Social Capital and Mental Distress in an Impoverished Community

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According to recent investigations of social capital, this social resource represents a key ingredient in a community’s capacity to respond to environmental challenges and promote change. This article investigates the significance of social capital for the health and well-being of inner-city residents using data collected from a sample of household decisionmakers residing in a high-poverty, racially segregated urban neighborhood in a mid-sized southern city (N = 222). A psychosocial resources model of distress is employed to explore the role of social capital as a critical social resource mediating the impact of poverty-related economic and environmental stressors on residents’ mental health. Regression analyses show no mediating effect of social capital on the relationships between economic and environmental stressors and mental health. While bridging social capital displays a small inverse relationship with distress, bonding social capital is actually positively related to mental distress. Bonding social capital appears to increase individuals’ levels of mental distress in this impoverished community. On the other hand, a psychological resource, mastery, plays a significant role in mediating the harmful effects of poverty. These findings suggest the need for some modification of recent claims that social capital is a critical resource promoting individual and community well-being. Apparently, in high-poverty, high-minority, inner-city communities, active participation in the local area comes at some cost to the individual. This article demonstrates the importance of doing further research on the social capital of inner-city areas.

In recent years several different strands of research have come to the same conclusion about America’s cities—in inner-city neighborhoods are becoming increasingly more hazardous places to live (Andrulis, 1997; Fitzpatrick and LaGory, 2000; Jargowsky, 1997; Jargowsky and Bane, 1991; Wilson, 1996). Wilson (1980, 1987, 1996) and Jargowsky (1997) contend that the growing concentration of African-American poor in ghetto poverty neighborhoods represents a new and disturbing trend. Andrulis (1997) and Fitzpatrick and LaGory (2000) suggest the emergence of a
deepening health crisis in the inner-city resulting from the confluence of negative circumstances such as poverty and unemployment, deteriorating housing, increasing violence and drug use, poor nutrition, and limited social capital. Not surprisingly then, inner-city communities are now described as “disorganized” and “isolated” (Wilson, 1996), “unhealthy places . . . islands of risk and despair” (Fitzpatrick and LaGory, 2000), while the metropolises containing them are characterized by an “ecology of fear” (Davis, 1998).

These contemporary observations about the disconnectedness of America’s inner cities were clearly reflected in the informal responses to interviewers in the study reported here. When approached for a personal interview about community perceptions, civic participation, and well-being, one young Hispanic woman replied, “But we are a forgotten neighborhood, what do you want with us?” An African-American male waved an interviewer away, claiming nothing he could tell us about his neighborhood would effect positive change; our study, he said, was a waste of time. While almost all the household decisionmakers selected for interviewing completed our survey, respondents expressed such skepticism often during the study period. Surprisingly, however, once residents of this impoverished, minority community agreed to complete the survey, many of them kept interviewers for much longer periods of time to discuss community needs. These individuals showed real interest in their community, as well as frustration over the sense of fear and detachment they experienced in their current setting. Neighborhood residents’ willingness to participate in our project begs the question of why it seems so difficult for them to come together and pool their resources and talents in order to build a healthy community.

This article examines the association between individual social embeddedness and trust (social capital) and mental well-being within the inner city, based on the assumption that the health of a community rests in part on its residents’ social capital. Social capital is seen as a critical resource for the promotion of individual and community well-being (Putnam, 2000). Many studies have found direct and indirect relationships between individual levels of mental and physical health and neighborhood characteristics (Brewster, 1994; Cohen et al., 2000; LaGory and Fitzpatrick, 1992; Ross et al., 2000; Schulz et al., 2000). We focus specifically on the link between poverty and health from the perspective of a psychosocial resources model of well-being that includes social capital as a mediator of distress. This investigation addresses the question: How do psychosocial resources, social capital and mastery, mediate the effects of environmental and economic stressors on the mental well-being of residents of impoverished neighborhoods? The goal of this article is to assess the importance of social capital as a mediator of distress and to provide a comprehensive examination of the concept and measurement of social capital as a health-related resource in inner-city neighborhoods.

At the center of this perspective is a presumed link between social affiliation and health that is as old as the discipline itself (Durkheim, 1897 1964), but that received new life in Robert Putnam’s work on “social
capital” (2000). Borrowing from the earlier efforts of Hanifan (1916), Coleman (1990), Bourdieu (1983), Burt (1997), and others, Putnam suggests that the ties that “bind” and “bridge” people are a crucial resource (a private and a public good) that assists individuals and groups in both getting by and getting ahead. Social capital, like physical capital and human capital, is a critical source for health and overall well-being. This contention is relevant to contemporary urban sociology, and the study of inner-city poverty particularly. What are the limits of an individual’s social capital? Does this form of capital have relevance for the plight of inner-city residents and residential areas? Is this form of capital significant for the health and well-being of inner-city residents, or is the residential context of the inner-city ghetto so destructive an environmental force as to make this form of capital relatively inconsequential to the overall well-being of residents?

INNER-CITY POVERTY AND MENTAL HEALTH

The dramatic change in poverty’s spatial distribution, as evidenced by the doubling of high-poverty neighborhoods between 1970 and 1990, reflects poverty’s increasing urban concentration (Jargowsky, 1997). In the midst of a strong and growing economy in the 1990s, the ecology of despair expanded. People in these neighborhoods must cope not only with their own poverty, but the poverty and social isolation of countless others living around them (Jargowsky, 1997; Massey, 1996; Fitzpatrick and LaGory, 2000). Although inner-city ghettos were characteristic of American cities prior to 1970, earlier communities exhibited positive organizational features such as neighborhood identification, a strong sense of community, and explicit norms and sanctions against aberrant behaviors (Wilson, 1987). Strong social organization was promoted along several dimensions: the prevalence, strength, and interdependence of social networks within the community; an atmosphere of collective supervision and personal responsibility within the community; and significant resident participation in voluntary and formal organizations (Wilson, 1996). Because African-American middle- and working-class residence was often confined by restrictive covenants and discriminatory real estate practices until the late 1960s, residential stability and rich social networks were commonly found among African Americans of every socioeconomic status in these neighborhoods (Jargowsky, 1997).

