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

Gareth M. Thomas [a]

[a] *School of Social Sciences, Cardiff University, Glamorgan Building, King Edward Avenue VII, Cardiff, CF10 3WT, UK*

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Abstract

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

1. Introduction

This article is informed by empirical data collected during a collaborative project with young people in Merthyr Tydfil[1], a post-industrial town of roughly 58,000 people in the South Wales (UK) valleys, to map their experiences and perceptions of health and place. Merthyr was once a hub of industrial activity and pioneering technological development. The town enjoyed solid prosperity in the twentieth century and was firmly located in the global economy. But this success did not last. The Great Depression and post-War economic decline, followed by the policies of the Conservative Party in the 1970s-1980s, led Merthyr to suffer the effects of

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[1] Hereafter referred to as Merthyr.

deindustrialization and witness the closure of many mines. This shift from industry to post-industry resulted in communities in and around Merthyr experiencing a deep rupture as well as brutal health, economic, and employment decline.

Today, many valleys' communities – Merthyr included – are among the most deprived in Wales. According to a WIMD report (2014), 30.6% of the 36 LSOAs[2] in the Merthyr local authority are in the 'most deprived 10%' of all LSOAs in Wales for health. Merthyr also scores poorly in the domains of overall deprivation, education, and income (all the second highest number of LSOAs in the most deprived 10% of LSOAs in Wales) together with 'employment' (the highest number of LSOAs in the most deprived 10% of LSOAs in Wales)[3]. In addition, governmental policies, such as closing youth centers and tightening austerity measures (e.g. bedroom tax[4]), have ignited a shift from a model of economic regeneration to resource reduction in Merthyr. This contributes to a community 'annihilation', that is, the dissolving of the containing boundaries of community life (Walkerdine and Jimenez 2012).

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

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

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[2] Lower layer super output areas.

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

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

[5] Pseudonyms have been used for Merthyr districts (as well as the young people cited here).

bid campaign for Llanmerin, portraying residents as 'drug taking, wife beating, drunken criminals'[6].

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

These developments constitute what Wacquant (2008: 67) calls 'discourses of vilification' which usually circulate in political, bureaucratic, and journalistic fields. In a period of 'advanced marginality', these vilifying discourses contribute to the creation of 'territorial stigmatization', whereby certain places are 'blemished' and configured as 'social purgatories […] where only the refuse of society would accept to dwell' (2007: 67). Extending Goffman's (1963) theory of stigma to ascertain how identities become 'spoiled' by location, Wacquant identifies how place 'disqualifies' people and deprives them of 'full acceptance by others' (2007: 67). This 'territorial infamy' poses dilemmas of information management, identity, and social relations which, even where a negative reputation is unfounded, produce 'stamps of dishonor' and set off 'socially noxious consequences' (2007: 67-8).

I approach the article from the position that this place-based stigma, as others have shown (Bush et al. 2001; Keene and Padilla 2010, 2014), can shape health. I understand health not just as the absence of disease or illness but as a state of physical, mental, and social wellbeing. As such, I show how place-based stigma may impact on a person's broad sense of health. Keene and Padilla (2014) argue that spatial stigma can affect health in three ways. First, health can be affected by access to material resources. This can include employment discrimination when someone discloses their residential address, little regional investment, and how some services - e.g. police, taxis, home help workers - avoid stigmatized areas. Such forms of discrimination and exclusion, for Keene and Padilla, fundamentally shape access to health and so spatial stigma can be seen as a primary cause of health inequality. Second, spatial stigma can affect health since stigma-related stress is well-linked to mental and physical health outcomes. Third, spatial stigma affects health with respect to how one shapes and manages their identity in relation to place. For instance, people living in stigmatized regions may distance themselves from their neighbors and withdraw to private spaces which could fuel feelings of isolation or reduced community integration. For Keene and Padilla (2014: 392), then, spatial stigma is a vital yet understudied mechanism by which 'disadvantaged places contribute to multiple physical and mental health outcomes'. This is my departure point for this article.

