

Mitigating Neighborhood Stigma: Examining Strategies of Relating and Reframing

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Abstract

In line with social construction scholarship, the stigmatization of neighborhoods has been used to justify or advocate for gentrification and development efforts that often displace marginalized populations. Challenging stigma in public discourse can help level the playing field in support of community interests. This study examines two strategies to mitigate neighborhood stigma: create opportunities for people to personally relate to a place and engage them in the positive reframing of extant narratives. It is based on a preregistered between-groups survey experiment in which 498 local college students rated the appeal of two Black, historically disadvantaged neighborhoods in Miami: Overtown and Liberty City. It finds that ratings of Overtown are significantly lower when its name is disclosed, indicating the presence of stigma. “Relating” improves ratings of Liberty City, however, only among Black students, not white or Hispanic students. “Reframing” improves ratings but only if students buy into the more positive frame.

Keywords

local and urban public administration/governance, gender and/or minority issues, economic/community development, neighborhood stigma, reframing

Introduction

Scholarship in public management has devoted increasing attention to the role of social construction of categories, roles, and groups in policy design and implementation. One general assertion is that target groups, who are publicly stigmatized as undeserving, will be more likely to experience administrative burden or government neglect, while being more likely to be punished (see Pierce et al., 2014 but also Bell, 2021; Chattopadhyay & Piatak, 2023; Ingram et al., 2007; Soss et al., 2011). Research has documented that the public is more willing to tolerate the presence of administrative burden if the recipients of a government program, affected by the burden, are considered to be undeserving (Nicholson-Crotty et al., 2021). We understand administrative burdens as learning, psychological, and compliance costs that often result from information requests, which citizens must fulfill as a part of their interactions with government (Moynihan et al., 2015). To be served adequately, constituents must match government-created categories often shaped by pre-existing beliefs about identities, and as a result marginalized populations are less likely to be able to redeem benefits for which they are eligible (Barnes, 2021; Moynihan et al., 2022). Lastly, perceptions of recipients of government support can vary by program and group identity, creating stigma and explaining why

some recipients are better served than others (Blessett, 2020; Ketsche et al., 2007).

Integrating literature from the fields of sociology, urban policy, and public management, our article contributes to this line of research by adding a spatial angle. Rather than focusing on target groups, we intend to shed light on the social construction of neighborhood and community images. Neighborhood stigma has been found to be impactful when used to justify neglect or overly corrective actions by policy makers to the disadvantage of local communities. This includes decisions about development that foster gentrification, which can push marginalized groups out of their neighborhoods and away from their social support structures (Sisson, 2021; Wacquant et al., 2014). While the negative effects of stigma on people’s lives have been well documented (e.g., Bertrand & Mullainathan, 2004; Besbris et al., 2015; Keene & Padilla, 2010; but see also Tunstall et al., 2014), this study will examine strategies to challenge its manifestation. The first strategy is to help people personally relate to stigmatized neighborhoods. When people can

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relate to one another, they tend to subscribe to joint social norms that guide convergent and supportive behaviors (Brown, 2000; Tajfel & Turner, 1979). The second strategy is to engage in positive reframing of negative affect (Folkman & Moskowitz, 2000; Schvey et al., 2020). We suggest that interventions that make people reflect on the positive information about stigmatized neighborhoods can attenuate otherwise negative perceptions.

This research is based on a pre-registered online experiment with 498 students. Students were randomly divided into different groups and asked to rate the appeal of neighborhoods based on a description and image. The neighborhoods are in the same city in which the students attend university. The experimental groups received additional information that either (a) created a connection between the university and the neighborhood or (b) had students reflect on preferred activities outside of school, and whether they could engage in those in the presented neighborhoods. The article finds evidence for stigma: neighborhood ratings were significantly lower when the neighborhood name was mentioned relative to keeping its description anonymous. In terms of mitigation strategies, making people relate to a place had no significant impact, although results are racialized, showing significant effects for demographic sub-groups. Positive reframing had an impact, however, only when the reframing process was completed successfully.

