

## NEIGHBOURHOOD REVITALIZATION EFFECTS ON HEALTH & WELLBEING

INVESTIGATING THE EFFECTS OF “NEIGHBOURHOOD REVITALIZATION” ON  
RESIDENTS’ DESTIGMATIZATION PRACTICES, HEALTH AND WELLBEING IN  
TORONTO’S REGENT PARK COMMUNITY

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## ABSTRACT

Social housing residents' lived experiences and understandings of their neighbourhood and home are key factors influencing their health and wellbeing, but remain under-examined in the urban redevelopment literature. This thesis investigates the ways in which people living in Toronto's Regent Park, Canada's oldest and largest social housing development undergoing "neighbourhood revitalization," experience their community and respond to neighbourhood stigma. Drawing on Lamont's (2009) destigmatization practices concept, the aim of this study was to understand "neighbourhood revitalization" as a place destigmatization strategy that may influence the ways in which residents engage in personal destigmatization practices as well as affect their perceived health and wellbeing. Semi-structured interviews were carried out with 15 Regent Park residents and NVivo 9 software was used for data analysis. Findings show that participants utilize various counter-narratives as destigmatization practices that challenge dominant narratives and stereotypical representations of their neighbourhood. However, since re-housing in revitalized buildings, participants' narratives describing their neighbourhood have changed and may further stigmatize some Regent Park residents. Counter-narratives may be implicitly linked to resiliency and wellbeing, while place destigmatization through revitalization was strongly associated to residents' perceived improvements in health and wellbeing. The findings of this thesis may contribute to the developing literature on the impacts of urban redevelopment on residents' health and wellbeing.

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## Chapter 1: Introduction

Thousands of people across the Greater Toronto Area (GTA) live in rent-geared-to-income (RGI) social housing. They face discrimination and stigmatization on a daily basis due to their class, race, gender, area of residence and housing tenure. Until recently, approximately 7,300 people lived in Toronto's Regent Park, one of Canada's oldest and largest social housing developments (Meagher & Boston, 2003). Originally, a "slum clearance" site in the late 1940s and early 1950s, the designers of Regent Park intended to create a "Garden City" where buildings sit in a park-like setting without streets. Through this insular design, Regent Park was made distinct from the rest of the city (Meagher & Boston, 2003). However, since this time Regent Park has gained a notorious reputation for some of the ills of urban life, like poverty, crime, drug abuse, gang violence and poor health outcomes (Purdy, 2003). The population of Regent Park has also been increasingly racialized since the 1960-70s and now the majority of tenants are immigrants and refugees from non-White ethno-racial communities (City of Toronto, 2008a). In addition, according to the 2006 Statistics Canada Census, almost 70% of Regent Park residents live below the low-income cut-off (City of Toronto, 2008b). Despite decades of tenant activism and resistance to poor housing conditions, lack of tenant rights, and negative stereotypes associated with living in public housing, Regent Park may be arguably one of Toronto's most marginalized and stigmatized neighbourhoods (Purdy, 2003; Purdy, 2004).

In 2006 the Toronto Community Housing Corporation (TCHC), which owns and manages Regent Park, began a process of revitalization whereby the 69-acre Regent Park

site previously dedicated exclusively to public housing would be demolished and rebuilt over the next 15 years. According to TCHC, the revitalization will use principles of New Urbanism to improve housing quality, diversify land-use and create a “socially-mixed” and “inclusive” community (TCHC, 2007). The new design will introduce vehicle and pedestrian accessible streets, bicycle paths, green spaces, retailers, market-priced homes and businesses to the area. Middle class tenants will move into market-priced housing and low-income tenants will have the right to be re-housed in new social housing (TCHC, 2007).

Empirical evidence linking various aspects of housing and neighbourhood (e.g. structural quality and accessibility to services) to health and wellbeing is robust (Ellaway, Macintyre, & Kearns, 2001; Krieger & Higgins, 2002; Macintyre, Ellaway, & Cummins, 2002; Evans, 2003; Evans, Hyndman, Stewart-Brown, Smith, & Petersen, 2000; Evans, Wells, & Moch, 2003; Guite, Clark, & Ackrill, 2006; Wilson, Eyles, Elliott, & Keller-Olaman, 2009). Housing and neighbourhood are also considered key social determinants of health (Dunn, Hayes, Hulchanski, Hwang, & Potvin, 2004; World Health Organization [WHO], 2007). Therefore, the Regent Park revitalization may be considered a promising population health intervention. However, studies from the United Kingdom, United States and Australia reveal that the beneficial effects of urban redevelopment on health are mixed and at times negative (Kleinhans, 2004; Rogers, Huxley, Evans, & Gately, 2008; Thomson, 2008; Keene & Geronimus, 2011).

Some researchers point to the lack of attention paid to individuals’ personal experiences of community and neighbourhood as factors mitigating the effects of

redevelopment on health (Rogers et al., 2008; Keene & Geronimus, 2011; Keller, 2011). For example, studies evaluating the effects of the Housing Opportunities for People Everywhere (HOPE) IV program in the United States show that people living in stigmatized, low-income public housing neighbourhoods create geographically rooted social support networks and build social capital that may be destroyed upon demolition and displacement (Manzo, Kleit, & Couch, 2008; Keller, 2011; Keene & Geronimus, 2011). Furthermore, studies by Manzo et al. (2008), Keller (2011), and Keene & Geronimus (2011) show that it is important for researchers to consider how social housing residents understand their neighbourhoods and communities as places of psychosocial and material support.

Specifically, there is a paucity of literature on social housing residents' lived experiences of their neighbourhood and neighbourhood stigma. Stigma and the psychosocial and material consequences of stigmatization on health have been thoroughly investigated in a number of marginalized groups including individuals living with mental illness, HIV/AIDS as well as African Americans, racialized, migrant and LGBTQ communities (Branscombe, Schmitt, & Harvey, 1999; Corrigan, 2004; Jasinskaja-Lahti, Liebkind, & Perhoniemi, 2006; Carr & Gramling, 2004; Huebner & Davis, 2007). However, few studies have investigated the ways in which social housing residents experience neighbourhood stigma or the effects of neighbourhood stigma on their health and wellbeing (Kelaheer, Warr, Feldman, & Tacticos, 2010). In addition, even less attention has been paid to how social housing residents manage or respond to stigma and how their strategies may impact their health and wellbeing. This is particularly significant

because how individuals cope with stigma is linked to physical health and psychological wellbeing (Branscombe et al., 1999; Huebner & Davis, 2007; Lamont, 2009) and may also mediate the effects of revitalization on health.

A particular way that individuals may manage stigma is through employing destigmatization practices or strategies. According to Lamont (2009) destigmatization practices are the ways in which ordinary members of stigmatized groups respond to stigma and exclusion by challenging and resisting negative representations, stereotypes and notions of inferiority. They may also play a significant role in mediating the harmful effects of inequality, stigma and discrimination on health status. Although the destigmatization practices concept has been used in studies investigating how members of stigmatized ethnic and racial groups respond to social exclusion (Lamont, Morning & Mooney, 2002; Lamont & Fleming, 2005) it has not been used to interrogate neighbourhood stigmatization, whereby residents of low-income, social housing neighbourhoods undergoing revitalization also respond to social exclusion, prejudice and discrimination. Using this concept is critical to understanding people's actions outside of a victimizing framework and through their own worldviews as "active challengers" of stigma and exclusion (Lamont, 2009; Link & Phelan, 2001).

In order to address this gap in knowledge, this project uses Lamont's (2009) destigmatization practices concept as an expandable and developing framework to investigate how Regent Park residents respond to neighbourhood stigma and how such responses may be linked to their health and wellbeing. In this study, destigmatization will also be understood to be practiced on a place scale by a quasi-governmental agency,

TCHC. TCHC is attempting to destigmatize Regent Park through an alteration of the physical and social landscape. This understanding of destigmatization occurring at a place level is critical to investigating how revitalization may change “stigmatizing” features of a neighbourhood and the effects such changes may have on residents’ perceived health and wellbeing. Therefore, this thesis aims to expand and develop Lamont’s (2009) destigmatization practices concept by using it to understand how neighbourhood revitalization may operate as a place destigmatization strategy that may influence the ways in which residents engage in personal destigmatization practices and affect their health and wellbeing.

## 1.1 Research Objectives

The main research question of this thesis is: How does the Regent Park revitalization impact the personal destigmatization practices, health and wellbeing of Regent Park residents? The research objectives directing this study are the following:

- To investigate the types of destigmatization practices residents employ to counter stigmatization in relation to dominant or mainstream narratives and representations of their neighbourhood.
- To investigate whether changes in the ways that residents experience neighbourhood stigma and employ destigmatization practices occur upon re-housing in revitalized buildings and how such practices have shifted in relation to practices used before revitalization and dominant or mainstream representations of Regent Park.

- To examine the connections between personal destigmatization practices and residents' perceived health and wellbeing as well as the impact of place destigmatization on residents' perceived health and wellbeing.

The common purpose of these objectives and central aim of this thesis project is to understand neighbourhood revitalization as a place destigmatization strategy that may influence the ways in which residents engage in personal destigmatization practices as well as affect their perceived health and wellbeing. In order to fulfil these objectives and central aim of this thesis project qualitative research methods and grounded theory methodology were employed. Specifically, semi-structured interviews were carried out with individuals that lived in Regent Park before revitalization began and are now living in new, revitalized social housing.

In meeting these objectives, this research project may provide a better understanding of how neighbourhood stigma and destigmatization operate in Regent Park and what may be done to promote health and wellbeing in a historically marginalized community. This research also recognizes the significance of understanding the lived experiences and narratives of community members to inform theories and hypotheses of neighbourhood revitalization, stigma, health and wellbeing. Furthermore, this thesis project provides a qualitative grounded theory study that examines one of the first and largest neighbourhood revitalization initiatives in Canada at a time where more “neighbourhood revitalization” projects are being proposed and implemented. In this sense, this project may serve to inform the policies and practices of social housing providers, developers and communities planning “neighbourhood revitalization” initiatives of the critical

importance of taking into account the perspectives of community members who are most impacted by such projects.

## 1.2 Outline of Thesis

The next chapter provides a review of relevant literature concerning urban redevelopment, health and stigma and the ways in which they intersect. The review of the literature is divided into seven sections. The first section provides an introduction to urban redevelopment and neighbourhood revitalization. The second section discusses empirical evidence demonstrating tensions in framing neighbourhood redevelopment as a promising population health intervention. The third section highlights the importance of investigating stigma in the context of neighbourhood, redevelopment initiatives and health. The fourth section discusses Lamont's (2009) destigmatization practices concept in relation to studies with stigmatized ethno-racial groups and as a framework for this particular study. The fifth section provides background on Regent Park and how it may be understood as a "stigmatized" place. The sixth section outlines how the Regent Park revitalization may be conceptualized as a place destigmatization strategy. The seventh section provides a summary of the literature in relation to the aims and methods of this study. Since the aims and objectives that this thesis project strives to fulfil are in essence interdisciplinary like much of the scholarship surrounding urban redevelopment, literature reviewed will be drawn from geography, sociology, psychology, public health and other related disciplines.

A discussion on the methodological issues raised by this project is presented in Chapter Three of this thesis. It includes a discussion on the rationale for employing qualitative research methods and grounded theory as well as issues surrounding positionality and critical reflexivity. Chapter Three also outlines the methods used to select and recruit participants, determine sample size, collect and analyze data. A discussion on the limitations, credibility and ways in which the results of this study will be communicated is also provided.

Chapters Four through Six present the results of this thesis project drawn from interviews carried out with Regent Park residents. These chapters also include a discussion on the findings of this study in relation to the objectives laid out in this introductory chapter and in the context of the literature reviewed in Chapter Two. The presentation of results and discussion in Chapters Four through Six follow the order of the research objectives outlined above.

Finally, the seventh chapter of this thesis summarizes how the findings of this study fulfil the research objectives and provides a discussion on the tensions between the destigmatization strategies residents' use and the one that is imposed on them through revitalization. It also makes recommendations about how to promote the social wellbeing and health of a community by implementing housing and neighbourhood interventions that uphold residents' understandings of neighbourhood and community.

## Chapter 2: Literature Review

### 2.1 Defining Urban Redevelopment and Neighbourhood Revitalization

The terms revitalization, regeneration, renewal, redevelopment, restructuring, and gentrification are highly contested and frequently, but problematically used interchangeably. Palen & London (1984) broadly describe gentrification and revitalization as “alterations in land-use patterns and changes in the composition of the neighbourhood populations that are resulting in new social organization patterns in inner cities throughout...industrialized Western nations” (p.4). More specifically, Levy, Comey & Padilla (2006) define gentrification as a “process whereby higher income households move into low income neighbourhoods, escalating the area’s property values to the point that displacement occurs” followed by a change in racial and ethnic composition of the area’s population (p.1). Levy et al. (2006) situate revitalization as an early stage of gentrification where housing improvements and increases in housing prices have taken place through reinvestment in a historically deprived area. However, the term revitalization may be problematic since it suggests that the neighbourhood changes taking place are uniformly positive, which may not necessarily be true (Hudson, 1980).

The terms urban renewal, regeneration and restructuring are often used within the European context to refer to place based initiatives that attempt to address urban problems like poor housing quality, poverty and social exclusion (Kleinhans, 2004). Urban revitalization is used largely in the North American context referring to initiatives like the Housing Opportunities for People Everywhere (HOPE) VI launched by the United States federal government and for city based initiatives like the Regent Park revitalization

(Keene & Geronimus, 2011). Overall, the ways in which these initiatives are named and carried out varies according to the country or region where the redevelopment is taking place and on welfare systems, political climates and socio-economic structures (Kleinhans, 2004).

Nevertheless, these terms share commonalities because they describe transformations of the physical and social landscapes of historically deprived areas through improvements in housing quality and physical infrastructure often coupled with the introduction of “social-mix” and a myriad of other social and economic interventions (i.e. job creation and training, participatory governance) (Kleinhans, 2004; Elwood, 2002). Generally, urban redevelopment involves demolishing public housing, building higher quality social and market priced housing, introducing middle-income residents, reducing the proportion of low-income households and diversifying land-use to include green spaces and businesses as a means to enhance employment opportunities (Levy et al., 2006). Consequently, many initiatives also involve displacement and relocation of long-time residents (Keene & Geronimus, 2011).

However, the ways in which such transformations are designed, implemented, fulfill their goals and who they ultimately benefit is highly contextual and debatable (Keene & Geronimus, 2011; Joseph, Chaskin, & Webber, 2007; Elwood, 2002). The rationale for mixed income redevelopment initiatives may help alleviate the negative effects of concentrated poverty through greater access to higher quality services, but is largely, “an approach to inner-city redevelopment that is economically lucrative and politically viable” (Joseph et al., 2007, p. 370). Urban redevelopment has been criticized

to further a neoliberal agenda that seeks to privatize social housing instead of addressing the underlying causes of social disadvantage (Darcy, 2010).

For the purposes of this thesis I will employ the term urban or neighbourhood redevelopment to refer to place based initiatives generally, including revitalization, regeneration, renewal and restructuring. I will also cautiously use the term “neighbourhood revitalization” in reference to the Regent Park Revitalization and other initiatives labelled “revitalization” since it may inaccurately frame all changes as positive (Hudson, 1980).

## 2.2 Framing Urban Redevelopment as a Population Health Intervention

Housing and neighbourhood are key determinants of health (Dunn et al., 2004; WHO, 2007). They are also connected to a wide variety of other social determinants of health like income, education and the greater socioeconomic and political context (Dunn et al., 2004; WHO, 2007). Specifically, housing can be understood to impact health directly and indirectly through seven dimensions: physical hazards, physical design, psychological dimensions, social dimensions, political dimensions, financial dimensions and location (Dunn et al., 2004).

A long standing body of empirical evidence has demonstrated a significant association between the physical aspects of housing, like poor quality and design with morbidity and injury (Krieger & Higgins, 2002). For example, many studies have shown poorly built houses are prone to water intrusion, mould, poor ventilation, pest infestations,

and in turn, increase the prevalence of infectious and chronic diseases (Krieger & Higgins, 2002). A large-scale study by Evans, Hyndman, Stewart-Brown, Smith & Petersen (2000) found that an inadequately heated home and dampness are strongly associated with poor health on a number of scales, including physical health, social functioning, mental health, pain and health perception.

Researchers have also found a strong association between characteristics of the physical environment and mental health (Guite et al., 2006; Wilson et al., 2009). A cross-sectional study by Guite et al. (2006) evaluated the impact of the physical urban environment on the mental well-being of residents living in underprivileged neighbourhoods across the UK. After investigating various housing and neighbourhood dimensions, including quality of housing design, maintenance and presence of escape facilities, researchers found that dampness, disliking the look of one's estate, and dissatisfaction with green spaces were significantly correlated with low mental health scores (Guite et al., 2006). A more recent study by Wilson et al. (2009) found that persons living in housing in need of major repairs suffered greater emotional distress than persons living in adequate housing.

The psychological dimensions of housing also have significant health implications (Dunn et al., 2004; Dunn & Hayes, 2000). The significance of home as a marker of social status and identity has been well established and used as an explanation for some of the pathological effects of homelessness, housing precariousness and substandard housing (Dunn & Hayes, 2000). For example, a study by Dunn & Hayes demonstrated that survey respondents, who indicated that they were proud of their home or believed their home to

be a positive reflection of themselves, also reported better health status, satisfaction and mental health (2000). The amount of control individuals feel they can exert at home is also a major factor through which housing operates as a social determinant of health (Dunn & Hayes, 2000). In the same study, Dunn & Hayes found that respondents who reported greater frustration with being at home or concern over being forced to leave, were more likely to also report poorer physical and mental health (2000). These findings parallel an earlier study by Evans et al. (2003), which identified personal control of one's living environment as a key mediating factor between the effects of the physical environment on mental health outcomes. Investigators found that when individuals experience a lack of control over the maintenance of their home, noise level or overcrowding, the risk of psychological distress is increased (Evans et al., 2003).

The home and neighbourhood are integral sites of an individual's life that shapes other social determinants of health, such as social networks, supports, status, identity and capital (Dunn et al., 2004). For example, an Australian study examining various aspects of neighbourhood, including social characteristics, demonstrated that reciprocity between neighbours and a sense of community played key roles in generating positive or negative health outcomes (Ziersch, Baum, MacDougall, & Putland, 2005). In addition, participants who reported stronger neighbourhood connections and better perceived safety also reported better mental health (Ziersch et al., 2005). However, a study by Veenstra et al. (2005) found that the relationship between neighbourhood involvement and self-rated health, chronic conditions and emotional distress was mediated by a variety of other independent factors like neighbourhood context, age, income, education and coping skills.

Therefore, the authors concluded that the effects of social neighbourhood characteristics on health are highly complex and may work through a number of other social determinants of health (Veenstra et al., 2005).

The local, physical and social environment surrounding a home plays a significant role in producing health outcomes. Local services and amenities such as schools, public recreation facilities, health centres, banks, retailers, grocery stores, public transportation and employers are important resources for everyday life. Macintyre, Ellaway & Cummins call such resources “opportunity structures,” that can work directly or indirectly to promote or negatively impact health through the chances they provide for people to lead healthy lives (2002). Low socioeconomic status neighbourhoods tend to have fewer local services and amenities, thus reducing the quality of life for residents (Macintyre et al., 2002).

Overall, it is clear that different housing dimensions and neighbourhood characteristics influence individual and community health. Current theoretical models that attempt to delineate causal mechanisms between various dimensions of housing, neighbourhood and health, support research findings that demonstrate a linear association between variables. In other words, when physical and social aspects of housing and neighbourhood are “positive,” or there is evidence of adequate structural quality, acceptable maintenance, green spaces, public recreational facilities, access to social and health facilities, then physical and mental health outcomes will be positive as well. It would so follow that any effort to improve the social and physical landscape would

inevitably result in bettering the material and social reality of inhabitants of that particular landscape.

Urban redevelopment initiatives attempt to improve housing quality and neighbourhood characteristics through a variety of mechanisms, partly in order to yield positive health results (Thomson, Petticrew & Douglas, 2003). A systematic review by Thomson, Thomas, Sellstrom, & Petticrew (2009) analyzed forty-five studies investigating the effects of housing improvements on health and found that housing improvements can be linked to improvements in general health, but depend on the quality of housing people lived in prior to redevelopment as well as how redevelopment was carried out. However, investigations of international redevelopment programs do not fully support the direct association between better quality housing and modified social and physical neighbourhood characteristics and health (Stafford & Marmot, 2003; Thomson et al., 2003; Musterd, 2008; Thomson, 2008; Kearns, Tannahill, & Bond, 2009; Keene & Geronimus, 2011). In addition, studies evaluating the effects of urban regeneration on health may be complicated by the effects of relocation and displacement that may cause people to lose social networks or be unhappy in their new neighbourhood (Thomson et al., 2003). Overall, there is a need to better understand and explain the connections between residents' feelings of membership to their community, sense of belonging and psychological wellbeing in order to understand the impact of redevelopment on residents' health (Rogers et al., 2008).

A mix-methods study by Rogers et al. (2008) examined how residents of a social housing neighbourhood undergoing regeneration perceived the changes of their social and

physical environment as well as the connections between such changes and the ways in which residents manage problems or challenges. They measured mental health and life satisfaction in over a thousand residents before redevelopment and twenty-two months later once they were re-housed. The findings revealed highly mixed sentiments of the regeneration, with the majority of residents interviewed expressing dissatisfaction due to continued restricted opportunities, feelings of entrapment, insecurity and frustration with ineffectual external agencies (2008). Also, mental health status and life satisfaction measures showed no improvement after re-housing (Rogers et al., 2008).

Rogers et al.'s findings may be explained by Stafford & Marmot's (2003) proposed model of urban regeneration. Stafford & Marmot postulated that urban regeneration may change a neighbourhood through structural social features like concentrated poverty or reputation, structural physical features like land-use mix and quality of green spaces, as well as community and social mechanisms including social networks and social capital. However, they also state that at times regenerated communities do not reflect the types of changes redevelopers planned because of the ways in which they attempted to incite change. Stafford & Marmot (2003) argue that the extent to which local community members are involved in planning regeneration initiatives and are aware of its potential benefits influences the likelihood of revitalization achieving its objectives. However, other studies show that it may be the social costs of displacement and continued socioeconomic marginalization that hinders the potential health benefits of revitalization (Manzo et al., 2008; Keller, 2011; Keene & Geronimus, 2011).

For example, a study by Keene & Geronimus (2011) used a population health perspective to examine the potential health costs of demolition and displacement of HOPE VI communities and also found that residents may experience new health burdens because of the fracture of social support networks and other institutions residents developed to manage the structural constraints they faced. According to Keene & Geronimus (2011), a biosocial process called ‘weathering’ is responsible for health deterioration of racialized public housing residents over the life course and may be exacerbated by forced displacement and relocation.

Another study by Manzo, Kleit & Couch (2008) demonstrated that people living in “severely distressed” public housing created social support networks and felt a strong sense of belonging in their community, which served to positively influence their health before displacement. A study by Keller (2011) showed how residents of a U.S public housing neighbourhood slated for demolition and revitalization felt a sense of loss and distress because of forced relocation and consequent disruptions of their social networks and support systems. These studies show how residents of stigmatized, low-income, public housing neighbourhoods experience their neighbourhood as socially well-functioning and cohesive places and may suffer health losses during revitalization initiatives. These studies are also consistent with a body of research deeming social capital and social cohesion as determinants of health (Hawe & Shiell, 2000).

Particularly, the findings of the HOPE VI studies outlined above expose a fracture in the ways in which proponents of redevelopment and researchers may understand social

housing neighbourhoods relative to social housing residents. Non-residents of social housing neighbourhoods may hold stereotypical beliefs about such places and assume them to be lacking a sense of community, order and purpose that would be remedied by redevelopment. On the other hand, social housing residents experience their neighbourhood and community as places of psychosocial and material support (Manzo et al., 2008; Keene & Geronimus, 2011; Keller, 2011). Therefore, this thesis project seeks to address this gap in understanding by investigating how social housing residents experience their neighbourhood and community, while also taking into account the role of neighbourhood stigma. The following section will provide a discussion on the importance of investigating how neighbourhood stigma operates in the daily lives of residents living in social housing, particularly in relation to redevelopment and health.

### 2.3 The Importance of Investigating Stigma in the Context of Neighbourhood, Redevelopment and Health

Definitions of stigma vary considerably through the literature. In this thesis stigma will be understood in terms of Goffman (1963) and its effects in terms of Link & Phelan (2001) and Reidpath, Chan, Gifford, & Allotey (2005). According to Goffman (1963) stigma refers to an attribute that is deeply discrediting and can be grouped into three categories: abominations of the body (e.g. deformities), blemishes of individual character (e.g. unemployment), and tribal stigma of race, nation and religion (e.g. skin colour). Goffman (1963) says that the attributes ascribed to others form a “virtual social identity” that is spoiled and not reflective of people’s “actual social identities.” In addition,

stigmatized persons are considered not entirely whole or human and different types of discrimination are exercised to reduce their life chances. Furthermore, stigma is not a fixed category of individuals in two groups, “stigmatized” and “normal.” Instead, it’s a social process that involves two roles where each individual participates in either role at some point in their lifetime. Therefore, the “normal” and “stigmatized” are not actual people, but socially constructed positions. However, some individuals may be “type cast” to play the stigma role more often making it seem “natural” to refer to that particular individual or group as “stigmatized” (Goffman, 1963).

On the other hand, Link & Phelan (2001) conceptualize stigma as the intersection of five components. In the first, there is distinguishing and labelling of human differences. In the second component, “dominant cultural beliefs link labeled persons to undesirable characteristics – to negative stereotypes” (p.367). Labeled persons are also grouped in discrete categories in order to be socially distanced and separated from the “normals.” The fourth component involves labelled persons experiencing “status loss and discrimination that leads to unequal outcomes” (p.367). Lastly, whether stigmatization occurs depends on access to “social, economic and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories and the full execution of disapproval, rejection, exclusion and discrimination” (Link & Phelan, 2001, p.367). Therefore, according to Link & Phelan (2001) stigma exists when labelling, stereotyping, social separation, status loss and discrimination co-occur within a power structure that facilitates this occurrence.

Similarly Reidpath et al. (2005) proposes that stigmatization is the result of a decline in social valuation of a group because of labels that mark them as undeserving of social investment and restricts their access to social goods and services due to their perceived inability to engage in reciprocal exchanges. Historically the poor have been cast as “unworthy” of social investment in debates over social welfare programs and a discourse of moral failure has been used to legitimize the disinvestment of social infrastructure that help support the health and wellbeing of poor, working class and racialized communities (Reidpath et al., 2005). Reidpath et al. (2005) argue that better understanding the forces that shape social stigma and exclusion is crucial to improving population health interventions. They particularly argue for interventions that are not necessarily stigma reducing, but social value increasing through promoting capabilities and addressing misperceptions about the social value of stigmatized groups and individuals (Reidpath et al., 2005).

Stigma and the psychosocial and material consequences of stigmatization on health have been thoroughly investigated in a number of marginalized groups including individuals living with mental illness, HIV/AIDS as well as LGBTQ, low-income households, racialized migrant communities and African Americans (Branscombe, Schmitt, & Harvey, 1999; Corrigan, 2004; Jasinskaja-Lahti, Liebkind & Perhoniemi, 2006; Carr & Gramling, 2004; Huebner & Davis, 2007; Reutter et al., 2009). For example, a study by Huebner & Davis (2007), investigating the stigma of homosexuality and the effects of perceived discrimination on health among a sample of gay and bisexual men found that men with a higher level of schooling were more likely to report frequent

doctor visits and non-prescription medication use as they reported more perceived discrimination. A study by Corrigan (2004) found that the stigma attached to mental illness diminishes individuals' self-esteem and prevents people from seeking help, which could worsen health outcomes.

Similar findings are also observed in an ethnographic study that investigated the effects of HIV/AIDS related stigma on women's health and found feelings of rejection from relatives and health providers caused stress and managing non-disclosure of HIV/AIDS served as a health barrier (Carr & Gramling, 2004). Another study by Zhou (2007) found that people living with HIV/AIDS in China experienced multiple stigmas based on the ways in which they were infected and that their wellbeing may be compromised due to "secret-keeping" from relatives.

A study by Reutter et al. (2009) exploring low-income people's perceptions of and responses to poverty stigma found that poverty stigma may negatively impact people's self-esteem and wellbeing. Reutter et al. (2009) also found that people use a variety of strategies to manage and confront stigma. Jasinskaja-Lahti et al. (2006) found that in all immigrant subgroups they examined, discrimination experiences had a significant impact on the degree of psychological stress. Interestingly, a study by Branscombe et al. (1999) found that although there are negative consequences of perceiving racial stigma and discrimination on health among African Americans, identifying with the minority group may alleviate such negative effects.

Clearly stigma and the ways people manage stigma seem to significantly affect the health and wellbeing of marginalized group members. Yet, few studies have investigated

the ways in which social housing residents experience neighbourhood stigma or the effects of neighbourhood stigma on their health and wellbeing (Kelaher et al., 2010). However, a recent study by Kelaher et al. (2010) used a mixed methods approach in order to examine the connections between how residents of a social housing suburb in Australia perceive place-based stigma and self-report health and life satisfaction. Researchers found that participants that strongly expressed perceiving neighbourhood stigma were more likely to report being in fair/poor health even after neighbourhood status, socioeconomic status, social participation and connection variables were controlled. In addition, neighbourhood stigma was linked to lower life satisfaction scores. Overall this study was one of the first to investigate the connections between neighbourhood stigma and health and demonstrated the significance of considering neighbourhood stigma as a variable when exploring relationships between health and place (Kelaher et al., 2010).

Nevertheless, the study by Kelaher et al. (2010) did not take into account the ways in which social housing residents manage or respond to stigma and how their strategies may impact their health and wellbeing. This is particularly significant because how individuals cope with experiencing stigma is linked to physical health and psychological wellbeing (Branscombe et al., 1999; Lamont, 2009) and may also mediate the effects of revitalization on health.

A qualitative study by Palmer, Ziersch, Arthurs et al. (2004) investigated how social housing tenants in Australia understand and respond to the stigma of living in an impoverished suburb. They found that tenants hold perspectives of their neighbourhoods that contradict and contest stigmatizing representations and stereotypes held by

mainstream media and outsiders (Palmer et al., 2004). Specifically, residents employed a variety of strategies to maintain their view of their particular neighbourhood as positive. Some divided their particular neighbourhood into good and bad parts and defended their particular neighbourhood section from negative portrayals – a theme that authors referred to as “my little pocket.” Many residents from stigmatized suburbs also actively participated in their communities and even explicitly refuted prejudicial remarks about their neighbourhood by stating that it was a “good place to be” with tremendous “community spirit” (Palmer et al., 2004).

