Emotional refuge? Dynamics of place and belonging among formerly homeless individuals with mental illness

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A R T I C L E   I N F O

A B S T R A C T

This study investigated the emotional and spatial dynamics of belonging among formerly homeless individuals with mental illness living in independent supportive housing in New York City. The notion of belonging connects with a renewed interest in understanding how to achieve integration of this population in their communities and broader society (Ware et al., 2007; Wong and Solomon, 2002). Eighteen in-depth interviews demonstrate that experiences of belonging were subject to multiple social and spatial constraints. These included stigmas about mental illness; neighborhood amenities, crime and drug activity; and connections to networks and places beyond the neighborhood of residence. Participants often described feelings of disconnection and alienation in their own neighborhoods, but also experienced deep connections to other communities, accompanied by emotions of comfort, care, and attachment. Drawing on these findings and interdisciplinary literature on belonging, emotion, space and mobility this paper develops the concepts of non-belonging, belonging from afar, and non-normative belonging. These concepts suggest that research into community integration should better attend to the bonds of attachment to other networks and places that individuals with mental illness may carry into new residential settings, and the autonomy they bring to navigating the process of integration.

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1. Introduction

The distinction between rooflessness, or literal homelessness, and rootlessness, or a lack of connectedness with place (Kearns and Smith, 1994) suggests that housing is but one aspect of the experience of belonging. The (dis)connection between individuals and place rests on the familiarity, attachment and identification developed in and through past and present experiences, attitudes, beliefs, and actions (Fullilove, 1996). The emotional relationships we have with places and the extent to which this relationship is one of belonging and inclusion, or isolation and exclusion, are thus embedded in material, social, economic and historical contexts (Winkel et al., 2009).

The notion of belonging as a relationship between individual and place connects with a growing interest by researchers and the state in the integration of those who have been marginalized on the basis of race, class, gender, sexuality or ability. In the U.S. as in other countries, decreasing social exclusion and increasing community integration of homeless individuals diagnosed with mental illness have been mobilized as policy imperatives (New Freedom Commission on Mental Health, 2003; Parr et al., 2004). The goal

of community integration for individuals with mental illness and histories of homelessness has evolved apace with paradigmatic shifts in approaches to housing and supports for this population. From a history of specialized treatment environments and the need to be "housing ready", researchers and practitioners have come to stress the importance of self-determination and access to housing as fundamental elements of recovery (Barrow et al., 2007; Dorvil et al., 2005; Ridgway and Zipple, 1990).

With this change, researchers (especially in psychology) in the U.S. and abroad are focusing renewed attention on conceptualizing community integration and understanding how to support this ideal for people with mental illness (Pinfold, 2000; Prince and Prince, 2002; Tosi, 2005; Ware et al., 2007; Wong and Solomon, 2002; Yanos et al., 2004, 2007). However the growing body of psychological research into community integration often lacks an explicit attention to understanding the spatial dynamics of integration. Rather 'community' is implicitly situated in the neighborhood of residence, with integration seemingly understood as a somewhat idealized sense of local belonging and social relations. Despite the new importance placed upon the role of individual choice and agency in housing options, research into community integration often fails to consider how individuals with mental illness conceptualize community and enact inclusion. Further, not enough research has examined how experiences of community

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attachment relate to emotional experiences of belonging in the neighborhood and other urban spaces and scales.

This exploratory study provides a critical account of the spatial and emotional dynamics of community integration in the urban context based upon the experiences of formerly homeless individuals with mental illness living in New York City. I investigate participants' definitions of community and how experiences of place—at the scale of the neighborhood and the city as a whole—relate to feelings of belonging. Throughout this paper I take care to privilege belonging as situated in the choices, actions and modes of participation and the emotional (dis)connections with place described by participants. This emphasis aims to counter the dominance of normalization and functioning as hallmarks of integration (Ware et al., 2007) in order to "recast" community integration through exploring these individuals' engagements with place (DeVerteuil et al., 2009). In this paper I work to develop an idea of belonging (and non-belonging) that articulates the emotional connections with the urban context by individuals who have been excluded from this context on the basis of disability and poverty.

2. Theorizing community and integration

2.1. Psychological concepts of integration

Theories of community integration in psychological research are linked to policies of deinstitutionalization of individuals with mental illness, begun in earnest in the U.S. in the 1970s. These theories have changed alongside approaches to treatment and housing for such individuals. Early theories of integration were rooted in ideas of *physical* access and participation in the community surrounding residential facilities (Segal et al., 1980), perhaps due to the significance of mentally ill individuals' increased freedom of movement following deinstitutionalization.[1] Since the 1990s newer approaches to housing and supports for people with mental illness have included a shift toward normalized housing; choice and preference in housing and treatment; and improved services including peer support and self-help, all suggesting dimensions of community integration beyond the physical. Wong and Solomon (2002) frame integration as multidimensional, including physical,[2] social and psychological aspects. The social dimension highlights adequately sized, supportive social networks and normative (in quality, quantity, and context) social interactions between individuals with mental illness and community members (Wong and Solomon, 2002). The psychological dimension concerns an individual's sense of community—their emotional connections with neighbors, perceived community membership, and beliefs about their role and influence in the community (Wong and Solomon, 2002: 19). This approach significantly expands ideas about what belonging means for individuals with mental illness but bounds the discourse in ways that may limit understanding of the spatial, social and emotional dynamics of community integration. In the remainder of this section I address some of these limitations, drawing on interdisciplinary literature by psychologists, sociologists and geographers working in studies of emotion and space, disability, mobility and belonging in order to build a richer analysis of the dynamics of integration in a frequently marginalized group.

