efficacy (Sobel $z = -4.48$, $p<.001$). Contrasts between the potential mediators did not reveal any significant differences.

Community Identity and Community Action

Only 32% of participants reported engaging in community action in the preceding 12 months. As mentioned earlier, preliminary correlational analysis indicated that community identity was not associated with community action. Preacher & Hayes (2008) suggest that the presence of an association between a predictor and outcome variable is not a necessary requirement for the testing of a mediation model as long as the predictor is related to the mediator and the mediator is related to the outcome variable. Thus, Preacher & Hayes (2008) bootstrapping method was used to test whether perceptions of social support mediated the relationship between community identity and community action. This method can be used with dichotomous outcomes. The coefficients of the model are estimated using logistic regression.

[Figure 2 and Table 3 about here]

The overall relationship between community identity and collective action was not

significant, β = .16, *SE* = .16, *z* = 1.02, *p*=.31. While this analysis again confirmed that

community identity was related to perceptions of social support, β = .68, *SE* = .05,

t(309) = 13.68, *p*<.001, social support was not related to community action, β = .24, *SE*

= .18, *z* = 1.31, *p* = .19. The combined effect was not significant as indicated by the fact

that the 95% confidence interval contained zero (-.08 to .44).

Study One Discussion

Results suggest that identifying with the local community has positive

consequences for psychological well-being. Furthermore, those who identify with the

community feel that the community provides support and that the community can

collectively cope with the challenges facing it. The mediation analysis suggests that

community identity acts on psychological well-being through perceptions of collective

efficacy rather than social support. However, it should be noted that both mediators are

correlated which could mean that the effect of social support was attenuated.

A separate mediation analysis was conducted using only social support as the

mediator between community identity and psychological well-being. Normal tests of

social support as a mediator approached significance, Sobel *z* = -1.95, *p*=.05, while the

95% confidence interval suggested that social support was a significant mediator as it

did not contain zero (-.64 to -.02).

However several questions remain in relation to these identity processes. Firstly,

while the evidence points to the possibility that social support and collective efficacy

can contribute separately to well-being, the practical real world mechanisms whereby

this might occur remain unclear. Secondly, there are many possible reasons why

identification, social support and collective efficacy do not predict community action

and these bear further investigation in this instance. This is particularly important if we

see local community empowerment and action as desirable and if this research is to

have any policy implications in this regard. Finally, these communities exist in a

complex set of local circumstances which are affected by relations between residents,

interactions with authorities, media reportage and (as has been extensively documented

elsewhere e.g. Devereux et al 2011; McNamara, Muldoon, Stevenson & Slattery, 2011)

intense stigmatisation of their identity. In order for the interpretation of these survey

results to have validity in their real-world context some exploration of these

relationships is required.

STUDY TWO

Method

14 interviews were conducted with two samples of individuals in stigmatised local

communities in Limerick. Six interviews were held with individuals or groups of

residents from each of the four main stigmatised estates across Limerick. These 10

participants (six male, four female) were selected on the basis of spanning the diversity

of the local population and ranged in age from 20 to 65, contained a mix of employed

and unemployed participants, and had been resident in the areas from 3-25 years. A

further eight interviews were conducted with groups of community workers (*n*=16: ten

female, 6 male) involved in a range of local community organisations which provide

non-statutory services including youth clubs, crèches, job clubs as well as adult social

and recreational activities. Some participants (*n*=8; 6 female, 2 male) were current or

previous residents of the local communities or other deprived communities nearby and

were strategically selected to provide an insight into the collective activities of the communities.

Community workers were approached, recruited and interviewed in their place of work while residents were recruited via a postal approach and interviewed in local community centres. All participants were informed that the interview concerned people's experiences of living and working in the local communities. Interviews were semi-structured and conducted using an open-ended schedule designed to facilitate as much initiation of discussion on the part of the participants. Topics were generated from local news and previous research in this area. Interviews with community workers and residents were conducted in groups as this was the wish expressed by the participants themselves. As noted by Wilkinson (2003), if conducted effectively, group discussions can be egalitarian, participant-focused exchanges, more akin to everyday conversation than formalised one-to-one interviews (although two interviewees requested one-to-one interviews).