Kusenbach (2009) found that mobile home residents in the United States employed a number of strategies to cope with the stigma of living in a mobile home including: distancing, bordering, fencing ignoring, passing, humouring, resisting, normalizing, upstaging and blaming. Distancing was observed most often among residents and refers to the ways residents separated themselves and their close neighbours from other residents that they considered less worthy or dignified in order to protect themselves from stigma. The authors argue that distancing is a strategy of “passing the stigma down the social pecking order to even more subordinate groups” and works to delineate a symbolic boundary between “good” and “bad” people in the suburb even though they are all considered “bad” by outsiders. Kusenbach et al. (2009) also identified two forms of distancing, bordering and fencing. Bordering refers to how people draw boundaries between their own neighbourhood or community and other more geographically distant or socially different places. An example of bordering is when residents deflect the stigma of living in a trailer by claiming that their community does

not fit stereotypical portrayals of a “trailer park,” but that other mobile communities do. On the other hand, fencing refers to how people create nuanced boundaries and construct differences within their community or neighbourhood to emphasize their place on the “good side of the decency divide” (Kusenbach, 2009; p.413). Therefore, bordering and distancing involve the differentiation, separation and devaluation of other places and people, in other words, replicating stigmatization in order to “salvage one’s own decency” (Kusenbach, 2009, p.401).

On the other hand, strategies like ignoring, passing, humouring, resisting, normalizing, upstaging and blaming did not involve the differentiation, separation and devaluation of neighbours or others living in mobile homes. For example, strategies like humouring involved people laughing off situations when they experienced stigma (Kusenbach, 2009). Resisting described how people openly defy and confront stigma. Normalizing referred to attempts made by mobile home residents to draw similarities between themselves and “respectable people” in society. Upstaging was used to describe how tenants argued that their communities were better than other homes and neighbourhoods for a variety of reasons like affordability and convenience. Finally, blaming refers to how people attribute the causes of their misfortune on external factors like unlucky circumstances, social structures, or other people as a way to cope with stigma (Kusenbach, 2009).

Parallels can be drawn from Kusenbach’s (2009) findings to a study by Hastings (2004) examining how residents of social housing estates in the UK manage stigma. According to Hastings, residents interviewed could be divided into two categories:

normalisers (residents who described their neighbours as similar to people living outside the public housing estate) and pathologisers (residents who attribute the problems of the estates to their neighbours' behaviour) (2004). Normalisers emphasized that their neighbours were “hardworking” and “decent” people and that residents of more affluent areas exhibited greater problematic behaviours. Normalisers also tended to attribute problems within social housing estates to larger systemic problems, like the lack of welfare benefits, an unstable labour market and discrimination. Normalisers also showed greater knowledge of their neighbourhood and demonstrated more active involvement in community activities than pathologisers (Hastings, 2004).

A similar pattern was also seen in a study by Hastings & Dean (2002) that investigated the effects of urban regeneration on people's perceptions of neighbourhood stigma in three large social housing estates in the UK. The authors found that even ten years after redevelopment, stigmatizing portrayals of the neighbourhoods were still propagated, predominantly by individuals who were not personally familiar with the area, including journalists, employers, real estate agents and people living outside the estates.

Together the findings of these studies show how people living in impoverished, stigmatized, social housing respond to stigma through a variety of ways in order to preserve their dignity and at times potentially stigmatizing others. They also show how in the case of redevelopment, outsiders with less knowledge of the area than residents themselves continued to hold stigmatizing assumptions. However, these studies do not examine how residents' responses to stigma could impact their health, particularly in the context of redevelopment. Therefore, this study seeks to understand the types of

responses residents employ when confronting neighbourhood stigma as well as how these responses may be linked to health and wellbeing. The way in which this thesis project seeks to fulfil these objectives is it use Lamont's (2009) destigmatization practices concept, which will be described in the following section.

## 2.4 Destigmatization Practices

According to Lamont (2009), destigmatization practices refer to the ways in which “ordinary members of stigmatized groups respond to exclusion by challenging stereotypes that feed and justify discriminatory behaviour” and rebuking beliefs of their inferior status (p.151). The destigmatization practices concept provides an understanding of stigmatized group members as persons with agency and frames their actions outside of a “victimizing” framework.” They also may play a significant role in mediating the harmful effects of inequality, stigma and discrimination on health as evidenced by studies examining the link between responses to stigma and health (Branscombe et al., 1999; Lamont, 2009).

Practicing destigmatization requires boundary work – drawing and defining symbolic boundaries between the groups one does or does not identify with or belong to. Specifically, symbolic boundaries represent the distinctions made by individuals to classify and divide objects, people, practices, time and space (Lamont & Molnar, 2002). They also serve to foster feelings of similarity, belonging and group membership. However, when symbolic boundaries are widely accepted and significantly influence social interactions, they can become social boundaries: “objectified forms of social

differences” marked by inequitable distribution and access to material and non-material resources (Lamont & Molnar, 2002, p.168). Therefore, although destigmatization practices may occur on an individual and personal level, they can translate to larger scale interactions that exclude certain groups. Furthermore, destigmatization practices are influenced by and embedded in macro-contextual factors, such as the socio-economic and political milieu as well as the cultural repertoires or traditional narratives available to people in a particular society (Lamont, 2009; Barreto & Ellemers, 2010). Ultimately, destigmatization practices can be regarded as an interactive process like stigma (Goffman, 1963), which is the social construction it attempts to transform in order to generate greater social inclusion (Lamont, 2009).

The destigmatization practices concept has been used in studies investigating how members of stigmatized ethnic and racial groups respond to social exclusion (Lamont, Morning & Mooney, 2002; Lamont & Fleming, 2005). For example, a study by Lamont et al. (2002) examining the ways in which working class North African immigrants in France practice destigmatization found that they responded to and challenged French racism by drawing on their daily experiences and on a ‘particular universalism’ informed by Islam. Specifically, some would draw on evidence of universal equality in order to demonstrate that everyone is equal and humans share more commonalities than differences since we all require certain conditions to survive. Others expressed the belief that “everywhere, everywhere, in every country there are good people and bad people” (Lamont et al., 2002, p.396). North African migrants also attempted to draw similarities between themselves and the French like speaking the same language, eating similar foods

and engaging in a type of colonial reciprocity where Moroccans gave the French gifts and the French were “good” to the Moroccans (Lamont et al., 2002).

On the other hand, a study investigating the destigmatization practices among African American elites found that demonstrating intelligence, competence and higher schooling were valued strategies to resist racial stigma (Lamont & Fleming, 2005). Many would also demonstrate how racist stereotypes do not apply to them and our unfounded because they can outperform Whites. The strategies elite African Americans employ may be influenced by and conform to American individualism, specifically principles of work ethic and competence. These strategies may also implicitly exclude poor and working class African Americans since attaining higher schooling or well-paying jobs may be out of reach due to factors like poverty, privilege and class (Lamont & Fleming, 2005).

Clearly, studies investigating how members of stigmatized ethno-racial groups practice destigmatization have shown that destigmatization practices can be quite diverse even among a particular group and some practices may risk perpetuating the stigmatization of group members. In other words, destigmatization practices differ in the extent to which they empower and foster resilience among groups, mobilize universalistic or particularistic narratives and how open or rigid they construct group boundaries (Lamont, 2009). Accordingly, the types of destigmatization practices individuals employ may mediate the harmful effects of stigma on health in different ways (Lamont, 2009). For example, responses to stigma that foster resiliency, self-worth and collective group efficacy may have a positive influence on health, whereas responses that demonstrate

internalization of stigma and low-self-esteem, or are more confrontational may have an negative impact on health (Lamont, 2009).

Overall, Lamont's (2009) destigmatization practices concept provides a lens for examining the ways in which excluded groups respond to stigma and how such responses may be linked to their health and wellbeing. It also enables comparisons of destigmatization practices to be made in terms of how inclusive they are to group members and how resourceful they may be at promoting health. This lens is also critical to understanding people as agents and through their own worldviews as "active challengers" of stigma and exclusion, not "passive subjects" (Lamont, 2009; Link & Phelan, 2001). As outlined above, the destigmatization practices concept has been used to understand the daily experiences of stigmatized individuals. However, destigmatization practices has not been used to interrogate neighbourhood stigmatization, whereby residents of low-income, social housing neighbourhoods undergoing revitalization also respond to social exclusion, prejudice and discrimination. This thesis project aims to address this gap in knowledge by utilizing Lamont's (2009) destigmatization practices concept as an expandable and developing framework to investigate how Regent Park residents respond to neighbourhood stigma and how such responses may be linked to their health and wellbeing.

The following sections will describe how Regent Park may be considered a "stigmatized place" with "stigmatized people." They will also illustrate the ways in which destigmatization may be practiced on a place scale by a quasi-governmental agency, TCHC, through neighbourhood revitalization. The expansion of the destigmatization

practices framework to include both personal and place levels of destigmatization may provide a better understanding of how residents' health and wellbeing may be affected in the context of revitalization.

## 2.5 Regent Park: A Stigmatized Place and Site of Resistance

Regent Park is situated in Toronto's downtown east end and is one of Canada's oldest and largest social housing developments. Until recently, it was composed of 2,100 social housing units situated across a 69 acre plot of land and was home to approximately 7,300 people (Meagher & Boston, 2003). Due to changing Canadian immigration policies in the 1960s the population of Regent Park has been increasingly racialized and the neighbourhood has become a racially produced space (Sahak, 2008). Now 60% of residents are migrants, a third of which are recent newcomers and almost 80% of residents identify as "visible minority" (City of Toronto, 2008a; Meagher & Boston, 2003). The ethno-racial, cultural and linguistic composition of the neighbourhood is extremely diverse with over 70 languages spoken (Meagher & Boston, 2003). South Asian, Black and Chinese communities are most represented in Regent Park (City of Toronto, 2008a). In addition, according to the 2006 Statistics Canada Census, approximately 70% of Regent Park residents live below the low-income cut-off (City of Toronto, 2008b).

Originally, Regent Park was built as a "slum clearance" site in the 1950s (Purdy, 2003). The designers of Regent Park intended to create a "garden city" where buildings sit in a park-like setting facing each other and are disconnected from city traffic streets.

Consequently, through this insular design, Regent Park was made distinct from the rest of the city. According to Meagher & Boston (2003) the physical design of Regent Park that consisted of “hidden corners and narrow, sheltered walkways” made the area susceptible to criminal activity and gang violence (p. 7). The design and infrastructure of Regent Park also held a particular stigma since it was composed of uniform low and high rise buildings that faced inwards, which is significantly different from the appearance of surrounding neighbourhoods (Purdy, 2005) (see Appendix A Figures 1-3).

Not even twenty years after Regent Park was first developed reports were surfacing that new slum conditions had developed and media descriptions of the area became overwhelmingly negative (Purdy, 2003). For example, as early as the 1960s newspaper articles described Regent Park as a “colossal flop,” a “hopeless slum” and residents were characterized as disorderly, lazy and deviant (Purdy, 2003). By the 1970s residents reported experiencing tremendous stigmatization (Purdy, 2003). For example, youth felt treated unfairly when attending high school outside the area, local businesses closed down because of the reputation of the neighbourhood and people began hiding their address in order to find employment (Purdy, 2003). However, residents responded to stigma by promoting their neighbourhood in a positive light, denouncing structural issues like poverty and rejecting negative stereotypes about their community (Purdy, 2003).

Residents also developed strong social support networks and engaged in reciprocal exchanges of resources (Purdy, 2003). This can be observed when residents described their neighbourhood as a place where “people bend over backwards to help each other out” so that people “don’t need to go without” (Purdy, 2003, p. 98). For

example, residents on social assistance would share food with other households in need (Purdy, 2003). The creation of tenant organizations like the Regent Park Community Improvement Association (RPCIA) exemplifies how residents built powerful social networks with the capacity to bring about changes in the community (Purdy, 2004). The RPCIA was dedicated to improving the physical and social infrastructure of the neighbourhood and schools, while also addressing racism and challenging the “criminal” and “slum” image of Regent Park. The RPCIA was responsible for acquiring fairer rents for tenants, addressing maintenance issues and introducing the concept of tenant management (Purdy, 2004).

Yet, outsiders and media outlets continued to perpetuate territorial stigmatization of Regent Park by representing it as an ‘outcast space’ for ‘deviant’ social housing tenants (Purdy, 2005). Furthermore, “a powerful slum narrative of Cabbagetown” exercised by state bodies and media outlets projected images of Regent Park as a site of poverty, dysfunctional families and criminality (Purdy, 2005). According to Purdy, Regent Park’s stigmatized social identity is the result of the accumulation and escalation of such negative labels unjustly ascribed to the area and its inhabitants (2003). Ultimately, such stigmatizing representations served to reinforce social divisions in the city and had socioeconomic and political consequences for residents (Purdy, 2005). Therefore, despite decades of tenant activism and resistance to poor housing quality, lack of tenant rights, and negative stereotypes associated with living in public housing, Regent Park may be arguably one of Canada’s most marginalized and stigmatized neighbourhoods (Purdy, 2004).

However, since 2006, TCHC began a process of revitalization whereby the six city blocks previously dedicated to public housing would be demolished and rebuilt over the next 10-15 years in six phases (see Appendix A, Figure 4). The revitalization was initiated to improve poor housing conditions when funds for repairs and maintenance were limited and as a way to change the stigma associated with the area in order to attract new investment (City of Toronto, 2005). The particular goals, rationale and the ways redevelopment may be considered a place destigmatization strategy will be discussed in the following section.

## 2.6 Understanding the Regent Park Revitalization as a Place Destigmatization Strategy

According to TCHC, the main aim of revitalization is to build a “healthy” and “inclusive” community through reintegrating Regent Park with the greater City of Toronto (TCHC, 2005; TCHC, 2007). The underlying principles guiding this aim are the following:

“(1) renew neighbourhood; (2) re-introduce pedestrian friendly streets and park spaces; (3) design a safe and accessible neighbourhood; (4) involve community in process; (5) build on cultural diversity, youth, skills and energy; (6) create a diverse neighbourhood with a mix of uses including a variety of housing, employment, institutions and services; (7) design a clean, healthy and environmentally responsible neighbourhood; (8) keep same number of RGI units; (9) minimize disruption for residents from relocation’ and develop a financially responsible strategy; (10) create a successful Toronto neighbourhood; (11) improve the rest of Regent Park while redevelopment takes place” (TCHC, 2008).

In line with these principles, TCHC claims to not just be interested in developing real estate, but building a “vibrant,” “diverse” and “healthy sustainable” community through revitalization (TCHC, 2005, p.2). TCHC also proposes that revitalization will serve to create a community where everyone will feel a sense of ownership or investment and will be proud to call it home (TCHC, 2005). In addition, they also claim that changes in the social and physical infrastructure will create a “place where poverty can be reduced through community effort” (TCHC, 2005, p. 2).

TCHC states that the plan for revitalization came about in 2002 as a response to the concerns raised by tenants, previous building assessments and consultations with planners and community development experts (TCHC, 2005). The revitalization plan initially was projected to cost \$450 million dollars, which would be drawn from a variety of sources like reinvested operating savings, sale or lease of public housing land and different levels of government (TCHC, 2005). However, now the cost is approximately \$1 billion dollars (Contenta, 2007).

TCHC reports engaging the Regent Park community in planning the revitalization by employing residents as Community Animators who were part of “every aspect of the project, from process design to materials development” (Meagher & Boston, 2003, p.5). Community Animators would use their relationships and networks within the community to distribute information, collect feedback and support the involvement of other residents to attend meetings, offer criticism and access information (Meagher & Boston, 2003, p.5). Over 2,000 Regent Park residents participated in the planning process (Meagher & Boston, 2003). However, the depth of resident involvement has been challenged by many

residents (Johnson, 2010). Residents felt that although some community members were consulted, they did not meaningfully participate in the planning process (Johnson, 2010) or in the decision to revitalize the neighbourhood.

The final plan for revitalization aims to change the social and physical landscape of Regent Park over six phases in order to promote inclusion and better life opportunities for residents (TCHC, 2005; 2007). Specifically, the revitalization will consist of improving housing quality, diversifying land-use and creating a “socially-mixed” community (TCHC, 2007). The new design will introduce vehicle and pedestrian accessible streets, bicycle paths, green spaces, retailers, market-priced homes and businesses to the area. Middle class tenants will move into market-priced housing and original low-income tenants will have the right to be re-housed in new social housing (TCHC, 2007). Approximately 70% of the RGI units would be replaced on site and the remaining units would be replaced in nearby areas. Efforts to increase interaction between residents and promote social cohesion will be supported by a Social Development Plan (TCHC, 2007). The Social Development emphasizes a need for community activities, sharing of public spaces, and increasing the involvement of residents in cultural, faith-based, grassroots community groups and governance (TCHC, 2007).

Like other urban redevelopment initiatives, the Regent Park Revitalization aims to transform the social and physical composition of the neighbourhood as a means to partly diminish or erase the longstanding stigma associated with the area (Meagher & Boston, 2003). One of the main findings of an environmental scan conducted by TCHC and community partners identified stigma as a neighbourhood weakness, but also called

neighbourhood regeneration an opportunity to end stigma, particularly through demolition and improved design (Meagher & Boston, 2003).

The design philosophy underpinning the Regent Park redevelopment is “New Urbanism,” an urban design movement that strives to influence the structure of built environments primarily across cities in the United States (Trudeau & Malloy, 2011). The aim of New Urbanism when applied to neighbourhood revitalization is to address segregation and deterioration of the public realm created in part by modern “garden city” designs of many post-war housing neighbourhoods like Regent Park, which became associated with stigma (Trudeau & Malloy, 2011). Promoters of New Urbanism stress that the built environment can foster a sense of community through environmental variables like architecture, site design, density and scale, streets, public space and mixed land uses (Talen, 1999). Advocates of New Urbanism emphasize the importance of mixed land use, including commercial, civic, residential and public in order to provide jobs close to where people live and promote walking, biking and use of public transportation (Day, 2003). In addition, building pedestrian friendly streets, pleasurable public spaces and relatively dense town centres are also understood to encourage residents to interact and consequently strengthen community ties (Talen, 1999).

New Urbanism was most famously applied through the United States’ federal housing program, Housing Opportunities for People Everywhere (HOPE) VI (Day, 2003). HOPE VI attempted to reduce the concentration of racialized, low income families living in stigmatized public housing neighbourhoods (Day, 2003). HOPE VI diversified housing types in urban areas to include public, affordable and private market units for rent and to

own that were physically indistinguishable from each other, partly reducing the stigma associated the appearance of public housing (Day, 2003). In addition, middle class tenants were attracted to historically marginalized and stigmatized urban neighbourhoods to support “diversity” (Day, 2003). Public or common spaces regarded as sites that encouraged crime were assigned to individual households in order to differentiate between public and private spaces and develop a sense of ownership among residents. In addition, “superblocks” were demolished and city streets, bicycle paths and sidewalks were constructed through the neighbourhood in order to connect it to the greater city and reduce isolation (Day, 2003).

These New Urbanist principles can be seen in the Regent Park Revitalization plan as a means to reduce the stigma of the neighbourhood. RGI, affordable and market rate for rent and to own units were designed to be physically indistinguishable and thereby reduce the stigma of the appearance of public housing (TCHC, 2007) (See Appendix A, Figure 5). Clear differentiation between public and private spaces is being delineated through the elimination of park like settings in which social housing buildings were situated and new common spaces are being created like the aquatic centre and children’s playgrounds (TCHC, 2007). “Megablocks” that some pointed to as creating conditions for insecurity and crime are being demolished as a way to integrate the neighbourhood to the larger Toronto downtown area (Meagher & Boston, 2003; City of Toronto, 2005). A number of retailers have also been introduced into the neighbourhood like FreshCo., Tim Hortons, Rogers and Royal Bank of Canada in order to provide employment opportunities and services for residents (TCHC, 2007) (See Appendix A, Figure 6). These efforts may

be considered an attempt on the part of TCHC and its business partners to “normalize” and de-stigmatize the neighbourhood’s physical appearance within the larger Toronto metropolitan landscape (Dunn & Cahuas, 2010).

Although the principles of New Urbanist design implemented through revitalization may seem promising for social housing residents, studies examining the effects of HOPE VI demonstrate potential negative outcomes. As outlined in second section of this chapter studies by Manzo et al. (2008), Keene & Geronimus (2011) and Keller (2011) demonstrated that public housing residents created mutual support networks, felt a strong sense of belonging to their community and experienced a sense of loss and distress due to forced relocation. They also demonstrated how social housing residents experienced their neighbourhoods as socially well-functioning cohesive places before redevelopment initiatives (Manzo et al., 2008; Keene & Geronimus, 2011; Keller, 2011).

Researchers have argued that it is the very conceptualization of social housing neighbourhoods as inherently “problematic” or “deficient” by external governmental agencies and outsiders that leads to the application of housing interventions that may not favourably affect residents (Arthurson, 2002; Manzo et al., 2008; Darcy, 2010; Keene & Geronimus, 2011; Keller, 2011). Particularly, outsiders conflate the human and built aspects of social housing and problematize both (Manzo et al., 2008). This can be seen when poor housing conditions people endure are not the only aspect of housing that is changed upon redevelopment. For example, residents are displaced and many are not rehoused back into their old neighbourhoods (Manzo et al., 2008). Higher income

residents are attracted to the area to serve as “role models” and connect social housing residents to “mainstream society” and improve community cohesion (Arthurson, 2002).

However, such assumptions made by external government agencies and housing providers understand social housing residents and communities through a deficiency lens that distracts from structural issues of poverty and racism (Arthurson, 2002). Prejudiced preconceived notions built into neighbourhood redevelopment programs may also reflect and reinforce harmful stereotypes of low-income, racialized communities instead of actively challenging stigmatization (Keene & Geronimus, 2011). Therefore, “revitalization” as a place destigmatization strategy in Regent Park may serve to perpetuate the stigmatization of social housing communities instead of challenging stigma by valuing residents and understanding how they experience their neighbourhood and community.

## 2.7 Conclusions

The first section of this chapter explained various terms used to describe urban redevelopment initiatives and highlighted how “neighbourhood revitalization” may inaccurately frame all changes as positive, which is important to consider in this study investigating the impacts of the Regent Park Revitalization on health and wellbeing. The second section provided a background on how housing and neighbourhood are linked to health and wellbeing, as well as a discussion on the tensions surrounding framing urban redevelopment as a population health intervention. It was clear that there was a disconnection between the ways in which outsiders, including some researchers,

understood social housing neighbourhoods as “dysfunctional” places and how social housing residents experienced their neighbourhoods as socially well-functioning and cohesive places of support that promote wellbeing. This thesis project seeks to address this gap in the literature by investigating how social housing residents experience their neighbourhood and community, while also taking into account the role of neighbourhood stigma. A discussion on the importance of investigating how neighbourhood stigma operates in the daily lives of residents living in social housing in relation to redevelopment and health was provided in the third section. The ways in which social housing residents respond to stigma and exclusion was identified as an area that was understudied in the literature, even though how people respond to stigma is linked to their health and wellbeing.

In the fourth section, Lamont’s (2009) destigmatization practices concept was discussed as a useful lens to examine how Regent Park residents manage and respond to stigma as active challengers. In the fifth and sixth sections of this chapter, background information was provided about Regent Park, how it may be understood as a stigmatized place and how the revitalization may operate as a place destigmatization strategy. This understanding of destigmatization occurring at a place level was considered critical to investigating how revitalization may change stigmatizing features of a neighbourhood and the effects such changes may have on residents’ perceived health and wellbeing.

Therefore, this thesis aims to expand and develop Lamont’s (2009) destigmatization practices concept by using it to understand how neighbourhood revitalization may operate as a place destigmatization strategy that may influence the

ways in which residents engage in personal destigmatization practices and affect their health and wellbeing. In this sense, this thesis may contribute to the literature on urban redevelopment and health since it investigates the connections between how residents respond to stigma and their wellbeing as well as how changes in the neighbourhood landscape may influence responses to stigma and health.

In order to achieve this aim qualitative methods were used. Specifically, semi-structured interviews were conducted with Regent Park residents that had lived in the neighbourhood prior to revitalization and have now moved back into the new social housing units in Regent Park. Semi-structured interviews allowed participants to provide rich descriptions of their experiences of living in Regent Park and confronting stigma. Grounded theory methodology was also used to allow participants' narratives to further expand Lamont's (2009) destigmatization practices concept. The next chapter provides a more in-depth discussion on the methodological considerations made throughout this thesis study.

## Chapter 3: Methodology

### 3.1 Introduction

The objectives of this study in Toronto's Regent Park were threefold. The first objective was to understand the types of destigmatization practices social housing residents may employ to counter neighbourhood stigmatization. The second objective was to investigate changes in the destigmatization practices residents may use after re-housing in the revitalized neighbourhood. The third objective was to explore the effects of personal destigmatization practices and place destigmatization on residents' health and well-being. The common purpose of these objectives was to better understand neighbourhood revitalization through an application and expansion of Lamont's (2009) destigmatization practices notion. Lamont's (2009) destigmatization practices concept provides a lens for understanding neighbourhood revitalization as a place destigmatization strategy that may influence the ways in which residents engage in personal destigmatization practices and affect their health and wellbeing. In order to achieve this purpose, qualitative research methods and grounded theory methodology were employed. The first half of this chapter discusses the methodological considerations made throughout this research project. The second half of this chapter outlines the methods used in conducting this research project and the rationale for their use.

## 3.2 Methodological Considerations

### 3.2.1 Qualitative Research

Lamont's (2009) destigmatization practices notion has been mainly used in research studies investigating how members of stigmatized ethnic and racial groups respond to social exclusion, discrimination and racism. However, the destigmatization practices concept has not been applied to cases of neighbourhood revitalization, where a quasi-governmental agency attempts to de-stigmatize a public housing neighbourhood and its residents. The destigmatization practices concept has also not been used to interrogate neighbourhood stigmatization, whereby residents of low-income, social housing neighbourhoods undergoing revitalization also respond to social exclusion. Since the aim of this study is to expand on Lamont's (2009) destigmatization practices concept to include individuals facing neighbourhood stigmatization engaging in this social process as well as understanding their perceptions and lived experiences, qualitative methods were considered the most suitable to achieve this goal.

According to Strauss & Corbin (1998), qualitative research is "any type of research that produces findings not arrived at by statistical procedures or other means of quantification" and involves inductive approaches (p.10; Winchester, 2000). It is also "an inquiry process of understanding" where the researcher constructs a "complex, holistic picture" of a research problem (Creswell, 1998, p.15). Qualitative approaches are useful when exploring new areas of research where little is known, uncovering complexities in people's perceptions, feelings and emotions, as well as investigating individual experiences (Strauss & Corbin, 1998). Qualitative approaches also allow researchers to

study social structures, how they are constructed and maintained as well as individuals' experiences confronting and resisting oppressive structures (Winchester, 2000). This is particularly relevant for this study that deals with social structures like stigma, classism and racism as well as residents' accounts of living within and resisting those structures. In addition, qualitative approaches value diversity among individuals' experiences since the goal is not to generalize, but develop a greater understanding of a multi-faceted and fluid reality with multiple meanings and interpretations (Winchester, 2000). Consequently, a qualitative approach lends itself to oral methods, like semi-structured interviews used in this study, which enable participants to give their individual accounts and interpretations using their own voice (Winchester, 2000). Qualitative research also calls for the researcher to be open and forthcoming about subjectivity and potential sources of bias in relation to the subject matter (Winchester, 2000). A discussion of how my positionality in relation to this research project was an important consideration will be presented later in this chapter.

A quantitative approach was not employed in this study since it seeks to use numerical data and statistical procedures to test relationships between variables using deductive approaches (Winchester, 2000; Strauss & Corbin, 1998). The empirical focus of this study is the narratives of Regent Park residents, particularly how they understand group membership, neighbourhood stigmatization and what they do to respond, challenge or transform negative meanings associated with their group affiliation as well as confront social exclusion (Lamont, 2009). A quantitative approach cannot be meaningfully applied to participants' narratives in order to uncover their beliefs or lived experiences since these

phenomena lend themselves to non-mathematical interpretation for the purpose of discovering concepts and building theory, not mathematical interpretation that measures and tests the strength of relationships (Creswell, 1998; Strauss & Corbin, 1998). Therefore, qualitative methods were deemed most appropriate in unearthing significant complexity from respondents' narratives while maintaining a holistic representation of the research problem (Creswell, 1998).

### 3.2.2 Semi-structured Interviews

The general aim of this study is to better understand the experiences of individuals living in a stigmatized neighbourhood undergoing revitalization. Therefore, interviews were considered the most appropriate method for collecting data because it allows participants to explain their experiences, perceptions, beliefs and feelings in “their own words” (Longhurst, 2010, p.105). Specifically, semi-structured interviews were selected as the main source of data for this study because they allow “the discussion to unfold in a conversational manner,” where both interviewer and respondent can shape questions (Longhurst, 2010, p.107). Although, during semi-structured interviews, interviewers ask questions that they believe are relevant to a certain research problem, respondents are provided with the “chance to explore issues they feel are important” (Longhurst, 2010, p.107). This kind of two-way, “conversational dialogue” was important for this project to fully investigate the rich narratives of respondents whose stories are generally unheard by the mainstream (Longhurst, 2010, p.107). Therefore, this approach helps the researcher be respectful of the respondent's knowledge and understand issues that were previously not

considered (Dunn, 2000). This may lead to a revision of the entire research project or interview design, including what and how questions are asked as well as the order in which they are presented (Dunn, 2000). This type of reflexivity and flexibility is particularly significant when using a grounded theory approach, which will be further discussed below.

### 3.2.3 Grounded Theory

Sociologists Barney Glaser and Anselm Strauss first developed grounded theory methodology in 1967 as a means to derive theory from data (Strauss & Corbin, 1998). Grounded theory is an inductive qualitative approach that involves the systematic gathering and analysis of data to construct theory as opposed to traditional methods of applying a preconceived theory onto raw data in order to validate theory (Creswell, 1998; Strauss & Corbin, 1998). Therefore, theory is allowed to emerge from data and may more accurately reflect the reality represented in the data. The process of data collection and analysis occur in close conjunction as a way to identify emerging patterns, themes and connections that can be used to better inform the data collection methods as well as to begin deriving theoretical constructs (Strauss & Corbin, 1998). For example, the ways in which questions are asked or framed during interviews may be modified and new questions may be created to further explore concepts introduced by respondents. This flexibility allows the researcher to be more sensitive to the words and actions of respondents as well as recognize bias (Strauss & Corbin, 1998). Overall, grounded theory provides a sound methodological framework for researchers that seek to learn from

respondents themselves on how to understand social phenomena, processes and relationships, which is the aim of this thesis project (Morse & Richards, 2002). The ways in which grounded theory methods are applied in this study will be discussed in the second half of this chapter.