Framed by the small amount of literature on health and place-based stigma (Bush et al. 2001; Cattell 2001; Howarth 2002; Keene and Padilla 2010, 2014; Pearce 2012; Popay et al. 2003),

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

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

2. Study and methods

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

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

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[7] Interestingly, a few participants (both of UK and non-UK descent) said that they had heard about racial hostilities in Merthyr but had not witnessed or personally experienced this themselves. However, this may be due to the nature of the research rather than young people not experiencing racism themselves (i.e. they did not want to tell the researchers about these experiences).
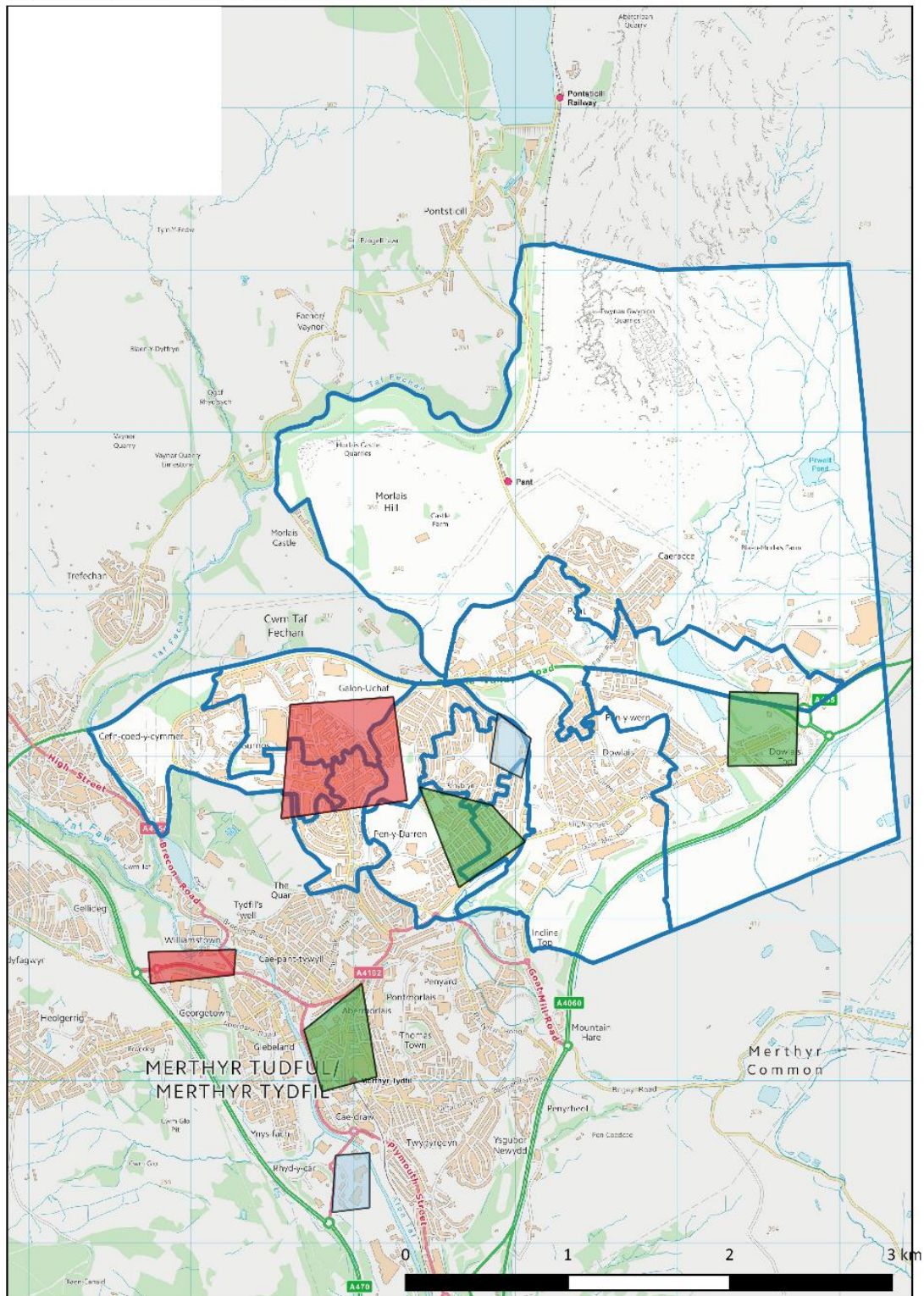
Figure 1: Interview with Tomek (male). Tomek feels positively about three locations (green), dislikes two areas (red), and has no positive or negative emotions of two locations (blue). No 'neutral' locations were found.