2.2. The "normal" ideal

The multidimensional approach to community integration is marked by its discourse on location, i.e. non-institutional residence, functioning, i.e. use of goods and services, and fulfillment of "normative" social roles. This constructs an ideal wherein individuals with mental illness come to be included through shedding the characteristics and practices that often define marginalization, e.g. social isolation. This individualistic model of integration locates exclusion in functional limitations or other aspects of the marginalized person, rather than society's failure to consider the needs of people with limitations and to provide them appropriate services and supports (Oliver, 1990). More socially oriented perspectives define integration by individual capacity to develop and maintain personal relationships and exercise the rights, privileges, and responsibilities associated with citizenship (Rowe et al., 2001; Ware et al., 2007). Participation in both mainstream activity spaces and those geared toward other individuals with psychiatric disabilities is valued in this framework (Pinfold, 2000). In this sense integration is defined not only by individuals with mental illness participating in normative relationships and social contexts, but also by a society that accepts difference and provides social and environmental affordances for all its members regardless of their limitations. Integration (and exclusion) is thus socially constructed through interactions between individuals and the social and spatial contexts in which they are situated.

2.3. Spaces of community

This observation calls attention to the nature of the "community" into which integration is sought. Theories of community integration articulate a socially just aim: inclusion of those with mental illness into the places they live and in broader society. Achieving this aim requires recognizing how broader society is interconnected with and impacts local communities (DeFilippis et al., 2006). The kind of rootedness, or integration, that may evolve through individual relationships with place is socially, politically, and historically constructed (Dixon and Durrheim, 2000). While geographers have long emphasized the role of space in (re)producing the exclusion of individuals with mental illness, few psychologists ask how neighborhood characteristics, many of which are shaped by macro-level social and economic processes, contribute to feelings of belonging and inclusion (see Townley et al., 2009 for an exception). For example Dear and Wolch's (1987) seminal work noted the spatial concentration of individuals with mental illness in older and deteriorated American inner-city neighborhoods following deinstitutionalization; reinvestment in many of these same neighborhoods has constrained residential location options for such individuals, who must increasingly live in areas remote from the urban core with limited services and amenities (Yanos, 2007). Even in the context of "normal" housing, social isolation may arise due to neighborhood characteristics, including spatial disconnection from the broader urban context. In thinking about community in territorial terms, we must look at how place may promote or limit feelings of affiliation, and belonging (Davidson and Milligan, 2004).

Securing housing signals entry into a particular neighborhood context of social relations. As residents enact and reproduce local cultural traditions of social involvement and attitudes toward mental illness, inclusion of individuals with mental illness may depend on their own history of connection to the community (Parr et al., 2004). Opportunities for local engagement and participation intersect with individual histories, producing complex emotions that may conflict with the aim of community integration. Individuals with mental illness may be hesitant to 'belong' to a community

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[1] It is important to note that in the U.S., the community supports, including housing, developed in the context of deinstitutionalization were inadequate for many individuals with mental illness (Carling, 1990). This may have contributed to homelessness and social and spatial marginalization of this population in the U.S. context (Dear and Wolch, 1987).

[2] As described by Segal and Aviram (1978), Segal et al. (1980): presence, use of local resources and participation in the community.

that could very well reject them again, perhaps preferring alternative spaces where their differences may be more accepted (Parr, 2000). The precariousness of any notion of inclusion (Parr et al., 2004) highlights the dynamic nature of processes of inclusion and exclusion (Wiesenfeld, 1996).

2.4. Community beyond the neighborhood of residence

Entering into the dynamic, historically contextualized aspects of community (Wiesenfeld, 1996) suggests the ways in which feelings of belonging and acceptance may not necessarily be linked to one's place of residence, and how these feelings change over time, space and situation. Nevertheless psychologists generally rely on a theory of community as defined by neighborhood (Colombo et al., 2001), absenting the broader geographic and social context from community integration research. The dynamics of belonging may not be limited to the neighborhood scale, or even be strictly territorial—they can also stem from shared interests, experiences and feelings not tied to place. Belonging is situated within networks of shifting identities and social roles, with dialectics of "continuous inclusions and exclusions" playing out across individuals, sub-communities, the larger community, and society itself (Wiesenfeld, 1996: 341). New and reconstituted forms of interaction and alternate modes of reciprocity, presence and commitment characterize these dialectics (Amin and Thrift, 2002; Castells, 1996; Piselli, 2007). Within the city, flows of people, capital, technology, images and information (Castells, 1996) afford community bonds that can "successfully persist at a distance" (Amin and Thrift, 2002: 46). Indeed the activities of everyday life itself, e.g. traveling on public transportation, can provide a common denominator in the urban context by briefly but continually bridging seemingly distinct social groups and places (Amin and Thrift, 2002; Lefebvre and Levitch, 1987).