### 3.2.4 Positionality

The motivations one has for pursuing a particular research problem and the methodology one employs to fulfill this aim is partly a reflection of the researcher's values and beliefs (Winchester, 2000). Therefore, the researcher cannot be considered objective or neutral and must engage in *critical reflexivity*, in other words, be constantly aware and questioning of her relationship to the research problem and *positionality* in the research process (Dowling, 2000). According to Rose (1997), reflexivity in feminist geography is largely a strategy for "situating knowledges," meaning that the type of knowledge produced is dependent on "who the makers are" and by acknowledging this the "false neutrality and universality of so much academic knowledge" can be circumvented (p. 307). Dowling (2000) emphasizes that being reflexive is analyzing one's own "situation" as if it were the subject of one's study while paying particular attention to subjectivity and power relations. In this section I will discuss my engagement with critical reflexivity by disclosing my identities, motivations and biases as an individual and researcher in relation to this project. I will also discuss the ways in which power intersected the research process, particularly power relations between myself and my participants.

I am a second generation Latina who was born in Canada. My family is of Peruvian and Romanian descent and my parents both came to Canada in the 1970s due to political repression and economic instability in their respective countries. I come from a middle-class household in Toronto, Ontario, where my mother worked as a nurse and my father owned a small business in a local market. My parents and family's stories of courage and perseverance leaving their home countries and beginning a new life in Canada were shared as a part of our daily discourse in the home and have deeply impacted my personal identity as a daughter of first generation migrants. Their lived experiences related through their stories and my own observation of their sacrifices have increased my awareness of the struggles racialized migrants face upon arriving to Canada including working in precarious labour, living in substandard housing and confronting discrimination. However, their stories also demonstrated the power of their agency in finding ways to survive and overcome obstacles. Consequently, the example my parents and family gave to me motivated my involvement in a number of community outreach and research endeavors with racialized migrant communities, particularly the Latin American community in Toronto and Hamilton. Therefore, my family's stories along with my experiences working in the Latin American community have shaped my academic identity and approach to this research project.

Specifically, during my undergraduate studies I worked as a research assistant at the Ontario Institute for Studies in Education on a project that examined the effects of bilingualism on language development in elementary school children in Toronto. Through this project I gained experience interviewing and working with individuals from diverse

linguistic backgrounds. When analyzing data I learned of the many strengths and capabilities bilingual first and second generation children possess, but how literacy development may be thwarted due to multiple sources of oppression including race, class, gender and immigration status. I developed a better understanding of how oppression operates when listening to and working with newcomer and racialized youth from underserved and working class neighbourhoods in Toronto as a tutor, mentor and coordinator of an after-school tutoring and mentoring program. The stories they shared with me about living in their communities, the obstacles they faced and the ways in which they resisted helped me to develop a greater awareness of the intersecting factors like neighbourhood, housing, race, class, immigration status and gender that shape people's health and wellbeing. It also helped me to see the significant value of narratives in understanding the lived experiences of individuals from marginalized communities and acknowledging them as Dixon & Rousseau (2005) describe, vital "sources of knowledge" (Milner, 2007). This in turn motivated my commitment to socially conscious research with members of racialized first and second generation migrant communities. Therefore, this research project has been shaped by my experiences working with first and second generation racialized youth and families living in low-income and working class neighbourhoods as well as my own experiences as a second generation Latina. In this sense I may be considered biased in my approach to this research project.

It is also important to mention that at the outset of this study my research supervisor had an ongoing relationship with Toronto Community Housing staff through related neighbourhood and health research projects and this was a practical consideration

in pursuing research with the Regent Park community. Carrying out this research was also to benefit me in completing my degree and advance my career prospects as a Master's student.

The process of conducting research with members of a predominantly low-income, first generation, racialized community as a second generation, Canadian born, middle class, racialized young woman was interconnected with complex power relations and negotiations. Out of fifteen respondents only three did not identify belonging to a non-White ethno-racial group and identified as White men ages 59 and over. The majority of my respondents were racialized women: Seven first generation women and three Canadian born women who identified as First Nations. In addition, the majority of respondents lived in Regent Park for more than ten years, with only three living in Regent Park under ten years. Since I did not share any of my respondents' ethno-racial, cultural, generational or linguistic backgrounds nor was I a resident of Regent Park or any social housing community I considered myself an outsider, but at times a partial insider.

For example, when participants would recount stories of experiencing discrimination, prejudice or stigmatization because of where they lived I felt like an outsider. I have never experienced discrimination or stigmatization on the basis of the neighbourhood or type of housing I live in since for the larger part of my life I have lived in a three-bedroom house in a predominantly White, middle class neighbourhood. But, I attempted to draw on my own experiences with confronting stereotypes, negative labels and stigma as a Latin American woman. When some respondents spoke about their experiences migrating and settling in Canada I was also able to draw on my experiences

as a second generation Latina working with migrant communities to gain some recognition as a “partial insider.” Particularly when first generation, racialized women asked me “where I was from” and what my parents did to get me to university since it was also their hope to see their children in university, I felt like a “partial insider” because they were relating to me as a racialized daughter of first generation migrants. I say “partial insider” because even though we are both racialized women, as a Canadian born Latina in university who speaks English fluently, I am privileged and racialized differently. Interestingly, some participants spoke to me openly about tensions with members of “ethnic” communities and the Black community, which may demonstrate how I may have been racialized as “White” and in that context, I was treated as a “partial insider” since they may have not spoken so openly if they believed that I was “ethnic” or “Black.”

All participants were residents of Regent Park, arguably, Toronto’s most stigmatized neighbourhood, notorious for the ills of urban life: poverty, crime, substandard housing and gang activity. Historically, Regent Park has been misrepresented in the media and over-examined by students and academics for research purposes. I struggled with the notion that I too may be guilty of appropriating the knowledge of Regent Park residents for my own benefit, rather than to benefit the community. As the researcher I had power over the interpretation and presentation of the stories respondents shared with me. Also, I compensated respondents for their participation with \$25.00 cash, which may have added to my position of power as a graduate student. I attempted to establish a more balanced power dynamic by checking with some participants whether

my findings are in accordance with their views and how they wish to see their community represented. The compensation was made available to participants regardless of whether they did not want to answer a question or question(s), wished to stop the interview or drop out of the study. Neither, Toronto Community Housing nor any other housing agency had access to my participants' information.

There were language barriers with a number of participants since I conducted interviews in English and I may have been limited in the information I obtained from participants who spoke English as a second language. Some respondents may have limited the information they shared with me because we were not of the same ethno-racial, cultural or linguistic background and they may have felt they would be misunderstood. Nevertheless, Milner (2007) argues that these limitations should not prevent or deter researchers from pursuing research with communities of colour different from their own. Instead the researcher should be, “actively engaged, thoughtful and forthright regarding tensions that can surface when conducting research where issues of race and culture are concerned” (Milner, 2007). In addition, it is important for researchers to also possess or pursue “deeper racial and cultural knowledge about themselves and the community or people under study,” which includes unlearning misinformed stereotypes about others and oneself (Milner, 2007, p. 388).

Ultimately, I believe a “positional space” that facilitated a trusting and cooperative dynamic was negotiated between me and my participants (Mullings, 1999). Through my shifting identities I was able to gain insight into the lives of Regent Park residents when I highlighted parts of my identity I believed would be considered non-threatening,

particularly my lack of knowledge of Regent Park and my dissociation from Toronto Community Housing like Mullings did in her study with Jamaican workers (1999). Also, my gender and age as a twenty-three year old woman may have worked to make me seem less intimidating, particularly since most of my participants were also women. My contextually ambiguous phenotype as a Canadian of Latin American and European descent may have also allowed me to gain entry as a “partial insider” into the beliefs and experiences of White and non-White racialized respondents.

### 3.3 Methods

#### 3.3.1 Participant Selection and Recruitment

The purpose of this study was to investigate the ways in which neighbourhood revitalization influences individuals’ destigmatization practices and wellbeing. In order to address this research problem a qualitative grounded theory approach was used and semi-structured interviews were conducted to explore the everyday narratives of Regent Park residents. Specifically, interviews were conducted in English with fifteen adult tenants that lived in Regent Park since 2004 or longer and have been re-housed into new Regent Park social housing for at least 6 months. Therefore, the inclusion criteria for participants in this study consisted of 1) that they lived in Regent Park for two years or more before revitalization began in 2006, 2) that they have been living for at least six months in the new Regent Park social housing units, 3) are ages 18 and over and 4) are able to speak English.

I chose to interview Regent Park residents because they would have the most relevant knowledge and experience to discuss how neighbourhood stigma and revitalization have affected their lives and other community members. For the purposes of this study interviewing residents that have lived in Regent Park for two years or more may help me get deeper insight on daily life in the neighbourhood since longer-term residents may have more attachment to the place. Since most residents moved almost a year before I began doing this research, six months may be a sufficient benchmark for observing changes in daily life in the neighbourhood. I did not include previous Regent Park residents that were re-housed in social housing units outside the Regent Park footprint since my investigation dealt with how residents perceived and responded to neighbourhood stigma upon re-housing in Regent Park. I also did not exclude people on the basis of whether they were relocated or where they were relocated to since my study focused on contrasting the lived experiences of residents living in the older Regent Park housing with their experiences living in the new social housing units. In addition, I did not set out to investigate a certain ethno-racial group or demographic because I wanted my study to reflect the diverse perspectives of members from different ethno-racial, age and gender groups.

In order to maximize variation in participants targeted, in terms of ethno-racial background, age, gender and length of residency in Regent Park this study used a combination of selective and theoretical sampling (Draucker et al., 2007). I did background research on the demographics of Regent Park before revitalization began as well as the demographics of households in the new social housing units using City of

Toronto files, TCHC documents and speaking to TCHC staff and other investigators conducting research in the area. I found that the majority of my participants would come from the new family building and seniors building and possibly from the prominent South Asian community in Regent Park. A more in-depth discussion of my participants will be provided later on in this chapter.

In order to gain access to potential participants I approached various community agencies and gatekeepers like community engagement workers at a local community centre. I asked whether they would like to hear about my study and whether they could also provide me with some feedback on my work. Staff members at the Centre for Community Learning & Development (CCL&D) were especially helpful in providing me with feedback and information on community events and places where I could recruit participants. Throughout this project the community engagement workers have been extremely helpful and supportive by sharing their insider knowledge of the neighbourhood, advising me where to recruit and opening up their space so that I may conduct interviews. It is through my relationship with the community engagement workers at CCL&D that I was able to gain meaningful access to my participants and gain a better understanding of Regent Park.

I posted flyers providing information about the study and my contact information (see Appendix B) in the lobbies of new buildings, bulletin boards and in local community centres to recruit participants. When I was invited to community gatherings I was introduced by gatekeepers to various community members as a student conducting research in the neighbourhood and was encouraged to talk to people about my project and

handout flyers. Sometimes I was introduced on a one to one basis or in a larger group setting. I made sure to prevent coercion by only handing out and explaining my flyer and project, answering questions about my study and asking for feedback. I did not ask for or collect any personal information from potential participants, nor did I distribute consent forms or set up interview times. Although, with the permission of community agencies I did leave flyers on their information tables or boards for potential participants to take or read, I did not provide flyers for certain individuals to distribute in order to also prevent coercion and snowball sampling. However, even though I never asked people to tell me the name and contact information of someone they know who would be interested in participating, I believe that a few participants may have told their neighbours about the study and encouraged them to call. I learned about this when some participants told me that they heard about the study from a friend and I made sure to let them know that their participation was completely voluntary.

Specifically, the flyers invited newly re-housed, past Regent Park residents to call a local number or email the investigator to arrange an interview and learn more about the study. I responded to calls and emails directly and followed-up with potential participants within 2-3 days to set-up an interview and answer questions or concerns about the project (see Appendix C and D). I also offered to send the letter of information/consent form to potential participants to review after they contacted me and showed interest in participating (see Appendix E), but all preferred to see the letter in-person, before the interview. Before interviews I made sure to clearly explain my study, how I was to ensure confidentiality and their rights as research participants. I also gave participants the option

of providing verbal consent (see Appendix F). They were also reminded that they could choose to stop the interview at any time or withdraw from the study for any reason and that they could also choose to not answer any question without fear of consequence. No participants refused to answer any questions, stop the interview or withdraw and only one refused to be tape-recorded. Participants were also given the option of verbal consent, but all preferred written consent. Also in order to manage any risks this study may have on participants' psychological wellbeing, all participants were given a resource sheet at the end of the interview, providing a list of places they may contact if they wish to speak to someone about any health, wellness or social issues (see Appendix G). I also offered to explain the resource sheet to each participant.

### 3.3.2 Sample Size

According to grounded theory, sample size is determined using the principle of *saturation*. Saturation is reached when the researcher sees that no new themes are emerging from the data (Strauss & Corbin, 1998). A total of fifteen Regent Park residents that met the inclusion criteria outlined above were interviewed and are described in the next section.

The specific inclusion criteria in this study may have limited the sample size because at the time of recruitment many residents were still waiting to be re-housed in Regent Park or were living in social housing units outside the Regent Park footprint and were not eligible to participate. The number of eligible individuals was also ambiguous since out of the 380 households that were relocated because of demolition there were no

official public documents revealing how many had returned to the new social housing units. Practical considerations had to be taken into account in order to estimate a realistic sample size given that the group was very specific, potentially small and the timeline of my study was relatively short, 1 year approximately.

Other qualitative studies investigating destigmatization practices and neighbourhood stigma were considered as a guide for appropriate sample sizes. For example, Lamont et al. (2002) explored the destigmatization strategies of North African immigrants living in France by conducting thirty in-depth interviews with working class immigrants in Paris. A study by Palmer et al. (2004) that investigated how public housing residents in an Australian suburb resist and challenge negative images of their neighbourhood drew information from interviews and focus groups with 17 participants. A thesis study by Schippling (2007) that examined the effects of relocation on Regent Park residents during the first phase of the revitalization used semi-structured interviews with 21 members of households that stayed in Regent Park or moved to another area in Toronto. Since my thesis focuses only on residents that lived in Regent Park before revitalization began and now live in new social housing in the neighbourhood, this limited the number of potential participants I could interview. Therefore, an approximate sample of 15 to 20 seemed appropriate for this research given its aim to provide an in-depth account of individuals' experiences and narratives of their neighbourhood. Ultimately, a target sample of 15 interviews with Regent Park residents was chosen in line with a grounded theory approach that determines sample size through saturation.

### 3.3.3 Profile of Participants

The following table illustrates the socio-demographic characteristics of each of the fifteen participants interviewed including their gender, age, ethno-racial identity, religion, and housing history. It was crucial to consider the different socio-demographic characteristics participants identified when analyzing results since gender, age, ethnicity, race and religion may shape their understandings of their neighbourhood, community and stigma. The descriptors used under the ethno-racial identity and religion columns were terms used by participants to describe themselves during interviews. It was also important to consider the length of time participants lived in Regent Park before relocation, how long they were relocated for, where they were relocated to and how long they have been living in the new revitalized buildings since it has been shown to influence understandings and attachment to place (Palmer et al., 2004). Pseudonyms are used here and throughout this chapter in order to protect participants' identities. Additional socio-demographic information was not collected to protect participants' identities and since it was not the focus of this study.

**Table 1.** Social and Demographic Characteristics of Participants.

<b>Participant</b>	<b>Gender</b>	<b>Age</b>	<b>Ethno-racial Identity</b>	<b>Religion</b>
Alfred	Male	59 and over	White	N/A
Barbara	Female	59 and over	French and "Indian"	Protestant
Charles	Male	59 and over	Guyanese	Presbyterian
Daisha	Female	18-58	East African	Muslim
Eiliyah	Female	18-58	Ethiopian Muslim	Muslim
Frances	Female	59 and over	Ojibwe First Nations	Catholic/Spiritual
Gelila	Female	18-58	Ethiopian	Catholic
Harry	Male	59 and over	White Scottish	Buddhist
Ibrahim	Male	59 and over	Sri Lankan	Muslim
Jamila	Female	59 and over	Sri Lankan	Muslim
Kaiya	Female	18-58	First Nations	N/A
Lavani	Female	18-58	Bangladeshi	Muslim
Murray	Male	59 and over	White	N/A
Nimala	Female	18-58	Tamil	Hindu
Omrita	Female	18-58	Bengali	Muslim

**Table 2.** Housing Histories of Participants.

<b>Participant</b>	<b>Residency in Regent Park (years)</b>	<b>Relocation (years)</b>	<b>Place of Relocation</b>	<b>Residency in New Buildings (months)</b>
Alfred	12	Not Relocated	Not Relocated	10
Barbara	21	3	Outside, nearby	12
Charles	38	N/A	Inside	10
Daisha	12	5	Outside, far away	12
Eiliyah	12	3	Inside	12
Frances	10	Not Relocated	Not Relocated	12
Gelila	3	2	Outside, nearby	8
Harry	12	3	Outside, nearby	12
Ibrahim	16	6	Inside	14
Jamila	16	6	Inside	14
Kaiya	39	2	Outside, nearby	12
Lavani	11	4	Inside	14
Murray	7.5	Not Relocated	Not Relocated	15
Nimala	8	4	Inside	20
Omrita	14	3.5	Inside	24

A total of 15 Regent Park residents were interviewed. There were 8 participants aged 59 and over and 7 participants between the ages of 18 and 58. The majority of

respondents identified as belonging to a non-White ethno-racial group ( $n = 12$ ). 10 respondents were female and 5 were male. The majority of respondents were long-time residents of the neighbourhood. 11 lived in the neighbourhood between 10-20 years, 3 lived for more than 20 years and 1 lived for less than 5 years. 7 participants were relocated inside Regent Park, 4 were relocated outside Regent Park, but in a nearby location in downtown Toronto, only one person was relocated to a neighbourhood far from Regent Park outside the downtown area and 3 were not relocated at all and moved in from their previous residence in Regent Park to the new revitalized buildings. The average time for relocation was approximately three and a half years and the average length of residency in the new buildings was approximately 13 months.

The majority of participants identifying with non-White ethno-racial groups may be reflective of the large proportion (80%) of “visible minorities” in Regent Park (City of Toronto, 2008a). A number of women in this study also say they belong to South Asian and African communities, which are among the top ten most represented regions in Regent Park (City of Toronto, 2008a). The relatively high number of First Nations women represented in this sample may also be because Regent Park has a larger population of Aboriginal people compared to the rest of Toronto (City of Toronto, 2008a). Therefore, the ethno-racial diversity of participants in this study seems to reflect the demographics of Regent Park.

However, it is also important to note that although Chinese is the largest ethnic group in the neighbourhood none of my participants claimed to belong to that community. Also, the even distribution between older adults and middle-aged adults may be indicative

of a biased sample since older adults make up a smaller demographic composition of the neighbourhood relative to children and youth under the age of 18 (City of Toronto, 2007). The exclusion of youth from this research study along with the lack of representation from some ethno-racial communities may be limitations of this study which will be further discussed later in this chapter.

### 3.3.4 Interviews

All of the interviews with Regent Park residents were completed between December 2010 and March 2011. Participants chose a time and location that was most convenient for them. In most cases interviews were done inside participants' homes and occasionally in common rooms of their apartment buildings or at a nearby community centre. Before beginning the interview, participants reviewed the letter of information and were given the opportunity to ask questions and then signed a consent form. Except for one participant, all agreed to have their interviews tape-recorded.

An interview schedule was used as a guide while conducting semi-structured interviews in order to better ensure that key questions were asked and to facilitate comparisons across participant responses (see Appendix H). The interview guide used in this study was adapted from Lamont's interview guide that is used to investigate destigmatization practices among African Americans in the United States. Using Lamont's interview guide (M. Lamont, personal communication, June 3, 2010) also helped to compare and contrast how individuals employ destigmatization practices to counter not only racial stigma, but neighbourhood stigma. Using a semi-structured format

provided flexibility in how questions were ordered and how they were presented. Often times I would change the order of a few questions in order to keep in sync with the flow of conversation. After my first four interviews I revised my interview schedule slightly by modifying the order of questions and how they were worded. Interviews were also designed to take between one hour and 90 minutes and the majority of interviews fell within this time frame.

My interview guide was divided in five sections of questions. The first section asked about general demographic information like how long they have lived in the area, age and ethno-racial identity. These questions were asked in order to draw comparisons between statements participants made and account for how their housing histories and ethno-racial identities may influence their responses. The second section inquired about people's sense of community belonging. These questions particularly served to probe understandings of community membership to the Regent Park community and how participants draw boundaries between themselves and others living inside and outside their neighbourhood. These questions also provided a context for addressing the first objective of this study, investigating the types of destigmatization practices residents use.

The third section focused on how people described their neighbourhood before and after revitalization. These questions allowed residents to provide their own accounts of how they experienced their neighbourhood and community before revitalization and since re-housing into the revitalized buildings. These questions help to uncover any shifts in the ways participants view and experience their neighbourhood. Participants were also asked to draw and discuss what they perceived to be the physical borders of Regent Park

and describe how they have changed since revitalization began. This particular question provided insight on the ways in which residents understand the physical borders of Regent Park and how they have shifted, relative to assuming what the borders are according to a census map. Overall, questions in the third section served to address the first and second objectives of this study.

The fourth section dealt mainly with people's perception and responses to neighbourhood stigma as well as their feelings of wellbeing when responding to stigma. These questions also served to address the first and second objectives of this project since they directly probe how residents practice destigmatization on a personal level and how these practices may have changed since revitalization. Part of the third objective of this study was addressed when participants were asked how they felt when responding to stigma, since it probes whether destigmatization practices are linked to wellbeing. The final section asks participants about their health and wellbeing also as a way to address the third objective of this study, which is to understand how place destigmatization impacts perceived health and wellbeing.

I reviewed the interview guide with a key informant at a local community centre and thoroughly revised it after the first four interviews to be more efficient and precise in my investigation. For example, I found that leaving the second section to the end of the interview was helpful in saving time and keeping a consistent dialogue. I also found that asking individuals about what outsiders say about their neighbourhood was a more effective way of probing perceived stigma than only asking about instances where they felt they were treated differently. This came from respondents' accounts of how their

friends and family reacted to their tenure in Regent Park or how the media portrayed the area. I also added in questions regarding how people felt when outsiders spoke negatively about their neighbourhood and why they think outsiders hold negative perceptions of Regent Park, which were adapted from Lamont's interview guide (M. Lamont, personal communication, June 3, 2010). A question asking how and why the participant is involved in the Regent Park community proved to be a better way of tapping into group affiliation compared to only directly asking whether the participant belongs to the Regent Park community or neighbourhood.

In addition, questions surrounding a person's residential history were asked first because they seemed less intrusive and were then followed with an open ended question inviting participants to describe themselves. Since the relocation process was a topic that frequently came up in the first four interviews, a question was created to inquire about how participants felt about the process and this was also done to uncover any spillover effects on health perception. In order to keep track of these changes I made notes on questions I thought needed revision or re-ordering and when new themes emerged I added questions to my guide in order to address them. Therefore, I used the first interviews as a way to determine whether I was asking questions that were appropriate and effective at tapping into the themes I wished to explore. The final interview guide I used can be seen in Appendix H. Using a grounded theory approach also allowed for participants' feedback to develop questions.

All interviews were conducted in English and this may have been a limitation to engaging in dialogue with participants that did not speak English as their first language.

However, I always informed potential participants that interviews would be conducted in English and asked whether they would be comfortable with this and all responded yes. I felt that proficiency in English may have presented as a barrier in only four of the interviews where participants may have limited the extensiveness of their responses because of a language barrier. I tried my best to overcome this by asking one question at a time and asking whether my interpretation of their response was accurate.

### 3.3.5 Analysis

I conducted interviews in conjunction with data analysis, which is key when properly applying grounded theory methodology (Strauss & Corbin, 1998). During interviews I would make note of emerging themes and ideas, as well as my impressions of interviews, which I would later use to formulate a “coding tree,” in other words, a list of potentially significant themes, categories or “codes” to organize the data (Strauss & Corbin, 1998). Since my initial interviews were conducted over a short period of time I was not able to fully transcribe interviews as they were being carried out. Therefore, I relied on my detailed field notes taken during interviews to begin my analysis. Once I completed my first set of interviews in December I fully transcribed each and began hand coding the data with the help of notes taken during the interview. I used these initial interviews to better structure my interview schedule and further probe emerging themes in future interviews.

Once I had completed approximately 8 interviews and fully transcribed each I began using NVivo 9 qualitative software for coding and analysis to increase my

efficiency. Using NVivo helped me to visually map out my coding tree and allowed me to engage in a more flexible coding process. For example, I was able to easily code data into various open coding categories, create “in vivo” codes, revise coding groups and explore relationships in the data. I was also able to run queries to see which codes overlapped in order to construct axial codes that reflected more nuanced themes. NVivo 9 allowed for a fluid and dynamic process of data analysis, which is key in using a grounded theory approach. Before beginning this project I was not an experienced user of NVivo software, however I did attend two intensive seminars on using NVivo 9, which helped me to effectively work with the software.

I began my analysis of the data by developing open coding categories that reflected concepts participants voiced in line with a grounded theory approach (Strauss & Corbin, 1998). Some of the open coding categories that I used to segment my data include stigma, place, health and wellbeing and change. I also used line-by-line analysis in order to dimensionalize the data and get a better understanding of different properties in a particular coding category and develop analytic codes (Creswell, 1998). For example, when analyzing a particular quote about “stigma” I scrutinized the ways in which words were used to describe “stigma” and the meanings behind words participants’ used to speak about “stigma.” Line-by-analysis also allowed for *in vivo* coding where concepts or themes that are identified by participants using their own words are used as codes. For example, “luck” was an *in vivo* code that was identified by numerous participants. In order to decide what type of interpretation of a concept or theme may be more accurate I used constant comparative analysis. Constant comparative analysis is a grounded theory

analytical tool that involves making comparisons across cases, particularly older against incoming cases in order to accurately interpret data (Creswell, 1998). Through these various approaches I was able to further my analysis from an open coding category like “stigma” to analytic codes like “insider knowledge” or “othering.” As I continuously made comparisons of my data and coding categories I began seeing overlapping themes across analytic codes, which I could then verify using NVivo 9 queries. Through analyzing and interrogating overlapping analytic codes I developed axial codes in order to connect themes and concepts, which is the process that allows theory to emerge in grounded theory analysis (Strauss & Corbin, 1998).

The emergence of a new grounded theory that expands on Lamont’s (2009) destigmatization practices concept and connects lived experiences of neighbourhood revitalization, stigma and health in Regent Park can be seen in Chapters 4, 5 and 6. Quotes are used to demonstrate the ways in which participants may engage in destigmatization practices (Chapter 4), how their practices may have changed (Chapter 5) and the ways in which revitalization may have affected their health and wellbeing (Chapter 6). The quotes presented are ones that were found to most accurately reflect concepts, themes and tensions that participants voiced during interviews.

### 3.3.6 Limitations, Credibility and Communication of Results

Despite the fact that all Regent Park residents were guaranteed a right to return by TCHC there have been concerns raised whether everyone will be granted that right. There are no official reports showing that there are any biases on the part of TCHC in selecting

residents that can return (Johnson, 2010). However, statements have surfaced that TCHC is offering housing to residents they consider “acceptable” or “desirable” (Johnson, 2010). A number of participants in this study discussed the selection process to be particularly exclusive as a way to deter certain “problem” people from returning to the neighbourhood. This type of selection bias may affect the sample of participants in this study in that they may be positively biased towards their neighbourhood since they were able to return.

In addition, the small sample size of 15 does not allow for generalizations to be made about the entire community, however, this was not the aim of this study. More importantly, the diversity of the sample could have been increased with a larger number of participants in order to include perspectives from members of the community not represented in this study like Chinese and Black households. Also, if youth were included in this study it may have provided different understandings of neighbourhood stigma and resistance as seen in Purdy (2003).

Limitations of a small sample size may also be linked to limitations of my own linguistic ability since I cannot speak languages common in the Regent Park neighbourhood like Chinese, Bengali, Tamil, Vietnamese or Somali. In this way I may have excluded a number of Regent Park community members and their stories since I only conducted interviews in English.

It is also important to take into account that participants were only interviewed once upon re-housing. Therefore their accounts of life in their neighbourhood before relocation are based on memory alone and may be subject to recall bias. Recall bias may

be a limitation of this study, particularly since follow-up interviews were not conducted due to a lack of time and resources. However, consistency among participants' narratives of life in their neighbourhood may demonstrate how recall bias may not have been such a deleterious limitation.

Although there are a number of limitations to my study I attempted to bring credibility to my work by using triangulation between multiple sources and direct quotations from a number of participants to demonstrate the occurrence of a theme (Baxter & Eyles, 1997). Using direct quotations from multiple sources is significant since they show how a number of respondents understand the phenomenon in question using their own words (Baxter & Eyles, 1997). I also checked my interpretations of quotations with my thesis supervisor, committee members, colleagues and community members, which may help to safeguard against misinterpretation (Baxter & Eyles, 1997). As can be seen throughout chapters 4, 5 and 6 I compared study findings with relevant literature, which also may work to ensure credibility (Baxter & Eyles, 1997).

In order to communicate these results I will provide participants with a 1-2 page summary of the results of my study. I will also ask participants and community engagement workers what formats would be most useful to better communicate results to the greater community. From conversations I have had with community members and participants, facilitating a workshop or holding a presentation and general discussion about the study at a local community centre may be the most favourable way to share the findings of my study. I will also share the results of this study with TCHC while keeping the information of my participants completely confidential.

## Chapter 4: Employing Counter-Narratives as a Destigmatization Practice

The first objective to this grounded theory study was to investigate what kinds of destigmatization strategies Regent Park residents use to counter neighbourhood stigma before revitalization. Participants were asked to recount the ways in which they understood and responded to stigma before revitalization began. Based on my interviews it is clear that there is a strong consensus among participants that Regent Park is considered a poor, crime-ridden, dangerous and undignified place to live by people living outside the neighbourhood. It is also apparent that residents do not view themselves as stigmatized subjects, but as agents with the capacity to resist, contest, challenge and transform dominant narratives of their neighbourhood through employing destigmatization practices (Lamont, 2009). The particular destigmatization practices residents employ may be understood as counter-narratives. Counter-narratives are powerful tools marginalized group members may use to voice shared understandings and meanings of their own realities, which often go “suppressed, devalued and abnormalized” (Delgado, 1989, p. 2412).