When participants told us what they disliked about certain areas (e.g. drug paraphernalia, groups of people, darkness, litter), this would be identified through the use of 'signals' (Innes 2014) on the GIS app[8]. Finally, to examine how young people reflected on their own sense of health in the context of living in a stigmatized area, we asked questions such as 'What do you think about Merthyr as a place to live?' and 'How do you think outsiders perceive Merthyr?'

The GIS tool and interviews complimented each other yet served different functions. GIS provided a means through which young people could visualize a setting and reinterpret maps for specific agendas (e.g. defining un/safe places). In contrast, interviews allowed participants to narrate different characterizations of place not captured when using GIS unaided. Whilst GIS captured cartographic data and ways of communicating spatial knowledge, the interview format provided an avenue for constructing narratives about health and place. In this article, I draw largely on interview (verbal) data to focus on health and the different meanings of place conveyed by young people.

Participants were recruited via two comprehensive secondary schools. The research team worked with teachers to identify pupils living in Merthyr. Young people were asked to attend a session where we introduced the project and invited them for a future interview. Of sixty-eight young people approached, twelve did not participate. Reasons included illness, an unwillingness to substitute a lesson for an interview, forgetting consent forms, and simply not wanting to participate. Interviews were 35-55 minutes long. The participants (30 females, 26 males) were aged 14-15, largely Caucasian, and mostly born and raised in Merthyr (although participants often lived in separate districts). All lived at home with family members and many of their parents were employed in low-pay work or were unemployed. A small number of participants were of non-Welsh descent (white European and East Asian) but their parents moved to Merthyr when they were young or before they were born.

To analyze data, the research team looked at individual maps produced by participants in interviews along with their respective transcripts. Material was grouped together to establish dis/connections in accounts to produce rigor and to thicken interpretations. This material was read alongside literature, allowing for an inductive and processual approach, until intricacies and links were identified. Analysis was informed by categories such as health, place, safety, and stigma. We also examined discussions of landscape, domestic/public environments, and networks. Ethical approval was granted by a university research ethics committee.

3. Negotiating stigma and reputational politics

When young people were asked about issues of health and place, they described a number of social problems including instances of violence, substance use, sexual harassment, domestic abuse, and environmental concerns. However, during interviews, the vast majority of young people said that they, for the most part, felt safe and had no grave concerns about their own health or wellbeing in Merthyr. Whilst they discussed social problems in the community, they urge for a more balanced account, describing elements of Merthyr life which positively impact

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[8] See Innes (2014) for further information on 'signals' and methodology with respect to crime, disorder, and control.

on their broad sense of health. These elements included the area's open landscape, the spatial and symbolical closeness of residents, and the collective imagining of place which provided them with a strong sense of belonging.

3.1. Open landscape and 'opportunities'

During his interview, Gethin (male) claims:

> [The public] don't think a good lot of us living here. It's not the nicest thing to hear, but it's not as they see it. People think it's bad. It's really not. It's just some places, but you get bad places everywhere. […] It's just a normal place. […] My cousins live in [city] and if they visit, they say it doesn't look a very nice place, but it's not a bad place. If I went to [city], there could be places I don't like but I don't know enough about them. You can't judge them straight away. […] People judge Merthyr and it's not really a bad place.

Gethin reflects on the stigmatization of Merthyr but highlights that it's 'really not a bad place' and that 'you get bad places everywhere'. Owain (male) similarly suggests:

> People say [Merthyr is] rough as hell. […] The council's been doing a lot to make it better, they're doing things at the town center and stuff. […] Merthyr isn't bad. There's probably worse places. It is decent. (*What do you like about it?*) The rich history with the ironworks. History is a really good part of it. There's some really nice people here, nice places, great views. […] If you think of Merthyr, you're probably thinking of drugs and stuff in Llanmerin [district] but they wouldn't think of the valleys or anything. They wouldn't think of the history and everything here, the good things.