All discussions were audio-taped and later transcribed verbatim. The transcripts were entered into N-Vivo text tagging software for analysis. In accordance with the aims of the analysis, all instances in which participants talked about their community identity, interactions with neighbours, and involvement in community issues were identified resulting in over 94 extracts across the 14 interviews. The extracts were analysed using a theoretically guided thematic analysis (Braun & Clarke, 2006). Three broad themes were identified in the data: stigmatisation and its consequences; division within the community; and opposition to community action. From this, an account of all the data was developed inductively and deviant case analysis (Silverman, 2001) was

used to examine exceptional instances to amend and develop an exhaustive account of

the data.

Analysis

Theme One: Stigmatisation and its consequences

The stigmatisation of disadvantaged areas of Limerick city in the media has been well

documented (Devereux, Haynes & Power, 2011) and previous research has shown that

negative attitudes towards deprived areas are shared by their residents and outsiders

alike (McNamara, Muldoon, Stevenson & Slattery, 2011). This stigmatisation was

mentioned by all interviewees and universally presented as having a negative effect

upon the local community. The following is a typical extract from two residents:

Extract 1. Resident interview 3: '*It's only all bad news you hear about*'

R1   *I never, I never did put it on application forms, never put down [deprived area]*

I   *Okay, application forms for jobs and things?*

R1   *Jobs, I'm starting on Monday, I've a new job again right now, but I put down*

        [different area], and that

I   *Is that because of? Why?*

R1   *The reputation here, the reputation, you know, cos all you see in the news is*

        stabbings and shootings and drugs and car thefts like, it's only all bad news you

        hear about in [deprived area], you never hear anything that's good,

The awareness of the negative reputation of the area was reported by many residents to

lead them to conceal the location of their homes. In classic social identity terms, as their

group membership is not easily determined by an outsider, they can adopt an individual

'exit' strategy by managing their spoiled identity at a personal level (Tajfel & Turner,

1979). Some residents reported 'passing' (Goffman, 1963) as residing elsewhere for

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years among outsiders and co-workers. Others reported the discriminatory reactions of

outsiders, including government agencies and service providers, which they argued had

led them to be unwilling to disclose their origins or to expect negative treatment if they

did. In addition it is notable that even here within the interview context, residents were

keen to demonstrate that they had nothing to do with criminality, making clear

distinctions between criminals and themselves as ordinary decent residents who did not

fit the external stereotypes. The apparent net consequence of these accounts was that

overt identification with the local area was low and residents were unwilling to

associate themselves publically with the spoiled identity of the locale.

For community groups, this means that their job of building links within the area

becomes much harder. In the following exchange two community workers discuss the

challenges posed by this prevalent stigmatisation:

Extract 2. Community Group 3: '*People just tar everyone with the same brush*'

R3   *I suppose people on the outside would assume that everyone from that*
       community is similar but they're not like

R2   *There's just a stigma really isn't it, it's the stigma attached to living*

R3   *Lack of knowledge and understanding*

R2   *In disadvantaged areas where people just tar everyone with the same brush*

R3   *Yeah 'they're all lunatics'[…]*

R2   *And it's trying to, we're trying to kind of in some of the community projects that*
       [named individual] and ourselves are involved in is trying to get young people
       having more pride in their own area and having, getting that, building up that
       sense of belonging to the community again. And like we have heard young

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people saying you know 'oh we're from [deprived area]' and you know 'we'll

take you on and we'll do, we'll beat ye and we'll do this and we'll do that'

In this detailed account of the effects of stigmatisation we see just how fractured and

undermined community identity in these areas has become. Not only has there been a

general decline in community activity and a rise in outsiders' fear of the residents, but

some of the young people have adopted this negative identity as a badge of honour. The

task of the community workers therefore becomes doubly difficult. On the one hand

they must try and engage a reluctant and socially marginalised community in order to

build local community infrastructure. On the other, residents do not want to be

associated with a negative community identity and those that do end up endorsing and

perpetuating an identity based on anti-social behaviour and fear. Consequently, the

community workers must try to re-define the community's identity in the face of

external prejudice and discrimination.