The findings of this study show that respondents engaged in five particular counter-narratives: *humanizing*, *critical*, *navigating the neighbourhood*, *othering* and *good neighbour*. Participants varied in the types of narratives they used and in the scope of their use. *Humanizing narratives* involve respondents declaring their humanity to resist dehumanization as a result of neighbourhood stigma. *Critical narratives* include residents mobilizing their understandings of underlying causes of problems in their neighbourhood

to denounce neighbourhood stigma. *Navigating the neighbourhood narratives* demonstrate how residents emphasize their knowledge of their community, demonstrate the complexities of their neighbourhood and challenge biased tendencies that seek to homogenize and stigmatize their community by over-emphasizing some information, like reports of crime. In an attempt to de-stigmatize themselves, some residents interviewed used *othering narratives* that may lead to further stigmatization of certain ethno-racial groups. *Good neighbour narratives* show how residents positively transform the negative labels ascribed to their neighbourhood by outsiders and reinforce the social value of their neighbourhood and neighbours. Overall, each counter-narrative serves to provide alternative understandings of Regent Park that are not reflected in dominant discourse. Yet, they differ in the extent to which they serve to destigmatize individual persons, community groups or all members of the neighbourhood.

In the following sections I will discuss each of these counter-narratives and explain how residents may use them as a means to de-stigmatize themselves, their neighbours and neighbourhood. The significance of these findings will be explained in relation to the current literature and research objective throughout this chapter. In the last section of this chapter the counter-narratives outlined below will be discussed in relation to Purdy's (2003) historical account of territorial stigmatization in Regent Park.

#### 4.1 Humanizing Narratives

According to Goffman (1963) stigma involves being associated with an attribute or characteristics that make one different and undesirable and in extreme cases lead to

dehumanization. Neighbourhood stigma led some participants to report experiencing dehumanization at the hands of outsiders. However, through *humanizing narratives* residents denounced such dehumanization and affirmed their own and their community's humanity.

Lavani recounts a time when her relatives came to visit her apartment before revitalization began and they expressed how it was an unacceptable place for them to live. In their view her neighbourhood was “dirty,” a place only for “lower income people” and the “wors[t] place in Toronto.” In response to her relatives' negative and stigmatizing remarks about her neighbourhood she said:

...I reply to them, you know you don't live here, when you don't see something why you say about these things. We are living here, we are people also! Don't think we are like animals or something like this. We are also people. If we can live here I think you can also live here. This is not like a disgusting place. I realize when like I was moving out I mean mixing with the other people when I was feeling that no I'm going to live in this Regent Park, this is our Regent Park, that time I started to reply to that kind of questions. Don't say this, not only Regent Park there is lots of these kinds of things happen in lots of parts also in Toronto and everywhere else. They thought Regent Park is the most dirty and most worst place in Toronto (laughs). But now they feel sorry for that (laughs).

It is clear that Lavani understands her humanity and that of her neighbours in Regent Park to be unjustly devalued by outsiders. She counters such dehumanization by pointing out her relatives' lack of knowledge about the area since they do not live in the neighbourhood and in turn cannot fairly pass judgement on it like she can because she is a resident. Lavani poignantly uses a *humanizing narrative* when she repeats that the people of Regent Park are “people,” not “animals,” which may be seen as a direct response and challenge to dehumanization on the basis of neighbourhood stigma. In line with a

*humanizing narrative*, she also asserts that Regent Park is an acceptable place for all humans to live and that she began to realize this as she became more involved in her community and developed a sense of ownership over it. This can be seen when she says, “this is our Regent Park,” including herself and neighbours as possessors of the space. Upon developing this strong sense of community ownership and belonging Lavani says she began to reply to questions or negative statements of her neighbourhood. She particularly emphasizes that the problems in Regent Park are not isolated to Regent Park alone, but to other neighbourhoods across Toronto and “everywhere else.” In other words, she re-humanizes Regent Park by framing social problems as universal and not specific to what outsiders may believe to be her “dysfunctional” or “animalistic” neighbourhood. Lavani laughs at the thought of Regent Park being the dirtiest and worst place in Toronto and makes reference to the revitalization, which has largely shifted the ways in which her relatives now perceive and speak of her neighbourhood. When she says that her relatives now “feel sorry” for devaluing her neighbourhood before the revitalization she is acknowledging how radical changes in neighbourhood infrastructure have largely shifted how her neighbourhood is perceived. But, it is significant that Lavani asserted the value and humanity of Regent Park even before the revitalization began.

When faced with neighbourhood stigmatization and dehumanization, Eiliyah also employs a *humanizing narrative* that discredits outsiders’ perceptions of the area and emphasizes her and her community’s humanity. For example, when asked whether anyone had ever acted differently towards her because she lived in Regent Park, Eiliyah described how her friend used to yell out to her 3 metres away from her unit to ward off

any “danger.” Not only was her friend intensely fearful of entering the neighbourhood, but before moving to Regent Park others were saying to her, “Are you crazy you want to die, kill yourself?” when she told them she was moving to the area. Eiliyah found her friend’s actions and the warnings of others unfounded once she began to experience the neighbourhood herself. This can be seen when she says:

Something wrong with her, what’s wrong with you? We are people also, we are people too, as much as you love yourself, we love ourselves too! But what something going to jump on you and going to kill you, yeah she’s kind of weird.

Like Lavani, Eiliyah relies on her insider knowledge and experience living in the neighbourhood to disprove the stigmatizing perceptions of her neighbourhood by outsiders. She also shifts the problem behaviour believed to be associated with Regent Park to her friend and other outsiders that act fearful of entering her neighbourhood. This can be seen when she says that there is “something wrong” with her friend and that “she’s weird” since she believes that someone is going to randomly attack her. The way in which Eiliyah also frames the scenario of a random attack points to how ridiculous she believes this type of claim by outsiders is and thereby dismisses its validity. Like Lavani she employs the *humanizing narrative* by affirming her humanity and that of her fellow community members, when she repeats, “we are people” and imbues human attributes to her neighbours, like love. She draws a link between her fearful friend and Regent Park residents through the concept of love when she says that as much as her friend loves herself, community members love themselves too and therefore may imply that they are all connected by a shared universal human capacity to love. Through this particular

narrative Eiliyah re-humanizes her neighbourhood by resisting stigmatizing notions that it is a dangerous, violent and criminal space.

Kaiya understands her humanity to be discredited due to the categorization of Regent Park residents into an inferior class. She says:

They categorized. Oh some people, they categorized us you know what I mean. Like they put us in a certain class and that's not right because we're still human regardless of where we live. We deserve a fair shot in society as well.

Like Lavani and Eiliyah, Kaiya explicitly affirms her humanity. However, unlike Lavani and Eiliyah, Kaiya invokes a universal principle that “we’re still human regardless of where we live” and it is because of this collective membership to humanity that everyone is entitled to or deserving of a “fair shot” in society. Therefore, Kaiya not only voices her own humanity, but implores a universal humanity that should secure equal opportunities for everyone despite their social standing. Kaiya’s *humanizing narrative* provides a basis for calls to action to secure “fair shots” and equal opportunities to Regent Park residents and marginalized groups that suffer the most from inequity.

When respondents employed *humanizing narratives*, they sought to destigmatize all members of the Regent Park community by voicing principles like equality and similarity between all human beings regardless of class or address. Similar efforts to destigmatize all members of one’s group can be observed in a study by Lamont et al. (2002) that examines destigmatization practices among North African immigrants in France. North African immigrants responded to French racism by mobilizing evidence of universal equality in order to demonstrate that everyone is equal and humans share more commonalities than differences.

For example, North African migrants would explain how humans require similar conditions for survival like food, warmth, and employment in order to demonstrate a shared humanity (Lamont et al., 2002). Kaiya makes a similar claim when she voices a need for a “fair shot” in society despite where one lives. In addition, North African migrants expressed the belief that “everywhere, everywhere, in every country there are good people and bad people” (Lamont et al., 2002). Lavani echoes this claim when she says that Regent Park is not the only place where crime occurs, but that it happens in lots of parts of Toronto and “everywhere else,” in order to demonstrate universal equality. This practice also serves to undermine some of the prevalent stereotypes by explaining that crime is not a phenomenon solely located within this community. North African migrants also attempted to draw similarities between themselves and the French like speaking the same language, eating similar foods and engaging in a type of colonial reciprocity where Moroccans gave the French gifts and the French were “good” to the Moroccans (Lamont et al., 2002). Eiliyah demonstrates similarities between Regent Park residents and outsiders by voicing a shared capacity to love in order to resist notions that all members of the community are violent and dangerous. Although North African migrants based their claims of a shared humanity in Islam, Regent Park residents demonstrated similar understandings of human equality in a contestation of prevalent stigma and dehumanization.

It is also significant that within each humanizing narrative, residents explicitly affirmed their community membership to humankind because in doing so they claimed a right to equal treatment. According to Michael Walzer (1981) “the primary good we

distribute to one another is membership in some human community. And what we do with regard to membership structures all our other distributive choices. It determines with whom we make these choices and to whom we allocate goods and services” (Reidpath et al., 2005, p.472). Regent Park residents acknowledge their membership to the Regent Park community. However, due to the stigma associated with the area and the dehumanization they experience because of labels associated with being a Regent Park resident, they also claim a membership to the community and to humanity in general in order to counter exclusion and restricted access to fair treatment and life opportunities. In this sense, such reclamation of humanity can be understood as a resistance practice that reifies social worth while maintaining a claim to a community and pride in belonging to it. Therefore, the use of *humanizing narratives* indicates an understanding of community members to be “socially valuable” and worthy of fair treatment for the sole fact that they are human, which works to counter the stigma that casts them as “unworthy of social investment” or underserving (Reidpath et al., 2005, p. 473).

## 4.2 Critical Narratives

*Critical narratives* involve a critical understanding of the underlying structural roots of Regent Park’s problems in order to resist stigmatizing perceptions of moral deficiency and criminality commonly associated with the area. For example, Eiliyah points to the lack of funding available for youth programs that would help decrease gang violence in the community and the increased policing of her neighbourhood, which she believes will not solve the underlying issues of youth disempowerment and disengagement. She says:

...there is a pilot project going on now, there is extra police in the neighbourhood, I don't know why they are here, but I don't see they are not making any difference. Also the way that the youth are being ignored. Like when it comes to the police they have budget, but when it comes to creating youth programs I don't know why they don't have budget. It's easy for them to bring police officer with pilot project...

Here Eiliyah exposes the fracture between how community members wish to address social problems involving youth and the ways in which state agencies seek to stem gang violence. Eiliyah voices how the misalignment of community and state agencies' understandings of youth violence leads to problems remaining unresolved. Eiliyah calls on state agencies to provide more funding for youth programs and activities in order to engage "energetic" youth and support "youth leaders" in the community. Instead, funding has been allocated to police officers, which may support the notion that Regent Park youth are criminals that need to be controlled and watched closely by law enforcement. The disinvestment in Regent Park youth may also be interpreted as a sign of social devaluation due to outsider understandings of Regent Park youth as deficient and criminal. In addition, Eiliyah exposes how efforts to fund policing projects is "easy" and implies that such projects only attempt to cover-up underlying problems like youth disenfranchisement. Therefore, the distribution of resources within communities may work to further dehumanize, criminalize and stigmatize a place and its inhabitants instead of working to better the lives of community members.

Daisha understands the issues of youth and gang violence in her neighbourhood to be brought about by inefficient gun control laws and a lack of opportunities and jobs for youth. She employs the *critical narrative* when she calls upon the government to institute better gun control laws and take guns off the street as well as "open community service to

youth not to drop school.” She also voices a need for innovative community programming and finding ways to help youth “create something else.” She rejects the criminalization and stigmatization of her neighbourhood as a “bad area” when she says, “I don’t believe Regent Park a bad area, everywhere community housing has a problem, have to do something about it. I don’t see if people are doing something.” Daisha implicates other social housing neighbourhoods in having similar problems with youth, which demonstrates her understanding that such social problems are linked to impoverished neighbourhoods. Like Eiliyah, she expresses frustration with seeing little to no effort in supporting youth and stemming gun violence.

The disinvestment in social programs in Regent Park is also familiar to Frances, an older Ojibwe woman who encountered cutbacks at a community centre she visited. She says:

I know one thing they shouldn’t be cutting our funds for services. But there’s really a lot of things they do, if you need a token to go to your appointment, or to get back, and let’s say I go there and I really need personal items or hygiene they’ll supply that shampoo or something.

This quote demonstrates Frances’ strong conviction of the importance of allocating funds for community centres to operate and deliver services to people in the community. In the context of a low-income, public housing neighbourhood like Regent Park where material goods are scarce, community centres serve as essential spaces where additional, non-income resources can be distributed equitably to low-income people. Any threat to the delivery of services is seen as unjust and highly problematic to community members like Frances who rely on these services. This quotation highlights how state agencies that fund social services and programs may at times engage in practices that run

the risk of harming communities like cutting funding, or withholding funding altogether in the case of youth programs. The repercussions of these actions may include the escalation of community problems and further stigmatization of the community. This critical understanding of state agencies' potential roles in propagating neighbourhood problems is a clear demonstration of Frances' use of the *critical narrative*.

TCHC, a quasi-state agency has also come under scrutiny by numerous residents interviewed for contributing to neighbourhood problems. For example, when asked about changes in the neighbourhood since revitalization, Harry explains how residents were displaced to areas as far as Scarborough. He says:

So what's happened to these people, they're being put in Scarborough, places like that. They've been going down to Kingston road and some of them are staying in hotels and motels. So God you'd have to be pissed off about what's happening to you. You're ripped out of the area, but you don't want to be ripped out of the area you want to stay here and suddenly the government says you have to move, but I've been living in this house for 25 years, we don't care you're moving and where you moving to, I'm moving to fucking bum whack nowhere! There's nothing there! Like you're staying where your place is no shopping. Nothing is there. You got to travel 3 miles whatever to and they don't have cars so they have to use buses.

According to Harry, the displacement of people outside the neighbourhood caused serious problems for those relocated furthest away from the downtown area due to the lack of services and amenities further from the city core. He also highlights the lack of choice in being relocated and where one is relocated to. Harry exposes the conflict between residents' wishes to stay in their community and city plans to restructure the neighbourhood, which consequently involves "rip[ing]" people out. Later, Harry says that families on social assistance were particularly affected by displacement to Scarborough

due to a lack of larger affordable housing units and calls it a “gross injustice.” Harry believes that displacement could be avoided by providing more affordable housing in nearby areas of Toronto for families on social assistance by implementing the “One Percent Solution,” which would allocate an additional 1% of the Canadian GDP for funding new affordable housing programs (Hulchanski, 2005). Like Eiliyah, Daisha and Frances, Harry conceptualizes problems in Regent Park like displacement as fundamentally connected to larger structural issues like the inequitable distribution of resources at the government level, which also affects the misallocation or withholding of funds at the community level. The inequitable distribution of resources and goods is also understood by residents as harmful to their community since it leaves social problems unresolved and may potentially lead to further marginalization of community members, like low-income families.

It is evident that Eiliyah, Daisha, Frances and Harry are aware of their own social devaluation as a consequence of neighbourhood stigma. It is also quite clear that they mobilize *critical narratives* in order to expose the inequitable distribution of resources that contributes to social problems in their community like youth and gang violence, poverty and a lack of affordable housing. Their *critical narratives* serve to provide a background and framework for understanding why certain social problems may be seen in Regent Park that does not label residents as immoral and deficient. Therefore, *critical narratives* reject stigmatizing understandings of neighbourhood and in this way help residents resist neighbourhood stigma.

Respondents using *critical narratives* may resemble participants in a study by Hastings (2004) called “normalisers.” Normalisers tended to attribute problems within social housing estates to larger systemic problems, like the lack of welfare benefits, an unstable labour market and discrimination. An example of a normaliser can be seen when a resident interviewed said that the government was at fault for poor housing conditions due to a lack of investment, instead of blaming residents for not caring for the property (Hastings, 2004). However, normalisers also tended to view potentially “problematic” activities like gatherings of youth in the neighbourhood drinking as being a “normal” part of growing up (Hastings, 2004). In this study, participants did not necessarily try to “normalise” the conditions or problems in their neighbourhood, but critically pointed to structural causes and solutions for the challenges of poverty and youth disengagement. Therefore, respondents in this study using *critical narratives* may be similar to normalisers in Hastings (2004) study, but distinct since they do not attempt to normalise their neighbourhood but expose and address social injustices affecting their neighbourhood.

The *critical narratives* employed by Regent Park residents may resemble what Kusenbach (2009) calls “blaming” in a study investigating the strategies Florida residents employ to cope with the stigma that is commonly associated with living in a mobile home. According to Kusenbach (2009), “blaming” involves providing a rationalization or justification for how one ended up in an unfortunate situation as well as reassigning responsibility for one’s circumstance to another person, social structures or luck. Kusenbach claims that respondents created “victimization narratives” when voicing their

experiences of abuse, joblessness, and illness as a means to “lessen the pain” of downward social mobility (2009, p.423). However, I argue that in this study residents did not demonstrate “blaming” or “victimization narratives,” but *critical narratives* since they did not view themselves as passive victims of stigma. Instead, respondents associated their lived experiences of social injustice in their neighbourhood to structural forces, like the state’s inequitable distribution of resources, which propagate neighbourhood problems like gang violence, precarious community services and displacement.

Therefore, calling residents’ narratives critical as opposed to blaming or victimizing may be a more accurate term to describe their engagement in a deeply analytical understanding of their and their community’s social location in relation to the rest of the city. Also, framing such profound understandings of the inner workings of society as “blaming” may trivialize the claims of respondents as resentful finger pointing and may lead to further marginalization. Understanding respondents’ narratives as *critical* versus *victimizing* may work against associating residents with undesirable qualities like helplessness, passivity, and submissiveness that lead to greater stigmatization (Link & Phelan, 2001). Ultimately, *critical narratives* reflect respondents’ views of themselves as “active challengers” and acknowledge their worldviews, which may better support their efforts to destigmatize their neighbourhood.

#### 4.3 Navigating the Neighbourhood Narratives

There is a shared awareness among Regent Park residents interviewed that particular stereotypes and labels were associated with the people living inside their

neighbourhood. Through the *navigating the neighbourhood* narrative Regent Park residents explain how outsiders may wrongly apply stereotypes and labels to the entire community due to their lack of knowledge of the area and misinformed assumptions that cast all Regent Park residents within the same homogenous grouping and over-emphasize the prevalence of crime. Respondents use the *navigating the neighbourhood* narrative to demonstrate the diverse social composition of Regent Park and how they successfully manage their own lives within the neighbourhood. It is evident that residents create subgroupings of the neighbourhood population and in doing so create groups of “undesirable” others like “drug people” or “bad people” that they distance themselves from, perhaps in order to preserve their own social identity.

For example, when asked why people living outside of Regent Park may think negatively about the neighbourhood, Alfred responded:

Well shoot, they, I thought the same way 12 years ago of this neighbourhood but now I lived down here...it's not really that bad because it's all about who you know. You know how you handle yourself down here. If you don't bother anybody nobody bothers you, but if you hang around drug people then you're going to meet drug dealers. You know what I mean?

Alfred admitted that like other outsiders he too thought negatively of Regent Park before living in the area. However, through accumulated experiential knowledge his preconceived notions about the neighbourhood have changed and he says, “It's really not that bad.” When Alfred claims, “it's all about who you know,” he implies that there are various types of people that one may get to know in Regent Park and that it is quite a socially diverse place contrary to what outsiders may believe to be a uniformly criminal place. Alfred's statement demonstrates a sense of agency and skill when he says how one

handles himself in the neighbourhood and who one surrounds himself with is an important factor that may determine whether someone encounters and experiences problems in the neighbourhood. Alfred particularly refers to people involved in the drug trade and views them as a “bad” group that is associated with the “bad” aspects of Regent Park. Yet, he says that such “bad” people or aspects of the neighbourhood can be avoided if one effectively navigates around them. Effectively avoiding or distancing oneself from “drug people” may also provide protection from any of the negative attributes Regent Park may be notorious for and therefore may protect Alfred’s social identity as a “good” person.

When asked what others living outside of Regent Park may think or say about his neighbourhood, Charles, like Alfred employs a *navigating the neighbourhood narrative* that involves explaining how life is strategically managed in Regent Park. Specifically, Charles says:

Oh yes some of them they say, “Oh my God that is a rough place, how do you live there?” We know there’s lots of drugs in that area. I tell them I don’t mix with them with drugs, I don’t interfere in their business and I don’t have no problem because since I live here in Regent Park I never get arrested and I never complained to anybody. They never interfere with me and I never interfere with them.

This quote shows how Charles’ relatives and friends strongly associate Regent Park with drug related activities. Charles confronts their beliefs by explaining how the occurrence of drug related activities in his neighbourhood is more manageable than one may think since he strategically avoids associating with the sub-group of people in his neighbourhood that may be involved in the drug trade or “them with drugs.” Therefore, he demonstrates that contrary to what outsiders may believe Regent Park residents are not

uniformly or inevitably implicated in drug activity. Instead, Charles shows the power of his agency in deciding who he associates with or avoids in the neighbourhood. Overall, Charles' narrative illustrates a strikingly different picture of Regent Park in comparison to what his relatives and friends perceive to be a neighbourhood overrun by drugs.

When Frances' family members protested her residency in Regent and called the place "crazy," she said:

No this is fine where I am going, my dentist is up the street my doctor's up the street, A is not too far and I volunteer at B. And then they kinda got to think and they knew too that I wasn't doing anything like drugs and stuff. That's when people get in trouble when they do all that stuff so I don't do that. That's probably why, I see it, but you know I'm not into drugs and all that.

Again, drug involvement is considered to be the most prominent activity participants consistently distance themselves from in response to stigmatizing perceptions of neighbourhood from outsiders. Similar to Charles' response to neighbourhood stigma, Frances speaks of her ability to navigate her neighbourhood and not "get into trouble." Like Alfred, Charles, and Frances, Gelila also faced unfavourable perceptions of Regent Park from relatives and friends that lived outside the neighbourhood telling her to not live there and warning her of the high prevalence of crime. However, since living in the neighbourhood and learning more about the area by experiencing it first-hand, Gelila now understands that outsiders were mistaken in their beliefs that Regent Park is a place where criminals or "bad people" live. For example, she says:

Before I moved here I got a house in Regent Park, "Oh don't take that place, they steal your car!" The people, not the neighbours, but who involved in that area is bad, not the people who live inside there, it's not like the families bad the people who involved like they from other area,

come from other places and do that junk here. That's what makes bad Regent Park, not people who live inside the house, because the people who live inside the house like me they're with a family, they're Indian people, European people, Somalian people that kind of people they live in the area, but the people who come and do that in that area makes bad, bad name.

In this quotation, Gelila reveals that there are a variety of cultural groups and households in Regent Park, who she considers “good.” She also delineates another group of people that live outside the neighbourhood, but go into the neighbourhood to do drugs and other illegal activities. She attributes the notoriety and stigma of Regent Park to the people that come from outside the community and engage in criminal activities. Therefore, she exposes how Regent Park residents may be wrongfully stigmatized and criminalized due to the acts of others living outside the neighbourhood. Ultimately, Gelila employs the *navigating the neighbourhood narrative* by demonstrating her insider knowledge of her neighbourhood to expose the wrongful and stigmatizing assumptions of outsiders and imbue social value on herself and neighbours. This may also be considered a way in which Gelila protects her own social identity and that of her neighbours because she categorizes them into a group of “good” people and attributes the “bad” reputation of her neighbourhood onto “bad” outsiders.

Gelila also employs the *navigating the neighbourhood narrative* when discussing parenting her children in Regent Park in response to outsiders' claims that it is an unacceptable place to raise children. She says:

How can you raise your kids, it depends on the family, if you follow your kids, if you are straight and follow every step, you're kids they don't be bad, they don't involve in the beginning you have to follow your kids, but if you don't follow your kids and if you don't ask where have you been what do you do...like give attention for your school of course they're going to meet with bad people and continue to do that kind of things and

then they will be bad, but depends on how I, you, I raise my kids. I believe that. Even though the area is bad it depends on how you raise your kids.

Gelila refutes the commonly held belief that living in an economically deprived neighbourhood will inevitably cause her children to be involved with crime. She instead places herself between her children and the “bad people” of the neighbourhood to create a protective distance between them so that they may have access to better life opportunities that she believes comes through schooling. In other words, she strives to help her children navigate the neighbourhood in a way that prevents them from experiencing any harm associated with living in a “bad area.” It is clear that she considers herself a powerful force in ensuring her children’s success, even more than any effects the neighbourhood environment may have in affecting her children’s future. Also, Gelila creates a subgroup of people associated with Regent Park called “bad people,” which again works to differentiate herself and family from “problem” others. This subgrouping shows how the Regent Park area is made up of different groupings and is not considered a homogenous population linked to crime by residents.

When Ibrahim recalls raising his teenage sons in Regent Park he also utilizes the *navigating the neighbourhood narrative* to show how insider knowledge can be used as a way to maintain a protective distance from “problem” people and activities. He says:

Because my family and other members see all the violence what is happening so they understand so they start to without involving in those things because they know if they like you’re my kids they know if they keep connection with those people they’re going to spoil his life so they know those things. And they continue their studies and they’re okay.

Ibrahim emphasizes how it was his sons’ own knowledge and understanding of the consequences of becoming involved with crime that caused them to distance

themselves from “those people” that were “going to spoil his life.” Like Gelila and other residents, Ibrahim creates a subset of the Regent Park population that is associated with crime, violence and drugs. He dissociates his children from belonging to this particular subgroup and may do this to preserve their social identity as “good” Regent Park youth. In addition, Ibrahim attributes the success of his children to their distancing from “troublesome others” and greater connection to schooling.

Overall, it is clear that residents understand that stigmatizing labels and stereotypes are applied to their neighbourhood as a whole by outsiders with little understanding of the complex subgroupings within Regent Park. Residents repeatedly describe facing statements from outsiders that over-emphasize the prevalence of crime in the neighbourhood. As Vale (1997) claims in his study of HOPE VI public housing residents, people believe they live in a neighbourhood with problems, not a “problem neighbourhood” in and of itself. Residents explain how they manage life in Regent Park through *navigating the neighbourhood narratives* by taking particular care in how they “handle themselves,” who they connect with, who they don’t involve themselves with and how they raise their children. Ultimately, residents successfully manage and enjoy life in the neighbourhood despite what outsiders may believe.

Yet, in employing navigating the neighbourhood narratives, residents engage in boundary work that serves to cast themselves and some residents as “good” and others as “bad,” problematic and criminal that one needs to keep a safe distance from. This type of response to neighbourhood stigma may resemble responses to poverty stigma observed in a study by Reutter et al. (2009) where participants made distinctions between themselves

and other low-income people who seemed less deserving or fulfilling of poverty stereotypes (Reutter et al., 2009). Authors reported that participants used cognitive distancing to refute notions that poor people are all the same by pointing out individualistic deficiencies of other poor people while arguing that such deficiencies are not reflected in their own personal identity, ultimately distancing themselves from such an identity (Reutter et al., 2009).

Navigating the neighbourhood narratives may also parallel a process Kusenbach (2009) called “fencing” where people living within the same mobile community constructed nuanced boundaries where they identify some residents to be indecent and classify themselves as members of the respectable group. Kusenbach (2009) states that fencing was more often used by residents of lower income mobile homes that resembled more stereotypical features of a mobile home community possibly in order to preserve a dignified social identity in the face of great stigma. This may provide some understanding as to why some participants engaged in boundary work that constructed “bad” groups since it may be that living in a highly stigmatized place makes it more challenging to respond to stigma in a way that does not negatively label others.

However, *navigating the neighbourhood narratives* are different from cognitive distancing and fencing in that they attempt to prove false stigmatizing claims that the neighbourhood is excessively dangerous and an unacceptable place to live, particularly when residents say that “it’s really not that bad” or that “it’s fine for them.” Therefore, although *navigating the neighbourhood narratives* involve residents constructing groups of “undesirable” others like “drug people” or “bad people” they are used in a way to

explain how the neighbourhood is misunderstood and how crime is over exaggerated since people successfully manage living in the community. In addition, processes like cognitive distancing and fencing may be better reflected in respondents' *othering narratives* where individuals attempt to destigmatize themselves by marginalizing racialized groups. This will be further discussed in the following section.

#### 4.4 Othering Narratives

When residents employed the *navigating the neighbourhood narrative*, it was clear that a subgroup of Regent Park's population was cast as "drug people" and "bad people." But who were these "bad people"? What groups in Regent Park were associated with "badness," trouble or problems. A number of respondents pointed to certain ethno-racial groups as "bad" and to blame for causing neighbourhood problems like poor housing conditions and violence. In other words, residents used an *othering narrative* to further stigmatize some of their racialized neighbours by marking them as "morally" and/or "intellectually inferior" and deficient (Schwalbe et al., 2000).

For example, Alfred attributes the cause of infestations like bed bugs, mice and cockroaches to the individual behaviours and values of "ethnic" people living in the neighbourhood when he is asked to describe what he likes and does not like about his new home and says:

It's the people that are bringing it there...some people you know...they can't reason or can't think, they're, if you take a person out of say an infested, brooding house and put them in a place like they're still going to have the same attitude, same principles, ways of living and they're going to bring it to that building so you can't really change a person that's the thing. You know I'm a clean person myself. I keep everything neat, my

apartment's beautiful. Some people that haven't got a clean ethnic background they take, they lived in a slum, they're going to bring it with them.

Alfred believes that the problem of pests lies internally within the behaviours and values of people from “unclean” ethnic backgrounds. He implies that moving such people into better housing will do little to improve their living situation since they will still carry their various deficiencies and lead to the deterioration of the new housing. He distances and differentiates himself from his neighbours of “unclean” ethnic backgrounds when he describes himself as a “clean person” who “keep[s] everything neat.” Therefore, he believes he is not part of the sub-group of “unclean” ethnic residents who will “bring the slum” with them into the new buildings. Alfred may engage in an *othering narrative* in order to affirm his membership to the dominant group as a White male and “deflect” the stigma he experiences as a member of a “subordinate group,” Regent Park (Schwalbe et al., 2000).

When asked why he believes there is a stigma attached to Regent Park, Murray, an older White man, says:

It all reverts to the drugs same as Jane and Finch, same as Bloor and Lansdowne, same as all these other economically depressed areas they all have a stigma attached to it and that's because the people that you know trying to make a life for themselves and let's be frank it's all these young Black men, because mostly because I think because of peer pressure. They grow up with their buddies, their buddy turns into a drug dealer and he's got all this money and they think oh wow that's an easier life why should I go to school, why should I do this, and why should I do that, when my buddy here is making whatever he's making you know, but they don't see the long hall. They see the short hall.