Thus the boundaries of the spatial and relational aspects of community are not necessarily the same, a perspective that expands possibilities for the conditions of belonging. The interactions with others that punctuate daily life, the commonalities with some of these individuals, and the connections maintained even when face-to-face contact is not possible all have a unique resonance in the lives of individuals who have been homeless and who experience severe mental illness. The transition from homelessness to living in one's own apartment fundamentally transforms all of these factors. Interactions of everyday life may be accompanied by a greater sense of dignity by virtue of being able to take a shower and put on clean clothes, and not having to carry around one's possessions in bags or carts. This could contribute to feelings of pride and having something in common with others. Or, taking on these markers of 'normalcy' could create a sense of isolation or limbo, of being removed from one's former reality, yet also being different than and thus excluded from others. There may be a yearning to retain the social bonds forged while homeless, or conversely, feelings of disconnection during encounters with people who are homeless or mentally ill.

2.5. Mobility and displacement

The complexities of belonging across time, space and life situation connect with ideas of the emotionality of mobility and displacement. Conradson and McKay (2007) build on the notion of subjectivity as a relationship between self and context, including events and communities linked to specific places. Their theory of *translocal subjectivities* describes how mobility gives rise to new forms of self and emotional relations "via physical encounter and somatic internalization, in response to the power of images and narratives, and through the operation of memory and desire"

(pp. 167). Individuals who are homeless or whose housing is otherwise insecure or temporary are often compelled to move, many times from one unsatisfactory place to the next. The process of securing permanent housing and achieving some kind of residential stability is long, often requiring the navigation of structures over which individuals have little control. Becoming housed is rarely a direct journey but a circuitous one, frequently marked by relapses, encounters with the criminal justice system and psychiatric hospitalization.

Though Conradson and McKay address transnational migration, their observation that feelings of local belonging can be carried across and between places, and their emphasis on the labor of maintaining connections to place, are relevant to the kinds of mobilities that homeless individuals may experience. Thinking about mobility in terms of journey suggests that it is the process of being away that deepens connections to the people and places left behind (Manzo, 2003). Problems and emotional conflicts may result when return is not possible or mobility is associated with lack of choice or control. Fullilove's (1996) concern with the psychological implications of displacement suggests that this kind of mobility may contribute to feelings of dis-ease and discomfort, disorientation and loss through interrupting familiarity and continuity that spatial context can supply. When bonds to place persist even when physical presence is not possible, a sense of grief, yearning to return and inability to form new attachments may occur.

Individuals who have experienced homelessness may not 'trust' emotional affiliations with new places, or idealize places they formed connections to long ago. New residential settings may be of last resort, inadequate, or simply undesirable, resulting in feelings of disconnection or loss of pride (Fullilove, 1996). This gets at Kearns and Smith's (1994) distinction between being "at home" in the sense of physically occupying space vis-à-vis "feeling safe, secure and at ease" (pp. 422). Feelings of alienation, separation, or entrapment may dominate the physical experience of occupying the intimate space of one's residence (Manzo, 2003).

This is not to say that new and deep connections to place cannot be formed in the context of mobility (and even displacement). Relationship to place and the emplaced self is "a constantly evolving, dynamic phenomenon" (Manzo, 2003: 52), leaving open the possibility of new attachments and the modification of existing ones through mobility. However, inequalities in resources and power punctuate processes of place attachment. Citing Castells's (1996) notion that more advantaged individuals are more mobile and "independent of place" in many respects, Gustafson (2006) argues that identification with place is a "refuge" for "the poor and powerless" (Gustafson, 2006: 22). For individuals who have struggled with the marginalization of homelessness and mental illness, negotiating and maintaining connection to place in the context of mobility may be both highly complex and of central importance because of the inequalities they face. This makes Conradson and McKay's (2007) notion of 'emotional labor' quite important in the study of integration and belonging.

2.6. Emotion, interaction and relationality

A relational perspective on emotion points to how emotions arise out of transactions between individuals and their social and material settings. Emotional (dis)connections with place are a way of relating in the world (Manzo, 2003; Simenson, 2007: 175–176; Wood and Smith, 2004). Simenson (2007) emphasizes the public and relational character of emotions, arguing that emotions are "formed in the intertwining of our 'own' bodily flesh with the flesh of the world and with the intercorporeal flesh of humanity" (pp. 177). It is important to note that the emotions resulting from

the interactions between individuals with mental illness and their social and spatial contexts may not always be harmonious. Society differentiates bodies, often punitively, on the basis of race, class, gender, sexuality, and abilities (Simenson, 2007; Young, 1990). Thus formerly homeless individuals with mental illness may experience conflicting, ambiguous, or ambivalent feelings about integration and becoming part of a society from which they have been excluded. This relationship may be one of pain, or of reliving hurtful memories (Cooper Marcus, 1995).