Structural transformation in inner cities from centers of production and distribution to centers of administration, information exchange, and higher-order service provision profoundly altered the labor market, creating a mismatch between the education of minority residents and the educational requirements of industry (Wilson, 1987). At the same time, middle- and working-class African Americans suburbanized, leaving behind a disproportionate concentration of the most disadvantaged segments of the urban African-American population (Farley, 1991; Jargowsky, 1991; Wilson, 1987).
This “new urban poverty” (Wilson, 1996), characterized by poor, segregated, minority neighborhoods and high levels of unemployment creates new social barriers and problems for African-American city residents (Frisbie and Kasarda, 1988). Today, African Americans are the most highly segregated minority group within urban areas (Jargowsky, 1997; Wilson, 1996). This segregation, along with the economic transformation of cities and the disappearance of middle-class social ties in inner-city neighborhoods (Farley, 1991), has exacerbated a “spatial manifestation of racism” (Frisbie and Kasarda, 1988, p. 642) and the emergence of an urban health penalty (Andrulis, 1997) for poor African-American urban residents. As such, those segments of the population who are most affected by the restructuring of health risks are highly segregated groups, isolated from the organizations and resources necessary to promote and protect health and well-being (Fitzpatrick and LaGory, 2000).

One of the most consistently supported attributes of inner-city life affecting health outcomes is exposure to chronic stressors (Aneshensel, 1992). Chronic stressors are relatively enduring conflicts, problems, and threats that people face on a daily basis (Cockerham, 1998). They have been found to damage physical and mental health (Thoits, 1995). Among the chronic stressors disproportionately experienced by low-income minorities are: chronic economic strain, barriers to the achievement of life goals, resource deprivation, status inconsistency, and environmental hazards, including poverty, crime, violence, overcrowding, and noise (Aneshensel, 1992; Brown et al., 1992; Fitzpatrick and LaGory, 2000).

Because African Americans have higher exposure to chronic stressors than whites it might be expected that they would also experience higher rates of depression and anxiety (Pearson, 1994). However, research on racial differences in psychological distress does not support this expectation. In fact, psychological distress is found to be greater among people in high-poverty areas regardless of race. These studies show larger mental distress variation within racial categories in different types of residential areas than are found between different races living in the same residential area (Schulz et al., 2000; Turner et al., 1995).

Such findings provide support for the idea that economic deprivation and neighborhood context must be taken into account when examining racial differences in mental health. A core sociological issue here is the role of place in the distribution of stressors across social strata (Aneshensel, 1992). Previous research suggests that location in the social system as well as in geographic space may influence the probability of encountering stressors and can affect the health outcomes produced by these stressors (Fitzpatrick and LaGory, 2000; Ross, 2000).

SOCIAL CAPITAL AS A CRITICAL PERSONAL AND COMMUNAL RESOURCE

Social capital is considered a major determinant of a community’s wealth and prosperity; a critical community asset (Portes, 1998; Putnam, 2000; 202
Wilson, 1997). Robert Putnam defines social capital as the connections among individuals, the social networks and norms of trustworthiness that arise from them (2000). Social capital thus has both an objective and subjective component. Social networks represent the objective component of social capital. Typically, the network associations emphasized in discussions of social capital and the civil society are voluntary group ties (Guest, 2000; Putnam, 2000). Guest (2000) identifies three types of voluntary associations: instrumental, expressive, and religious associations. Each of these associational types can be characterized as bonding—associations linking together similar individuals—or bridging—associations linking unlike persons (Putnam, 2000). Trust is the subjective aspect of the associations that comprise social capital; the socially learned and socially confirmed expectations of reciprocity that people have of each other, and of the organizations and institutions that surround them (Paxton, 1999). People who are trusting have faith and confidence in others and expect that they can depend on others to do what is right. To create positive, community-level social capital, individuals must have in-group and out-group trust, or a basic trustworthiness of generalized others (Putnam, 2000). It is generally assumed that well-being and life satisfaction begin with trust, and that a generalized faith in the honesty and integrity of others is positively associated with civic engagement and social affiliation (Scheufele and Shah, 2000). Conversely, low levels of trust are associated with community disorganization (Ross et al., 2001).

The social capital of individual residents represents a key ingredient in the community’s capacity to respond to environmental challenges and promote change (Pipkin et al., 1983; Putnam, 2000). Individuals and groups gain resources from their connections to one another and use these resources to attain certain goods and services (Paxton, 1999). Social networks and supports have value, much like the values attributed to physical capital and human capital, and these networks have the potential to affect the productivity and well-being of individuals and groups. Social capital increases individual and group capacity for action, and facilitates cooperative social interaction (Glaeser et al., 2000; Paxton, 1999). It produces an atmosphere conducive to economic activity and promotes collaborative community problem solving (Wilson, 1997).

Portes (1998), in his review of the social capital literature, however, notes both functions and dysfunctions of social capital. High levels of social capital promote social control. Tight community networks can use social capital to promote compliance and maintain discipline without employing formal or overt controls. It can also function to bolster familial support, primarily benefiting children. In addition, through extrafamilial networks, it can help people and communities gain direct access to economic resources and valued credentials. But there are potential negative consequences as well. The same strong ties that benefit group members also enable the group to bar others from membership and restrict the individual freedom and autonomy of its members (Putnam, 2000). They can create obligations and barriers to opportunity. Communities characterized by strong social capital can promote a downward leveling
Since in some situations, group solidarity is cemented by a common experience of adversity, individual success stories can threaten cohesion. Under these circumstances norms may emerge to discourage individual achievement within the group.

There are differing theoretical perspectives on social capital that address these same functional issues. The cohesive network perspective stresses the positive effects of network closure in building social capital (Gargiulo and Benassi, 2000). Coleman (1988), arguing for network closure, sees the presence of cohesive ties as facilitating cooperation between actors to increase productivity. Members of a close-knit network can trust each other to honor obligations and adhere to norms within the group. Opposition to this view focuses on the lack of autonomy evident in network closure (Gargiulo and Benassi, 2000), mirroring Portes’s concern regarding individual freedom. This alternative perspective, called structural hole theory (Burt, 1997), proposes that the benefits of social capital result not from cohesive ties, but from the diversity of information created by separate clusters in a social network (Gargiulo and Benassi, 2000). This perspective views the cohesive ties of network closure as a source of rigidity hindering coordination and opportunity (Gargiulo and Benassi, 2000).