In this quotation, “young Black men trying to make a life for themselves,” is the group pointed out by Murray as problematic. He describes young Black men in

economically deprived areas and arguably stigmatized Toronto neighbourhoods like Jane & Finch and Bloor & Lansdowne as susceptible to peer pressure and engaging in a criminal lifestyle to make money quickly. Similar to the ways in which outsiders view Regent Park's population to be homogenous and troublesome, Murray does the same to young Black youth when he says they are all short sighted and susceptible to a life of crime. Therefore, Murray sees Black youth as individually responsible for their choice in committing crimes while at the same time downplaying their agency to not involve themselves in the drug trade. He also overlooks systemic racism and poverty as driving factors of youth disengagement and crime. Later during the interview, Murray goes on to say how he does not feel as if he carries a stigma for living in the neighbourhood, but that Black male youth do carry a particular stigma if they live in Regent Park. Therefore, the burden of stigma is not perceived to be equally weighted among all Regent Park residents, with young Black males suffering a greater burden, due to the historical stigmatization of Black bodies and criminalization of Black men (Howarth, 2008).

Heightened fears of Black bodies are not only displayed by White members of the Regent Park community, but also by South Asian residents. For example, when Omrita discusses how her neighbourhood was like before the revitalization she says:

Before is the most Black people is here, more, too much yeah. Black people and now I don't see. Like less, not too much, now only I see like Asian people. Maybe they move or I don't know. But...we get really scared because we come from back home and we learn to peace, peace area, peace people and now we think ok we come from back home but this Canada all the time we think everybody say this country is peace this country is nice, oh this area is peace, a lot of the time like mind is caution, is [it] okay to go outside okay anybody can do anything like feeling scared...

Omrita believes that there were too many Black people in her neighbourhood before the revitalization when she first moved in and implicitly attributes the violence in the area to Black residents. She associates Asian residents like herself with attributes like peace which imply superior moral values and is fearful of Black people in her neighbourhood so much so that she is at times afraid to leave her home. Another South Asian resident, Nimala also attributed thefts in her neighbourhood to Black people due to the warnings of other South Asian residents to be careful with her jewellery. Through her *othering narrative* she reveals how there may be underlying tensions and social hierarchies between Asian and Black groups in the neighbourhood that may cast Black people as subordinate.

Asian residents also seem to be perceived as disassociated from criminal activity when Gelila, an East African woman, explains who the “bad people” in the neighbourhood are: “Because you see what kind of people that do that kinds of things, you don’t see the Indian families or the Indian kids or the...I don’t want to say (Black)...” It is significant that during the interview Gelila says “Black” quietly, which may indicate her hesitation and shame over attributing criminality to Black youth in the neighbourhood. Therefore, Gelila may have internalized the legitimacy of a devalued identity imposed on Black members of her community by the dominant group, but is reluctant to publicly voice this claim.

On the other hand, when Ibrahim, an older South Asian man was asked who he was referring to when he said the “bad people” in his neighbourhood, he said, “most the Blacks.” He goes on to explain how a Toronto Community Housing Corporation property

manager sought to transform Regent Park into an Asian community before the revitalization:

What she did she start to take Asians and she start to send all the Black people out. The Black community's put out and she take how much she can give chances to the Asian people. After Asian people start to move this area it gets nice, calm and the Asians from Sri Lankan, Pakistan, Philippines, Vietnamese, Chinese, all of them came after 2004. Before 2004 only one Sri Lankan family was here, only one! Mrs. A start to change everything. After I put my application I came to see her and my friend got a chance to come here and then I talk to Mrs. A and she said...if you have anybody Asian communities bring to me and I will give housing. Then after we too, we call all the Sri Lankan communities...So it's gone up 40 something families start to move.

Ibrahim speaks of Mrs. A's efforts to transform the Regent Park neighbourhood into an Asian community in a positive way, which may demonstrate his internalization and acceptance of a devalued identity forced onto Black individuals. When asked why he believes Mrs. A may have wanted to alter the racial composition of the neighbourhood he replied, "to control the violence, drugs, those types of things." Therefore, Ibrahim's understanding of the Black population in his neighbourhood is that they are violent, criminal and need to be removed for the betterment of the neighbourhood. Conversely, Ibrahim imbues his own group, the Asian community, with positive attributes that make the neighbourhood "nice" and "calm." Ibrahim's positive portrayal of Asian residents parallels with Omrita and Gelila's statements that Asian residents are peaceful and honest people. His description of a Toronto Community Housing staff's actions also aligns with his positive portrayal of Asian residents and denigrating views on Black community members. His claims on how TCHC understood and addressed issues of violence and crime in the neighbourhood may be particularly problematic since Black individuals may

have been denied housing on the basis of their race and housing may have been allocated to other individuals on their elevated standing in a racial hierarchy. Yet this may not seem shocking since numerous studies and reports have shown how Black people are continuously discriminated against in the housing sector (Galabuzi, 2006).

Participants' understandings of racialized community members resemble findings from Kusenbach's study, where White residents of mobile homes associated the decline of their community with "bad people," particularly Blacks, Latinos, youth and people perceived to be involved in criminal activities (2009)." According to Kusenbach (2009) residents engaged in such "othering" practices in order to protect their own social identities that are constantly threatened by stigma attached to living in a trailer. Therefore, Regent Park residents may also engage in *othering narratives* in order to protect their own spoiled identities as residents of one of Toronto's most stigmatized neighbourhoods.

Respondents' *othering narratives* can be linked to what van Dijk calls "racist discourse" and the reproduction of racism through stories (1993). According to van Dijk, stories about ethnic minorities may work to support racial stereotypes, prejudices and an overall negative evaluation of such groups. Serious problems arise when stories of non-White groups are seen as factual in order to justify discrimination (van Dijk, 1993). For example, during an interview with a White male maintenance worker in the United States, van Dijk observes how the man suddenly turns a conversation about his neighbourhood into a dialogue about ethnic minorities bringing about a negative change in his neighbourhood. The interviewee goes on to explain how Mexicans and Blacks are exploiting the government and concludes that stricter laws need to be put in place for

people to immigrate to the U.S and to get social assistance (van Dijk, 1993). These prejudiced understandings of racialized people as deficient, immoral, corrupt and criminal are observed at the macro level when laws and policies are created that bar poor People of Colour from accessing social services and housing (Hostetter, 2009).

Respondents using *othering narratives* did not report treating non-White members of their community differently, but viewed differences between them as negative. It is significant that respondents reproducing racism through stories were also non-White, which may reflect complex ethno-racial hierarchies among residents, casting Black members on the lower rung of the social ladder. Such hierarchies of “good,” “better,” or “bad” people stratified along ethnic and racial lines demonstrate how dominant racist discourse and institutionalized racism has been internalized by some racialized residents. Residents also display internalized racism when they justify the alleged racist practices of a quasi-governmental agency denying housing to people on the basis of their race.

This practice of creating micro-hierarchies within a stigmatized group was seen in a study by Zhou (2007) investigating the lived experiences of people living with HIV/AIDS (PLWHA) in China. The ways in which PLWHA became infected with the disease carried significant moral meanings to individuals and influenced the ways they perceived their own social value and how they spoke about their illness. Particularly, people that acquired the disease through same-sex practices carried a heavier stigma burden because of the stigma of homosexuality. PLWHA that acquired the disease through blood transfusion or heterosexual sex with their partner seemed to consider themselves “innocent” relative to people that acquired the disease through same-sex or

“deviant” sexual practices and drug use (Zhou, 2007). In this way, PLWHA infected through blood transfusion or “non-deviant” sexual practices internalized dominant discursive practices that socially devalue drug users, sex workers and people that engage in same-sex practices. In other words, “innocent” PLWHA attempted to deflect the stigma commonly associated with HIV/AIDS by further stigmatizing and marginalizing subgroups of PLWHA (Zhou, 2007).

Similarly, *othering narratives* serve to destigmatize an individual or neighbourhood at the expense of further stigmatizing other ethno-racial groups and may be symptomatic of living within a White supremacist society. Yet, despite such potentially harmful *othering narratives*, residents overwhelmingly reported a strong sense of community and happiness when describing everyday life in Regent Park. Such *good neighbour narratives* will be discussed in the following section.

## 4.5 Good Neighbour Narratives

Participant responses to questions surrounding daily life in Regent Park reveal a strong sense of community through shared understandings of what it means to be a good neighbour, like friendliness, reciprocity and cooperation. Through stories of volunteer experiences, personal encounters with neighbours, sharing resources and helping neighbours, *good neighbour narratives* are constructed by Regent Park residents. *Good neighbour narratives* run directly counter to stigmatizing narratives of Regent Park, propagated by outsiders and media, since they reveal the high social value insiders hold for their neighbourhood. *Good neighbour narratives* also demonstrate respondents’

beliefs that “good neighbour” qualities like friendliness and helpfulness are specific to Regent Park residents and are not as shared by outsiders. In this way, *good neighbour narratives* may demonstrate overlapping symbolic and spatial boundaries, where the spatial boundary of Regent Park is home to “good” and “better neighbours” than individuals living in neighbourhoods outside the Regent Park boundary. Therefore, the utilization of *good neighbour narratives* may be considered a destigmatization practice that involves the construction of symbolic boundaries that imbue the Regent Park community with “good neighbour” qualities and upholds the dignity of their neighbourhood in the face of neighbourhood stigma.

For example, Frances employs the *good neighbour narrative* when she describes herself as “conscientious in helping other seniors” and when discussing her active involvement in four local community agencies. Particularly, she views her community activities as a way of learning more about her neighbours and strengthening community relationships. She says,

I think it's because of the way we are, even though people know people living in Regent Park but because I volunteer at B and C you see the same people and you treat 'em good so they treat you back nice. So maybe that's why. I think it helps getting involved so people get to know you but if you keep to yourself and be a snob around people when you go out that's not good.

This quote demonstrates Frances' understanding of a *good neighbour* to be an individual like herself that “get[s] involved,” treats people kindly, is welcoming of others and works to build positive relationships with her neighbours. When she says, “you see the same people and you treat 'em good so they treat you back nice,” she reveals how reciprocity exists between neighbours, which may reflect a strong shared sense of

community. She further engages in the *good neighbour narrative* when she later compares Regent Park to a small town because “everybody knows everybody” and if she begins talking to someone on a neighbourhood sidewalk, someone else will approach her and begin a conversation. Taking the time to speak with neighbours is a significant part of what it means to be a “good neighbour” to respondents and will be discussed later in this section. When Frances is asked to further describe what makes her neighbourhood unique or similar to other neighbourhoods she responds:

I think, I don't know, maybe the friendliness, the kind of a closeness about it too now people are too far away from each other and I don't think people that live outside of Regent Park would understand that because they haven't been here long enough to know. Because their first reaction is Regent Park I don't want to move there. Even if they've never lived there, maybe cuz they heard somebody say it or cuz that person may have had a bad experience, it doesn't mean all of us had. I think it's how you live, it's what matters.

In this quote Frances creates a symbolic boundary between Regent Park and outside neighbourhoods by attributing characteristics like “friendliness” and “closeness” shared among neighbours as a unique and distinct quality of Regent Park. She believes that outside the neighbourhood people are disconnected and lack a sense of community. She counters stigmatizing assumptions of her neighbourhood by reasoning that the fears of outsiders moving to the area are caused by generalized misinformation because they do not live in the neighbourhood and therefore lack experiential knowledge. Frances asserts that how one lives is what's important, which coincides with her previous statements that illustrate her high level of community involvement and qualities as a “good neighbour,” which may foster a strong sense of community among neighbours.

When Frances further elaborates on what she enjoys about her neighbourhood she emphasizes “good neighbour” qualities of residents in the neighbourhood. She says:

...it is a lot of great, friendly people and they're very helpful. There's a lot of good Black people too. I know some guys that say “ooh,” I seen like sometimes 1 or 10 Black people I know when I'm on my bike they'd be driving behind me, I didn't know, they'd say I was watching that you'd get home last night. I said oh thank you. Cuz they knew where I lived, not which apartment. They said, “I was waiting to make sure you get in your building” ...They always call you by your first name which is nice...So it's a lot of openness, friendship. Everybody seems pretty nice. I don't have any...problems with people.

Frances makes reference to an occasion where her neighbours were concerned for her safety and sought to protect her as she rode her bike home at night. In this quotation Frances demonstrates how residents embody “good neighbour” qualities, engage in reciprocity, which may reflect a strong sense of community and efforts to counter stigma. She particularly refers to Black members of her community as being “good,” which counters the *othering narratives* some respondents used to destigmatize themselves at the expense of marginalizing certain ethno-racial groups. Frances also mentions that her neighbours always call her by her first name, which may also be indicative of a strong sense of familiarity among neighbours in Regent Park. Again, Frances refers to her involvement in her community as a way of facilitating her understanding of her neighbourhood and knowing how to get along with her neighbours. Ultimately, Frances engages in a *good neighbour narrative* that implicates herself and her neighbourhood as possessing “good neighbour” qualities and by using this particular destigmatization practice she may be able to protect her identity and Regent Park's reputation from stigma.

Barbara has lived in Regent Park for over twenty years and was temporarily relocated to a neighbouring area in downtown Toronto because of revitalization. She also utilizes the *good neighbour narrative* to deflect any stigmatizing notions of herself and neighbourhood. She evokes the *good neighbour narrative* when describing her daily life in Regent Park. For example, when she goes shopping she says:

I see everybody I know. My son used to go shopping with me, but he doesn't do it no more because he says it takes me an hour to get to the grocery store (laughs) so he gets mad at me cuz I talk to everybody. He says, "Mum can't you just go by and just wave or something" and I say, no that's rude you know.

This quote demonstrates the importance Barbara places on taking the time to engage in conversation with residents, which makes it a significant "good neighbour" quality. During the interview she also explained situations where neighbours needed help in dealing with maintenance staff and how she was able to resolve such problems. Throughout the interview she repeated that she "talks to everybody" and "knows everybody" signalling that she is especially proud of her association with people in the neighbourhood and that this association is an integral part of her social identity. Like Frances, Barbara feels that Regent Park is distinct from neighbourhoods surrounding it because it is symbolically attributed "good neighbour" qualities. This can be seen when she is asked to describe her neighbourhood and she replies:

Well I find that they help each other you know yeah. Yeah cuz I don't like the west end and I've been at [nearby temporary address outside of Regent Park] and I didn't like living there for 3 years so when they tell me they ask me if I wanted to come back I said yeah because I knew a lot of people there too but they're not as friendly you know.

Barbara expresses dissatisfaction with her temporary residence in a neighbourhood nearby because she felt that the residents were not as helpful or friendly as her previous neighbours in Regent Park. Her own good neighbour values were not reflected in the new neighbourhood she was relocated to and this motivated her to return to Regent Park. When she describes her life in Regent Park before the revitalization began she tells stories of neighbours sitting together and sharing food and making conversation. Since revitalization, her perception of her neighbourhood as a “friendly place” remains strong as illustrated by her accounts of life in the new revitalized buildings. For example, when she is asked to describe her experience living in the new revitalized building she says:

We’re trying to get a Christmas tree for the lobby. And people bring stuff down. It doesn’t matter if you sit here day or night, people’s always feeding you down there [lobby]...they bring cookies down, cakes down, someone’s always running to Tim Hortons and get you a coffee or hot chocolate. There’s so many people we say hi to and they bring stuff down.

In the new revitalized building Barbara now lives in there is a lobby that serves as a hub for social activity in the building. It is a space where residents socialize, organize, share food and ultimately embody “good neighbour” qualities. In this quote it is clear that Barbara views her neighbours as friendly, helpful and generous people, fitting her own “good neighbour” attributes. This portrayal of Regent Park community members as “good neighbours” runs in stark contrast to the stories that emerge from outside the community that propagate negative stereotypes of residents as criminal and deviant.

Another illustration of the *good neighbour* narrative is provided by Eiliyah. During her life in Regent Park she has volunteered at local community centres and has

participated as a community representative on a number of committees and boards. She currently works at a local community centre and continues working closely with Regent Park residents. When asked to describe her neighbourhood she replies:

You know your neighbours whose living where and you will be comfortable asking them, oh can you look my kids or can you walk my kids to school, you feel comfortable with the people who are living in Regent Park. And my floor we use, there was people who were, use to share dishes in the same building in the second floor other people were in the same country as me, but ya we have relations with them also...And also the way the Regent Park people who are, the way the hospitality they show for others and not, they just don't run around, they take a time to say hi to you and talk to you. Even other neighbourhood don't take a minute to say hi or bye to you so that makes a big difference.

Entrusting the care of one's children to neighbours as an example of how Regent Park residents possess "good neighbour" qualities was frequently observed among racialized migrant women participants. This is significant since it may foster a tremendous sense of support among women in the community and bolster their own identities a "good neighbours". When recalling her experiences living in her neighbourhood before the revitalization, Eiliyah emphasizes a sense of familiarity, trust and closeness between neighbours. Like Barbara, she mentions sharing food with neighbours from different ethno-cultural backgrounds in her previous residence in Regent Park. She describes Regent Park residents as welcoming by "the hospitality they show for others" and their willingness to take the time to engage in conversation with others. For Eiliyah, taking the moment to engage in conversation with people makes a positive impact on people's lives and is something that is distinctive of Regent Park. Her responses mirror Barbara's recounting of walking to the grocery store and taking a longer

time to get there because she takes the time to speak with other community members on the journey.

Eiliyah and Barbara both use the *good neighbour narrative* to show their pride in their neighbourhood. Frances, Barbara and Eiliyah also all claim that the “good neighbour” qualities of residents are unique and distinctive of Regent Park since each believe that neighbourhoods outside Regent Park do not collectively possess “good neighbour” qualities. Therefore, these women construct a symbolic boundary around Regent Park and in doing so promote the social value of their neighbourhood.

Immigrant men like Ibrahim, an older Sri Lankan man living in Regent Park for 16 years and Charles, an older Guyanese man living in Regent Park for the past 38 years also engage in the *good neighbour narrative*. Both are also involved in their communities through local tenant organizations. For example, when asked what makes Regent Park different from neighbourhoods surrounding it Ibrahim replies:

I don't think that outside they have a community like this, here the Regent Park, we have all the time we're gathering, we keep our meetings and everything like this. I don't see anything outside. People they are living alone.

Ibrahim believes that a community as closely knit and connected as Regent Park does not exist elsewhere. He believes that people living outside of Regent Park are “living alone,” in isolation from their fellow community members. Therefore, Ibrahim believes that Regent Park espouses good neighbour qualities that make it distinctly more socially cohesive than outside neighbourhoods.

Charles uses the *good neighbour narrative* as a direct response to stigmatizing perceptions of his neighbourhood. For example, when asked what people living outside of

Regent Park think or say about the area Ibrahim explains that others say, “Oh my God that is a rough place, how do you live there? We know there’s lots of drugs in that area.”

When asked why he thinks they say that he responds:

They say that because they hear so much about this place, they see it on TV, the news. Finch, there’s lots of problem in that area too. In different areas too, Scarborough, Finch, Sheppard, so what are you going to do? You can’t run away from where you live. What are you going to do? I never run away I stay on. We are so friendly to people we talk to them. If they want advice they want to know how to get there to the shops, how to get the streetcar...

Charles believes the media is a source of Regent Park’s notoriety for drug trafficking and crime. He points to other arguably stigmatized areas in Toronto as places where similar problem activities occur. He maintains that one must confront the problems in their neighbourhood head on since it is not possible to escape living in that area. It also may point to the reality that as a person living on a low-income, his options for living in areas that are “problem free” in the eyes of outsiders and media are limited. However, he immediately turns to describing how friendly and supportive Regent Park residents are. Therefore, he invokes the *good neighbour narrative* to confront stigmatization of his neighbourhood and himself.

Overall, it is clear that respondents’ *good neighbour narratives* seek to destigmatize the entire neighbourhood by subverting dominant rhetoric and representations of Regent Park and promoting positive portrayals of community life. When residents speak of neighbourhood “friendliness,” “openness,” and “looking after one another” they are pointing to the ways in which they engage in reciprocity through exchanging a variety of social and material goods like human interaction, advice, social

networks, time, service, food, childcare, and protection. It is evident that respondents engage in a variety of reciprocal exchanges despite economic marginalization and exclusion and effectively disprove such stigmatizing assumptions. In this way, they are resisting stigma that casts them as “unworthy” or undeserving of social investment (Reidpath et al., 2005). Therefore, the fact that Regent Park residents understand themselves to be “good reciprocators” versus “undeserving free loaders” or “violent criminals” as evidenced through their *good neighbour narratives* directly counters stigma and reinforces their social value. It is for this reason that *good neighbour narratives* are a critical tool of resistance against neighbourhood stigma and marginalization.

Respondents differentiate and define themselves from others by drawing on shared “good neighbour” characteristics like “friendliness” and “helpfulness,” which may be indicative of individual and collective social identity construction (Lamont & Molnar, 2002) “Good neighbour” attributes contrast the stigmatizing attributes or labels ascribed to Regent Park residents that serve to spoil their social identity in Goffman’s terms (1963). In addition, “good neighbour” attributes may serve as the foundation for a personal and collective “good neighbour” social identity that counters the spoiled virtual social identities that outsiders ascribe to Regent Park residents. Therefore, Regent Park residents may engage not only in counter-narratives, but in the construction of counter-identities as a way to manage and resist neighbourhood stigma.

Constructing social identities has been shown to play a critical role in individuals’ health and wellbeing. In a review by Haslam et al. (2009), social identities are observed to significantly affect the ways in which an individual understands and responds to illness,

engages in health-related behaviours, seeks out social support and protects against stigma. Thus, counter-narratives may provide a medium for individuals to engage in counter-identity building and consequently promote health and wellbeing. The ways in which destigmatization practices like counter-narratives may be linked to health and wellbeing will be discussed in Chapter 6.

#### 4.6 Connecting Destigmatization Practices to Regent Park's History of Resistance

It is also important to understand how *good neighbour narratives* and other counter-narratives outlined in this chapter emerge from a longstanding history of resistance to neighbourhood stigma by Regent Park residents. In Purdy's (2003) historical investigation of Regent Park from 1951-1991, he highlights residents' accounts of confronting and challenging neighbourhood stigma using a variety of responses that resemble the destigmatization practices or counter-narratives found in this study.

For example, the *good neighbour narrative* may be observed in Mrs. Chatten's 1965 description of Regent Park when she says: "You can be dying in Scarborough and places like that and nobody will lift a finger but here the people will do anything to help a person" (Purdy, 2003, p.98) "Good neighbour" attributes are also expressed by Ken Dear, a United Church minister when he describes the neighbours as "warm, open, caring about each other." *Othering narratives* may also be observed during the 1970s when immigrants from the West Indies began to move into Regent Park and a number of White tenants would attribute problems in the neighbourhood to their arrival (Purdy, 2003).

*Navigating the neighbourhood narratives* may also be reflected in Carol Walsh's statement in the 1980s: "What angers me is when people think I'm a dummo just because I live in Regent Park...I have experience in life that can beat any education" (Purdy, 2003, p. 99-100). Like participants in this study using *navigating the neighbourhood narratives*, Carol Walsh speaks of insider experiential knowledge as a powerful tool to denounce neighbourhood stigma. *Critical narratives* may be poignantly illustrated in the narratives of tenant activists in 1975 that understand problems in their neighbourhood to be caused by systemic inequality. For example in 1975, Janet Ross, a Regent Park tenant activist said: "Somebody up there has a structured plan to keep the poor, poor. You have people to do joe jobs. So you never let them get out of poverty" (Purdy, 2003, p.45). In addition, the *humanizing narrative* can be observed in Nancy Green's statement in 1971: "we are not second class citizens, but human beings who are just trying to make it through life same as everyone else" (Purdy, 2003, p. 89). Therefore, it is evident that Regent Park residents have experienced stigma over many decades and have developed a variety of responses to resist and challenge neighbourhood stigma that persist today as evidenced by counter-narratives in this study.

Despite longstanding efforts by Regent Park tenants to denounce stigma and mobilize counter-narratives, dominant stigmatizing narratives remained largely unchanged (Purdy, 2005). According to Purdy (2005), "a powerful slum narrative of Cabbagetown" garnered by state bodies and media outlets projected images of Regent Park as a site of poverty, dysfunctional behaviours and criminality, in other words, as an

“outcast space” (p.530). However, since revitalization began, participants in this study report that Regent Park is now more favourably perceived and talked about by outsiders.

This shift in dominant narrative may have also influenced participants’ understandings of their neighbourhood. For example, respondents now describe themselves as lucky and say that outsiders call them “lucky” as well. Participants also use *luck* and *good neighbourhood narratives* that mainly emphasize the physical and social changes in their neighbourhood brought about by revitalization. These narratives are different from counter-narratives outlined earlier since they do not work to destigmatize the community as it was before, but promote the acceptability of the neighbourhood because of the changes that have taken place as a result of revitalization. In addition, respondents ascribe negative and stigmatizing labels to individuals residing in the older part of the neighbourhood while upholding positive portrayals of the revitalized pocket in which they live. This type of boundary work parallels dominant discursive practices that have historically stigmatized the entire Regent Park neighbourhood. These changes in Regent Park residents’ narratives and destigmatization practices will be further explored in the following chapter.

## Chapter 5: Shifting Narratives and Changes in Destigmatization Practices

The second objective of this grounded theory study was to explore changes in residents' destigmatization practices upon re-housing into the revitalized buildings. This chapter will discuss the ways in which respondents' narratives have shifted since revitalization and their utilization of new narratives that serve to reject neighbourhood stigma, but also reflect shifting dominant narratives of Regent Park.

The first section will discuss *luck* and *good neighbourhood narratives* that demonstrate how residents view themselves as lucky and how they are perceived by outsiders to be lucky. *Luck* and *good neighbourhood narratives* also involve respondents' showing evidence for their luck by speaking positively of social and infrastructural changes that they and outsiders believe make Regent Park a good neighbourhood to live in. Participants' new understandings of their neighbourhood at times may not reflect how they highly valued their community before revitalization. Some participants also reveal the costs to becoming one of the "lucky ones" and not being one of the "lucky ones." The second section will discuss "*my new little pocket*" narratives that show how participants describe the emergence of a new boundary within their neighbourhood, dividing the revitalized section and the "older" Regent Park. Respondents appear to ascribe negative and stigmatizing labels to individuals residing in the older part of the neighbourhood while upholding positive portrayals of the revitalized pocket in which they live. The significance of these findings in relation to the current literature and research objective will also be explained throughout this chapter.

## 5.1 Luck and Good Neighbourhood Narratives

In order to address the second objective of this study and investigate whether participants' destigmatization practices have changed since re-housing, participants were asked to describe how their neighbourhood has changed since revitalization as well as how they believe outsiders perceive the area since revitalization. Participants were also asked whether they experienced stigma since re-housing into the revitalized buildings and what they did to respond to stigma. These questions were asked to further examine how participants' responses to stigma had changed since re-housing.

When participants were asked to describe how outsiders perceive their neighbourhood since revitalization, there is a stark contrast in the accounts participants provide about outsider perceptions of Regent Park before and after revitalization. Before revitalization participants believed that their neighbourhood was regarded negatively, but now since revitalization participants believe that the ways in which outsiders interact with them and speak of Regent Park has shifted. Due to this shift in interaction and narrative, participants' perception of stigma and experienced stigmatization has also changed, with participants reporting that they no longer feel treated differently and that they hear positive remarks about their neighbourhood. This change is so dramatic that now participants employ *luck narratives* when they describe being called "lucky" by outsiders and consider themselves to be "lucky" to live in the revitalized Regent Park. Participants also engage in *good neighbourhood narratives* when explaining how lucky they are to live in the revitalized neighbourhood and emphasize infrastructural changes like the modern design of the buildings and units, new amenities and retailers. Therefore, *luck and*

*good neighbourhood narratives* may be strongly linked with changes in outsiders' perceptions of the area and interactions with Regent Park residents.

Some participants also view the increase of South Asian residents and the influx of higher income households as improvements and point to these changes as a way of showing how lucky they are to live in the neighbourhood. Interestingly, *luck* and *good neighbourhood narratives* at times may not reflect counter-narratives that respondents used before revitalization to destigmatize and assert the social value of their neighbourhood. Instead, *luck and good neighbourhood narratives* seem to be more in line with the changes outsiders now point to as making the neighbourhood an acceptable place to live.

Lavani was asked what outsiders thought about her neighbourhood before revitalization and what they think now. She explains how before they held stereotypical beliefs about her neighbourhood and she was very reluctant to reveal her address, but since revitalization her family and friends are now interested in visiting and learning more about her neighbourhood and she is also now eager to show them her new apartment. Therefore, *luck and good neighbourhood narratives* can be observed in the following quote by Lavani:

Before they also think, like I told you that they all the time just the low income people is living here that they don't count they, "Oh where are you from oh where do you live? Oh Regent Park." And normally before I didn't used to mention Regent Park I said Dundas and Parliament (laughs) like this. Oh some people they just stopped Dundas and Parliament ok but some people, where Dundas and Parliament, which area and I have to tell them Regent Park. "Oooh Regent Park" that's it. They will just look at you again and that's it. Oh Regent Park, that means they know everything, what kind of person I am, what kind of people the Regent Park have. But now I'm proud to tell them I am living in Regent Park. "And which building?"

and I said X... “Oh my God new building, how is the building look like?” and I say okay I invite you just one day come and see my apartment if I tell you, it'll look like that I'm exaggerating. If you see it in your own eyes then you'll understand how does it look like.

The quote from Lavani is typical of many other respondents in that they also experienced stigma from relatives and close friends and those same people are now beginning to react positively to the area, particularly because of the way the new buildings “look.” She also expressed a tremendous desire to show her relatives and friends her new unit, which shows how she’s emphasizing the design of her new building and unit as evidence that Regent Park is a good place to live. Although before in her counter-narratives she explained how Regent Park was a good and acceptable place to live despite how buildings appeared or the stigma surrounding the area. Now she expresses a strong motivation to show her new unit in order to dispel any negative perceptions and stereotypes of the area:

I wanted to show because I wanted to make people break their wrong idea...people was thinking before, oh what they can make better because they couldn't imagine how it would, how the difference will look like. So I wanted to show every time every people because they can even the small, small things, the washrooms, everything I wanted to show them so that their thinking the bad thinking that can go away about the Regent Park.

Lavani’s response to neighbourhood stigma is different from her responses before revitalization where she talks about her neighbourhood as a socially valuable place regardless of the physical infrastructure. Lavani also reports that her relatives are now saying that she is lucky because they see Regent Park as a place of opportunity because of the many community spaces and activities available, which may be particularly important for women and children.

First of all I want to say that like lots of our relatives after they come in Canada they come in Regent Park and whenever they see these kinds of opportunities and lots of things happening in this Regent Park they are just telling me oh you are so lucky. You have lots of things, lots of entertainment things in this area, we are living so far there is nothing we can go, nowhere we can go with the kids. Because here in Canada this is very difficult for mothers to stay inside with their kids. But this area has everything. This area has everything, you can take your kids everywhere. There is a book bank...I don't think there is another book bank anywhere. We have a book bank here there is so many computer program happening so many places here for kids. Yeah and I one word I can say this, this is like my friendly environment. Like yeah everything is very convenient and we have our country store in here. Like four and five store here. Clothing and grocery.