Bondi (2005: 442) employs a psychotherapeutic perspective to show that emotions are grounded not in an autonomous and bounded self, but in a "betweeness" flowing "between and among people", events and places that shapes the subjectivity of emotional experience. Indeed, Bondi (2005) argues that this flow is actually constitutive of the environment. Felt emotions represent the internalization of this environment. This is significant beyond immediate experience (Conradson, 2005: 340) because the embodiment of social structures and cultural schemes as emotion generates dispositions for future social action (Simenson, 2007). In a society where general attitudes and values as well as specific actions denigrate, marginalize, and punish individuals who struggle with mental illness and unstable residential locations, the relations these individuals participate in may result in the 'internalization of otherness and oppression' (Simenson, 2007: 178). As feelings like humiliation, exclusion, shame and fear are embodied they shape self-concept and guide future relations of (non) belonging. Still, these feelings may provide the impetus to seek out "places of refuge" that in turn become all the more meaningful as a site of acceptance and belonging (Manzo, 2003). Negotiating an environment where the flow of emotions allows the embodiment of comfort and tolerance for a range of manifestations of self (including those that are less socially normative, e.g. signs and symptoms of mental illness) can perhaps allow individuals to work toward new ways of feeling and being in other environments.

3. Methods

3.1. Research context

This study was part of a larger study of community integration conducted by Pathways to Housing, a supportive housing provider for homeless individuals with mental illness. Contrasting with traditional approaches that place individuals with mental illness in (often supervised, congregate and temporary) housing and treatment programs based on their perceived "housing readiness", Pathways to Housing advocates a "housing first" approach. Individuals receive their own apartments in locations scattered throughout New York City. This housing is not contingent upon mental health and/or substance abuse treatment participation and compliance (Yanos et al., 2004).[3] Because few studies have addressed the relationships between place and experiences of community integration in this population in the U.S. (cf. Townley et al., 2009; Yanos et al., 2004 for exceptions), I employed in-depth qualitative interviews to theorize subjective feelings of belonging as they relate to the urban context. The ongoing development of community integration concepts, theories and measures makes qualitative methodologies well-suited to strengthening our understanding of the interplay among the social, emotional, and spatial aspects of integration and to identify directions for further research (Wong and Solomon, 2002; Yanos et al., 2004).

3.2. Participants

Although the exploratory qualitative methodology I employed does not yield generalizable data, I sought participants with a variety of community integration experiences in order to represent both belonging and non-belonging. To do so I sampled participants purposively, relying on data from the parent study, specifically data gathered with quantitative measures of social and psychological community integration (sense of community, neighborhood cohesion, and neighborhood social climate). Sampling those who fell at the high ("well-integrated") and low ends of these measures identified 14 individuals who were well-integrated and 21 people who were not (based on quantitative measures that employed a territorial definition of community). Nine individuals from each group participated in the present study for a total of 18 participants,[4] most of whom were male (four women participated); in their forties and fifties; and African–American or Hispanic. Participants mainly lived in upper Manhattan, the Bronx, eastern Queens, and central Brooklyn (see Fig. 1). I emphasize here that this approach to sampling and selection was not undertaken to develop findings that would be representative or generalizable (which would be impossible with such a small study). Rather I aimed to ensure that data would reflect a range of experiences in order to support the development of new concepts of integration.

3.3. Data collection

I conducted all 18 interviews between October 2006 and May 2007, paying each participant $20 and transportation reimbursement ($4) as compensation for their time. Interviews mainly took place at Pathways to Housing neighborhood case management offices or local cafes and ranged in duration from 30 min to 90 min. Interview protocols covered a range of topics within a consistent framework of discussion domains. Specific questions were adapted to the communicative and interaction style that unfolded in each interview. Interviews began with establishing how the participant first secured housing through Pathways to Housing, progressed to include experiences of current and past apartments, buildings and neighborhoods, and descriptions of the structure of their day-to-day lives, responsibilities and relationships. This was followed by a discussion of how participants defined community and what it meant to them, what kinds of communities they felt a part of and those to which they would like to belong. Interviews concluded with participants reflecting upon their participation in their neighborhoods, Pathways to Housing and other communities.

3.4. Data analysis

I used both inductive and deductive methods to code interview transcripts, resulting in a list of codes organized under psychological, social, environmental and programmatic domains. Deductive codes related directly to the study's aims or were generated through reviewing relevant literature on community integration, housing for people with mental illness and neighborhood effects on mental health. Inductive codes were generated by reading interview transcripts and reflecting on field notes taken during interviews to identify ideas, statements and exchanges that were central

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[3] Assertive Community Treatment (case management) is available but may be refused – the only requirement for housing is to comply with the terms of the rental lease and weekly home visits by a case manager to ensure well-being (Stefancic and Tsemberis, 2007).

[4] Not all potential participants were included in the study due to difficulty contacting them, scheduling conflict, or changes in their housing arrangement.