Theme Two: Community support and division

The second major theme concerns the division within the community. Previous research

on stigmatised communities in the UK (Warr, 2005) suggests that residents often have

complex understandings of group dynamics and are both "trustful and wary" of their

neighbours. In our interviews,Residents and community workers rejected the negative

stereotypes of people living these areas, but admitted that drugs, crime and anti-social

behaviour were adversely affecting the neighbourhoods. Typically this was done by

reporting that the community was divided between socially responsible and anti-social

individuals with the anti-social element constituting a small and unrepresentative

minority. In the following extract a community worker explains how these divisions

have come to pass.

Extract 3. Community Group 5: '*Most people don't want trouble at their door'*

R1   *There's a type, I don't know exactly how you might phrase it, but it's the type of*

       people who have left like in some instances I understand people who would be a

       positive influence on the community so they're gone and the people who they

       were almost counter-weighting are staying ...it's actually got worse which you

       know

R2   *I think visually it's far worse*

R1   *Yeah. But I know like maybe you could, both of you would know better than I the*

       kind of people that have left you know

B   *I know there are some really solid families have left but there has been a mix of*

       people that have you know. Like basically my experience from being here is that

       the vast majority of the people living in this area are really just nice people who

       just want to get on with it, you know they want to live their lives the very same

       way as everybody else in the safety and comfort of their home and be able to

       rear their children you know. Most people don't want trouble at their door you

       know.

In this extract we see a typical discussion of how the various social housing policies that

have been implemented in these areas have allowed a division between the 'decent' and

the criminal elements to develop. The departure of more active community members is

presented as a drain on the community and the arrival of less positive influences is

presented as undermining local community. The consequence of this narrative is not

simply community division but the phenomenon of disengagement by the 'decent'

majority of residents. In this way community groups often indicated that the social

situation had exacerbated low levels of participation and undermined identity.

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Likewise, residents themselves directly attributed the lack of community activity

to fear of these antisocial elements.

Extract 4. Resident Interview 4: '*Now you're afraid to leave your house*'

R2   You say part of the community, I don't feel part of the community, I don't think

there is a community ((brief laugh)) as such, you know

I   Okay, why would you say that?

R2   I don't know, it's, you hear people talking about what used to happen years ago,

you'd have all, you'd have the kids out playing, they're all out doing this that

and the other, now you're afraid to leave your house

R1   Yeah, close the gate and just play around the garden, you say to the kids like

and whatever, you know, so I think the community, the community spirit is gone,

I think

Mirroring the community group accounts, community spirit is presented as

characteristic of a bygone era. However this is more than simply a narrative of social

decline as these residents are reporting fear of other (unspecified) elements within the

communities and specifically fear on behalf of their children. Overall we noted that

parents were keen to disengage their children from the local community in order to

protect them from criminal elements. One of the other consequences of this division

was that residents typically refused to talk of a single unified community even in their

more positive accounts of local neighbourhood life.

Extract 5. Resident Interview 1: '*I don't know about 'community'…*'

I   So, what about your area, would it give you that sense of feeling like you're part

of a community?

R1   *Ahm, I don't know about 'community' but I mean we, I do have neighbours that*

         we would look out for each other, and we do, we talk about the road like and if

         someone has trouble or if something happened they would, you know they'd

         come and ask me or I'd, you know, we'd talk about it together and that, you

         know, but maybe there's like three or four people in the road you know

I   *Alright, so it would be mostly your close neighbours*

R1   *Yeah, I mean I wouldn't, yeah, just the close neighbours*

Here these residents did mention local activities and the informal exchange of support

and resources among neighbours. However it is notable that the respondent is actively

resisting the interviewer's suggestion that this may be construed as community rather

than individual level activity. In the same manner as in extract 1, the participant here is

involved in complex management of her stigmatised identity is adopting a distanced

'footing' (Goffman, 1957) from the community so as not to be heard as part of a

negatively evaluated community. In this way the residents typically refused to articulate

a single unitary community, preferring instead to talk of a divided or individualised

locale.

       It is worth noting at this point that the issues facing the community workers and

residents are more complex than simply identification or lack of identification with the

community. The community is divided and the workers and residents see a threat from

the other antisocial and criminal side of their neighbourhood. In this way community is

actually the *source* of many of the problems for these respondents and participants as

well as a potential site of support and solidarity. More generally, community forms both

the content and the context that is negotiated by the respondents in these interviews and

their daily lives.