Both cohesive network and structural hole theories focus on the significance of trust and reciprocity for promoting social capital; the difference between the theories is in whether the most important mechanisms promoting well-being are strong or weak linkages between network ties (Flora, 1998; Granovetter, 1973). Putnam (2000) argues that both strong and weak linkages are important for individuals and groups. Bonding, exclusive, cohesive, strong ties facilitate solidarity and reciprocity, while bridging, inclusive, diverse, weak ties provide linkages to external assets and information diffusion (Putnam, 2000). As Putnam characterizes them, bonding social capital helps group members “get by,” while bridging social capital helps them “get ahead.” The literature is far from clear on this point, however. At a community level, positive social capital is expected to occur when there are trusting ties between individuals in different groups (Pipkin et al., 1983). On the other hand, social capital is expected to have negative effects at a community level when there is low between-group trust and networks but high within-group trust and networks. An intensely cohesive network without between-group ties, in effect, builds walls that block information and resource diffusion to other networks and bars integration of outside information and resources.

Both bonding and bridging ties are important in the structure of communities. In the healthiest communities both are present. Bonding ties are crucial to the ability of spatial units to respond to local problems effectively (Guest, 2000) and indicate the strength of community (Guest and Wierzbicki, 1999). Bridging ties are important for disseminating information about the community and obtaining outside assistance to address significant challenges (Guest, 2000; Guest and Wierzbicki, 1999; Paxton, 1999).
A central thesis of the social capital literature is that the health of a community is determined in part by its level of civic engagement; an individual’s integration into the community is positively related to a person’s mental and physical health (Fitzpatrick and LaGory, 2000; Putnam, 2000; Scheufele and Shah, 2000). Recent research details the dramatic health risks connected with inner-city residence (Andrulis, 1997; Fitzpatrick and LaGory, 2000). Among these are high prevalence rates for stress-related mental health problems (Ross et al., 2000; Schulz et al., 2000). The distress process is a substantial area of study within medical sociology and social epidemiology (Aneshensel, 1992; Lin and Ensel, 1989; Thoits, 1995). While urban sociology also has a long history of stress-related research (Faris and Dunham, 1939; Srole et al., 1962), little work has focused on the link between local stressors, local social capital, and distress. Most stress research in sociology utilizes a psychosocial resources model to examine the relationship between stressors, resources, and distress (Lin et al., 1986). A modified version of this model has great potential for community research.

**STRESSORS**

A stressor is any environmental, social, or internal demand that requires the individual to readjust usual behavior patterns or implement coping strategies. If the individual is unable to readjust behavior or cope with the stressor, psychological distress is likely to occur (Thoits, 1995).

As a chronic strain, poverty and ghettoization, in particular, have the potential for long-lasting psychological and physical damage (Aneshensel, 1992; Brooks-Gunn et al., 1997; Ross and Mirowsky, 2001; Ross et al., 2001; Schulz et al., 2000). Poverty is both an economic and environmental stressor—an individual and place-based experience (LaGory et al., 1990; Lin et al., 1986). Place of residence matters. When poverty concentrates spatially, stressors intensify—as residents experience not only their own poverty, but the consequences of living in disadvantaged neighborhoods (Boardman et al., 2001; Fitzpatrick and LaGory, 2000; Ross and Mirowsky, 2001). Inner cities are clearly unhealthy places (Andrulis, 1997) where chronic stress is an ever-present reality in the everyday lives of its residents (Wilson, 1987, 1996). Living in these places requires routine exposure to uncertainty, danger, crime, incivility, and mistrust. Under such circumstances an individual’s resources become all the more critical for personal well-being.

**RESOURCES**

Psychosocial resources are conceptualized as reactive elements in the stress process that can be mobilized to mediate stressors’ harmful
consequences (Ensel and Lin, 1991). Psychological resources are personality characteristics such as mastery, self-esteem, and social competence, while social resources are elements within a person’s social network that serve specific needs, such as social support (Lin and Ensel, 1989; Pearlin, 1989). Psychological resources are internal forms of coping; social resources are external forms of coping (Lin and Ensel, 1989). Both psychological and social resources are inversely distributed by social status (Aneshensel, 1992; Thoits, 1995).

Mastery is the most frequently examined coping resource in the sociological literature and has been found to directly reduce psychological distress and physical illness and to mediate the effects of stress exposure on mental and physical illness (Aneshensel, 1992; Thoits, 1995). It is a form of internal locus of control. People with high levels of mastery believe that they are in control of their future and capable of addressing personal adversity (Pearlin and Skaff, 1996). Those with low levels of mastery, on the other hand, see their future as “out of their control” and blame their troubles on fate (Aneshensel, 1992).

Social support, a social resource, has been found repeatedly to serve as a mediating force in mental health outcomes, with social resources deteriorating as individuals experiencing high stressors use their social resources for assistance (Ensel and Lin, 1991; Lin and Ensel, 1989). Generally, however, researchers have argued that individuals’ perceptions of social support, particularly perceptions of the quality of close friendships and confidants, are more important than actual support in mediating stress outcomes (Aneshensel, 1992; Thoits, 1995). Thus, while the psychosocial resources model emphasizes the importance of social networks for mediating the distress process, most studies have employed a limited conceptualization of these social resources—perceived social support (Ensel and Lin, 1991). As such, this unidimensional conceptualization of social resources does not capture the rich, multidimensional quality of social resources alluded to in the concept of social capital. Given the prevalent theoretical arguments concerning the significance of social capital for well-being, this broader conceptualization of social resources is important to consider.