Location of participants

Fig. 1. This map shows the locations, labeled with neighborhood names, around New York City where participants lived at the time of their interview.

to this study's concerns (LeCompte and Schensul, 1999). I extracted direct quotes coded in this fashion from the interview transcripts and created individual spreadsheets of coded quotes for each participant. To identify patterns in the coded data I created a "case-ordered matrix" (Miles and Huberman, 1994), a spreadsheet with columns for data codes and rows for each participant, allowing me to display data from all participants at once. This step involved moving from lengthy direct quotes to interpretive statements, and re-evaluating the coding categories to validate and refine the concepts for analysis. Coding in this manner facilitated

a continuous and iterative process of data analysis wherein I identified patterns and reflected on them to arrive at explanations. I checked my explanations against the case-ordered matrix and interview transcripts, often regrouping coded data or organizing it into new matrices to develop and verify conclusions (Miles and Huberman, 1994).

4. Findings

4.1. Conceptualizing community from the inside out

The local neighborhood figured largely in participants' concepts of community with place linked to mutual cooperation and responsibility for maintaining physical and social order. In this way, participants understood community as *"a particular neighborhood taking a responsibility for what goes on in that neighborhood"*(RC) and "*an environment where people work to better the area*" (FL). It is not residence in a particular area that defines community then, but the efforts that residents undertake to *"build some things up in the neighborhood"* (QC) and "*look out for each other*" (FL).

In keeping with relational theories of community that empha-size common interests and experiences participants also under-stood community in ways that transcended the territorial. Simple everyday interactions such as *"holding the door in the elevator for somebody"* (EG) provided some basis of community for a few participants. Many spoke in terms of shared beliefs and values, social interactions, mutual respect and solidarity. Framing community as *"who you hang out with"* (FL) and *"being in cahoots with one another"* (EG), participants were concerned with social connections characterized by trust and cooperation toward shared goals. Indeed, some cast similar values as the very basis of community: *"that's the main thing…you have to have similar values. Otherwise, you won't even identify with them"* (RV).

The idea of community seemed inextricable from the idea of belonging. Not surprisingly, participants clearly identified commu-nity membership and belonging in terms of positive social interac-tions, shared values and goals, and a sense of mutual respect. In the abstract, community seemed to always be understood from an inside perspective, an assumption of inclusion: *"encompassment…a sense of involvement"* (EG) and *"being as one"* (QC).

Notwithstanding this emphasis on harmony, participants also acknowledged a role for difference and conflict within communi-ties. Given their former homelessness most participants brought up difference in connection with access to resources, expressing the importance of *"helping the less fortunate"* (FL) and *"looking out for the next man"* (HP). This communicated a notion of community where members have disparate access to resources, and an imperative for the better off to provide aid to, and consider the needs of, those who are less well off:

> *"Maybe on Sundays the neighborhood church gets together and maybe have a fish fry, or a cookout…sometimes in the summer-time, the community gets together and everybody will put in some money, they'll buy some meat and have a cookout in the park. Maybe you didn't pay for a plate, but you can still have a plate, you know what I mean?"* (HP)

Therefore solidarity is achieved not through the absence of difference, but through its recognition and acceptance (Young, 1990), perhaps achieved through collective problem-solving: *"Something goes on, everybody in the community, folks begin to try to work together to solve the problem"* (JT). Participants articulated tolerance, communication, and conflict resolution as core to community: *"Community is where everybody can live together and do different things and be as one. You know, talk to each other. If they have a problem, they come and tell you. If you have a problem, you talk*

to them" (QC). Seen in this light, the 'encompassment' feel of belonging could be based as much on the acceptance of difference and conflict as it is on shared values.

However, an abstract discussion of the way participants defined community may show more about their beliefs of what a commu-nity *should* be than what their actual everyday experiences of belonging are (Wiesenfeld, 1996). This idealized understanding of community could obscure the dynamics of belonging in the urban context and the processes that contribute to these dynamics. In the sections that follow I look more closely at participants' experiences of their neighborhoods and the city, and how they reflect upon and evaluate their engagement with these spaces, to better understand the emotions bound up in the process of belonging.

4.2. Subjectivities of the neighborhood

In this section I attend to the social and material context of the neighborhood, how participants engaged with these contexts, and the kinds of feelings these interactions produced. Local resources mattered immensely to participants. Cooper Marcus (1992) writes of houses as mirrors of the self, with the arrangement of spaces and object reflecting feelings about life experiences, relationships and identity (Cooper Marcus, 1992). Extending this thinking outside the walls of the home, participants in this study often experienced the space of their neighborhood as reflective of their own value and how others might perceive them. A positive sense of self-identity is linked to gaining control over space (Cooper Marcus, 1992), yet the ability to determine how spaces outside of the home (and often within it too) look and feel, what qualities they have, is highly constrained. Those privileged by virtue of financial resources, time, class, and social connections have a greater ability to exercise control of their neighborhood environment, affording residential locations aligned with their tastes, needs, preferences and priori-ties. This may support a positive sense of "settlement identity" linked to the spatial context surrounding one's home (Cooper Marcus, 1995).

Identification with neighborhood thus entails an acceptance that certain similarities exist between the self and the neighborhood, and a positive sense of place identity depends on some level of control over this environment. Many participants lived in areas geographi-cally distant from the city center (for example in eastern Queens, or the Bronx), and sometimes this left them feeling disconnected, and quite literally marginalized: *"I don't like it because it's too far from my kids, and it's too far from Pathways—anything could happen to me, I'm almost upstate. Nobody would know"* (SN).