Lavani and her relatives living outside the neighbourhood consider the convenience and cultural appropriateness of local stores as well as social support to women and children as extremely valuable sources of opportunity. This may be because such shops and services may not be as accessible further from the downtown core where many immigrant and low income families like Lavani's relatives, live. She also makes reference to a "friendly environment," which may demonstrate how she still employs a *good neighbour narrative* and values her neighbours like before, but in a way that is not as salient.

Omrita, a middle aged Bengali woman living in Regent Park for over a decade explains in the following quote how her relatives and friends responded to her neighbourhood before and after revitalization.

Oh new building, oh it's nice now it's changed, see everybody is like that...first time they say oh you live in Regent Park you moved to Regent Park it's a scary place, like it was dark too, dark area, lots of trees, looks like different area, now it's I feel oh see like look like bright, it's downtown, it's near to downtown this area. Everything is near.

Like Lavani, Omrita voices a sense of pride to live in Regent Park since it is no longer seen as a distinct “bad place” dissociated from the allure of Toronto’s downtown. She also describes times when her relatives and friends claimed that they were fearful of coming to visit her in Regent Park because they saw “drug people” and others “downstairs drinking” when they would enter her building. She said she felt hurt, sad and “shy” when her relatives came to her home in Regent Park before the revitalization began, but that since revitalization her relatives call her “lucky.” She says that she is called “lucky” because she got a new apartment when others had to purchase a condominium in a building that is the “same” as her subsidized unit. She also considers herself lucky because of the increased number of Bengali families living in the area, which has helped her to meet friends and build social networks in her neighbourhood. In the following quote Omrita explains how she feels lucky:

All...feel lucky. If I want to go with the kids you can go because this area lots of Bengali, you know I know like everybody’s okay I go and I go to school that time I meet friends and it’s not too far and it’s anybody okay we want to like go friend’s house you can go, but another area not like that, but Regent Park is more everything is opportunity.

Again Regent Park is referred to as a place of opportunity like in Lavani’s earlier statement. This contrasts mainstream perceptions of inner-city neighbourhoods like Regent Park as places with little to no opportunities. She also makes reference to knowing people in the neighbourhood and making friends, which shows how she highly values her neighbourhood for the people and not only the new changes in physical infrastructure. Therefore, Omrita and Lavani both seem to value their neighbourhood for characteristics

it had before revitalization, like community support and friendly neighbours, but also now value it for its new infrastructure that are also positively viewed by outsiders.

Nimala, a middle aged Tamil woman living in Regent Park for the past 8 years explained how her friends and relatives that lived outside the neighbourhood described it as “bad” with a “bad smell” and “bad guys” living there, ultimately deeming it an unacceptable place to live. However, since revitalization began Nimala says that they are asking her how they can obtain housing in Regent Park. In the following quote one can see how Nimala understands this shift in opinion to be caused by “rich people” moving into the condominiums:

But now you know the building they are the downtown area is you know the many of the rich people they move this neighbour you know that building the Tim Hortons building there is a lot of rich people. Many people thought Regent Park is very poor but now the people now understand that here is the rich people are living and good area. Good facilities and this area, this building only not housing people they are having a rent too. The maintenance is very good. The building maintenance is very good. Not poor, poor people the rich people living together with us. And that way other people don't everybody know now that this area is not poor people everybody is living here.

Throughout the quote one can see that a great emphasis is placed on “rich people” somehow making the area “good” or acceptable to live in and the importance of outsiders understanding that Regent Park is no longer a space for the poor. This understanding of Regent Park as deficient before the arrival of higher income households may serve to discredit the positive understandings of the neighbourhood held by community members employing counter-narratives before revitalization. Therefore, such a *good neighbourhood narrative* that links the arrival of higher income households with a “good”

and acceptable neighbourhood may dismiss counter-narratives that resist such deficient understandings of what makes a good neighbourhood.

Gelila, a middle aged East African migrant woman reports a dramatic change in outsiders' perspectives of the Regent Park since revitalization began. She employs *luck* and *good neighbourhood narratives* when describing changes in the way people interacted with her since revitalization and how she speaks of her neighbourhood. She says that people use to tell her that Regent Park is the “worst area in Toronto,” but now they say “you’re lucky you have a new house and you’re lucky it’s a new area, new place, its good.” Gelila also says that people are asking her how they can live in Regent Park too. In response to outsiders' new ways of viewing her neighbourhood, Gelila jumps at the chance to promote her neighbourhood's new features. This can be seen in the following quote:

I say why don't you come buy the condo here because it's cheap and the next ten years it's going to be a beautiful place and by then you're kids are going to be grown up...And by then we have all facilities here, it's good for the kids, it's good for us when we get to be old, we have Tim Hortons, bank, shopping place that kinds of things. I suggest them like that, why don't you come buy the condo or ask them to get subsidy house something like that.

The new features of the neighbourhood Gelila believes makes her neighbourhood include the new aesthetically pleasing design, facilities and amenities that may also be appealing to outsiders. She makes no mention of the people in Regent Park as good neighbours, but speaks mainly of infrastructural changes that make Regent Park a good neighbourhood to live in. In other words, she speaks of the neighbourhood's value in terms of the infrastructural changes.

Also, participants discuss the new features of their neighbourhood as evolving, progressing, changing and improving. This can be seen when Gelila says she believes that of in ten years time “it’s going to be a beautiful place.” It can also be seen when other participants like Ibrahim, a 15 year resident of Regent Park explains how “everything is getting new” in the neighbourhood including buildings, houses and shopping centres. Like Gelila he also thinks outsiders are now treating him “much better” and want to come to his neighbourhood because they see “luxury houses” and a clean environment, which they say they would not be able to afford outside of Regent Park.

However, several residents that identified as being “lucky” also suggest that overcoming certain obstacles may make them worthy of such luck. For example, when asked to describe his new home, Alfred, an older White man living in Regent Park for 12 years, responds:

I think it’s [building] wonderful, but I’m glad I got an opportunity to live here, one of the lucky ones. Everybody tells me, “How did you get that building?” I guess I waited long enough. I was lucky. I was ready to stay at X St. until...until I was 70 if I made it that far, but I’m glad I got in here. It’s a very nice building. It’s crisp, I got a beautiful view, can’t complain. I wish I would’ve had it 20 years ago.

Alfred identifies as one of the “lucky ones” and by doing so acknowledges that there were many other “ones” or tenants that have not been able to return for various reasons like not being able to secure their preferred type of housing because of the “first come first served” system of allocating housing and the later introduction of a lottery system to select new residents (Contenta, 2007; Johnson, 2010). He also stresses that he “waited long enough” and was resigned to staying at his previous residence in Regent Park for the rest of his life. This story resonates with long-time residents of Regent Park

like Frances who describes changes in the ways in which outsiders and her long time neighbours not living in the revitalized buildings interact with her. She says:

Like some of my girlfriends found out that I'm moving here I don't tell too many people they're really happy for me. Oh Frances you're so lucky! And I'm going nooo I've been waiting so long here to transfer. But they're really happy. So I feel okay about that. They...say oh I thought you were going to move out. No, no, no patience is a virtue. I was patient though because I did want to move out for a very long time but I stayed on.

She then goes on to say that she feels particularly lucky because she wouldn't be able to live in the new building if it was market rent housing since she lives on a fixed income: "I'm really lucky it's geared to income, I wouldn't be able to live here if it was market...no way, not with my ODSP." However, her interactions with Regent Park residents that are not living in the new revitalized buildings may be more strained due to feelings of jealousy:

I don't tell too many people that I've moved in to the new building. Because a couple knew and they have this attitude to you, who do you think you are you've moved into the new building...It's just some people that I knew. Oh I hear you've moved into the new building. I says, "Oh yeah. It's all right." I pretend it's no big deal, but it is a big deal to me and I think some people get jealous because you've moved into a better building or brand new unit and stuff. But I just ignore it. It's not that they don't talk to me but sometimes I can tell that they have this thing like how come you're there and I'm not...But I worked hard you know, took care of people.

Although she considers herself lucky, she also considers herself deserving when she says, "I worked hard you know, took care of people." Her story of experiencing being envied is echoed by Barbara, Kaiya, and Nimala who also report their neighbours and relatives explicitly saying they're jealous or treating them differently because they live in the new buildings.

Harry also believes he is lucky because he's "always had adequate housing," but he also acknowledges that there are others who don't and "he feels sorry for them." He says that one must "make an effort" to get adequate housing, which is what he did when he found himself living in hostels and went to various housing networks to get better housing. In addition, he says that because he's single it was easier to obtain housing downtown, but that families are "out of luck" since getting affordable housing downtown for families on social assistance is "impossible." Lavani also identifies with this sentiment when she says:

I feel very, very sad for them and I feel lucky for myself that I got the chance and actually our number they did the lottery and our number was very beginning of the 300 maybe 300 families ... One of my friends she called me and said ... "you are so lucky" ... we got the first choice there was also choices we have to give them for the apartments and we got our first choice and we were so tense. What happen if we don't get our first choice? What happen if they give us whatever they have?

Clearly, people bore hardships during revitalization and there are people who did not fare as well in the selection process. Experiencing a tense time during the lottery and waiting period to hear a response from TCHC was also shared by Omrita. Omrita says it was a stressful because she had to move several times during Phase One of the revitalization. She also discussed what her previous neighbours say to her now:

Yeah good things all the time they say, "Oh you are happy, you are lucky, you are new house, we don't have." When the house they see, you know now lots of people they moving different place, but they like here they want to like here this area they don't like to move to different area, but what can you do, like everybody's not stay here ... Lots of people they like here, but cannot get everybody's not this area, different, different area moving.

Omrita is called lucky by her previous neighbours particularly because they want to live in Regent Park, but are moving to a different area because not everybody can stay in Regent Park. This also coincides with Harry's statements on families having difficulties being housed in the area. It is also significant that several participants supported the construction of more affordable housing units in the neighbourhood. For example, when asked how he feels when others speak negatively about his neighbourhood Alfred said:

I really don't care what they think. It doesn't stress me out. They can think whatever they want I'm happy where I am that's the main thing. But I hope some people get as lucky as I do. I was very fortunate to get in there.

It seems that Alfred talks about obtaining his new housing as something extraordinary and uncommon when he says he was "very fortunate to get in." This may show how obtaining the type of housing he's now in can be a tremendous feat despite the fact that everyone in the neighbourhood is guaranteed a spot back in the revitalized neighbourhood. When Alfred says, "I hope some people get as lucky as I do" it shows his awareness of his previous neighbours that may not have benefited from revitalization as much as he has. His statement also raises questions as to why participants consider re-housing in the revitalized neighbourhood as something brought about by luck.

## 5.2 Problematizing Luck and Good Neighbourhood Narratives

Luck implies a lack of control over events and understanding occurrences to be subject to chance. This sense of luck may be attributed to the actual lottery process TCHC used to allocate housing units to residents, where names were drawn randomly and

this determined whether people got their preferred units and in what order. Feelings of luck may also be attributed to longstanding sentiments of mistrust and doubt over TCHC promises to house low-income residents after revitalization that residents expressed during interviews (Meagher & Boston, 2003). Luck may also simply be an indication of how poor residents' living conditions were before revitalization. Therefore, being lucky may be synonymous to living in a place that is affordable where one no longer has to worry about pests and poor infrastructure.

However, some residents seemed to suggest that they somehow deserved or earned their good luck. This can be seen when respondents make reference to waiting for long periods of time, having patience, working hard or making an effort. However, respondents also acknowledge their neighbours who were “out of luck” and displaced outside the neighbourhood with little hopes of returning due to the taxing process of revitalization. Respondents do not explicitly regard their “unlucky” neighbours as deficient or culpable for their situation instead they support the construction of more affordable housing so that their neighbours can benefit from the revitalization. This type of response to the displacement of their neighbours advocates for the sharing of resources with all community members and may reflect *humanizing* and *critical narratives* that sought to destigmatize the entire neighbourhood. In addition, when residents express that their neighbours, friends and relatives are envious of them it may point to residents feeling guilty for getting the opportunity to return to the revitalized neighbourhood and their explanations of luck and being deserving may be used to cope with the guilt of returning.

However, another property of luck is that it is a finite resource and can run out. Some Regent Park residents alluded to this possibility when discussing how quickly units were built and infrastructural problems, notices about infestations appearing and ongoing problems with TCHC. There seemed to be rising tensions regarding whether their “beautiful” new building could be maintained over the long term when problems from the past continued to creep up. According to Alfred, the revitalized Regent Park was built in order to be torn down again in the next thirty years:

I watched the way they built and these buildings is no more there's no more permanent structures anymore, they're made to be torn down in 30 years anyway and rebuilt again because it's all cement and all aluminum there's no more beams and structures it's just tear down they take out the main floor grids and yeah they're made for 30 years and tear them down. Lucky if they get a community in Regent Park anymore because it's been here 60 years all these new buildings there isn't going to be, in almost 30 years there will be new ones up again. There's no more real structure, no more structure of a new society in one place anymore... now you know in the future there's no more buildings to save anymore they put 'em up and tear 'em down. It's a come and go society.

In this quote it appears as though Alfred is associating the physical structure of the neighbourhood to social aspects of the neighbourhood like the community. This may point to how changes in the physical landscape brought about by revitalization may affect feelings of community among residents. Interestingly, he employs the concept of luck when discussing community in the new Regent Park that may show how there may be a cost to getting lucky and obtaining better housing, which is losing the community from before.

Concerns over infrastructural quality were shared by one participant during a brief follow-up who previously described herself as lucky and spoke favourably of the changes

she observed in the revitalized neighbourhood. She explained that since the interview her new unit was flooded and that this incident caused her great stress. She exclaimed that within the next few years the new social housing units would be deteriorated again due to hurried construction and a lack of maintenance by TCHC.

Interestingly, feelings of “luck” have not been observed in studies examining the effects of neighbourhood regeneration on residents. This may be because in most cases of urban redevelopment residents are displaced with no right of return to improved housing, social housing is not replaced and the revitalization plan does not involve local residents or attempt to address their concerns (Manzo et al., 2008). Although the Regent Park revitalization plan had a number of problems, a variety of tactics were used to involve residents and secure social housing for people to return (Meagher & Boston, 2003). On the other hand, HOPEVI initiatives show results like loss of social networks and loss of belonging to the new physical place (Keller, 2011). However, it is important to note that even though the larger theme found in this study was *luck and good neighbourhood narratives*, some participants like Alfred above voiced feelings of loss as well.

What is also significant is the changes in social and physical features of the neighbourhood that residents identify as positive. South Asian residents express that they enjoy living in a neighbourhood where a large portion of the population share their culture and language. This may be significant for creating a stronger sense of place and identity among South Asian residents as can be seen in other studies of ethno-cultural neighbourhoods (Mazumdar et al., 2000). Respondents also mentioned that it is beneficial that higher income people now live in the area. Attributing positive characteristics and

changes in the neighbourhood to the presence of higher income people may discount the positive portrayals of neighbourhood seen before in residents' narratives and may feed into arguably paternalistic hypotheses like the "role model" effect (Kleinhans, 2004). The "role model effect" suggests that higher-income residents and owners may act as positive role models for people living in social housing by displaying "middle class know-how" that low income residents will consequently seek to emulate (Kleinhans, 2004; Rosenbaum, 2002). Although, there is no evidence for the "role model" effect proponents of social-mix still draw upon this notion to support mixed-tenure neighbourhood redevelopment projects (Kleinhans, 2004). Also, attributing neighbourhood improvements to the arrival of higher income households risks invisibilizing the strong community that existed before as evidenced by respondents' counter-narratives in Chapter 4.

### 5.3 "My New Little Pocket" Narratives

Many participants used "*my new little pocket*" narratives to describe part of their experience since moving into the new neighbourhood. "*My new little pocket*" narratives demonstrate understandings of a new boundary within the neighbourhood, dividing the revitalized section and the older Regent Park. The new boundary is also understood by respondents' to divide "decent" Regent Park residents on the revitalized side and "problem" others in the older section. This can be seen when respondents ascribed negative and stigmatizing labels to individuals residing in the older neighbourhood while upholding positive portrayals of the revitalized pocket in which they live. Similar

practices of managing neighbourhood stigma can be seen in an Australian study by Palmer et al. (2004) that found that public housing residents respond to stigma by constructing socio-spatial boundaries that separated them and their “pocket” of the suburb from the “bad” people and parts of the suburb. Palmer et al. called this phenomenon “my little pocket,” which is adapted in this study to be “*my new little pocket*” narratives since the “pocket” respondents in this study refer to has been formed through revitalization.

When asked to describe living in the revitalized neighbourhood, the overwhelming majority of participants spoke favourably about their new neighbourhood, reporting lower crime levels and increased feelings of security. However, more than half of the participants made particular reference to the older part of Regent Park as a “problem place” where crime, drugs and gang activity were still present. A typical illustration of this new phenomenon can be seen through Eiliyah’s use of “*my new little pocket*” narratives:

I use to see them the gangs especially in the old buildings. They use to do drugs and they use to do all kinds of things. But I don’t see them anymore around new buildings...Drug people were existing here in my unit. They use to come in my unit and use the drug, it was so stinky you could smell them. They use in the hallway and staircase they use the drug. When this 246 Sackville been built and finished those drug I didn’t see none of them and also they use to hang out. There is open space in Regent Park, it’s hard for car to go by and catch the police also the druggies, it’s easy accessible for them, the space to use the drug and whatever. So since the new buildings have been built I didn’t see them those drugs...I didn’t know about this side [older part of Regent Park]. Since this building is complete I didn’t see any of those...

Barbara also echoes Eiliyah’s statements when she says that, there’s a lot of crime on the non-revitalized side of Regent Park, but not in the new buildings, particularly because the structure of the old buildings enabled crime. She mentions that drug dealers

hid in staircases or in different hiding places around the older buildings. Murray also says he hasn't noticed any drug activity in the new revitalized area, but that he still sees it around the older buildings. Ibrahim says that he hasn't seen any crime in the new buildings and if anything does happen it occurs in the older buildings because there are "still some bad people" living there.

In line with Ibrahim's statements, Gelila says that in the new part of Regent Park, "decent people" live and that she doesn't see drug activity. She also alludes to ongoing "problem" people and activities in the older Regent Park in the following quote:

Because before everybody knows Regent Park wasn't a good place. It's still not good place, but for sure now they will make good means like the bad people they don't come back or don't do their job in this area so slowly they're going to clean them out...before you see the people who sell the drug and you don't believe anybody you just go inside and go out. But now in this part is...you feel more comfortable, you know. You're like the decent people, old people, the family people with the kids you can see them, that's good but before it wasn't like that...I'm glad I took that place because now I have a new house and the area is changed. Now like the people only with the families live there and I don't see that kind of people in that area...Now if you see that place [old Regent Park], you can see the people still, but the new place now I don't see anybody.

Some participants spoke of feeling unsafe while walking on Dundas Street, which is the main road dividing the new revitalized area from South Regent. For example, Jamila says that her building is "perfectly good" and that the people are also "good," but when she walks to the grocery store along Dundas she is still fearful. Nimala, also feels that "drug people" don't live in her building, but that they are selling drugs in the old buildings. Unlike Jamila she feels greater safety on the main road because "they are not crossing," but she still feels some insecurity because shootings are still occurring and drug activity is occurring in the older buildings. Particularly, she makes reference to the

shooting of two young boys in South Regent where she believes the “problem” activities are still occurring.

This attribution of “problem activities” to South Regent, which is part of the old Regent Park divide, was also observed in Purdy’s study (2003). According to Purdy, residents of North Regent Park have historically viewed the Southern part of Regent Park as the site for “problem” families, where “troublemakers” live and is considered the “poorer” and “rougher” part of the neighbourhood. In this study respondents did not allude to such differences in North and South Regent in their descriptions of their neighbourhood before and after revitalization. However, they did point to a divide between the revitalized and older part of the neighbourhood. Purdy reported that such divisions between North and South decades ago led to divisiveness in the community. In this case, tensions and divisions among community members may be the implications of the emergence of the new boundary between revitalized and old.

The new socio-spatial divide in Regent Park may also point to the complexity and heterogeneity of the Regent Park neighbourhood and how outsider understandings of the community as a uniformly “bad” place largely overlook residents’ views. Yet, as seen in *navigating the neighbourhood* attempts to demonstrate diversity and complexity within the neighbourhood may stigmatize other community members. Therefore, stigma can operate at numerous levels and is not necessarily “us” (Regent Park residents) vs. “them” (outsiders), but categories are created even within these groups like the “decent” Regent Park residents and “drug people.” Ultimately, the new divide between revitalized and old Regent Park may have serious impacts over the long term on the wellbeing of residents

living in the older buildings and on the cohesiveness of the entire community since strong counter-narratives seen before have been shifted and new narratives that create greater subgroupings have emerged.

In this chapter, participants' responses to questions surrounding their lived experiences in their new housing and neighbourhood undergoing revitalization were analyzed. When asked about what outsiders think about their neighbourhood or negative perceptions of the area since revitalization, many participants responded that their friends and family now react positively to their neighbourhood, call them "lucky" and are even interested in living in the neighbourhood. Participants' explanations of their "luck" and the new features of their neighbourhood like improvements in the infrastructural quality, aesthetically pleasing features of the environment, amenities and the changes in population composition (i.e. arrival of higher income residents and South Asian residents) make-up new *luck* and *good neighbourhood narratives*.

"*My new little pocket*" narratives were also observed and demonstrate the emergence of a new social and physical boundary in Regent Park between the revitalized and non-revitalized sides of the neighbourhood that risk further stigmatizing Regent Park residents living in the non-revitalized section. Overall, *luck* and *good neighbourhood narratives* and "*my new little pocket*" narratives show a significant deviation from the counter-narratives residents employed when discussing their neighbourhood prior to revitalization. These new narratives may not work to destigmatize Regent Park by socially valuing the place and people as they were before, but promoting its adequacy now that it is being "revitalized." The following chapter will discuss how

destigmatization practices outlined in Chapter 4 and shifts in destigmatization practices described in this chapter may have health implications for residents. It will also discuss the connections between place destigmatization and residents' perceived health and wellbeing.

## Chapter 6: Understanding the Connections between Personal Destigmatization Practices, Place Destigmatization, and Residents' Health & Wellbeing

Respondents' narratives in chapters 4 and 5 clearly demonstrate the significant stigma residents faced because of the neighbourhood they lived in. One may assume that such confrontations with neighbourhood stigma may cause residents to feel overwhelmingly stressed or report experiencing poor mental wellbeing. However, when participants were questioned about how they felt when people living outside Regent Park spoke negatively about their neighbourhood or treated them differently the majority of participants answered that they felt rather unaffected. Such resiliency may be attributed to respondents' utilization of counter-narratives as destigmatization practices outlined in chapter 4. Although, participants seemed to play down the effect of stigma on their wellbeing in the old Regent Park, they strongly associated changes brought about by neighbourhood revitalization and place destigmatization with their perceived health and wellbeing.

The third objective of this research study was to explore the connections between place destigmatization and personal destigmatization practices on residents' health and wellbeing. The following chapter will discuss findings that demonstrate the influence of personal destigmatization practices and larger scale place destigmatization on residents' perceived health and wellbeing. The first section will analyze how respondents' mobilization of counter-narratives may foster resiliency and promote wellbeing. The second section will examine how respondents explicitly link place destigmatization with

health experiences as well as shortfalls of place destigmatization in promoting health and wellbeing.

## 6.1 Personal Destigmatization Practices and Residents' Health & Wellbeing

A typical example of how participants responded to questions of how they felt when experiencing neighbourhood stigma can be seen in the following quote by Eiliyah:

I don't feel it, it doesn't affect me anyways. It makes me happy living in Regent Park. It makes me more connected with people and having a chance going outside and talking to people and saying hi and bye makes me more happier and going out and extending my help for them makes me more happier.

Like Eiliyah, many participants either said that they were not “bothered,” “affected,” or “didn't care about what other people think” when asked about how they felt when they encountered neighbourhood stigma. They also backed up their reasons for feeling unaffected or not caring by explaining how they were happy living in their neighbourhoods and often times used counter-narratives discussed in chapter 4. In the above example, Eiliyah seems to draw on the *good neighbour narrative* when she explains why she is happy living in her neighbourhood, pointing to her own good neighbour attributes like being helpful and the friendly attributes of her neighbours that make her feel more connected. Therefore, it may be that counter-narratives are resources that residents draw on to protect themselves from the harmful effects of stigma on wellbeing. In other words, counter-narratives are personal destigmatization practices that may foster resiliency.

Respondents not only employed *good neighbour narratives*, but also *humanizing* and *critical* counter-narratives in responses to questions of how they felt when encountering stigma. For example Frances uses a *humanizing narrative* when she responds to a question about how neighbourhood stigma affects her:

Oh it doesn't bother me at all because I don't judge where you live. I've never judged anybody where they live... And I say right out I'm happy there [Regent Park] I have no qualms about it.

Frances employs a *humanizing narrative* because she speaks of valuing people for who they are as human beings and not judging people on the basis of where they live. Like Eiliyah she says she is happy living in Regent Park despite the negative things others may believe, which also demonstrates resiliency. *Critical narratives* can also be seen in Harry's response to neighbourhood stigma:

Hey if you want to know something about it, if you want to know something about something then make the effort to inquire about it, to learn about it. And don't just take the media as a, the gospel that's all.

*Critical narratives* discussed in chapter 4 focused on respondents' awareness of the unequal distribution of resources in propagating neighbourhood problems. In the above quote it can be seen that Harry is aware of the media's role in propagating unjust stereotypes about Regent Park that may perpetuate stigmatization and socioeconomic marginalization of his neighbourhood. He also points to outsiders' lack of accurate information about the neighbourhood because they do not make an effort to learn about the community from the perspective of community members, but solely a biased media.

*Navigating the neighbourhood narratives* can be observed in the following quote where Gelila describes confronting neighbourhood stigma:

They say, “Where do you live?” I say and they say, “oooh” and you can see from their face...” How can you live in that place, oh that area is bad and there’s lots of crime” and then that kind of thing, anyway they don’t bother me, I know how I’m going to raise my family with my kids, so they don’t bother me.

In Chapter 4 Gelila used the *navigating the neighbourhood narrative* when explaining how as a mother she protects her children from any “problem” people in the neighbourhood in order to ensure their future success, therefore making life in the neighbourhood manageable. She employs the same narrative here when demonstrating resiliency when she says she isn’t bothered by negative labels associated with her neighbourhood.

It may be that counter-narratives support feelings of resiliency among participants when they say they feel unaffected or unbothered by stigmatization. Interestingly, in participant responses to questions about how they felt when experiencing stigma, none showed *othering narratives*. This may be because *othering narratives* are divisive and weaken social cohesion in the neighbourhood. It is also important to note that participants generally did not directly link their experiences of health or wellbeing to responding to neighbourhood stigma. Therefore, counter-narratives may work more implicitly than explicitly to foster resiliency and promote wellbeing.

However, in a few cases participants explicitly linked health and wellbeing when responding to neighbourhood stigma. For example, in the following quote Lavani describes how she felt when confronting stigma:

I feel very strong and I feel like I fight with them...it makes me strong actually and now whoever coming as a new immigrant in Canada in Toronto they want to live in this area ...because they know this is a

friendly area. They can go so many places, they can pass their time, this to go anywhere in this area and they can make lots of friends here.

This quote demonstrates how Lavani feels “strong” when she draws upon *good neighbour narratives*, Regent Park is a “friendly” place where people can “make lots of friends,” when challenging neighbourhood stigma. In other words, she associates her feelings of inner strength and wellbeing with her contestation of neighbourhood stigma. She also says that newcomers now consider Regent Park a desirable place to live, implying that before this was not necessarily the case and because of revitalization there may be more positive attention placed on the neighbourhood.

Although explicit connections of wellbeing and responding to neighbourhood stigma were rarely seen in interviews, it is significant that such connections are being made by some participants. Understanding how one responds to neighbourhood stigma as linked to one’s wellbeing may point to how such associations are being made implicitly. Drawing on counter-narratives when confronting stigma may foster resiliency, which is a key factor influencing mental health (Haslam et al., 2009). The use of counter-narratives also signifies how respondents identify with the minority group of Regent Park residents. Positively identifying with a minority group has been shown to protect groups like African Americans from the ill effects of prejudice and promote wellbeing (Branscombe et al., 1999). Another study also demonstrated how Black Britons identifying with a devalued in-group reduces feelings of vulnerability (Leach et al., 2010). Therefore, participants in this study may identify with Regent Park, a devalued in-group, through counter-narratives so as to reduce feelings of vulnerability like low-self-esteem, sadness or shame. Yet, more explicit associations between perceived health and wellbeing were

attributed to physical changes in infrastructure or place destigmatization compared to personal destigmatization practices. This is discussed in the following section.

## 6.2 The Effects of Place Destigmatization on Residents' Perceived Health and Wellbeing

The majority of respondents reported significant changes in their perceived health and wellbeing since moving into their new homes. It appears that changes in perceived health and wellbeing are greatly tied to changes in the neighbourhood's physical landscape and improved housing quality. This finding may not be very surprising since many respondents reported enduring numerous health hazards and stressors in their previous dwellings. However, some respondents point to issues like poverty and war trauma as having a greater impact on their health than their neighbourhood or housing. In addition, a number of respondents still reported feeling unsatisfied and unheard by TCHC staff, which they believe also impacts their health. Overall, place destigmatization through improving stigmatizing aspects of public housing dwellings like poor housing quality and design, inadequate sanitation and the lack of retailers like grocery stores and banks may have significantly impacted residents' perceived health. But, ongoing tensions with the housing provider may continue to negatively impact residents' wellbeing.

### 6.2.1 Changes in the Physical Landscape and Perceived Health & Wellbeing

A number of residents emphasize their satisfaction with the new design of their unit and of affordable housing buildings, particularly because they look like the new

condominiums. This was done purposefully as a way to make social housing dwellings indistinguishable from condominiums and destigmatize the quality and design of social housing units. Respondents make reference to their new units and buildings as luxurious and beautiful. When ascribing these new labels to their buildings participants also associate them with feelings of health and wellbeing. For example, Gelila when describing her new home says, “It’s beautiful when you live in a beautiful place you feel good. So I feel good.” Harry particularly enjoys the floor to ceiling windows around this apartment and feels as if he’s getting a bargain when he says that he’s “living in a \$200,000 condo for \$140 a month” He goes on to say that living in a “better environment, you feel better about yourself and better about your surroundings.” An especially resounding statement Harry made about his experience in his new apartment can be seen in the following quote:

It could be the environment, clean air, fresh air, sunlight, lots of sunlight. I just feel that when you get up in the morning, I’m telling you honest to God...I still around 1 o’clock 1:30 at night I’m all by myself in the apartment, no music on, no videos playing and I just sit there and look out my window and it’s beautiful, you can see the skyline, you can see the twinkling, the buildings. I just thank God that I’m here. It’s very nice to be there. It’s very comfortable.