HYPOTHESES

While there has been little research dealing specifically with the effects of social capital on health and illness in impoverished communities, this research is important in light of the broad claims regarding social capital as a critical individual and community-level resource. Social capital, conceptualized as the density and extensity of social ties, levels of trust in individuals and in community, and level of engagement in instrumental and expressive voluntary organizations, is believed to mediate the effects of environmental and economic stressors. The central question, however, is whether the residential context of the inner-city ghetto is so destructive
as to make this form of capital relatively inconsequential to the overall well-being of residents.

Given our review of the literature we propose to test the following hypotheses for a sample of residents living in a high-poverty ghetto in the Birmingham, Alabama, Metropolitan Statistical Area:

\( H_1 \): The extent of economic and environmental stressors experienced by an individual is positively related to the individual’s level of mental distress.

\( H_2 \): The individual’s sense of mastery is inversely related to the individual’s level of mental distress.

\( H_3 \): The extent of an individual’s social capital is inversely related to the individual’s level of mental distress.

\( H_4 \): The effect of economic and environmental stressors on the level of mental distress experienced by an individual is mediated by the individual’s sense of mastery.

\( H_5 \): The effect of economic and environmental stressors on the level of mental distress experienced by an individual is mediated by the individual’s level of social capital.

**DATA AND METHODS**

This research is based on results of a face-to-face household decisionmaker survey conducted from October 2000 through February 2001. It used a random, multistage cluster sample of 222 households in a low-income, mostly minority, inner-city neighborhood in Birmingham, Alabama. The sample was drawn in two stages. The first stage targeted 10 percent of the U.S. Census Blocks within the neighborhood’s boundaries. From the approximately 220 census blocks in the neighborhood, an over-sample of 30 blocks was randomly drawn. The second stage targeted the individual parcels within these 30 blocks. After 1995 tax-map data were cleaned for nonresidential and vacant residential parcels, a start point was randomly drawn from the remaining parcels and a skip pattern was established to target approximately 40 percent of the residential units on each block.

The questionnaire was modeled after the Social Capital Community Benchmark Initiative, a national survey of social capital directed by the Kennedy School of Government at Harvard (Saguaro Seminar, 2000). Members of the local neighborhood association were trained to administer the questionnaire to household decisionmakers. Prior to the survey, the neighborhood associations distributed information regarding the study, its purposes, and the study period. Perhaps because of this preparation, the refusal rate was only 4 percent.

**MEASUREMENT**

*Mental Distress.* Mental distress is measured using the Mirowsky and Ross psychological distress scale (Ross et al., 2000), which combines established
measures of both depression and anxiety into a single, highly reliable scale. The scale includes eight questions from the Center for Epidemiological Studies Depression Scale (CES-D) that ask how often during the last week respondents: (1) felt like everything was an effort, (2) had trouble keeping their mind on what they were doing, (3) felt sad, (4) felt lonely, (5) had crying spells, (6) had trouble sleeping, (7) felt like they could not shake off the blues even with the help of friends and family, and (8) could not get going. The anxiety questions ask how often during the last week the respondent: (1) worried a lot about little things, (2) felt tense or anxious, and (3) felt restless. Responses were summed to assess the level of mental distress (alpha = 0.884).

Stressors. Economic stressor is an index constructed using a principal components factor analysis with varimax rotation for a set of items related to personal finances. Four internally consistent items were extracted into one component (Eigenvalue = 1.94). The factor scores of this component were used in the analysis as an index of economic stressors. The items included in the component are: (1) in the past six months was there ever a time when you had to skip a payment in order to just get by, (2) how much do you worry about the total amount you (and your spouse/partner) owe in overall debt, (3) in the past six months did you experience a negative change in your financial situation, and (4) the percentage of income paid towards housing during the past year.

Environmental stressor is an index constructed by a factor analysis of subjective and objective neighborhood characteristics (see Appendix). The subjective characteristics of the neighborhood are measured with a 15-item perceived neighborhood disorder scale (Ross and Mirowsky, 1999). The items are summed and averaged for a total score of perceived disorder (alpha = 0.884). The subjective condition of the respondent’s housing unit is measured with a nine-item scale (alpha = 0.783). The objective characteristics include a list of seven items regarding the condition of the neighborhood and household characteristics recorded by the interviewer (alpha = 0.520). Again, principal components analysis with varimax rotation was used, with the strongest component’s factor scores saved as an index of environmental stressors (Eigenvalue = 1.29).

Psychosocial Resources. Mastery is a summed score derived from a battery of Likert-type questions gauging respondents’ sense of control over their lives (Pearlin, 1989). The items included in this scale are: (1) you have little control over the things that happen to you, (2) there is really no way that you can solve some of the problems you have, (3) there is little you can do to change many of the important things in your life, (4) you often feel helpless in dealing with the problems in life, (5) you can do just about anything you set your mind to, (6) sometimes you feel you are being pushed around in your life, and (7) what happens to you in the future depends mainly on you (alpha = 0.715).

Social Capital. Social capital (see Appendix) is measured by two constructs: the individual’s extent of participation in the community (Bonding Social Capital) and the strength of trust and bridging ties that an
individual has (Bridging Social Capital). These variables were created with a factor analysis of several different indicators of community participation and association in voluntary organizations, levels of trust of neighbors, community leaders, and the general public, and social ties identified as either bonding (ties with similar others) or bridging (ties with dissimilar others). Participation and association is assessed as the number of memberships in institutional affiliations that the respondent reports. Level of trust is gauged by summing the responses to four questions assessing trust of different types of people and groups. Bridging social ties are measured as the extent of respondent ties to dissimilar others, including people of different race, gender, and level of education. The items utilized to assess these components of social capital parallel the questions used in the Social Capital Benchmark Survey (Saguaro Seminar, 2000). Measures of participation and association loaded into one component, Bonding Social Capital (Eigenvalue = 2.80), and trust and bridging ties loaded into a second component, Bridging Social Capital (Eigenvalue = 1.82).

Control Variables. Control variables initially included minority status, gender, age, household income, level of education, employment status, marital status, and household composition—all characteristics found to affect health and well-being outcomes. After testing the regression models for specification error and multicollinearity, however, household income and household size were dropped from the analysis. Income was generally low within this sample and highly correlated with the economic stressor variable. The number of household residents was eliminated after tolerance testing showed a high prediction dependence on the presence of children in the household.