The study makes four specific contributions. First, it directs attention to the concept of neighborhood stigma; a phenomenon that has been found to be consequential in local policy making and for decisions about neighborhood development, but which has been mostly disregarded in public administration scholarship. Second, while the negative consequences of biases in government decision-making have been widely demonstrated, less is known about strategies to mitigate such biases. We do not claim that the strategies examined will be able to change deep-rooted stereotypes, but they can counter existing biases that often guide people's behaviors subconsciously. Third, by drawing attention to the issues of neighborhood stigmatization, the article aims to contribute to a growing line of research that—through creating awareness and helping understand the problem—can benefit less powerful interests when policy decisions about gentrification, revitalization, or preservation are made. Fourth, by examining specific strategies to address stigma, our research outlines directions for communities and their leaders to explore when trying to win political support, counter stigma-based narratives, or find ways to speak to a wider public less familiar with a particular neighborhood.

Literature Review

What is Neighborhood Stigma?

Scholarship in public administration has discussed the public image of cities through the lens of place branding and

reputation management but also covered topics such as disparate power relations during branding processes, struggles over the control and social construction of local narratives, and tradeoffs between interests of residents versus investors and tourists (e.g., Ashworth & Kavaratzis, 2018; Ripoll González et al., 2023; Thomas et al., 2020; Zavattaro, 2018). Research on neighborhood stigma takes a different perspective.

It defines the term, which is also referred to as territorial, spatial, or place-based stigma, as socio-spatial category construction through which the image of a place is framed more negatively than what lived experiences would suggest (Sisson, 2021; Wacquant, 2008; Wacquant et al., 2014). While stigmatized neighborhoods deal with real challenges related to poverty, race, housing, health, and crime, their public image is often disproportionately more damaging, especially in the eyes of neighborhood outsiders and the media. These neighborhoods tend to be pictured as socially disintegrated, they are racialized by observers often through fictive projections and are subjected to stern corrective actions. Poverty, marginality, and deprivation are often framed as natural and innate as opposed to being the result of policy making (Sharkey, 2018; Sisson, 2021; Wacquant, 2008). Decision makers have used the vocabulary of territorial stigma to justify demolishing neighborhoods and displacing residents (Crump, 2002; Gustafson, 2013).

Negative perceptions of neighborhoods can be transferred to residents who may be confronted with suspicion and mistrust by outsiders, simply due to their ties with a specific place. Being associated with a stigmatized neighborhood, whether it is a current or former residence, can negatively impact access to new housing and job opportunities (Keene & Padilla, 2010; Wacquant, 2008). Experimental research demonstrates that a person's zip code on an application letter can significantly affect the chances to be called for an interview (Bertrand & Mullainathan, 2004). Furthermore, advertisements for used iPhones received less responses if the seller's address was in a disadvantaged as opposed to advantaged neighborhood (Besbris et al., 2015). Overall, neighborhood stigmatization seems to doubly disadvantage residents in very poor neighborhoods: through underfunding and underserving them on the one hand and socially and economically marginalizing them on the other.

Strategies to Mitigate Neighborhood Stigma

Decisions about the future of challenged neighborhoods are often made at the city level, driven by neighborhood outsiders and informed by local public discourse and the media. This is why images of, and narratives about, places matter. They can shape decisions by policy makers as well as how public managers respond to opportunities and problems (e.g., Crump, 2002; Gustafson, 2013). When we refer to mitigating stigma, we mean challenging misconceptions held by the wider public that are the result of unquestioned, often

subconscious biases. We understand that this is different from changing deep-routed stereotypes or actually getting rid of a place's stigma. Nevertheless, addressing people's biases—the level at which we examine stigma in this article—can be a first step to challenging dominant narratives within public discourse on urban policy making and, hence, be consequential.