Theme Three: Barriers to community action

A third theme concerned the absence of community collective action and often

contained the outworking and consequences of elements of the previous themes. From

the community group perspective, lack of action was often attributed to the negative

experiences of the local community in previous engagements with local authorities as

well as fear of the other criminal elements of the community:

Extract 6: Community Group 6: '*People just didn't want to know anymore'*

I   Yeah and you were saying that you noticed a dip in people's I guess dealings

with community and that what do you think brought about that? Why is there a

sense of that, or a lack of a community spirit at the moment?

R   I suppose you know there's a lot of factors, there's a lot of factors and I'm never

quite sure what the real one is at the end of the day, but some of them include

you know I suppose it's the lack of kind of, the State agencies that are

responsible say for housing and responsible for, say such as Guards, Limerick

City Council have neglected the communities and certainly have, you know, I

suppose 'neglected', yeah it is the right [word], you know. And I suppose

housing policy you know, putting people into houses and even particularly this

area that was one of the factors that contributed to the kind of a fall of the area

really was putting people in who were for want of a better word drug dealers. I

mean they put them in and then a whole series of events sparked from just by

doing that to kind of the destruction of a community. And people started to fear.

People don't and won't ring the Guards for fear and there's a huge, there's a

huge intimidation and fear factor and people just didn't want to know anymore.

In this lengthy extract, the community worker is giving an account of the degeneration

of local community. Here, in addition to the ill thought-out housing policies that are

argued to have introduced criminality into these areas, the respondent mentions the

consequences of community division and stigmatisation. On the one hand, the residents

are faced with neglectful and ill-advised authorities. On the other, they cannot act as a

single community for fear of reprisal from the criminal elements.

From the perspective of residents, community action was rarely reported. When

it was mentioned, the focus was on the legitimacy of the cause rather than the efficacy

of the action. In the following extract a local residents gives a detailed account of action

taken to ensure delivery of basic services (running water):

Extract 7. Residents Interview 6: '*If there was a few of them in the same situation…*'

R1   We had water but only a dribble, we had no heating or

I   And who, who takes care of that so when that happens to you?

R2   Well the Regeneration we had to go to them and complain but they were saying

that it was our own fault because we were privately owned houses

I   Right so that ye had to look out to fix it yourselves?

R2   We had to fix ourselves, they wanted us to fix it ourselves but there was a whole

row here from my house up to the block that had no water so we had to fight.

I   Alright so was it a group of you came together?

R1&R3(together) Yeah, yeah

I   Would you find if there are any other kind of community problems like the water

or like anything like that would you find that people would group together to

sort it out or is it sort of left for each person themselves to look after

themselves?

R2   *If there was a few of them in the same situation they probably would.*

R1   *There's other people now in that situation on the other side and when I done the*

survey to see who had no water before I went down to the Regeneration they

were all okay but they're not now and they're beginning to form over there so I

think it's just 'needs must'.

Here the issue being discussed is the consequences of the demolition of local abandoned

houses for the remaining residents. Previously demolitions disrupted the water supply to

private home owners and here some of the residents affected are talking about the

impact upon them. Also, the division between homeowners and social housing

occupants in these local areas was a salient one and often co-articulated with residents

distinctions between decent and socially irresponsible elements of their communities.

Hence the refusal of the local authorities to help these homeowners in the delivery of

the most basic of amenities was a matter of much bitterness and taken as evidence of the

government's prejudice against the entire community.

What is particularly notable throughout the extract is that the residents are

avoiding adopting a community identity in their talk of this collective action. Although

the demolition programme affects the entire local area and the residents are to a degree

interdependent for receiving their services, the collective action is described as limited

to those directly involved. Due to the deeply fragmented nature of the local

neighbourhood, there is no report of more widespread support from other residents.

Likewise when asked directly about the basis of collective action in the area, the

residents report that this is conducted on an issue-by-issue basis by those directly

affected. In other words there is no suggestion for common identity basis for the

undertaking of collective action.