Minority status is coded 1 for nonwhite respondents and 0 for whites. Gender is scored 1 for female, 0 for male. Age is the actual age in years of respondent at the time of interview. Level of education is years of schooling. Employment status is coded 1 for those working for pay, and 0 if the respondent was not working for pay. Marital status is 1 for currently married or cohabitating, 0 for divorced, separated, widowed, or single. The household composition variable, children in the home, is measured by the presence of children under 17 within the household.

Analytic Strategy

Hypotheses are tested using a progressive adjustment, OLS regression analysis to measure the relationships between environmental and economic stressors, psychosocial resources (mastery and social capital), and mental distress. First, the associations between environmental and economic stressors and mental distress are determined, controlling for sociodemographic background characteristics. The presence of mediation is then ascertained by assessing whether the addition of the psychosocial resources into the model reduces the values of the stressor coefficients.

These resources are entered progressively, beginning with mastery, then bridging social capital and bonding social capital.
### TABLE 1. Means and Standard Deviations for Variables in the Initial Model

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent minority</td>
<td>85.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent female</td>
<td>68.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>49.53</td>
<td>16.85</td>
<td>18–90</td>
</tr>
<tr>
<td>Income</td>
<td>20,248</td>
<td>11,679</td>
<td>10,000–62,500</td>
</tr>
<tr>
<td>Years of education</td>
<td>12.65</td>
<td>1.73</td>
<td>&lt;12–20</td>
</tr>
<tr>
<td>Percent working</td>
<td>54.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent married or cohabitating</td>
<td>44.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household size</td>
<td>2.77</td>
<td>1.65</td>
<td>1–10</td>
</tr>
<tr>
<td>Percent with kids in home</td>
<td>41.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental distress</td>
<td>7.60</td>
<td>6.92</td>
<td>0–33</td>
</tr>
</tbody>
</table>

Economic Stressors (components):
- Percent skipped payments: 30.2
- Percent worries about debt: 40.5
- Percent negative financial change: 12.2
- Rent/income percentage: 16.18

Environmental Stressors (components):
- Perceived neighborhood disorder: 4.37
- Perceived household problems: 2.65
- Objective broken windows symptoms: 0.89
- Mastery: 14.07

Social Capital (components):
- Participation: 2.10
- Trust: 1.77

Percent of bridging ties:
- Race: 28.8
- Gender: 40.5
- Education: 48.2

*Note: Standard deviations and range not reported for dichotomous variables. N = 222.*

### RESULTS

Table 1 reports means and standard deviations of variables in the analysis. Respondents were predominantly female (69 percent), minority (80 percent African American, 5 percent Hispanic), and middle-aged (average age is 50), with roughly half in the workforce at the time of the survey, and almost half with children in the home. Twenty-one percent had not finished high school, 61 percent had a high school degree or GED, while 18 percent had some type of post-high-school degree. The sample’s mean level of estimated household income in 1999 was $20,248, less than half of the median national income.

Average level of mental distress appears to be fairly high at 7.60, a score that approaches the adjusted baseline for possible clinical caseness (Lin et al., 1986). Not surprisingly, then, stressor levels were also relatively high in this sample. On average, respondents reported over four neighborhood problems, and three problems with their housing. Nearly 50 percent of respondents gave their neighborhood a poor or fair rating as a place to live. The five most common neighborhood problems listed were abandoned buildings (46 percent), drug use (42 percent), cleanliness (41 percent),
noise (35 percent), and loitering (32 percent). Thirty-six percent rated their housing as fair or poor. The most common problems mentioned were bugs (42 percent), rats (36 percent), and the lack of adequate living space (25 percent). Regarding economic stress, more than 40 percent reported worrying about debt.

Social capital measures provide an interesting, but complex, picture of the community’s social dynamic. The majority of residents (64 percent) participated in one or more community organizations in the past year, suggesting that this community actually promoted attachment rather than alienation—a condition more similar to Gans’ West Enders (1962) than Wilson’s Black Belt Chicago neighborhoods (1996). Like the West Enders, however, although residents had strong bonding ties within the community, they had weak bridging ties to groups different from themselves. Seventy-one percent of respondents reported trusting their neighbors, a disproportionately high figure for a predominantly African-American sample. (For example, in a recent survey of 40 communities nationwide [Saguaro Seminar, 2000], only 21 percent of African Americans said they trusted their neighbors.) At the same time, just 32 percent of our sample said that people in general could be trusted. In addition, only 29 percent had social ties with persons of a different race, and less than half had ties with persons of a different educational level. Hence, this community exhibits a significant degree of communalism, but remains relatively isolated from areas unlike itself.

Table 2 reports zero-order correlations between variables in the analysis. These data show that women, unemployed persons, persons experiencing greater numbers of economic and environmental stressors, and those with lower levels of mastery have higher levels of mental distress. High levels of mastery, in turn, are associated with being younger, better educated, having children at home, and having fewer environmental stressors. The extent of bonding ties appears to be a function of being younger, nonwhite, better educated, and having higher levels of mastery. Bridging ties, on the other hand, are related only to environmental stressors, with those having less stress possessing more extensive bridging social capital.

Table 3 shows the results of mental distress regressed on sociodemographic controls, economic and environmental stressors, mastery, and social capital measures. The analysis includes five regression equations that together test the hypotheses that mental distress is significantly affected by economic and environmental stressors, and that psychosocial resources, mastery and social capital, mediate stressors’ impact on mental well-being. As can be seen, the full model explains 35 percent of the variation in respondents’ mental distress.