One strategy to reduce negative perceptions of neighborhoods is to create opportunities for the wider public to relate to residents. Social identity theory may provide some guidance here (Brown, 2000; Tajfel & Turner, 1979). According to this theory, to create identity and meaning, people divide the social world into groups. They are members of some groups (ingroups) but not others (outgroups). To maintain a positive sense of self, people emphasize differences with outgroup members and show strong ingroup favoritism. Being similar and subscribing to joint social norms fosters convergent and supportive behaviors.

Facilitating contact has been identified as a promising avenue to overcome conflict and cross-group stereotypes. In public administration research, for example, it has been argued that increased interactions between minority and majority bureaucrats will reduce status differences and improve work outcomes (Groeneveld & Meier, 2022). But if increased exchanges are unstructured and not free from contempt, resentment, or power differentials, contact can also have negative effects on how members across groups perceive each other (McKeown & Dixon, 2017). This is why some interventions focus on helping members from different groups relate to one another rather than just interact.

The idea is to find common ground beyond obvious differences (Brown, 2000). For example, members of groups (let's say A and B) that belong to different categories may be able to relate to each other if there is also a category that cuts across A and B, or if both are sub-groups of the same macro-level group (C). The strategy then would be to emphasize the social identities that members share across groups. The literature in public health has documented how interventions, which encourage individuals to relate to one another, can attenuate stigma towards people with HIV and mental illness (for an overview, see Public Health Agency of Canada, 2019). Effective interventions focused on bridging the “us” versus “them” through the sharing of personal stories and the highlighting of identities that may cut across in- and outgroups (e.g., being a mom, baseball lover, or teacher).

Applied to the context of neighborhoods, interventions around the idea of “relating to each other” may look as follows. Residents living within disadvantaged neighborhoods stigmatized by others manifest one group (“insiders”). People living in other parts of the same city, whose perceptions of said neighborhood may be more or less distorted, constitute another group (“outsiders”). Outsiders' perceptions of insiders may become less negatively biased, the more the two groups interact or have contact with each

other. In particular, emphasizing potentially shared identities (“we are residents of the same city”) or highlighting similarities that cut across groups (common ties to sport teams or colleges) might show a positive effect. Interventions that will bridge the identities of neighborhood outsiders and insiders will improve the former's perception of the neighborhood in question and yield a more positive image of a place despite the real challenges it might be facing.¹

H1: Being able to **relate** to a stigmatized neighborhood will yield more positive ratings of said neighborhood.

A second strategy to address stigma is to positively reframe perceptions about a neighborhood. Public administration research has examined the critical role of frames and framing. Work on decision-making has documented how the different framing of the same information invokes different responses and decision outcomes, including the framing of choices to appear more positive or negative (e.g., Bellé et al., 2018; James et al., 2020).

The public-health literature provides additional insights on how to address stigma and stigmatization specifically through reframing. It identifies positive reappraisal as a coping mechanism, subsuming “cognitive strategies for reframing a situation to see it in a positive light” (Folkman & Moskowitz, 2000, p. 650). Reframing can be based on simply emphasizing positive aspects of an otherwise stressful situation as well as activating one's deeply held values or through attributing meaning. For example, caregivers of people with AIDS reappraised an exhausting and stressful experience by highlighting the importance of preserving the dignity of their ill partners (Folkman & Moskowitz, 2000). Positive reframing was also identified as one of the central factors to explain people's resilience among those living with an HIV infection (Fumaz et al., 2015).

Reframing has also been featured as an important strategy outside of the health context. In their study of Bhutanese refugees who have been resettled in Canada, Subedi et al. (2019) find that positive reframing was a critical coping mechanism when dealing with physical and psychological stress. With regard to stigma experienced by active-duty transgender military personnel in the United States, research shows that positive reframing was among the most central coping strategies correlated with better mental health (Schvey et al., 2020). In a very different area—people with autism and their experience of stigma attached to the autism label—positive reframing has also been described as a viable strategy, although assessments vary for different age groups and approaches (Han et al., 2022). Broadly, individuals reframed autism as a positive part of their personal or social identities, referring—for example—to their unique strengths or their sense of belonging within a community of similar others.