It is clear that Harry is considerably satisfied with his new home not only because of the aesthetically pleasing skyline, but also because of the clean, fresh air he is able to enjoy due to design and infrastructural changes. Kaiya echoes Harry’s great satisfaction with his new home when she says:

The atmosphere is nice. Clean building, beautiful home you know what I mean. Kind of getting up in the morning and winning the lottery, finding out you’re a millionaire, well that’s what it feels like.

Kaiya's reference to winning the lottery may coincide with *luck* and *good neighbourhood narratives* because she implies here that she feels lucky. She may feel this way because like Harry, she also pays for housing with a subsidy and may not be able to afford to live in an apartment that is new and looks similar to a "luxury condo" with her income. Omrita also makes reference to how her family is very happy because of the new design of her apartment and building, particularly because of their resemblance to the condominiums people are purchasing:

They're so happy because this building looks like some people are buying the condos, it looks like same. My kids too they're happy we got a new house and nice place, better than before, because before building is a very small like not too much space for kids. But now it's okay. It's a big room.

Like Harry and Kaiya, Omrita also highlights how changes in the stigmatizing physical structure like the housing design was an important factor influencing her satisfaction with her new apartment. It is important to mention that even before revitalization she expresses feeling satisfied with her dwelling because it was also large, but in comparison she prefers her new home. Omrita reports feeling more in control over her environment and a greater sense of ownership when discussing how she cleans and decorates her apartment:

All the time I feel good, oh I got new house, I can nicely I can like all the time I clean I like to clean because oh I have a new house, I clean nicely it looks nice and like feel like my house, feel like I live here. I can...do anything, nicely I can put something nice stuff it looks nice and I feel like it's my apartment.

A greater sense of control and ownership over her surroundings can be seen in this quote when Omrita repeats that she feels like her home is hers and that she can "do anything." She also connects her experiences of greater control and ownership to "feeling

good all the time.” This may show how changes in housing quality and design may inculcate a greater sense of control and ownership over one’s home and positively affect wellbeing. Lavani expresses similar improvements in mental wellbeing that she links to changes in her physical surroundings and greater control over her environment when she says:

Mentally there is a big change I am very happy I feel proud all the time and because the home is the main place where you spend your most of the time and where you can relax. If the home is not like feel comfortable or feels like to be home so how can you be healthy? So I feel my home is what I want to be like a home.

When Lavani says that her home is now what she wants it to be, she may be suggesting that she has greater say over how she makes her apartment into a home. She believes that being able to feel comfortable in one’s own or home or having a house feel like a home is especially important to health. She reports a “big change” in mental wellbeing and feeling very happy and proud “all the time” possibly because of this greater sense of control over her environment, which helps her feel comfortable and relaxed.

Eiliyah reported feeling a greater sense of control over her health when she said, “you feel more healthier, you feel like you could handle your health” in response to questions about changes in her health since revitalization. She also obtained new employment in her community through a revitalization initiative and described it as a “big difference” in her life since she can work and be a caregiver to her children at the same time. Due to decreased travel times she says that she has more time to “get ready” and cook for her children so that they eat healthy throughout the day, which alleviated stress. The “big difference” Eiliyah described when obtaining employment in her neighbourhood

may demonstrate how important increased employment opportunities are in revitalization planning, especially to women who are many times excluded from the paid labour force because of their gendered “caregiving role.”

Other participants said that new amenities like laundry, elevators, grocery stores and accessible transportation as well as emerging neighbourhood groups contribute to their perceived health and wellbeing. For example, Jamila, an older South Asian woman living with co-morbid chronic illness places particular emphasis on how she likes the convenience of having amenities and resources inside her building. She says:

I have a new place, new building and good place everything inside. This building has laundry I don't have to go out otherwise I have to go out for everything I don't like going out and using the laundry I like everything inside. Inside this building and D [neighbourhood group] is there they have any meeting I joined to them. There is D programs I don't go out everything here...So because of that I'm happy to live here.

Due to numerous health problems causing restricted mobility, Jamila may greatly value amenities like laundry and community group meetings inside the building. Ibrahim, an older man reported great satisfaction with having elevators in the building as opposed to only stairs in the older buildings. He says:

Before the old Regent Park we didn't have so many facilities. Now we have facilities means like we don't want to climb on the stairs nothing, we have elevators and everything, easy transport. And the environment, these things is changing our health.

Ibrahim also says that now with the grocery store nearby he's able to buy fresh food more often, which he believes is healthier. He also states, “we're [Regent Park residents] happy about the living area and the community is healthy...people are living

healthier now.” Therefore, Ibrahim not only believes he is healthier, but that his community as a whole is also.

### 6.2.2 Linking Living in Poor Housing Conditions and Residents’ Health and Wellbeing

Such positive feedback from participants regarding changes in perceived health and wellbeing since rehousing in the revitalized buildings may have been expected since the majority of participants reported living in poor housing conditions with numerous health hazards like bed bugs, cockroaches, mice, mould, poor air and water quality. They also reported feeling unsafe because of these health hazards and because of a lack of control over their environment.

For example, Alfred reported his apartment being sprayed four times in a year because of bed bugs and cockroaches. Omrita also said she had found cockroaches and mice in her old unit. Eiliyah reported developing an allergy due to poor air quality in her unit that persisted despite her efforts to obtain medical treatment, which went away upon re-housing into her new unit. Nimala also said she developed a wheezing allergy to the dust and mice despite her efforts to fight infestations. Gelila explained how a faulty water heater led to her one year old daughter suffering second degree burns when she turned on the cold tap faucet and extremely hot water flowed out instead. She also pointed to the danger of gas stoves around children and the abundance of cockroaches in her unit.

The design of social housing units also prompted feelings of insecurity. For example, Frances reported feeling unsafe in her ground floor apartment because “anyone could just crawl in” and people used to startle her by banging and shouting at her

window. The impact of health hazards and insecurity can also be seen in the following quote by Frances:

My kids would come there and I didn't want my grandkids coming because of that [mould]. Even now I'm coughing up all this crap stuff because I think it got into my lungs so I really feel that in the morning now. So, but I don't know who would believe me if I was going to say something. They're quite aware of the mould. Because somebody else is already living in my old apartment, but I hardly ever brought the kids there. Especially the grandkids because I felt it wasn't safe. And there was a lot of cockroaches just infested with cockroaches no matter how many times you had your place sprayed they'd come right back because they go right through the door. Or I'd be opening my door to come in and there's a cockroach ready to run in. So I had to be careful stuff like that. No matter how clean you are they still come in your place and so far thank God knock on wood there's none here. But that's a major problem I had with the health hazard, the mould in that building and cockroaches...

The effects of living with various health hazards like mould and pest infestations were so deleterious that it not only affected her physical health since she developed a chronic cough, but also her relationship with family members. Frances goes on to say that now her children and grandchildren come to visit her more often and even spend the night when in her old apartment she didn't want them to come over in order to protect them from the harmful health effects of mould and pest infestations. She says,

I didn't even want them to come over in Christmas time there because I just felt that even though I cleaned it wasn't as clean enough as I would want it. We'd always had dinner at my sons or my daughters. I said no, no, let's go do it over there I was never I made an excuse always so they didn't come over because it just wasn't health wise it's why I did that for their health.

Frances describes the effects of revitalization, particularly improved housing quality as being health promoting when she says,

Emotionally mentally it's like a more of a plus, but I think it's because of the environment you feel like you're going to a really clean place. I really

keep my place clean. And you know I just don't want to have any loud noises and things that were happening in the other building and I was living right beside the garbage where the people are bringing their garbage. And dirty water used to seep right into my kitchen in the garbage, from the garbage room. That's how bad it was over there. So now I feel so much cleaner. I feel like everything is so much better. So I think you have a better outlook when you have those better things around you. It's actually it is better like I don't have to tolerate as much as when I use to be on the main floor. I feel a lot safer, yeah. Stress level is better.

Alfred also expresses feeling less stress since he's moved into his new unit. Alfred also says that he feels more relaxed and comfortable. He is satisfied with his new home because the building is quieter, there are fewer people on his floor, the air quality has improved, he has more control over the heating and cooling of his apartment and he feels safer. Overall, he describes the change as "fantastic" and reports feeling healthier in the new building. The following quote demonstrates how the revitalization has impacted his health:

I was really stressed at [previous Regent Park address] and that's what I'm saying here there's no stress at all that's a big change in stress. It's unbelievable stress at [previous RP address], like what am I going to hear tonight, close the door you hear fighting in the hallway you hear the police use to knock on the door in the middle of the night because there was a shooting. They [police] would knock on the door, "Have you heard anything?" There was always something going on so you could never relax. I never had a good night sleep there once. Now I'm sleeping better, now I actually, I only sleep 4 or 5 hours a night because that's all I need it's so comfortable.

However, several participants pointed to other factors that may also be contributing to their health, which may supercede the effects of housing improvements or revitalization. For example, Frances says that just over a year ago she began receiving ODSP and since then she's able to "eat better, a lot better." She says that it was "really rough" when she was "volunteering all the time" without an adequate income. Nimala

also expressed that problems in her home country of Sri Lanka were seriously affecting her health. She says,

...I am from Sri Lanka I lost many of my relatives in the war, that's why my mind is always down. That why I can't, I couldn't feel very happy that I got the new building that day, my brother and sister, my younger sister passed that day, she passed away. My mind is always sad but not like this building or something always my mind is going back home that why my mind feels sad otherwise not this problem not this building problem or this area problem.

Nimala says she couldn't bring herself to feel happy the day she was moving into her new building because she was suffering the loss of family members in her home country. This may show how refugee women living in Regent Park may suffer profoundly different stressors from their neighbours after leaving war devastated areas. However, like her other neighbours she must face the added stressors that poverty brings, which makes seemingly ordinary tasks like feeding one's family, quite difficult. Nimala recounts going to the food bank and various community centres in order to get a health professional to approve her request to be on the Special Diet. So, like Frances, Nimala also faced food insecurity and possible negative effects to her health because of it, which may not necessarily be addressed by neighbourhood revitalization. Therefore, although it may seem as if neighbourhood revitalization has had a uniformly positive effect on respondents' perceived health and wellbeing there are larger underlying issues of poverty that may continue to affect residents' health.

In addition, participants reported feeling very stressed during the relocation process and continue to feel dissatisfied and frustrated by their landlord's practices and responses to their needs. Moving in itself is a stressful process, but many explained that it

was the anticipation and uncertainty of what type of housing they were going to receive and when, was what they found particularly stressful. For example, the stress of anticipation and uncertainty can be seen in the following quote by Barbara:

I found it stressful especially you know packing up and you don't know what month you're moving in and they tell me I have to wait and pick another apartment and for 5 months living out of boxes and I think a lot of people when they moved in here it was stressful, because they haven't done this before, like a lot of people scattered all over the place so you don't know where they're living the only time I would see them if I go shopping or library or you know at the store or something you know.

In this quote Barbara not only points to the stress of packing, living out of boxes, and waiting to get a unit of her choice, but also to losing contact with her neighbours. She refers to people being “scattered all over the place” and not knowing where people live and only running into them sporadically, which is a drastic change from before revitalization when she demonstrated great pride in knowing everybody and their whereabouts. Feeling a loss of community ties was also observed in studies examining the effects of HOPE VI on public housing residents (Manzo et al., 2008). This finding may point to the need for preserving a community's established networks that have supported residents for many years prior revitalization.

### 6.2.3 Tenant-Landlord Relations and Residents' Health & Wellbeing

It is also significant to report that during interviews with participants, many expressed great dissatisfaction, frustration, distrust and anger with their landlord over a number of key issues like repairs, security, design and recreational spaces. Numerous residents in the seniors building reported that the elevators in their building were in

constant need of repair despite being new. This caused great frustration among residents since many live with dis/abilities that restrict their mobility or other health conditions that prevent them from using the stairs. Some residents reported waiting hours to get upstairs to their unit because of both elevators breaking down or waiting days to have an elevator fixed, especially over weekends, which extensively increased wait times. One participant shared a shocking story of being trapped in an elevator that needed repair. Many others voiced their concerns over not having a superintendent living in the building or a security guard at night. Participants expressed that they would feel more at ease and safe if a superintendent or security guard was present especially during the night.

A few participants reported feeling unsatisfied with their new unit. Murray felt particularly disappointed because of the location of his apartment that was exposed to sunlight the entire day, increasing the temperature of his unit to be uncomfortably warm despite using air conditioning. Barbara took issue with her building not having any bathtubs because of problems with her leg that make it difficult for her to use a shower. This may show how older adults and people living with dis/abilities may have not been completely considered when the decision was made to only install showers instead of bathtubs. In addition, many were concerned about the recreation room in the seniors building that had not been set-up for use for over a year.

Overall, Alfred's quote sums up many participants' understandings of problems within their building that lie with their landlord:

If they have revitalization in the new buildings, they [TCHC] should have revitalization in the new laws, new techniques to have less stress on the people too...

Although, external governmental, non-governmental and private entities viewed the Regent Park neighbourhood itself as place that needed change, Alfred states that it's the housing provider that needs to change. He associates the practices and policies of TCHC with his health and the health and wellbeing of his neighbours. He also voices how “revitalization” initiatives may wrongly assume that providing improved quality housing will improve health, when there are structural problems with his landlord that negatively affect his health.

#### 6.2.4 Health Implications of Place Destigmatization

It is evident that changes in the physical landscape, particularly stigmatizing features of the neighbourhood like housing design, poor infrastructure, unsanitary conditions and the absence of amenities and retailers positively affected residents' perceived health and wellbeing. This finding coincides with a long standing body of empirical evidence demonstrating a significant association between the physical aspects of housing like quality and design with morbidity (Krieger & Higgins, 2002; Evans et al., 2000; Guite et al., 2006; Wilson et al., 2009). As seen in the study by Krieger & Higgins (2002) and Evans et al. (2000), participants in this study attributed poor housing conditions like water intrusion, mould, poor ventilation, pest infestations as the cause for their experiences of illness and stress. Since many participants reported enjoying the appearance of their homes and better housing conditions as well as “feeling healthier” after revitalization, the findings of this study may coincide with the results of studies by Guite et al. (2006) and Wilson et al. (2009). Guite et al. (2006) that found factors like

dampness, disliking the look of one's estate and green spaces as correlated with poorer mental health. Wilson et al. (2009), found that persons living in housing in need of major repairs suffered greater emotional distress than persons living in adequate housing.

Local services and amenities such as schools, public recreation facilities, banks, retailers, grocery stores, public transportation and employers are important resources for everyday life. Macintyre, Ellaway & Cummins call such resources “opportunity structures,” that can work directly or indirectly to promote or negatively impact health through the chances they provide for people to lead healthy lives (2002). The findings of this study show that participants also understand local services and amenities to be “opportunity structures” since they point to these places when explaining that Regent Park is now a “place of opportunity” particularly for low-income and newcomer families.

It was also apparent that residents felt a lack of control over their homes prior to revitalization, but that since re-housing into the revitalized buildings they have felt more “comfortable” and able to exert control over their living space. Personal control over one's living environment is a key mediating factor between the effects of the physical environment on mental health outcomes (Evans et al., 2003). Specifically, when individuals experience a lack of control over the maintenance of their home, noise level or overcrowding, the risk of psychological distress is increased (Evans et al., 2003). It appears as though residents no longer are distressed because of issues with noise or overcrowding and all report improved living conditions. However, it is also clear that ongoing tensions with the landlord, TCHC, over maintenance continue to cause stress among residents and may be linked to experiencing a lack of control over their homes.

This finding is consistent with the results of a study by Evans et al. (2003) that showed how insecurity because of dependence on landlords that may be considered unreliable or unresponsive may negatively affect mental health.

Interestingly, neighbourhood redevelopment initiatives like the Regent Park Revitalization do not necessarily work to change or reform the housing provider's policies and practice. Therefore, studies investigating the effects of neighbourhood redevelopment on health should also account for the relationships residents have with their landlord and whether such relationships have at all changed or improved since revitalization.

## Chapter 7: Conclusions

The purpose of this study was to investigate the effects of neighbourhood revitalization in Toronto's Regent Park through the application and expansion of Lamont's (2009) destigmatization practices concept. According to Lamont (2009), destigmatization practices are the ways in which ordinary members of stigmatized groups respond to exclusion and devaluation by challenging stereotypes, labeling and resisting unjust, discriminatory behaviours (Lamont, 2009). They may also enhance social inclusion and mediate the harmful effects of inequity, stigma and discrimination on health and wellbeing (Lamont, 2009). In this study, TCHC, a quasi-state agency was also understood to practice destigmatization on a place scale through neighbourhood revitalization that transformed the physical and social landscape of a historically stigmatized and marginalized neighbourhood. Through an investigation of social housing residents' narratives using qualitative methods and grounded theory, this study attempted to address a gap in urban revitalization literature that neglects studying how individuals manage stigma, how their strategies may be linked to their health and the ways in which their strategies and health may be impacted by neighbourhood redevelopment.

Qualitative methods and grounded theory are not largely employed in the literature investigating the effects of urban redevelopment on health. Instead, quantitative methods and mixed-methods using survey data are frequently used to measure changes in health and wellbeing before and after revitalization. However, semi-structured interviews used in this study were integral in unearthing rich, descriptive narratives of Regent Park residents' lived experiences in their neighbourhood. These interviews provided an

understanding of Regent Park from the vantage point of residents, which is important to identifying the ways revitalization may impact residents' health and wellbeing that may not be detected by quantitative tools. Grounded theory methodology allowed findings and conclusions to be drawn from residents' own words, which is important to recognizing the value of their knowledge. Grounded theory also facilitated the use and expansion of Lamont's (2009) destigmatization practices concept to the case of Regent Park. Particularly, using a destigmatization practices lens in tandem with grounded theory methodology allowed for the identification of new concepts and themes that demonstrated how social housing residents engage in destigmatization practices and how such practices may shift when a place destigmatization strategy is implemented as well as the health implications of personal and place destigmatization strategies.

Despite the advantages to using qualitative methods and grounded theory, this study faced several limitations outlined in Chapter 3. Particularly, generalizations cannot be drawn from the findings in this study since the sample consisted of 15 people interviewed once between the months of December 2010 – March 2011. Also, large demographic groups in Regent Park like Chinese and Black households as well as youth were absent from the sample. Participants may have been subject to sampling bias and recall bias since statements have surfaced that TCHC has been hand picking "desirable" tenants for re-housing in the revitalized neighbourhood (Johnson, 2010) and because participants were asked to recall their experiences in Regent Park before revitalization. In addition, changes in health and wellbeing were not objectively measured over a long period of time and therefore, definite causal relationships cannot be drawn between the

revitalization and residents' improved health or destigmatization practices employed and wellbeing. However stronger associations could be made in future studies with the use of a mixed methods approach incorporating qualitative interviews and psychometrically validated instruments like depression scales or monitoring physiological processes like blood pressure (Krieger et al., 2005; Lamont, 2009).

This study investigated Regent Park residents' responses to neighbourhood stigma using a critical destigmatization practices lens and found that counter-narratives are constructed and employed by residents to resist neighbourhood stigma. The particular counter-narratives respondents' employed differed in the extent to which they sought to destigmatize the entire Regent Park community or particular groups or members. Specifically, *humanizing*, *critical*, *navigating the neighbourhood* and *good neighbour narratives* demonstrate the high social value respondents hold for their neighbourhood and community despite problems in the neighbourhood and negative stereotyping, labeling and representation by outsiders. *Othering narratives* showed how respondents may at times engage in destigmatization practices that serve to further stigmatize certain ethno-racial groups in the neighbourhood.

This study also examined how residents' destigmatization practices may change in the context of neighbourhood revitalization. Respondents' narratives appeared to shift when speaking about their neighbourhood since re-housing into the revitalized section of the neighbourhood and particularly highlighted themes of luck and good neighbourhood, which I called *luck and good neighbourhood narratives*. Through these narratives participants emphasized how they were regarded as lucky by outsiders to live in the

revitalized Regent Park, particularly because of changes in the physical and social landscape that made the neighbourhood an acceptable place to live. These narratives resembled “outsider” and dominant understandings of what makes a neighbourhood acceptable compared to counter-narratives. Participants also employed “*my new little pocket*” narratives that may stigmatize the older part of Regent Park while upholding positive portrayals of the new revitalized section of the neighbourhood. These new narratives may discount counter-narratives residents employed to challenge neighbourhood stigma and may overlook how residents highly valued their community before revitalization.

Finally, this study explored the connections between personal destigmatization practices and place destigmatization on residents’ health and well-being. It was observed that counter-narratives may be used as a resource by residents to protect themselves from the harmful effects of neighbourhood stigma and foster resilience. Therefore, this study contributes to the growing body of scholarship seeking to demonstrate how responses to exclusion can modulate the harmful effects of stigmatization. However, further investigation on which destigmatization strategies lead to positive health outcomes is needed to better understand how destigmatization practices can mediate the ill effects of stigma on health.

This study may also contribute to the literature evaluating the effects of neighbourhood revitalization on health. It was found that since re-housing into the revitalized neighbourhood many participants reported significant improvements to their physical and mental health. Yet, participants also report underlying poverty and tensions

with their landlord as factors affecting their health negatively. These findings show how alterations of stigmatizing features primarily in the physical landscape like design and sanitary conditions may positively affect residents' perceived health, but that systemic issues like poverty cannot be overlooked and may continue to impact health negatively. Future studies could provide a more robust understanding of whether improvements brought about by "revitalization" are sustainable and positively impact residents over the long-term.

The findings of this study may expose the tensions between social housings residents' counter-narratives that contest neighbourhood stigma and the efforts of TCHC to implement place destigmatization through a transformation of the social and physical landscape using the design principles of New Urbanism. Counter-narratives demonstrate residents' strong sense of community, social cohesion, resilience and dignity. Yet, when developers apply New Urbanist principles to construct an environment that "fosters a sense of community," in a formerly public housing neighbourhood, it assumes that a "sense of community" did not exist beforehand. This assumption of low-income, public housing neighbourhoods like Regent Park, as disorderly and deficient 'outcast spaces' that lack a cohesive community supports the notion of "purification" through revitalization (Hostetter, 2010). This assumption is also stigmatizing and does not reflect the ways in which individuals understand their neighbourhood as a socially valuable entity.

Undervaluing the community that existed before revitalization through place destigmatization strategies also undermines residents' counter-narratives. Since counter-

narratives support community cohesion and have potentially health promoting effects, residents' wellbeing may be compromised despite the health promoting changes brought about by revitalization. The findings of this study support recognizing and valuing community's understandings of their neighbourhood before revitalization so as not to discredit or harm the community that existed before when implementing a destigmatization strategy. Therefore, the findings of this study call for place destigmatization strategies, largely implemented by outsider bodies, to reflect the personal destigmatization practices of people promoting the social value of their community in order to promote wellbeing and prevent further stigmatization.

In conclusion, it is evident that residents interviewed in this study considered themselves dignified people living in undignified places because of persistent stigmatization and socioeconomic marginalization. Residents used counter-narratives to actively challenge neighbourhood stigma and demonstrated tremendous resiliency and community strength. Yet, such representations of Regent Park have not surfaced into mainstream dominant narratives. Revitalization initiatives may have positive health impacts due to alterations of the physical landscape like improving housing quality, amenities and sanitation. However, they may also impinge on residents' wellbeing because of stigmatizing assumptions that a community is socially deficient and must also be altered, overlooking the historical resiliency of a particular community and exclusionary forces. In this sense, it is important that residents' counter-narratives are heard when decisions are made to implement and plan such interventions. Considerations also need to be made about how housing and neighbourhood interventions can work to

reduce stigma by emphasizing the resiliency and capabilities of communities instead of deeming them deficient and further propagating stigmatization. These considerations need to be made in order to provide better social housing and neighbourhood conditions for low-income neighbourhoods in a truly inclusive manner that promotes health and wellbeing for all residents.

## References

- Arthurson, K. (2004). From stigma to demolition: Australian debates about housing and social exclusion. *Journal of Housing and the Built Environment*, 19(3), 255–270.
- Baxter, J., & Eyles, J. (1997). Evaluating qualitative research in social geography: Establishing “rigour” in interview analysis. *Transactions of the Institute of British Geographers*, 22(4), 505–525.
- Branscombe, N. R., Schmitt, M. T., & Harvey, R. D. (1999). Perceiving pervasive discrimination among African Americans: Implications for group identification and well-being. *Journal of Personality and Social Psychology*, 77(1), 135-149.
- Carr, R., & Gramling, L. (2004). Stigma: A health barrier for women with HIV/AIDS. *Journal of the Association of Nurses in AIDS care*, 15(5), 30-39.
- City of Toronto (Community Planning, South District). (2005, March 16) Toronto Staff Report. Retrieved from <http://www.toronto.ca/legdocs/2005/agendas/committees/te/te050330/it004.pdf>
- City of Toronto. (2007, December). Regent Park neighbourhood profile 2006: Age & gender. Retrieved from: [http://www.toronto.ca/demographics/cns\\_profiles/cns72.htm](http://www.toronto.ca/demographics/cns_profiles/cns72.htm)
- City of Toronto. (2008a, July). Regent Park neighbourhood profile 2006: Language & ethnicity. Retrieved from: [http://www.toronto.ca/demographics/cns\\_profiles/cns72.htm](http://www.toronto.ca/demographics/cns_profiles/cns72.htm)
- City of Toronto. (2008b, December). Regent Park neighbourhood profile 2006: Income & poverty. Retrieved from: [http://www.toronto.ca/demographics/cns\\_profiles/cns72.htm](http://www.toronto.ca/demographics/cns_profiles/cns72.htm)
- Contenta, S. (2007, May 19). A loss close to the heart: Renewal of Regent Park is like losing a ‘little piece of the world.’ *Toronto Star*. Retrieved from <http://www.thestar.com/News/article/215576>
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications
- Darcy, M. (2010). De-concentration of disadvantage and mixed income housing: A critical discourse approach. *Housing, Theory and Society*, 27(1), 1-22.

- Day, K. (2003). New Urbanism and the challenges of designing for diversity. *Journal of Planning Education and Research*, 23(1), 83-95.
- Delgado, R. (1988). Storytelling for oppositionists and others: A plea for narrative. *Michigan Law Review*, 87, 2411.
- Dowling, R. (2005). Power, subjectivity and ethics in qualitative research. In I. Hay (Ed.), *Qualitative research methods in human geography* (pp. 23-36). Melbourne, Victoria: Oxford University Press.
- Draucker, C. B., Martsolf, D. S., Ross, R., & Rusk, T. B. (2007). Theoretical sampling and category development in grounded theory. *Qualitative Health Research*, 17(8), 1137-1148.
- Dunn, K. (2000). Interviewing. In I. Hay (Ed.), *Qualitative research methods in human geography* (pp. 50-81). Melbourne, Victoria: Oxford University Press.
- Dunn, J. R. & Cahuas, M. C. (2010, November). *Investigating the effects of neighbourhood restructuring on the destigmatization practices and health in a Toronto public housing community: An emerging research agenda*. Paper presented at the Delft University of Technology Conference Neighbourhood Restructuring & Resident Relocation. Retrieved from <http://otb.tudelft.nl/en/study/seminars-and-conferences/websites-internationale-congressen/conference-neighbourhood-restructuring-2010/abstracts-and-papers/abstracts-and-papers/>
- Dunn, J. R., & Hayes, M. V. (2000). Social inequality, population health, and housing: a study of two Vancouver neighbourhoods. *Social Science & Medicine*, 51, 563-587.
- Dunn, J.R., Hayes, M., Hulchanski, J., Hwang, S., & Potvin, L. (2004). Housing as a socio-economic determinant of health: A Canadian research framework. In P. Howden-Chapman & P. Carroll (Eds), *Housing and Health: Research, Policy and Innovation* (pp. 12-39). Wellington, NZ: Department of Public Health, University of Otago.
- Ellaway, A., Macintyre S., & Kearns, A. (2001). Perceptions of place and health in socially contrasting neighbourhoods, *Urban Studies*, 38, 2299-2316.
- Elwood, S. (2002). Neighbourhood revitalization through collaboration': Assessing the implications of neoliberal urban policy at the grassroots. *GeoJournal*, 58, 121-130.