Within the neighborhood, local amenities could alternately serve as a source of pride or of demoralization. For example, an older gentleman living in Harlem said, *"you can't beat the neighbo-rhood…it's close to all services that I might need. You know, a couple good restaurants, laundromats that are open 24 h a day, supermarkets that are within three blocks, places of worship"* (ER). Meanwhile a man living in the Bronx described his neighborhood as *"nothin' but 99 cent stores, nothin' but Jamaican restaurants, nothin' but check cashing places…"* (SN). The kinds of resources present in the neighbo-rhood—everything one might need versus discount stores and check cashing places, seemed to be incorporated into how these individuals felt about themselves and their neighbors. In the first case there was a subtext of pride and dignity connected to neighborhood resources. By contrast the man living in the Bronx was dissatisfied with the fact that his neighborhood lacked even a decent grocery store, preferring to shop in Harlem rather than rely on the inadequate resources nearer to his home. This strategy, while a practical response, also suggests a reluctance to accept the neighborhood as his. New York City is renowned for its availability of anything at any time. Hence an under-resourced and ill-served neighborhood could easily be seen as

forgotten and unimportant, and thereby a space from which to emotionally distance oneself.

Indeed many participants sought to negotiate distance between themselves and their neighborhoods. As described in the research context, the notion of choice in housing is central to the mission of their housing provider (Pathways to Housing). However their extremely limited incomes, the high cost of housing in New York City, and the reluctance of some landlords to accept housing subsidies often left participants with little choice about the kind of neighborhood they lived in. Like most of the city's other vulnerable populations they made their homes in upper Manhattan, the Bronx, central and eastern Brooklyn, and southeast Queens—areas plagued by high poverty rates and social problems like crime, drug abuse, homelessness and old and poorly maintained housing. Thus against the ideal of community integration is the reality of a marginalized group of individuals being housed on the geographic and social fringe of the city. This left many participants with a choice between identifying with an excluded place, or emotionally and physically removing themselves from it.

In this context participants described feelings of fear and detachment. Some elected to isolate themselves from their surroundings: *"I pay it [drug deals] no mind. I probably don't want to get hurt, so I'd just rather avoid…the only person I hang out with is myself… I'm all right, as long as I mind my business, and lock my door, I'm all right. As long as I just don't get involved…I'm all right"* (TS). This woman, while longing to connect with her children (who her sister was caring for), sought refuge from social contacts with her neighbors out of fear of being victimized. Illustrating her lack of control over the situation is her response to a question about what she would change about her living situation: she wanted to have a security camera installed outside her door. This kind of distrust of others and need to put up protective barriers to maintain safety and stability was echoed by a man living in upper Manhattan who had struggled with substance abuse, speaking about the drug dealers common in his area: *"That's why I don't even go out at night, unless I need something from the store. Then I'll go to the store, and they'll be standing right there on the corner, talking about 'yo, pop what's going on', and I just keep going every day—'I don't need nothing, I'm [drug] free'"* (JT). In some sense this strategy of "non-belonging", of removing oneself from neighborhood dynamics, can be understood as a way participants felt they could exert agency in their neighborhood spatial context, and maintain a sense of choice and control about achieving goals, especially sobriety.

Certainly it was the case that those who became more involved in neighborhood social relations often faced temptation to use drugs or become involved in behaviors they were trying to leave behind. Making friends in the neighborhood could sometimes translate to being victimized, losing housing, or slipping back in recovery efforts, leading to a common belief that *"too many people to talk to is no good—too many problems"* (DB). One participant described how old gang acquaintances that he thought he could trust attacked him so severely that he left his apartment, preferring to stay at a homeless shelter to ensure his and his daughter's safety. After moving out of a poorly-lit apartment that exacerbated her depression, one participant found that in her new home *"there's a lot of crack in the neighborhood [crack cocaine]… there's a lot of crack in my building…There's a lot of heroin usage in there; you have people hanging out on the stairs, and stuff like that"* (HP). After a series of relapses and ongoing efforts to remain sober, this participant reflected on how her living environment contributed to this pattern: *"I keep relapsing in Queens. I mean, I've been clean so far; I've been doing good since September…But it's a struggle when the girl across the hall from you sells crack"* (HP). Participants seemed to crave a kind of stability they could not achieve while homeless, but frequently found themselves living amidst chaotic surroundings.

Among those who defined themselves against the neighborhood this context produced feelings of isolation and distrust, while others battled temptation and had difficulty defining an identity that was distinct from the disorder of the neighborhood.

For those who lived in neighborhoods where crime and disorder did not dominate their experience of place, belonging was understood more in terms of fitting in and not behaving differently than their neighbors:

"What I care about is just like what goes for anybody else in that neighborhood. I don't do things out of the ordinary, like throw litter or anything else like that. I want to go with a positive. I pay my services, don't bring any problems into the neighborhood, I live quiet and don't party loud" (RC).

This sentiment occurred in the context of being a newcomer to a neighborhood where he felt *"everyone here has a twenty-year history with each other. There's a history going on…"* (RC). Entering this shared local history may have contributed to an imperative for him to be like 'anybody else' and not 'do things out of the ordinary', feelings possibly stemming from fear of being "outed" as mentally ill or marked as otherwise deviant in what he viewed as a cohesive community. This highlights the historically constructed nature of belonging, the insecurities of being an outsider and trying to become part of the culture in a new place.