Owain counters the stigmatization of Merthyr with evidence of council investment and by recognizing it as a '*decent*' place with '*nice people*' and '*great views*' ('*the good things*'). Further, Owain's sense of place and belonging is constructed in relation to a collectively imagined past (i.e. Merthyr's '*rich history*' of industrial labor). Young people's positive accounts of life in Merthyr also highlighted the importance of daily activities including football, biking, singing, skateboarding, tennis, boxing, horse-riding, and socializing (or 'hanging out') with friends. Many activities which the young people discussed involved making use of nature and the open landscape. Dai (male), for example, conveyed his passion for mountain biking:

> It's brilliant. When you're on the bike, it's just something I love doing. Everything is good because when you're riding, all the views and everything – it's just nice. At the top of the mountain, [the views are] brilliant. […] You feel alive.

Young people like Dai use space in positive ways and identify many activities, particularly at the local leisure center and retail park, to emphasize the elements of Merthyr life which positively contribute to their broad sense of health. This contradicts the young people of

Skelton's (2000: 95) study in the Welsh valleys who describe a lack of 'opportunities, diversity, and activities'. Although the young people of Merthyr may also encounter curtailed social, economic, and educational options owing to deindustrialization and decline, there are a '*lot of things to do in Merthyr*' (Daffydd, male) and, for them, it constitutes '*a good place with loads of opportunities*' (Alun, male). In sum, when young people in this study were asked about their wellbeing in Merthyr, they talked positively about living there, particularly concerning the resources on offer to maintain an active and enjoyable lifestyle.

3.2. Social cohesion

For many young people, close friendships and familial alliances – which living in a small but densely populated area allows them to maintain – are a positive aspect of life in Merthyr. Asked why he feels safe in Merthyr, Gethin (male) answers that he '*walk around any corner and know someone's name*', especially in his home district of Llanmerin. Gethin's claim suggests not just an importance of a material ecology (how social cohesion is aided by the close physical proximity of housing) but also the significance of '*knowing*' people for his sense of wellbeing. Like many young people in this study, he praises the closeness of locals and recognizes how micro-sociality is important for feeling safe, well, and for enjoying community life. One curt yet telling observation by Catrin (female) encapsulates this sentiment: '*You're never alone in Merthyr*'. Another participant, Ifan (male), identifies cases of violence, drug-use and police harassment in Merthyr yet offsets this by suggesting how he enjoys living in the town and, for the most part, feels '*very safe*':

> People judge me if they don't understand, they've never witnessed Merthyr. […] In Australia, you walk past someone, they won't say nothing to you but if you walk in Merthyr, they'll say hello. They'll say "all right, how you doing?" That's why I like Merthyr. I've been to [city] and they did the same [as Australians]. They're not the same as Merthyr people. They're so friendly and they'll just speak to you even if they don't know you. That's why I find it nice. You will know someone and say they're part of a family, you'll know one of their family and that's what I like about Merthyr because you can't get on the wrong side of too many people. It's a nice atmosphere. […] [Llanmerin and Corvale] are known to be rough places. You might have seen one or two things but generally, there's a lot of nice people there and it hurts me, it gripes me how people say "don't go up Llanmerin".

Like other young people, Ifan constructs his sense of place/belonging in tension with other places (city, Australia). This corresponds with research on how people's historical memory or imaginings of other locations plays a key role in constructing contemporary geographies and senses of place (Gordillo 2004). For example, consider Owain's earlier statement that he likes the '*rich history*' of Merthyr. In addition, Ifan complains about people judging him and his area, countering denigrations by saying everyone is '*so friendly*'; they '*say hello*' and '*speak to you*', an action Ifan clearly values.

Whilst the young people may not always be familiar with other residents, there is a sense of trust and social cohesion here (Sampson 2012). The relationship between health and social relations is well-known, with social networks, activities, and participation in organisations being linked with better health chances (Cattell 2001; Morrow 2000; Sampson 2012) as well as feelings of safety (De Jesus et al. 2010). In Merthyr, continued social interaction via everyday exchanges and organized events (e.g. parties, bonfires, babysitting) facilitates closeness and, whilst there are inevitably outsiders who do not conform to the collectivist attitude, locality plays a crucial role in young peoples' sense of wellbeing and belonging. This belonging is both a personal and intimate feeling of being 'at home' (place-belongingness) and a 'discursive resource that constructs, claims, justifies, or resists forms of socio-spatial inclusion/exclusion' (Antonsich 2010: 644). In short, young people's feelings of symbolic and spatial closeness in Merthyr is positively associated with their own sense of health and safety.