In terms of more politicised local community activity, few participants reported

being involved in or even knowing of local community action groups. There was a

single exception to this broader pattern of inactivity where in one of the residents'

interviews respondents reported being proactively engaged in politicised activity. Even

then, the expectation was that their efforts would fail:

Extract 8: Residents Interview 5: '*They don't want to listen to it*'

I   Yeah, and why do you think they're being ignored or excluded from

R1   Because you've got jumped up [inaudible]

R2   Because they talk and they tell the truth to what's going on

R1   Yes, and they don't want to listen to it, that crowd down there, because you're

*   giving them paperwork, and half of them might say I don't even know how to*

*   read or write properly*

R2   Or 'get rid of him, he's opening his mouth, get rid of him'

Here we see that the respondents expect a negative reaction from the local council to

their community interest group, which they present in contrast as 'telling the truth'.

Specifically the administration of the local city council is presented as incompetent and

obstructionist in their response. The basis of this negative depiction however lies in the

past experiences reported by the respondents elsewhere in the interview and here

expressed as expectations of negative and dismissive treatment from the council. The

ideal role of the council, to hear and facilitate the feelings and wishes of the local

population are contrasted with the expected response of not wanting to know. Finally,

the reluctance to engage in action could also be articulated as a desire to be unnoticed or

invisible to the local authorities.

Extract 9. Residents' Interview 1: '*They didn't even know [this area] was on their*

books'

I   Yeah, so would you say that ahm, I mean, you've both been here a long time

        now, would you say it's changed, the area's changed?

R1   It has

I   Over the last ten years even?

R2   when I first moved into [deprived area] below, we had a community, eh people

        would actually pay fifty pence, each week, towards the upkeep of a lawnmower,

        ahm, ladders, a few bits and pieces that were needed round the place, sweeping

        brushes, and people cleaned and tidied, kept the place very well, even had a

        reference from [named individual] who is a corporation official, who said one

        time that they didn't even know [this area] was on their books, that the people

        seemed to paid their rent, and that was it,

This extract illustrates that while individual cooperation is presented as desirable,

collective voice is not. Indeed this is articulated from the viewpoint of a government

official whose recommendation or 'reference' is, ironically, that he was not aware of the

area. In this way the response of residents to media and institutionalised prejudice was

often to avoid and psychologically distance themselves from their stigmatised identity,

even to the extent of desiring an absence of representation within the civic arena.

General Discussion

The aim of this research was to investigate the community identity factors that act to

enhance well-being and promote community action in the face of stigmatisation. While

there is a significant body of research suggesting that identification with a group is

typically associated with enhanced ability to cope with disadvantage, less is known

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about how this relates to collective action (Haslam & Reicher, 2006). This is partly due

to the complex network of personal, motivational, social structural, experiential and

group level factors leading to collective action and partly due to the variability in real

world groups and forms of collective action (Wright, 2009). The present study

identified a positive relationship between identification and well-being within a

stigmatised community, finding firstly that identification led to well-being through

perceptions of collective efficacy but that neither collective efficacy nor perceptions of

support led to collective action. Secondly, qualitative analysis of strategically sampled

interviews indicated a complex pattern whereby stigmatisation reportedly undermines

the coping mechanisms as well as collective action within this community.

At the most basic level, our research provides further evidence of the utility of

the social identity approach to well-being and coping in real life groups. The

relationship between community identification and well-being was positive and strong

and adds to the growing support for the impact of group level processes on individual

level health benefits. This is notably even the case in these local communities which

have been isolated and stigmatised and experience a high level of deprivation and

criminality.

Also, the research specifically provides support for the collective coping

mechanisms posited to deal with the perception and experience of disadvantage. We

found that in this community, higher levels of identification were associated with both

perceptions of social support and collective efficacy. However, collective efficacy, or

the perception that the group can cope with adversity, was largely responsible for this

elevated well-being. From study two it would appear that one reason for this could be

the reported effects of stigma in undermining social relations between group members.

In line with the work of Kellizi et al., (2009), who demonstrated how a spoiled identity can isolate targets from their communities, here a spoiled identity could work to problematise social support. Therefore while increased identity may lead to an increased perception of social support, the positive evaluation of this support and its association with wellbeing may be more tenuous.