- Evans, J., Hyndman, S., Stewart-Brown, S., Smith, D., & Petersen, S. (2000). An epidemiological study of the relative importance of damp housing in relation to adult health. *Journal of Epidemiology and Community Health*, 54, 677-686.
- Evans, G. (2003). The built environment and mental health. *Journal of Urban Health*, 80, 536-555.
- Evans, G., Wells, N., & Moch, A. (2003). Housing and mental health: a review of the evidence and a methodological and conceptual critique. *Journal of Social Issues*, 59, 475-500.
- Galabuzi, G.E. (2006). *Canada's creeping economic apartheid: The social exclusion of racialised groups in the new century*. Toronto, ON: Canadian Scholars' Press Inc.
- Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity*. New York, NY: Simon & Schuster.
- Guite, H.F., Clark, C., & Ackrill, G. (2006). The impact of the physical and urban environment on mental well-being. *Public Health*, 120, 1117-1126.
- Haslam, A. S., Jetten, J., Postmes, T., & Haslam, C. (2009). Social identity, health and wellbeing: An emerging agenda for applied psychology. *Applied Psychology*, 58(1), 1-23.
- Hastings, A. (2004). Stigma and social housing estates: Beyond pathological explanations. *Journal of Housing and the Built Environment*, 19(3), 233-254.
- Hastings, A., & Dean, J. (2003). Challenging images: tackling stigma through estate regeneration. *Policy & Politics*, 31, 171-184.
- Hawe, P., & Shiell, A. (2000). Social capital and health promotion: a review. *Social Science & Medicine*, 51(6), 871-885.
- Hostetter, E. (2009). The emotions of racialization: Examining the intersection of emotion, race, and landscape through public housing in the United States. *GeoJournal*, 75, 283-298.
- Howarth, C. (2006). Race as stigma: Positioning the stigmatized as agents, not objects. *Journal of Community and Applied Social Psychology*, 16(6), 442-451.
- Hudson, J. R. (1980). Revitalization of inner-city neighborhoods: An ecological approach. *Urban Affairs Review*, 15, 397-408.
- Huebner, D.M., & Davis, M.C. (2007). Perceived antigay discrimination and physical

- health outcomes. *Health Psychology*, 26, 627-634.
- Hulchanski, J. D. (2005). Rethinking Canada's housing affordability challenge. Retrieved from <http://www.urbancentre.utoronto.ca/pdfs/elibrary/Hulchanski-Housing-Affd-pap.pdf>.
- Jasinskaja-Lahti, I., Liebkind, K., & Perhoniemi, R. (2006). Perceived discrimination and well-being: A victim study of different immigrant groups. *Journal of Community & Applied Social Psychology*, 16, 267-284.
- Jeeff. (2006, November 26). Regent Park Revitalization. Retrieved from <http://citynoise.org/article/5887>
- Johnson, L. C. (2010, November). *Exercising a legal right of return: A Canadian experience in redeveloping public housing*. Paper presented at the Delft University of Technology Conference Neighbourhood Restructuring & Resident Relocation. Retrieved from <http://otb.tudelft.nl/en/study/seminars-and-conferences/websites-internationale-congressen/conference-neighbourhood-restructurering-2010/abstracts-and-papers/abstracts-and-papers/>
- Joseph, M. L., Chaskin, R. J., & Webber, H. S. (2007). The theoretical basis for addressing poverty through mixed-income development. *Urban Affairs Review*, 42, 369-409.
- Kelagher, M., Warr, D. J., Feldman, P., & Tacticos, T. (2010). Living in Birdsville': Exploring the impact of neighbourhood stigma on health. *Health & Place*, 16, 381-388.
- Kearns, A., & Parkinson, M. (2001). The significance of neighbourhood. *Urban Studies*, 38, 2103-2110.
- Kearns, A., Tannahill, C., & Bond, L. (2009). Regeneration and health: Conceptualising the connections. *Journal of Urban Regeneration and Renewal*, 3, 56-76.
- Keene, D. E., & Geronimus, A. T. (2011). "Weathering" HOPE VI: The importance of evaluating the population health impact of public housing demolition and displacement. *Journal of Urban Health*, 88, 1-19.
- Keller, J. (2011). Experiences of public housing residents following relocation: Explorations of ambiguous loss, resiliency, and cross-generational perspectives. *Journal of Poverty*, 15, 141-163.
- Kleinhans, R. (2004). Social implications of housing diversification in urban renewal: A

- review of recent literature. *Journal of Housing and the Built Environment*, 19, 367-390.
- Krieger, J., & Higgins, D. (2002). Housing and health: Time again for public health action. *American Journal of Public Health*, 92, 758-768.
- Krieger, N., Smith, K., Naishadham, D., Hartman, C., & Barbeau, E. M. (2005). Experiences of discrimination: validity and reliability of a self-report measure for population health research on racism and health. *Social Science & Medicine*, 61(7), 1576–1596.
- Kusenbach, M. (2009). Salvaging Decency: Mobile Home Residents' Strategies of Managing the Stigma of "Trailer" Living. *Qualitative Sociology*, 32(4), 399-428.
- Lamont, M. (2009). Responses to racism, health, and social inclusion as a dimension of successful societies. In P. A. Hall & M. Lamont. (Eds.), *Successful Societies: How Institutions and Culture Affect Health* (pp.151-168). New York, NY: Cambridge University Press.
- Lamont, M., & Fleming, C. M. (2005). Everyday antiracism: Competence and religion in the cultural repertoire of the African American elite. *Du Bois Review*, 2(01), 29–43.
- Lamont, M., & Molnár, V. (2002). The study of boundaries in the social sciences. *Annual Review of Sociology*, 28(1), 167-195.
- Lamont, M., Morning, A., & Mooney, M. (2002). Particular universalisms: North African immigrants respond to French racism. *Ethnic and Racial Studies*, 25, 390-414.
- Leach, C. W., Rodriguez Mosquera, P. M., Vliek, M. L., & Hirt, E. (2010). Group devaluation and group identification. *Journal of Social Issues*, 66(3), 535-552.
- Levy, D.K., Comey, J., & Padilla, S. (2006). In the face of gentrification: Case studies of local efforts to mitigate displacement. Washington, DC: Urban Institute, Metropolitan Housing and Communities Policy Centre.
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363-385.
- Longhurst, R. (2010). Semi-structured interviews and focus groups. In N. Clifford, S. French, & G. Valentine (Eds.), *Key Methods in Geography* (2<sup>nd</sup> edition) (pp. 103-115). Thousand Oaks, CA: Sage Publications.
- Macintyre, S., Ellaway, A., & Cummins, S. (2002). Place effects on health: how can we

- conceptualise, operationalise and measure them? *Social Science & Medicine*, 55, 125-139.
- Manzo, L. C., Kleit, R. G., & Couch, D. (2008). "Moving three times is like having your house on fire once": The experience of place and impending displacement among public housing residents. *Urban Studies*, 45, 1855-1878.
- Mazumdar, S., Mazumdar, S., Docuyan, F., & McLaughlin, C. M. (2000). Creating a sense of place: The Vietnamese-Americans and Little Saigon. *Journal of Environmental Psychology*, 20, 319-333.
- Meagher, S., & Boston, T. (2003, May). Community engagement and the Regent Park redevelopment. Retrieved June 2011 from <http://www.publicinterest.ca/tools-and-resources/e-community-engagement-and-regent-park-redevelopment>
- Milner, H. (2007) Race, culture and researcher positionality: Working through dangers seen, unseen, and unforeseen. *Educational Researcher*, 36(7), 388-400.
- Morse, J. M., & Richards, L. (2002). *Read me first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage Publications.
- Mullings, B. (1999) Insider or outsider, both or neither: Some dilemmas of interviewing in a cross-cultural setting. *Geoforum*, 30, 337-350.
- Musterd, S. (2008). Residents' views on social mix: Social mix, social networks and stigmatisation in post-war housing estates in Europe. *Urban Studies*, 45, 897-915.
- Palen, J. J., & London, B. (1984). Some theoretical and practical issues regarding inner city revitalization. In J. J. Palen & B. London (Eds.), *Gentrification, displacement and neighbourhood revitalization* (pp. 4-27). Albany, NY: State University of New York Press.
- Palmer, C., Ziersch, A., Arthurson, K., & Baum, F. (2004). Challenging the stigma of public housing: Preliminary findings from a qualitative study in South Australia. *Urban Policy & Research*, 22, 411-426.
- Purdy, S. (2003). "Ripped off" by the system: Housing policy, poverty, and territorial stigmatization in Regent Park housing project, 1951-1991. *Labour/Le Travail*, 52, 45-73.
- Purdy, S. (2004). By the people, for the people: Tenant organizing in Toronto's Regent Park housing project in the 1960s and 1970s. *Journal of Urban History*, 30(4), 519-548.

- Purdy, S. (2005). "Framing Regent Park: the National Film Board of Canada and the construction of 'outcast spaces' in the inner city, 1953 and 1994." *Media, Culture & Society*, 27, 523-549.
- Reidpath, D. D., Chan, K. Y., Gifford, S. M., & Allotey, P. (2005). 'He hath the French pox': stigma, social value and social exclusion. *Sociology of Health & Illness*, 27, 468-489.
- Reutter, L. I., Stewart, M. J., Veenstra, G., Love, R., Raphael, D., & Makwarimba, E. (2009). "Who Do They Think We Are, Anyway?": Perceptions of and Responses to Poverty Stigma. *Qualitative Health Research*, 19(3), 297-311.
- Rogers, A., Huxley, P., Evans, S., & Gately, C. (2008). More than jobs and houses: Mental health, quality of life and the perceptions of locality in an area undergoing urban regeneration. *Social Psychiatry Psychiatric Epidemiology*, 43, 364-372.
- Rose, G. (1997). Situating knowledges: Positionality, reflexivities and other tactics. *Progress in Human Geography*, 21(3), 305-320.
- Rosenbaum, J. E., Reynolds, L., & Deluca, S. (2002). How do places matter? The geography of opportunity, self-efficacy and a look inside the black box of residential mobility. *Housing Studies*, 17(1), 71-82.
- Sahak, J. (2008). Race, space and place: Exploring Toronto's Regent Park from a Marxist perspective. (Major Research Paper, Ryerson University, Toronto, Canada). Retrieved from <http://digitalcommons.ryerson.ca/dissertations/93>
- Schippling, R. M. (2007). Public housing redevelopment: Residents' experiences with relocation from phase 1 of Toronto's Regent Park Revitalization. (Master's Thesis, University of Waterloo, Waterloo, Canada). Retrieved from <http://uwspace.uwaterloo.ca/bitstream/10012/3028/1/RMSchipplingThesis.pdf>
- Schwalbe, M., Godwin, S., Holden, D., Schrock, D., Thompson, S., & Wolkomir, M. (2000). Generic processes in the reproduction of inequality: An interactionist analysis. *Social Forces*, 79, 419-452.
- SpatulaCity. (2005, July 17). Toronto: The history of Cababgetown and the redevelopment of Regent Park. Retrieved from <http://www.skyscrapercity.com/showthread.php?t=235088>
- Stafford & Marmot (2003). Neighbourhood deprivation and health: Does it affect us all equally? *International Journal of Epidemiology*, 32, 357-366.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and*

*procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Talen, E. (1999). Sense of community and neighbourhood form: An assessment of the social doctrine of New Urbanism. *Urban Studies*, 36, 1361-1379.

Thomson, H. (2008). A dose of realism for healthy urban policy: Lessons from area-based initiatives in the UK. *Journal of Epidemiology & Community Health*, 62, 932-936.

Thomson, H., Petticrew, M., & Douglas, M. (2003). Health impact assessment of housing improvements: incorporating research evidence. *Journal of Epidemiology and Community Health*, 57, 11-16.

Thomson, H., Thomas, S., Sellstrom, E., & Petticrew, M. (2009). The health impacts of housing improvement: A systematic review of intervention studies from 1887 to 2007. *American Journal of Public Health*, 99(S3), S681-S692.

Toronto Community Housing Corporation. (2005). 'Welcome to Regent Park: A place to call home.' Retrieved from <http://www.regentparkplan.ca>

Toronto Community Housing Corporation. (2007). Regent Park social development plan executive summary. Retrieved from [http://www.torontohousing.ca/webfm\\_send/4213/1](http://www.torontohousing.ca/webfm_send/4213/1)

Toronto Community Housing Corporation. (2008). Regent Park Revitalization: Community update meeting [PowerPoint slides]. Retrieved from [http://www.torontohousing.ca/webfm\\_send/5331/1](http://www.torontohousing.ca/webfm_send/5331/1)

Trudeau, D & Malloy, P. (2011). "Suburbs in disguise? Examining the geographies of the New Urbanism" *Urban Geography*, 32(3), 424-447.

Vale, L. J. (1997). Empathological places: Residents' ambivalence toward remaining in public housing. *Journal of Planning Education and Research*, 16, 159-175.

Van Dijk, T. A. (1993). Stories and Racism. In D. K. Mumby (Ed.). *Narrative and social control* (pp. 121-142). Newbury Park, CA: Sage, 1993.

Veenstra, G., Luginaah, I., Wakefield, S., Birch, S., Eyles, J., & Elliott, S. (2005). Who you know, where you live: Social capital, neighbourhood and health. *Social Science & Medicine*, 60, 2799-2818.

Wilson, K., Eyles, J., Elliott, S., & Keller-Olaman, S. (2009). Health in Hamilton neighbourhoods: Exploring the determinants of health at the local level. *Health & Place*, 15, 374-382.

- Winchester, H. (2000) Qualitative research and its place in human geography. In I. Hay (Ed.) *Qualitative research methods in human geography* (pp. 1-22). Melbourne, Victoria: Oxford University Press.
- World Health Organization Commission on Social Determinants of Health. (2007). A conceptual framework for action on the social determinants of health. Geneva: World Health Organization.
- Zhou, Y. R. (2007). “If you get AIDS... You have to endure it alone”: Understanding the social constructions of HIV/AIDS in China. *Social Science & Medicine*, 65(2), 284–295.
- Ziersch, A. M., Baum, F. E., MacDougall, C. & Putland, C. (2005). Neighbourhood life and social capital: The implications for health. *Social Science & Medicine*, 60, 71-86.

## Appendix A: Regent Park Images



**Figure 1.** Aerial view of Regent Park, Toronto, Ontario.

Source: SpatulaCity (2002), Retrieved from Retrieved from  
<http://www.skyscrapercity.com/showthread.php?t=235088>



**Figure 2.** Aerial view of South Regent Park High-Rise Buildings and North Regent Park Low-Rise Buildings.

Source: SpatulaCity (2002), Retrieved from Retrieved from  
<http://www.skyscrapercity.com/showthread.php?t=235088>



**Figure 3.** Image of Regent Park North Low-Rise Building.

Source: Jeeff (2006), Retrieved from <http://citynoise.org/article/5887>



**Figure 4.** Phasing Strategy for the Regent Park Redevelopment.

Source: TCHC (2008), Retrieved from [http://www.torontohousing.ca/webfm\\_send/5331/1](http://www.torontohousing.ca/webfm_send/5331/1)



**Figure 5.** Artist's Rendering of Phase One of the Regent Park Revitalization.  
Source: TCHC (2008), Retrieved from [http://www.torontohousing.ca/webfm\\_send/5331/1](http://www.torontohousing.ca/webfm_send/5331/1)



**Figure 6.** First Condominium Development in Regent Park (One Cole) and FreshCo. Grocery Store.

Source: [http://thetorontoblog.com/2011/03/04/neighbourhood-watch-regent-park-revitalization-creates-massive-construction-zone-on-undas-st/regent-park-phase-1-development-at-parliament-and-undas-february-15-2011-img\\_2043/](http://thetorontoblog.com/2011/03/04/neighbourhood-watch-regent-park-revitalization-creates-massive-construction-zone-on-undas-st/regent-park-phase-1-development-at-parliament-and-undas-february-15-2011-img_2043/)

## Appendix B: Recruitment Flyer



### DO YOU LIVE IN REGENT PARK?

We are looking for volunteers for a project about how the Regent Park revitalization may have affected residents.

We are looking for Regent Park residents **ages 18 and over** that have lived in **Regent Park since 2004 or earlier** AND have been living in new **Sackville St. and Oak St. apartments** for at least **6 months**.



If you choose to take part in this study you will be invited to a one-on-one interview to talk about living in Regent Park and your health. Your participation would involve **one session**, lasting about **1 to 1.5 hours**.

To thank you for your time you will receive **\$25.00 cash**.

Taking part in this study will not affect your status with TCHC or any other housing agency.

For more information about this study, or to take part, please contact:

**Madelaine Cahuas**

Department of Health, Aging & Society

at **(647) 773-5688** or E-mail: **cahuasmc@mcmaster.ca**

**This study has been reviewed by and received ethics clearance through the McMaster Research Ethics Board.**

Call (647)-773-5688  
OR email:  
cahuasmc@mcmaster.ca

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cahuasmc@mcmaster.ca

## Appendix C: Telephone Script

P = Potential Participant; I = Interviewer

P - Hello, I saw your flyer and I have some questions (and/or) I am interested in participating?

I – Hello. Thank you for your interest in the study. Who may I ask is calling?

P – Name of potential participant

**I – (for potential participants calling with questions first):** Hi (name of potential participant). My name is Madelaine Cahuas and I am a Masters student in the Department of Health, Aging & Society at McMaster University. I would be more than happy to answer any questions you have. But first, I would like to tell you about my study in order to maybe answer some of your questions. If I haven't answered your questions please let me know and I will answer them.

P – Okay.

**I – Go to study overview**

**I – (for potential participants calling without questions):** Hi (name of potential participant). My name is Madelaine Cahuas and I am a Masters student in the Department of Health, Aging & Society at McMaster University. **(Continue to study overview)**

**I – (study overview)** As part of completing my thesis for my Master's degree, I am conducting interviews with Regent Park residents to learn about how the revitalization may have affected their daily life and health. Before you agree to participate, I would like to give you some more information about the interviews. I would also like to let you know that to be eligible to participate in this study you need to be 18 years old or older. You also need to have lived in Regent Park since 2004 or longer and be living in Regent Park social housing for at least six months.

If you are you eligible you are invited to take part in an interview that will happen in one session and will last about one to one and a half hours. In the interview we will talk about how you deal with the way people living outside of Regent Park treat you and how you feel about your health. To thank you for your time you will be given \$25.00 in cash.

Participating in this interview is voluntary and there are no serious, anticipated risks to taking part in this study. However, you may become upset or uncomfortable with telling me about your life in Regent Park or about your health. It is important that you know that you can refuse to answer any question you do not wish to answer and that you can stop the interview or drop-out of the study at any time without suffering any consequences.

With your permission, the interview will be tape-recorded and then typewritten. With your permission I will also take handwritten notes during the interview. I will do this to better understand what you are telling me.

All the information you give me will be kept confidential..

I would like to assure you that this study has been reviewed by, and received ethics clearance through, the McMaster University Research Ethics Board. If you have any comments or concerns because of your participation in this study, please contact the McMaster Research Ethics Secretariat at 905-525-9140 ext. 23142.

With your permission, I would like to mail/fax/email you an information letter that has all of these details along with more information to help you make a decision about taking part in this study. Along with this information letter, I would also like to send you the questions I may ask you during the interview.

P - No thank you.

OR

P - Sure (get contact information from potential participant i.e., mailing address/fax number/email address).

I - Thank you very much for your time. Do have any questions for me?

P – Yes/No

I – (If yes): Answer questions (*then go to next line*)

I – (If no): May I call you in 2 to 3 days to see if you are interested in being interviewed?

P – Yes/No

I – (If yes): (*get phone number P can be reached at*)

Once again, if you have any questions or concerns please do not hesitate to contact me at this number or email [cahuasmc@mcmaster.ca](mailto:cahuasmc@mcmaster.ca).

P - Good-bye.

I – Have a great day. Good-bye.

## Appendix D: E-mail Reply-Back Script

E-mail Subject line: A Study of the Effects of the Regent Park Revitalization on Residents

Dear [name of participant],

Thank you for your interest in this study. My name is Madelaine Cahuas and I am a Masters student in the Department of Health, Aging & Society at McMaster University. As part of completing my thesis for my Master's degree, I am interviewing Regent Park residents to learn about how the revitalization may have affected their daily lives and health.

To be eligible to participate in this study you need to be **18 years old or older**. You also need to have **lived in Regent Park since 2004 or longer** and **be living in Regent Park social housing for at least 6 months**.

If you meet the eligibility requirements you are invited to take part in an interview that will last about one to one and a half hours. In the interview we will talk about how you deal with the way people living outside of Regent Park treat you and how you feel about your health. To thank you for your time you will receive \$25.00 in cash.

Participating in this interview is voluntary. There are no serious risks to taking part in this study and you can withdraw at any time without suffering any consequences.

I have attached a copy of the letter of information about the study that provides full details and a copy of the questions I may ask you during the interview. This study has been reviewed by, and received ethics clearance through, the McMaster University Research Ethics Board. If you have any questions or concerns about this study, please contact:

McMaster Research Ethics Board Secretariat  
Telephone: (905) 525-9140 ext. 23142  
C/o Office of Research Services  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

If you are interested in taking part in this study, please let me know at what phone number I can reach you at in the next 2-3 days to set-up an interview. Please do not hesitate to contact me at [cahuasmc@mcmaster.ca](mailto:cahuasmc@mcmaster.ca) or at (local number). Thank you very much for your time and consideration.

Kind Regards,

Madelaine Cahuas B.Sc. (Hons.)  
Masters Candidate in Health & Aging  
Department of Health, Aging & Society  
McMaster University, Hamilton, ON  
Tel: (647) 773 -5688  
[cahuasmc@mcmaster.ca](mailto:cahuasmc@mcmaster.ca)

## Appendix E: Letter of Information/Consent Form



[DATE],

**Project Title:** Investigating the effects of neighbourhood revitalization on destigmatization practices and health in Toronto's Regent Park

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**Student Investigator:**

Madeline Cahuas, Hon. BSc  
Master's Candidate  
Department of Health, Aging & Society  
McMaster University  
Hamilton, Ontario, Canada  
Email: cahuasmc@mcmaster.ca  
Tel: 647-773-5688

**Faculty Supervisor:**

Dr. James R. Dunn  
Associate Professor  
Department of Health, Aging & Society  
McMaster University  
Hamilton, Ontario, Canada  
Email: jim.dunn@mcmaster.ca  
Tel: (905)525-9140 ext. 23832

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**What am I trying to learn?** You are invited to take part in a project that I am doing as a part of my Master's degree at McMaster University. I hope to learn **how Regent Park residents deal with, and respond to, the way individuals living outside of Regent Park treat them.** I also hope to find out **how the revitalization may have affected the health of Regent Park residents.** In this project, the way people deal with or respond to being treated differently or unfairly will be referred to as *destigmatization practices*. In other words, ways of getting rid of feelings or labels that are negative, hurtful or degrading.

**What will happen during the study?** I am hoping to interview 15 to 20 Regent Park adult tenants (aged 18+) that have **lived in Regent Park since 2004 or earlier** and **have lived in the new public housing buildings for at least 6 months.** Participation is completely voluntary and would consist of a one-to-one interview that would last about one to one and a half hours. With your permission I would like to audio-tape record the interview. I will also take some handwritten notes during the interview to help me better understand what you are saying. The interview would be held at a time and place that is convenient for you. You would also receive **\$25.00** for your time and participation.

Some examples of questions I will ask you include:

- Thinking about people who live outside of Regent Park, how did they treat you when you lived in Regent Park before the revitalization started? Can you give me any examples?
- How did you react or deal with the way people treated you?
- Do you consider yourself a healthy person? In what ways?

I will also ask you for some demographic information like your age and ethnic, cultural and racial identity. Any information collected from you will remain private and confidential.

**Are there any risks to doing this study?** The risks involved in participating in this study are few. You may find it stressful remembering and sharing negative experiences. You may also feel uncomfortable telling me how you feel about your health. If you feel uncomfortable or upset with answering any question you can choose not to answer or to stop the interview. You are also free to withdraw from the study after signing the consent form at any time up until I submit the results to the School of Graduate Studies at McMaster University. In the case that you withdraw, any information you have provided will be destroyed unless you tell me I can use what you have told me. You will not suffer any consequences for choosing not to answer a question, stop the interview or withdraw from the study. After the interview you will receive a resource sheet with a list of places you can call if you are upset or need help, which I will offer to explain.

Your decision to participate or not participate will have no impact on your status with the Toronto Community Housing Corporation (TCHC) or any other housing agency you may be affiliated with. No housing agency or TCHC will ever know whether you chose to participate in this study or not, unless you tell them. They will not have access to any personal information or the information you provide to me. TCHC will only receive a 2-3 page summary report of what I learned by doing this project and a copy of my 80-100 page thesis if they wish.

**Who will know what I said or did in the study?**

- You are participating in this study confidentially. I will not use your name or any information that would allow you to be identified. No one but my faculty supervisor and I will know whether you participated unless you choose to tell them. Staff that will read your interview responses have sworn to keep your information private by signing an oath of confidentiality. The information that you provide will be kept in a locked filing cabinet or password protected computer where only I and my faculty supervisor have access to it.
- Once the study is finished, information you provided that does not identify you will be stored on a disk that will be kept in a locked filing cabinet for future research possibilities. Project documents with information that identifies you (ex. Consent form) will be kept in a locked filing cabinet for five years and then destroyed.

PLEASE NOTE: There are limits to confidentiality of your information if your answers to any of the interview questions cause the interviewer to suspect child abuse in your household. I am required by law to report any type of child abuse. The only information that would ever be shared in that situation is information related to the risk of harm to yourself or other people.

**Are there any benefits to doing this study?** Although the results of this study may not benefit you directly, by taking part in this project you will be contributing to a better understanding of how neighbourhood revitalization initiatives affect people's daily experiences and their health. This may help to increase supports for people living in public housing or neighbourhoods undergoing revitalization and create better municipal policies that promote health for all.

**How do I find out what was learned in this study?**

I expect to have this study finished by around August, 2011. I will make available what I learned in this study by sending you a 2-3 page summary report. Please let me know where you would like the summary results sent to you on the consent form.

I also hope to consult people that took part in the study, community members, workers and leaders to decide on the most relevant and useful ways to share what was learned in the study with the rest of the community. Please let me know on the consent form if you would like to be contacted after the study is completed to discuss this.

**Questions about the Study** If you have questions or require more information about the study, please contact Madelaine Cahuas, the Student Investigator at [cahuasmc@mcmaster.ca](mailto:cahuasmc@mcmaster.ca) or at this local number (647) 773-5688.

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat  
Telephone: (905) 525-9140 ext. 23142  
c/o Office of Research Services  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

### STATEMENT OF CONSENT

I have read the information presented in the information letter about a study being conducted by Madelaine Cahuas of McMasterUniversity. I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may withdraw from the study at any time without having to provide a reason or suffer any consequences.

I understand that handwritten notes will be taken during the interview.

I have been given a copy of this form. I agree to participate in the study.

**A) I agree to the audio recording of the interview      YES    or    NO**

Name of Participant (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PLEASE CIRCLE YES OR NO:

**A. YES** I would like to receive a 2-3 page summary of the study's results. Please send it to this email address \_\_\_\_\_ or to this mailing address

\_\_\_\_\_.

**NO** I do not want to receive a summary of the study's results.

**B. Can I contact you at a later date if I need to ask you about any more information?**

**YES      or      NO**

#### TO BE COMPLETED BY THE STUDENT INVESTIGATOR:

**I have received and reviewed the consent form.** To my knowledge, the participant is voluntarily and knowingly giving informed consent.

Name of Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix F: Verbal Consent Log

## Log for Recording Verbal Consent

[illegible]

## Appendix G: Resource Sheet

### Resource Sheet

Resource Name	Description	Phone Number
Distress Centres of Toronto	Provides 24-hour telephone support, 7 days a week for people experiencing emotional distress or in need of crisis intervention or suicide prevention. They also provide face to face support and counselling to people dealing with the effects of suicide and homicide.	Distress Line: 416-408-4357 OR 416-408-HELP Survivor Support Program Line: 416-595-1716
Mental Health Services Information Ontario	They give free information about mental health services and supports 24 hours a day, 7 days a week in over 140 languages.	1-866-531-2600
211 Toronto	Helps you find any kind of social service in Toronto	416-397-4636
Tele-health Ontario	Provides free health information and advice from a registered nurse 24 hours a day, 7 days a week	1-866-797-0000 TTY: 1-866-797-0007
Across Boundaries	Puts you in touch with supports and services that may be familiar to your culture and language. Provides services in Dari/Pashto, Somali, Tamil, and Urdu.	416-787-3007
Hong Fook Mental Health Association	Provides a variety of services to Cambodian, Chinese, Korean and Vietnamese communities.	416-493-4242
COSTI Immigrant Services	Provides a variety of social and health services for immigrants and newcomers.	416-658-1600
Regent Park Community Health Centre	Provides a wide range of health and wellness services in a variety of languages.	Health Centre: 416-364-2261 Mental Health Reception: 416-203-4505

\*\*\*Please keep in mind that this is not a complete list of all the services that may be available to you. It is only a list of some resources in the Navigating Mental Health Services in Toronto: A Guide for Newcomer Communities available at: [www.crct.org](http://www.crct.org).

If you feel upset and you do not want to talk to someone in one of these places, I suggest that you talk to a trusted family member or friend who you would regularly go to, to talk over things.

## Appendix H: Interview Guide

### Section 1: Demographics

- 1) How long have you lived in Regent Park before the revitalization started in 2006?
- 2) How long has it been since you have moved back into Regent Park?
- 3) Where were you relocated to? For how long?
- 4) How did you feel about being relocated? (probes: sad, angry, excited, happy, worried, stressed)
- 5) Can you tell me more about yourself? How would you describe yourself? What term do you prefer to use to describe yourself (Black, Brown, Muslim, African, woman)? Why? (probes: age, culture, ethnicity, race, class, gender, family status, country of origin)

### Section 2: Community Belonging

- 6) Are you involved in any organizations or groups? Is this important to you? Why? Can you describe this organization or group to me? (probes: church, community groups, associations, cultural/ethnic/racial background of participants)
- 7) Do you consider Regent Park a group you belong to? How are you involved in the RP community/neighbourhood? Why?
- 8) What does it mean for you to be a Regent Park community member, resident, tenant? How has this changed during your time living here?
- 9) Do you think your belonging (or not belonging) to Regent Park has changed since the revitalization? In what ways? (probes: participation in community, neighbourhood or outside, increase or decrease)
- 10) Who else do you think is part of Regent Park? Who isn't part of Regent Park? Has this changed since the revitalization? How? (probes: new tenants, tenants paying market priced rent, condo owners etc.)

### Section 3: Understandings of Neighbourhood Before and After Revitalization

- 11) Please tell me about your neighbourhood (building and house) before the revitalization. What did you like about living in Regent Park? What did you not like as much about living in Regent Park?
- 12) Please describe your neighbourhood (building and house) now since you've been re-housed. What do you like about living in Regent Park now? What are things that you don't like as much?
- 13) What makes Regent Park unique? What makes it similar to communities and neighbourhoods in surrounding areas?

- 14) Could you please draw a simple map using this pen or pencil on this sheet of paper to show me what the borders of Regent Park look like? What are the main intersections or structures that mark the borders of Regent Park?
- 15) Please tell me if the borders have changed since the revitalization. Could you describe to me how?

#### Section 4: Perceptions, Understandings and Responses to Stigma

- 16) Thinking about people who live outside Regent Park, what are some things they say about this place? (Probes: crime, poverty, gangs, violence, tight knit community, diversity)
- 17) Has anyone ever said anything directly to you?
- 18) How does it make you feel when you hear people saying that?
- 19) What do you say to them in response?
- 20) How does it make you feel when you respond in that way?
- 21) Do you think the way people talk about Regent Park has changed since the revitalization?
- 22) Again, thinking about people that live outside RP, what are some ways they acted towards you when you lived in RP before the revitalization? Did you ever feel that they acted differently towards you?
- 23) Why do you think people acted this way?
- 24) What did you do when people acted this way?
- 25) Why did you respond the way you did? Do you think this is the best way to respond when people act this way?
- 26) How does it make you feel when you react in that way?
- 27) Since you have been re-housed do you feel that the way people living outside of Regent Park act towards you or other RP residents has changed? Could you please explain how?
- 28) Now how do you react or deal with the way people act towards you?
- 29) Do you think this is the best way to respond when people act this way?
- 30) How does it make you feel when you respond in this way now?

#### Section 5: Health and Wellbeing

- 31) Do you consider responding to things people living outside of Regent Park may say about Regent Park is a burden for you? How? Do you consider responding to the way people living outside of Regent Park may act towards Regent Park residents is a burden to you? How? Has there been a cost? In what ways? (probes: stress, strength, pride, sadness, loss of relationships or strengthening relationships)

- 32) Would you consider yourself a healthy person? In what ways? Has this changed since the revitalization? How?
- 33) Do you consider yourself a calm person or a stressed person? In what ways? Has this changed at all since the revitalization? How?