4.3. Belonging from afar and non-normative belonging

Participants communicated a sense of belonging that unfolded and frequently endured over time and space through the accumulation of relationships, activities and experiences. To a great extent the emotional relations of belonging built up in one neighborhood or activity space were carried to the next. Often this translated into significant labor devoted to maintaining these connections, which in turn could yield a sense of dislocation from residential settings.

Social and kin ties often accounted for participants feeling more connected to neighborhoods outside of the one in which they lived. The man discussed earlier who traveled to Harlem from the Bronx to do his grocery shopping was also drawn to Harlem because his friends and family, including his children, lived there, and because: *"Harlem people's more friendlier, they ain't botherin' nobody…everyone works as one in Harlem"* (SN). His strong identification with Harlem was based on his view that residents there enacted some of the key components of community described earlier—cooperation and solidarity. Moreover his family members and social ties being there provided a feeling of rightful inclusion and a sense of comfort that he could not attain in his own *"crime-infested"* neighborhood. Another participant, also living in the Bronx, traveled weekly to the Queens neighborhood where he grew up to play baseball and catch up with family and friends, despite the hour-long trip each way on public transit. Others discussed communities that were based on common interests but which also had a distinct place-based component. Despite not having lived in downtown Manhattan for years, one man's longtime participation in the arts and theater community defined his feelings of belonging in that space: *"I know downtown. I do artwork, and theater and stuff, that's where everybody I know is and everything I know is… I get off the train and walk past 14th Street and I'm in the Village, and I'm alive again"* (ED). This quote captures the way in which connection to place becomes embodied—the sense of vitality activated through the physical act of being in that place. The experience of belonging from afar shows how neighborhood integration is situated within personal histories, highlighting the deep connections between individuals and place, even over time and distance.

Other participants described feelings of identification with less normative, alternative communities. For example, the woman who kept relapsing in Queens belonged to a social club for people with mental illness. For her, it was a space in her neighborhood where *"everybody's friendly with everybody…"* and she was free to socialize and relax. She felt that others there understood her because they shared something in common, and she didn't fear being stigmatized because of her mental illness:

"I'm part of a different community because I have a mental illness…Some people, I would just choose not to be around, because sometimes I talk and I stutter because of the medication, or sometimes I might be having a conversation in my mind and go somewhere else for a minute, so I'd rather be with people that can deal with that, and probably already expect that from me, than somebody that doesn't really know me and doesn't really know that I have a mental illness, and then I have to go through the trouble of explaining why I stutter, or explaining why my mind wanders off sometimes, and then people think you have a mental illness—some people think you're dangerous, or maybe you'll snap and kill somebody—you know, I don't want people to think like that about me." (HP)

The feelings of safety and acceptance she felt at the social club show the importance of participation in alternative or non-normative spaces, and how social stigmas around mental illness can put up barriers to integration in more normative spaces.

Along somewhat different lines, another participant related a sense of belonging that blended belonging from afar with belonging in non-normative spaces. This man still felt a connection to the community he developed while homeless, and returned to that area regularly:

"I used to be on 34th street all the time, from 6th Avenue going all the way over to 12th avenue; I'm very well-known in that area… I still go back down there…I'll never forget where I come from; I'll always remember that I was homeless at one time. So I go back down there, I check up on 'em, see who's still out in the street… who's alive, and who's dead, who's in jail." (JT).

In this case, belonging was entailed a responsibility to care for others — a feeling carried for years after this participant was no longer physically part of this community on a day-to-day basis. Through the emotional relations of belonging from afar and non-normative belonging, participants expressed bonds to places and people that seemed core to their identity. Leaving behind the spaces and networks that activate creative energy, bear witness to low moments, and accept limitations without judgment, and trading these for integration into physical and social spaces that lack these qualities would thus translate into a loss of belonging and of self.

5. Discussion and conclusions

These findings suggest that for individuals who have been excluded on the basis of being homeless and mentally ill, belonging and the community to which one belongs define the self and its value. Participants frequently idealized community as an inclusive neighborhood space of shared values, positive social interactions, mutual respect and caring. Yet they rarely experienced this kind of belonging in their own neighborhoods. Only two participants described the neighborhoods they lived in as places where neighbors *"know me by name and I know them by name"* (BV) and they truly felt *"part of this community… It's a beautiful neighborhood and beautiful people…everybody gets along"* (QC). Instead, many participants' neighborhoods reinforced a sense of marginalization and

isolation because of the area's social and spatial disconnects with the broader urban context. In these cases neighborhood belonging involved tradeoffs between feelings of shame and dissatisfaction at identifying with a devalued place, e.g. a drug-infested area, or maintaining some sense of pride and dignity through choosing not to belong. Also bound up in this choice is the extent to which belonging might compromise objectives of safety, stability and recovery, perhaps entailing a return to experiences and identities that many sought to leave in the past.