Furthermore, the research examined an outstanding question raised by Outten et al. (2009) as to whether the processes underpinning the protection of well-being also contribute to the genesis of collective action: our mediation analyses suggest that two separate processes govern coping and action. Insofar as collective efficacy has been linked to the ability of the group to mobilise in order to change their situation, this distinction may seem puzzling. However if we consider that the measure examining collective efficacy (taken from Reicher & Haslam, 2006) examines how the group member imagines coping with problems facing the group, rather than proactively attempting to change the circumstances of the group, we might not expect this measure to predict collective action. Indeed we could initially speculate that this is particularly the case in marginalised and stigmatised communities where collective behaviour is pathologised (Devereux et al., 2011; Warr, 2005).

Our qualitative study bears out these suggested interpretations. Residents and community workers did occasionally report giving and receiving support at local community level as well as instances in which elements of the community responded effectively to external threats. However, these basic collective coping strategies were complicated and undermined by a series of interlinked factors. Prejudice and discrimination from external sources, including government authorities, were reported to lead to personal and collective disengagement from local community identity.

Furthermore, the community was not understood as a single entity, as residents and

community workers strove to cope with the co-existence of a criminal element within

these areas (Warr, 2005). In effect the community environment itself was paradoxically

a source of stress and fear as well as of support and coordinated action. In other words

the community formed the aversive context as well as the basis of the stigmatised

identity. Finally, as a consequence of past negative experience and the negative

expectations of residents in relation to local authority, collective action was rarely

articulated in community identity terms.

Conversely, we noted that where help and support was reported, this was not

under the auspices of community identity or at least not the identities with negative

reputations. Likewise where community action was reported, this was undertaken in

relation to specific causes and involving specific constituencies affected by the problem

(e.g. those affected by a water shortage). In this way action was presented as a practical

necessity rather than the mobilisation of a spoiled identity. Together this helps explain

the poor predictive ability of identification, social support, and collective efficacy upon

community action in the survey results above. At the same time it explains why

collective efficacy, or responding to a practical threat to the group, is understood as an

acceptable activity, in contrast to proactive identity-expressive community action.

Of course the inherent limitations of the present research mean that much more

remains to be done in order to provide a definitive account of residential community

identity processes and responses to stigmatisation. Over and above the limitations

inherent in cross sectional survey research, our analyses indicate that a greater degree of

specificity is needed when measuring collective efficacy. Specifically, a clearer

distinction between the group's ability to cope with threat and its ability to change their

social position are needed. This distinction is central to the social identity understanding

of social change (Tajfel, 1978; Reicher, 1996) and is vital to the study of how

communities can transform (rather than tolerate) their social circumstances.

Moreover, the qualitative research outlined here is limited in its scope and in

effect relies upon accounts of experience rather than experience itself. Further research

should focus on the actual real-life day-to-day occurrences of prejudice and

stigmatisation which shape the community's identity, especially with those in authority

(Tyler & Blader, 2003). A more detailed ethnographic account of these experiences as

well as the actions of the community to cope with and transform its situation would

shed greater light on the lived reality of community identity.

Bearing these limitations in mind, the practical implications of our research are

twofold. As noted above, the community, even in stigmatised and marginalised

neighbourhoods, is a resource for well-being. Urban renewal often ignores social

development in favour of physical and economic regeneration. Our research indicates

that to do this wastes the valuable collective psychological resources already present

within the community. Secondly, in order to harness these collective resources, urban

renewal needs to directly tackle the prejudice which undermines the potential coping

processes and confront stigmatisation at institutional as well as media level. This

requires local authorities and service providers to identify and eradicate institutional

prejudice and to politically engage the community in a positive and empowering way.

In other words, the authorities need to change the context of community life and foster

community identity development in order to release the social and psychological

resources of the group.