This positive reflection on health and social cohesion relates to a statement which many young people made, namely, that despite social problems, they wanted to live in Merthyr for an extended period of time. Caitlin (female), for example, explains:

> Some of it's true; a lot of crime and stuff happens. Llanmerin is known for that because there's always drug raids and police. But I like living in Merthyr. I wouldn't move. I love Merthyr. Some bad things happen but I think there are good parts. There's always good and bad parts in every place.

Some young people wanted to leave Merthyr to pursue career opportunities such as teaching, sport, and higher education but the majority of participants wanted to stay. Their explanations for this desire to stay often related to the physical and symbolic closeness of friends and family members. Very few young people directly discussed their future prospects in Merthyr, but this may be put down to their relative youth and, thus, the focus on their immediate future in the town. Further work on aspirations in areas similar to Merthyr is crucial.

3.3. Resistance to territorial stigma

Young people in this study regularly scorned the media and others for constructing a negative representation of their hometown. Ceryn (female), for example, expresses her dismay that Merthyr is frequently described by others as '*rough*' and '*a dump*'. She counters this by suggesting that the town is '*not that bad*' and by criticizing the media for '*always showing the bad parts of Merthyr*', particularly the parts that are '*broken and full of rubbish*', whilst glossing over the '*good stuff* such as the open landscape. For young people, then, Merthyr is not 'an awful existence in a drug-fuelled rut'. Gethin also criticizes negative media accounts of Merthyr, concentrating particularly on the Sky News documentary mentioned earlier:

> The documentary got on my nerves. […] They didn't show none of the nice people and everything. If I seen them, I would have punched them! ITV [national television service] have come to Llanmerin. They said what a nice place it was, how it's going well, surviving,

the community and everything, how people still talk and stop for people. And then you get the documentary and that really pees you off. […] People always give it a bad reputation. […] It's not that bad. It's my local ground isn't it?

What Gethin says relates to Wacquant's (2007) theory of territorial stigmatization as outlined earlier, namely, that Merthyr purportedly produces a spoiled identity for residents which, in turn, can impact on the health of its citizens (Keene and Padilla 2010, 2014). Resistance to this framing, as communicated by Gethin, emerges in other forms too. For instance, some young people seemingly reject the contention that place defines their identity. Justin (male), for example, claims that he is not a '*Merthyr person*' but a '*football person*'. Thus, some participants deny the place and identity link by prioritizing other components in their self-construction. That said, Gethin's claim (and he is not alone) suggests a resistance to place-based stigma and an avowal that Merthyr is not a place to be condemned[9] but, rather, a place which has a positive, as opposed to detrimental, effect on his own sense of wellbeing.

However, this is not a clear-cut story. Young people often describe Merthyr as a collective space (a space stigmatized by outsiders) but concurrently fashion (often stigmatic) distinctions between their own locales and other Merthyr districts, thus producing multiplicities of place. I build on this point below.

4. Multiple meanings of place

Gethin and Ifan portray Llanmerin, a Merthyr district, in a positive light yet many young people in the study (N=15/56) define it as a 'negative' place (red area on the GIS map – see figure 1). During her interview, Joana (female) – who once lived in the area – says:

Kids in Llanmerin are very rude. […] I used to like the park and kids just vandalize it. There's glass from people who've been drinking or there's cigarette ends everywhere. Llanmerin is that place where drugs go around. […] The shop is bad as well. […] Parents just let [their children] go in the streets and stay out till 10pm. They don't care. [...] There was this house and they used to be really noisy, we could only hear the man screaming with the woman, and my mother called the police. […] I don't like hearing people shouting at each other. It's really nerve-wracking, I just don't like it. […] I don't go to Llanmerin at all now.

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[9] It is worth considering that the responses of participants were shaped by the research encounter. My position of being a middle-class male from the local city may have framed young people's narratives. It may be that young people's narratives of Merthyr (particularly its positive aspects) were formed by a perception that I, and the other members of the research team who shared many of my characteristics, held negative preconceptions of Merthyr. If they associated us with the 'outsiders' that they disparaged, it may be that they emphasized the positive elements of Merthyr life to counter any possible negative depictions that may result as a product of this research.