In Equation 1, mental distress is regressed on the sociodemographic variables gender, age, minority status, level of education, the presence of children in the household, employment status, and marital status. The results show that mental distress has a small but significant positive relationship with being female, and negative relationships with age, being employed, and having children in the household.
### TABLE 2. Correlation Matrix of Variables Used in the Analysis

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Female</td>
<td>0.063</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>2. Age</td>
<td></td>
<td>0.138*</td>
<td>-0.095</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>3. Minority</td>
<td></td>
<td></td>
<td></td>
<td>-0.004</td>
<td>-0.175*</td>
<td>-0.042</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>4. Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.136*</td>
<td>-0.490**</td>
<td>0.106</td>
<td>0.119</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.123</td>
<td>-0.482**</td>
<td>-0.001</td>
</tr>
<tr>
<td>6. Employed</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.238**</td>
</tr>
<tr>
<td>7. Married</td>
<td></td>
<td></td>
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<tr>
<td>8. Economic stress</td>
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<td></td>
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</tr>
<tr>
<td>9. Environmental stress</td>
<td>0.098</td>
<td>-0.349**</td>
<td>0.065</td>
<td>0.051</td>
<td>0.222**</td>
<td>0.117</td>
<td>0.002</td>
<td></td>
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</tr>
<tr>
<td>10. Mastery</td>
<td></td>
<td>-0.010</td>
<td>-0.169*</td>
<td>0.003</td>
<td>0.204**</td>
<td>0.189**</td>
<td>0.126</td>
<td>0.017</td>
<td>-0.119</td>
<td>-0.136*</td>
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<tr>
<td>11. Social Capital 1</td>
<td>0.085</td>
<td>-0.146*</td>
<td>0.176**</td>
<td>0.393**</td>
<td>0.118</td>
<td>0.050</td>
<td>-0.026</td>
<td>0.064</td>
<td>-0.071</td>
<td>0.327**</td>
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<tr>
<td>12. Social Capital 2</td>
<td>-0.043</td>
<td>0.074</td>
<td>0.130</td>
<td>0.071</td>
<td>-0.114</td>
<td>-0.031</td>
<td>0.060</td>
<td>-0.080</td>
<td>-0.209**</td>
<td>-0.042</td>
<td>0.000</td>
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<tr>
<td>13. Mental Distress</td>
<td>0.144*</td>
<td>-0.020</td>
<td>0.061</td>
<td>-0.075</td>
<td>-0.098</td>
<td>-0.215**</td>
<td>-0.037</td>
<td>0.343**</td>
<td>0.249**</td>
<td>-0.366**</td>
<td>0.020</td>
<td>-0.107</td>
</tr>
</tbody>
</table>

Note: *p < 0.05; **p < 0.01; N = 222.
### TABLE 3. Mental Distress Regressed on Sociodemographic Controls, Stressors, and Resources

<table>
<thead>
<tr>
<th></th>
<th>Equation 1</th>
<th>Equation 2</th>
<th>Equation 3</th>
<th>Equation 4</th>
<th>Equation 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b (Beta)</td>
<td>b (Beta)</td>
<td>b (Beta)</td>
<td>b (Beta)</td>
<td>b (Beta)</td>
</tr>
<tr>
<td><strong>Demographics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2.268** (0.149)</td>
<td>1.521 (0.100)</td>
<td>1.529 (0.101)</td>
<td>1.515 (0.100)</td>
<td>1.399 (0.092)</td>
</tr>
<tr>
<td>Age in years</td>
<td>−0.098*** (−0.237)</td>
<td>−0.030 (−0.073)</td>
<td>−0.051 (−0.122)</td>
<td>−0.050 (−0.120)</td>
<td>−0.046 (−0.111)</td>
</tr>
<tr>
<td>Education</td>
<td>−0.077 (−0.014)</td>
<td>−0.072 (−0.014)</td>
<td>0.360 (0.067)</td>
<td>0.442 (0.082)</td>
<td>0.223 (0.042)</td>
</tr>
<tr>
<td>Minority status</td>
<td>1.130 (0.059)</td>
<td>1.594 (0.083)</td>
<td>1.438 (0.075)</td>
<td>1.725 (0.089)</td>
<td>1.351 (0.070)</td>
</tr>
<tr>
<td>Employed</td>
<td>−3.444*** (−0.246)</td>
<td>−3.646*** (−0.261)</td>
<td>−3.477*** (−0.249)</td>
<td>−3.494*** (−0.250)</td>
<td>−3.402*** (−0.243)</td>
</tr>
<tr>
<td>Married</td>
<td>0.259 (0.018)</td>
<td>0.876 (0.062)</td>
<td>0.579 (0.041)</td>
<td>0.717 (0.051)</td>
<td>0.718 (0.051)</td>
</tr>
<tr>
<td>Children in home</td>
<td>−2.401** (−0.169)</td>
<td>−2.717*** (−0.191)</td>
<td>−1.966** (−0.138)</td>
<td>−2.164** (−0.152)</td>
<td>−2.090** (−0.147)</td>
</tr>
<tr>
<td><strong>Stressors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td>1.919*** (0.280)</td>
<td>1.518*** (0.222)</td>
<td>1.511*** (0.220)</td>
<td>1.467*** (0.214)</td>
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<tr>
<td>Environmental</td>
<td>1.597*** (0.228)</td>
<td>1.215** (0.174)</td>
<td>1.097** (0.157)</td>
<td>1.158** (0.165)</td>
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</tr>
<tr>
<td><strong>Resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mastery</td>
<td>−0.594*** (−0.319)</td>
<td></td>
<td>−0.612*** (−0.329)</td>
<td></td>
<td>−0.663*** (−0.356)</td>
</tr>
<tr>
<td>Bridging social capital</td>
<td>−0.741* (−0.103)</td>
<td></td>
<td>−0.720 (−0.100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bonding social capital</td>
<td></td>
<td></td>
<td></td>
<td>0.835* (0.119)</td>
<td></td>
</tr>
<tr>
<td><strong>Constant</strong></td>
<td>13.174</td>
<td>9.801</td>
<td>18.046</td>
<td>17.816</td>
<td>19.223</td>
</tr>
<tr>
<td>R² (Adjusted R²)</td>
<td>0.310 (0.068)</td>
<td>0.2500 (0.214)</td>
<td>0.333 (0.297)</td>
<td>0.3420 (0.304)</td>
<td>0.353 (0.311)</td>
</tr>
</tbody>
</table>

Note: One tail test, *p < 0.05; **p < 0.01; ***p < 0.001. N = 199.
When economic and environmental stressors are entered in Equation 2, only two of the sociodemographic variables (employment status and presence of children) remain significant; while both stressors have significant positive effects on the level of mental distress. The addition of economic and environmental stressors into the equation causes gender and age to lose significance, suggesting that stress uniformly affects mental distress across age and gender within this impoverished neighborhood.