Variables	1	2	3	4	5
1. Community Identity	-				
2. Social Support	.62**	-			
3. Collective Efficacy	.46**	.39**	-		
4. Psychological Well-being	-.32**	-.26**	-.39**	-	
5. Community Action	.05	.10*	-.02	.09	-
Mean (SD)	3.35	3.70	3.44	3.07	0.32
SD	.80	.88	.79	2.90	.47

Table 1: Correlations between variables

*p<.05, **p<.01
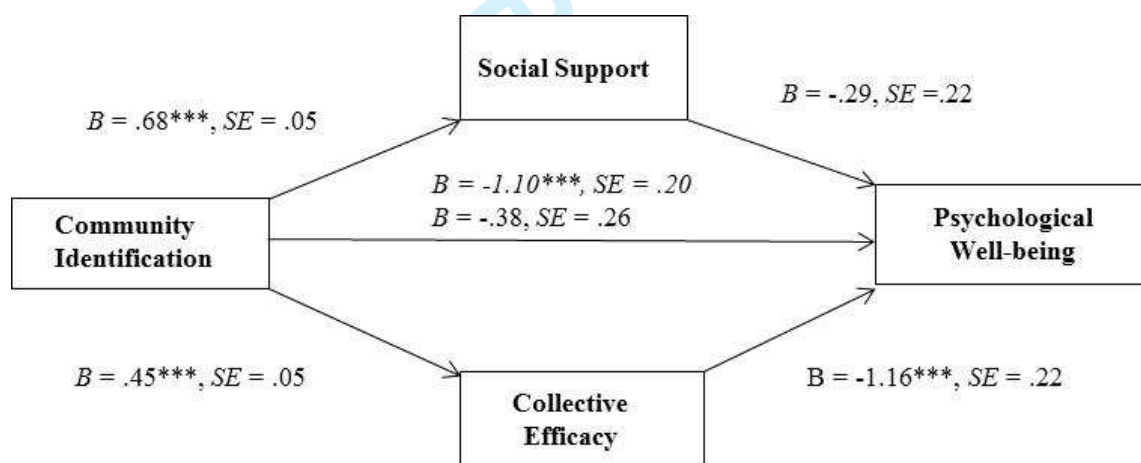
Adjusted R^2 = .17, p<.001

Figure 1: Multiple mediation test of the relationship between community identity and

psychological well-being

***p<.001

| | Bootstrap Results for Mediated Effects | | |
| | 95% CI | | |
	ME (*SE*)	Lower	Upper
Mediators			
Total Mediated Effect	-.72 (.19)	-1.09	-.35
Social Support	-.20 (.16)	-.52	.13
Collective Efficacy	-.52 (.11)	-.81	-.32
Contrasts			
SS_CE	.33 (.20)	-.07	.71

Table 2: Magnitude and confidence intervals of the multiple mediation effects of

community identity with social support and collective efficacy as the mediators for

psychological well-being.

ME = mediated effect, SE = standard error, CI = confidence interval, SS = social

support, CE = collective efficacy.

Boldface type highlights a significant effect as determined by the 95% bias corrected

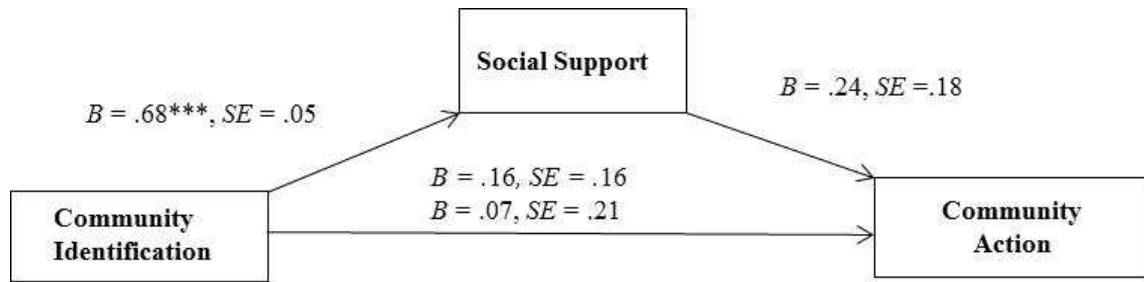and accelerated confidence interval (95% CI)

Figure 2: Multiple mediation test of the relationship between community identity and

community action

***p<.001

	Bootstrap Results for Mediated Effects		
		95% CI	
	ME (*SE*)		Upper
		Lower	
Mediators			
Total Mediated Effect	.17 (.13)	-.08	.44
Social Support	.17 (.13)	-.08	.44

Table 3: Magnitude and confidence intervals of the mediation effect of community

identity with social support as the mediator for community action.

ME = mediated effect, SE = standard error, CI = confidence interval, SS = social

support.

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