Joana describes her dislike for this area due to '*rude kids*', vandalism, litter, drug use, and noise. Several participants outright condemn other districts as 'negative' but it was also common for participants to convey more ambiguous meanings of place. For instance, when talking about Llanmerin, Justin (male) says:

> Everyone goes there. […] The fish shop and down there is absolutely lovely. And there's a football Astro-Turf. It's a nice place to go and for food too. But there are a few stupid people there who do stupid stuff but we don't bother [with them]. They act childish. They show off. That's a few people [who are] older who are loud and act stupid.

Here, we see Merthyr, as a constructed geographic place, is not as heterogeneous as it initially seems. Young people describe locations that they feel may be detrimental to their wellbeing and, in so doing, emphasize the importance of boundary-work. They construct 'mental maps' (Lynch 1960) – consisting of paths, landmarks, nodes, districts, and edges – and erect both real and imagined boundaries between places that become significant for their understandings of place. What is more, participants either deny being part of some districts or censure Others for '*ruining*' (Debbie, female) Merthyr's reputation. This corresponds to Wacquant's (2007) contention that people distance themselves from sullied populations by denying belonging to one community and thrusting stigma onto Others. In Merthyr, drug users are regularly the focus of this stigma. Debbie says:

> Everywhere you turn there's a druggie. I've got druggies opposite [my house], [doing] heroin, and they sell drugs too. My mother thinks they're burgling houses. They're ruining it [for everyone].

Participants form categorizations in which certain residents of Merthyr – particularly drug users – become what Gethin (male) calls '*bad apples*'. Such accounts can be interpreted as other forms of resistance; distancing themselves from locations and social groups can allow young people to contest place-based stigma by shifting this onto Others (Rhodes 2012). In enacting multiple meanings of place/residents, the young people may not only be resisting place-based stigma but also, arguably, internalizing it to condemn Others who disrupt their own positive framings. This is not an explicit discourse of *us versus them* as described elsewhere (Bush et al. 2001; Popay et al. 2003) but perhaps a tacit accepting of a dominant stigmatizing discourse when that discourse is applied to Others. There seems to be a fear that all residents are tarred with the same tainted brush and, so, young people mark out some districts and social groups as threatening their own positive views of health, safety, and, more broadly, the community (Wacquant 2008).

5. Discussion

In this article, I highlight the importance of dissecting the complex relationship between place, stigma, and health. I capture how young people in Merthyr recognize the positive attributes

of living there for their broad sense of health. However, they also convey multiple meanings of place and so neither completely reject nor wholly assume Merthyr's negative representations. The town's stigmatization is widely condemned by young people yet they also construct distinctions between separate locations and criticize/stigmatize certain districts or social groups for unsettling their positive accounts.

Studies report how the stigmatization of place can be linked with both poorer health and lower life satisfaction (Bush et al. 2001; Cattell 2001; Keene and Padilla 2010, 2014; Kelaher et al. 2010; Popay et al. 2003). This article suggests that Merthyr, a highly stigmatized area, has a positive impact on how young people discuss their health and wellbeing with regards to the open landscape, social relations, and a sense of belonging. However, drawing on the claims of Keene and Padilla (2014) and Pearce (2012), we can argue that place-based stigma may affect the health of young Merthyr residents in various ways.

First, young people may internalize place-based stigma. This trend has been reported in the literature, for example, when people relocate from maligned high-poverty neighborhoods to other communities (Keene and Padilla 2010). This is of concern to researchers since identity and social relations have well-established etiological links with health-related behavior and mental health (Pearce 2012; Popay et al. 2003). In Merthyr, we recognize how young people positively discuss their own sense of wellbeing and how they resist stigma, but how they also draw upon this stigmatization to censure other districts and populations. This may heighten a sense of social fragmentation which undermines collective action aimed at improving community health. Maintaining this collectivity remains instrumental for the successful implementation of public health initiatives in towns like Merthyr.