However participants did not seek to leave every community behind or deny past identities entirely: many described strong connections to places where they once lived and to which they continued to be drawn back by memory and relationships, e.g. childhood homes. Others discussed belonging to networks that were core to their being—as an artist, a person with mental illness, a person who has been homeless. Here the emotions of comfort, acceptance and contentment were strong threads defining belonging. So too, feelings of vitality and relations of care and respect were central to belonging to a community, whether based on place or some other commonality. These feelings and connections frequently predated participants' current living situation, sometimes limiting the extent to which they could identify with these newer spaces. Stated simply, belonging in one community may interfere with belonging in another. Belonging from afar, or distanciated belonging, vis-à-vis non-belonging in one's neighborhood highlights the emotional labor (and perhaps its toll) undertaken to maintain connections to the communities that define us (Conradson and McKay, 2007).

The idea of emotional labor calls attention to the effort and often strain, associated with developing and maintaining, or disrupting and avoiding, a sense of belonging. This may involve suffering losses of potential sources of comfort and warmth and denying oneself of connections close at hand. Working to sustain connections over time and space is potentially exhausting and isolating in the context of one's more immediate surroundings. Belonging is not simply an external relation between individuals and others but one that involves our sense of identity, hinting at the motivations for undertaking this labor. Participants carried communities across space and time because they became part of who they were, bringing to the fore an understanding of the city as a relational, not simply territorial space. Here I mean the ways in which urban space does not simply contain lives within a grid of streets or neighborhood boundaries. These absolute spaces become part of us through our interactions with neighborhoods, local institutions and the kin, family, neighbors and strangers within these spaces and places. Through these relations certain spaces become more or less psychologically and emotionally distant from the core of the self.

Belonging from afar, or distanciated belonging (Amin and Thrift, 2002) highlights how connection to communities can endure as people move in and out of housing arrangements, institutionalization, and re-placement in different neighborhoods. In this way belonging and non-belonging can occur at once. Despite the sometimes dramatic changes participants described in their everyday lives in connection with securing housing, they frequently continued to define themselves in terms of connections made long ago. Distanciated belonging points to the ways in which belonging is a dynamic process of negotiating past and present relationships, experiences, and interests, rather than a state tethered to one's residential setting.

The idea of non-normative belonging builds on Pinfold's (2000) call to value the participation of individuals with mental illness in both mainstream activity spaces and those that cater to individuals with special needs and different abilities. Individuals who struggle with homelessness and mental illness continue to face social exclusion and enduring social stigma despite the increasing

"normalization" of housing options for these groups. Participation in creating safe spaces to simply be, without fearing judgment or the need to explain tics and behaviors associated with mental illness, can become a much-needed source of acceptance of self and others. This may contribute to building up reserves of strength and capability needed to negotiate exclusion in other contexts, perhaps reinforcing a right to participate in these spaces.

Non-normative belonging is a conceptual response to the emphasis on "culturally normative" social interactions occurring "in normative contexts" in more mainstream psychological theories of community integration (Wong and Solomon, 2002: 18). This emphasis neglects the fact that normative contexts of neighborhood, workplace, school and public spaces may not accept, welcome, and provide meaningful ways of participating for those who have experienced homelessness and mental illness. Participants in this study discussed the important role of alternative spaces—clubhouses for individuals with mental illness, the streets on which they used to live—as places where they could be themselves, care and be cared for. Thus "non-normative" spaces beyond traditional places of home, neighborhood, work and school, indeed contexts that may be defined by dysfunction (e.g. homeless encampments), can also foster relations of belonging.

Although this study was small and limited to individuals who were clients of one housing provider in one city, it contributes some valuable insights into the dynamics of belonging. Much psychological inquiry into community integration employs a narrowly territorial definition of community and an individualistic model of integration. This focus neglects social and spatial affordances and constraints on belonging that individuals with mental illness experience. Further it does little to consider other communities to which such individuals may be bonded, and thus earlier experiences and relationships they bring into new living situations. This body of work is starting to consider the role of neighborhood characteristics in community integration, but much more work is needed in this area. Such research should examine and address how neighborhood context articulates with other facets of identification with place, such as past neighborhoods, and how this shapes the relations of belonging. This work might also take up a stronger emphasis on the autonomy that individuals with mental illness bring to navigating relationships with place and other forms of community. Inquiry into the emotional transactions bound up in belonging and integration, and the role of space and place in these dynamics, should further consider and draw out the multiple dimensions of belonging. For example many scholars (cf. Conradson and McKay, 2007) have addressed the issue of international migration as it relates to belonging, but much work remains to understand how the circuitousness of the route from homelessness to housing stability contributes to integration. Additionally while this paper and Pinfold (2000) stress the importance of valuing participation in spaces that may not be mainstream, further study is warranted to tease out the significance of what I term non-normative belonging as it relates to the aim of full integration into broader society. Rooted in interdisciplinary perspectives on emotion, belonging, mobility and displacement, this study develops concepts of non-belonging, belonging from afar, and non-normative belonging. Through broadening and complicating ideas of what constitutes belonging, and deepening the understanding of the emotional dynamics involved in belonging, I aim for this study to support those working to understand community integration and foster the aims of social justice it implies.

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