The psychological resource, mastery, is added in the third equation to examine its direct effects on mental distress as well as its mediation of the stress-distress process. Significant changes in the regression coefficients for control and stressor variables between Equations 2 and 3 show the presence of a mediating role for sense of mastery. As expected, this resource reduces the effect of environmental and economic stressors on mental distress. Additionally, sense of mastery has a significant negative relationship with mental distress, indicating the power of an individual’s sense of internal control on reducing psychological distress.

Social resources, bridging and bonding social capital, are entered into the regression in Equations 4 and 5, respectively. The first social resource entered into the regression equation, bridging social capital, measures the extent of bridging social ties and trust in the community. This resource has the hypothesized negative relationship with mental distress. Respondents who have ties to dissimilar others and trust others in the community experience somewhat lower levels of mental distress. When bonding social capital is added in the fifth equation, however, bridging becomes nonsignificant.

Most surprisingly, the second social resource, bonding social capital, is significantly, but positively, related to mental distress. As participation increases, so does mental distress. Some research suggests that individuals who participate in an abundance of associations and activities may experience negative consequences of being “over capitalized” socially due to the over-obligation of one’s time and resources (Thoits, 1995; Vaux, 1988). This may be especially true in the context of impoverishment, where such resources are already scarce. While few studies find negative consequences of social participation, Kunovich and Hodson’s (1999) research on post-war Croatia discovers that social participation has mixed effects on war-related post-traumatic stress symptomatology, with more formal social participation actually increasing symptomatology.

These social resources do not appear to have the hypothesized mediating effects on the relationships between economic and environmental stressors and mental distress. Both social capital variables, however, make small but important independent contributions to distress levels, although bridging social capital only approaches significance when the variations in bonding are controlled. These findings suggest the persistent role of poverty-related stressors on the mental well-being of inner-city residents.
A psychosocial resources model of distress, defining social capital as a critical resource mediating poverty-related stressors, is only partially supported by these data. Life in the inner city is stressful. The results of this study suggest that the economic circumstances of poverty are made more stressful by the residential context of the ghetto itself. What factors inoculate some individuals from the hazards of ghetto life?

Two personal circumstances, being employed and having children in the home, have persistent positive effects on well-being even after the influences of stressors and resources are removed. This indicates the independent salience of these circumstances for well-being. People who are employed and/or have children in the home are less likely to display depressive symptomatology.

Surprisingly, mastery, a psychological resource, plays a more significant mediating role in the distress process than either of the social capital variables. This suggests that for the inner-city resident, his or her definition of experiences and the resident’s perceived relationship to the world is a more valuable asset than social capital in promoting well-being.

Given the recent arguments of Putnam (2000), this finding was unexpected. Social capital was believed to play a crucial, positive role in mediating distress. While social capital, in both bridging and bonding forms, does have an effect on distress, the impact is not as hypothesized. The measure of bonding social capital assesses the respondent’s degree of social participation in various organizations. Putnam argues that this form of capital assists people in “getting by.” Such a resource should thus be critical for individuals residing in the inner city, where people are constantly struggling to make ends meet and avoid the hazards of a risky environment.

Our data indicate, however, that such connections are less likely to have the effect of an asset network and more likely to embed the active resident in a web of obligations. Instead of reducing distress, the extent of participation in various organizations actually tends to be associated with higher distress. Since many of the organizations that residents participate in are located within their community, apparently these voluntary ties further burden individuals already struggling with their own environmental and economic stressors.

The obligations of time and energy required of the active participant in the ghetto may simply serve as another source of stress, rather than a mediator of the stress process. While such assets seem to be a critical sign of a community’s health (Wilson, 1996), ironically, those individuals who possess the asset often experience negative health consequences. Such persons bear the burden of poverty for their communities. Unlike Wilson’s portrait of the alienated ghetto with no role models for civic participation available to residents, role models do exist in this particular low-income, minority community. The burden of this identity, however,
apparently takes a psychological toll on active participants. This finding supports Burt’s (1977) structural hole theory; cohesive social ties are a source of rigidity within a social network. Individuals with strong bonding relationships often have little autonomy within these relationships and may in fact suffer, rather than benefit, from over-obligation and network closure.

The social capital literature further argues, specifically, that for poor minority communities, bridging ties are necessary to break the social and economic isolation produced by segregation (Granovetter, 1973; Pipkin et al., 1983; Putnam, 2000). The variable *Bridging Social Capital*, which measures the extent of trust and social ties across socially different people, however, does not have a mediating effect on the relationship between economic and environmental stressors and mental distress. Indeed, the relationship between bridging social capital and mental health is very modest and only approaches significance for the sample. Perhaps because bridging ties are relatively weak for most residents of this inner-city community, the impact of such ties is also slight.

This particular community exhibits significant internal bonding, but like many communities with such strong communal ties, its residents often fail to develop bridging ties to dissimilar others. Trust is very high within the community, but extremely low outside. Only 32 percent say they can trust people in general, while nearly three-fourths of residents say that they trust their neighbors. In the case of impoverished communities like this one, the absence of extensive bridging ties reduces the ability of individuals to “get ahead.” While persons with such ties do experience less distress, at least for this community, the impact of these ties are very modest for the individuals that have them.

Perhaps for low-income, minority communities social capital may be more important as a communal resource than a personal one. Those who exhibit this form of capital receive at best a “mixed blessing” from their social resources. The ties that bind give some modest comfort to those who have social riches, but we are reminded that those living in segregated, high-poverty communities must experience not only their own poverty, but that of those who live around them. In this case, the ties that bind often require much from the active community participant. Exchange in relationships among the poor is often one-sided, creating more obligation than benefit for the active giver.