Second, being stigmatized may be stressful and detrimental to the life chances of young people, as well as limiting their own narration of their identities and possible futures (Elliott et al. 2015). Young peoples' future prospects of education and employment may be affected by a baggage of 'moral inferiority' which can be associated with 'residents of highly stigmatized communities' (Pearce 2012: 1923). Spatial stigma, in turn, 'affects access to social and economic resources that contribute to health and illness, both directly and also indirectly through stress' (Keene and Padilla 2010: 528). The stigmatization of Merthyr, then, may affect the future health opportunities of young people in various ways.

Third, spatial stigma can weaken progressive social policies by countering efforts to challenge inequality and by limiting access to material resources that can improve population health. Governments overseeing stigmatized areas may adopt policies – such as disinvestment in infrastructure, services, resources, and markets – which inhibit opportunities to sustain a healthy life. Stigma effects are felt at the level of public policies (Wacquant 2007); once a place is negatively-labelled, it is easier for authorities to justify measures which obstruct the capacity for people to remain healthy, thus further destabilizing and marginalizing them by 'subjecting them to the dictates of the deregulated labor market, and rendering them invisible or driving them out of a coveted space' (2007: 69).

Merthyr's council has announced that it aims to save £15.3m over four years (beginning in 2014) by cutting services such as education, transport, youth centers, and social care for older people. This is also likely to affect income-related benefits; a recent government report

claims that the percentage of Merthyr residents receiving income-related benefits is between 24% (Southern Merthyr) and 40% (Northern Merthyr) – and this is expected to be reduced with governmental cuts. Such cuts and inadequate service provision is shaping policies and practices in ways that can be expected to worsen young people's health, both in the near and distant future. This may harvest a vicious cycle whereby resource reduction worsens and reproduces poor health (see earlier discussion of the WIMD report) and social problems. I suggest that a major concern here is that weakening the chances of maintaining 'good health' among these communities will further discredit and stigmatize those already suffering the effects of poverty and inequality (Bush et al. 2001).

6. Conclusion

I suggest that future studies around the intertwining dynamics of health and place (and its associated components) should take heed of how spatial stigma is managed by people in their everyday lives. Situating the findings of this study politically, we should ensure that public policies do not further weaken areas of high poverty and inequality. The material conditions of places like Merthyr are the product of structural and historical processes such as deindustrialization, classism, and governmental cuts. It is important that we address these material conditions and improve the lives of people in such areas as well as their opportunities for maintaining a healthy living. In so doing, place-based stigma can be reduced.

Merthyr is currently part of the Welsh Government's anti-poverty 'Communities First' programme which provides funding to low-income areas to create/support local community partnerships and development. However, it is too early to tell what impact this will have on population health in the area – and I expect that this measure, and others similar to it, will be inadequate to confront the stubborn problems of poverty and inequality in Merthyr (and other locations). There is a need for redistributive policies which the UK government has long been distancing itself from (Dorling 2015; Smith et al. 1999)[10]. Since place-based stigma is produced by social inequalities (Keene and Padilla 2014; Wacquant 2008), it must be addressed by policies which effectively reduce poverty/inequality and promote a more equal society. In addition, reducing place-based stigma, and its capacity to both negatively impact on one's health and reinforce social inequalities (Keene and Padilla 2014), should involve contesting popular discourses around stigmatized places promoted in media outlets.

Further, we must promote policies that enhance the capacity of communities, and especially young people in these areas, to collectively react to structural inequalities. Keene and Padilla (2014: 399) claim that stigmatization may 'weaken the social fabric of marginalized communities and limit residents' access to health promoting, community-based social-support resources, social capital, and opportunities for collective action'. As such, I argue that

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[10] I urge readers to read other work (e.g. Dorling 2015; Smith et al. 1999) for a more detailed and nuanced discussion of health inequalities and policy recommendations. Interestingly, the arguments of Smith et al. (1999) are still as potent today as they were over fifteen years ago: UK government should reconsider its stance of distancing itself yet further from redistributive social policies.

by working collaboratively with others in their respective communities, young people can be provided with the necessary resources to help articulate concerns to public officials. Collective political action will be facilitated by geographical proximity and shared lived experiences – and will be crucial to effectively confront issues of poverty and inequality and, in turn, reduce place-based stigma for young people and others in their communities.

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