It is undoubtedly true that bridging social capital is a key asset, useful for the development of healthy communities and individuals. This study looks at the presence of these ties in a cumulative sense. That is, we focus on the extent of bridging done by the individual rather than focus on specific types of bridging ties. This is a weakness of the study and of the broad-based conceptualization of this form of capital currently in vogue in the literature. Research should be done to determine the particular expressions of social capital that serve as personal resources for the promotion of well-being. Are some types of association a richer form of capital than others? Does religious participation have the same level
of benefit as civic engagement? Does educational bridging, or geographic bridging, yield an increment in well-being similar to that of racial bridging? Are social capital requirements similar in different communities? Are the consequences of a particular form of social capital similar for both individual and communal well-being? These questions, and undoubtedly many others, remain for those interested in the role of social capital in everyday lives.

While these findings are very important both for understanding the dynamics of inner-city life and the consequences of social capital generally, we must note this research’s limitations as well. This study is of only one inner-city community in a moderate-sized southern MSA. In addition, the sample size is relatively small and the data are cross sectional, making causal inference more problematic. Clearly, more research is called for due to social capital’s relevance for both social science and social policy.

Indeed, the topic is of particular importance for students of the inner city. At the heart of sociological understanding is the fundamental belief that a community’s health is gauged by its degree of connectedness. High civic participation is a barometer of community life. Ironically, however, we have just reported that the mental health of those actively engaged in voluntary associations in the inner city is actually lower because of their level of participation. It is perhaps significant that the only other research we are aware of that finds such an effect is Kunovich and Hodson’s (1999) study of war-related distress in Croatia. Residents of hazardous places, whether inner-city areas or war-torn communities, apparently find that social capital yields little or no benefit to mental health. This suggests tempering popular understanding of social capital’s role in everyday lives. Apparently, the link between social capital and personal well-being is more complicated than the current popular perspective would have us believe.

APPENDIX

ITEMS INCLUDED IN SELECTED INDEXES FOR ANALYSIS


I’d like to ask you a few questions about your neighborhood. Would you tell me if you strongly agree (4), agree (3), disagree (2), or strongly disagree (1) with the following statements about your neighborhood?

—There is a lot of graffiti in this neighborhood.
—This neighborhood is noisy.
—Vandalism is common in this neighborhood.
—There are a lot of abandoned buildings in this neighborhood.
—There is too much alcohol use in this neighborhood.
—There is too much drug use in this neighborhood.
—There are too many people hanging around on the streets near my home.
— There is a lot of crime in this neighborhood.
— I’m always having trouble with my neighbors.
— This neighborhood is clean.
— People in this neighborhood take good care of their houses and apartments.
— This neighborhood is safe.
— People watch out for each other in this neighborhood.
— The police protection in this neighborhood is adequate.
— I can trust most people in this neighborhood.

**Perceived Household Problems Scale:**
Thinking about your house/apartment, tell me whether you think the following things are a big problem (2), somewhat of a problem (1), or no problem at all (0).

— Walls with peeling paint or broken plaster
— Plumbing that doesn’t work
— Rats or mice
— Bugs
— Broken windows
— A heating system that doesn’t work
— A stove or refrigerator that doesn’t work
— Exposed wire or electrical problems
— Too little living space

**Broken Windows Symptoms:**

— Any visible lack of exterior maintenance
— Any signs of vandalism
— Litter in yard
— Litter or discards on porch
— Abandoned or broken down vehicles on street or in front yard
— Windows or doors have burglar bars
— Grass uncut

**Social Capital Index:**

*Participation*

— Which of the following have you done in the past 12 months . . .
  — Signed a petition?
  — Attended a political meeting or rally?
  — Participated in any demonstrations, protests, boycotts or marches?
  — Worked on any community project?
  — Donated blood?
— Have you done anything with the following groups during the last 12 months?
  — A youth organization like the Scouts, Boys and Girls clubs, youth sports leagues;
  — A parents’ association, like PTA, PTO, or other school service group;
  — An adult sports club or league, or an outdoor activity club;
A veteran’s group;
A neighborhood association, like a block association, a homeowner or tenant group, or a crime watch program;
A charity that provides services in such fields as health or service to the needy;
A labor union;
Clubs or organizations for senior citizens;
A professional, trade or business association;
A service club, fraternal organization, women’s club or sorority;
Ethnic, nationality or civil rights organizations, such as NAACP, or NOW;
Other public interest groups, political action groups or political clubs;
A literary, art, discussion or study group, or a musical, dancing or singing group;
Any other hobby, investment, or garden clubs;
A support group or self-help program for people with specific illnesses, disabilities, problems or addictions, or for their families;
Do you belong to any other clubs or organizations?

— About how many times in the past 12 months have you attended any public meeting in which there was a discussion of community, neighborhood or school affairs? Would you say you never did this, did it once, a few times, about once a month, or more often than that?

— How many times in the past 12 months have you volunteered? Would you say you never did this, did it once, a few times, about once a month, or more often than that?

Trust

— Generally speaking, would you say that most people can be trusted, or that you can’t be too careful in dealing with people?
— Would you say that people in your neighborhood can be trusted, or that you can’t be too careful in dealing with them?
— Would you say that you can trust the people you go to church with, or that you can’t be too careful in dealing with them?
— Would you say that you can trust local community leaders, or that you can’t be too careful in dealing with them?

Bridging Ties

— Of all the groups you just mentioned that you are involved with, think of the one that is most important to you, now think of the members of that group.
About how many would you say are the same race as you, all, most, some, only a few, or none?
About how many in this group are male/female like you, all, most, some, only a few, or none?
About how many of them have the same education as you, all, most, some, only a few, or none?
Acknowledgments

This research was supported by grants from the Community Foundation of Greater Birmingham and Region 2020. The authors gratefully acknowledge the cooperation of Robert Putnam and the Saguaro Seminar for providing valuable information regarding instrumentation. In addition, we wish to thank those who assisted in various aspects of this project, including: Tom Carruthers, Carey Hinds, Godfrey Fuji Noe, Marylyn Creer, Kevin Fitzpatrick, Sean Hwang, Larry Watts, John and Jill Gemmill, and Michael Carillo, and the residents of the Woodlawn Community.

Note

1 A household decisionmaker was defined as someone who pays the bills or makes financial decisions for the household. Eligible respondents were self-selected based on this definition.

References