Positive reframing could also affect perceptions of stigmatized neighborhoods. This would include efforts to

emphasize the positive aspects of a community in addition to reviewing information about challenges when it comes to a place's economy, safety, or opportunities for education. An alternative strategy would be to focus on elements that tend to be overlooked in policy discussions about neighborhood makeovers: the extant art scene, cultural history, or well-functioning social support systems. Lastly, making people think about activities they enjoy doing in any neighborhood, prior to providing an opinion on a specific one, may create a less negative mindset when discussing a potentially stigmatized community.

H2: Being able to **reframe** the image of a stigmatized neighborhood will yield more positive ratings of said neighborhood.

Research Design

In our study, we use an experiment to examine whether (i) mentioning the name of a disadvantaged neighborhood negatively affects outsiders' perceptions of said place and (ii) outsiders perceive such a neighborhood more positively if exposed to "relating" or "reframing" interventions. Two historically Black and disadvantaged neighborhoods in Miami (FL) serve as our context, and students attending a university in the area serve as our proxy for the neighborhood-outsider population. We chose this setup for the following reasons: (a) Many U.S. cities' demographic makeup in the future will resemble that of Miami's today; (b) housing problems and urban redevelopment are hot-button topics in Miami, fueled by income disparities and climate gentrification; (c) students recruited from said university are known to be largely local and, hence, familiar with the study context.

Study Context: Two Disadvantaged Neighborhoods in Miami

Overtown. This neighborhood was established in the late 1800s by Black workers who came to work on Miami's railroad. At its peak, it was home to 40,000 people, many of whom worked in Miami's service and tourism industries. The period between 1930 and 1960 was the heyday of the neighborhood (Dunn, 1997). Black performers and musical legends who did shows in Miami Beach were not allowed to spend the night there, so when they finished their gigs, they headed to hotels in Overtown, where they also staged performances for the Black community.

Despite its reputation as a center of entertainment and cultural refinement, much of the Overtown community consisted of poorly built housing that lacked indoor plumbing and electricity. Most of the homes were owned by landlords who had little incentive to improve the condition of their property, since segregation ensured that residents had few alternative housing options (Connolly, 2014). Funded through the

Federal-Aid Highway Act in 1956, an extension of Interstate 95 was built, cutting straight through the community, and starting a period of decline for Overtown in the 1960s. With 8,500 families displaced, there was a substantial drop in the number of its residents, and the area became characterized by poverty and vacant lots, a far cry from the vibrant and bustling community it once was (George, 2022).

A series of riots in 1980s related to cases of racial injustice and police brutality led to the destruction of local businesses, many of which never returned to the community. The crack epidemic, which affected poor neighborhoods across the city, led to a rise in crime and the further decline of the area (Dunn, 1997). As a result of all these factors, the neighborhood acquired a reputation that kept outsiders at bay: "Overtown: for locals, the name can instantly paint a picture of poverty, crime, and dilapidated properties. The frequent headlines with words like 'shooting' or 'killing' don't help the neighborhood's image, either" (Pierre, 2014).

Attempts were made to revitalize the area, and after years of inaction, there was a flurry of activity in the early 2000s that led to an influx of new businesses and cash infusions into existing ones. Some have heralded this as a "new day for old Overtown" (Vigliucci & Smalls II, 2021). However, articles touting the increase in policing and surveillance of locals indicate that policy makers believe the area's reputation is still in need of remediation (Shore, 2017). Through all this turmoil, longtime residents who created a sense of community are now threatened by possible displacement from gentrification.

Liberty City. The development of the area that is now known as Liberty City began as a response to the poor housing conditions in Overtown. The federal government authorized funds to build public housing exclusively for Black Americans, which led to the opening of Liberty Square in 1937. Residents of this new housing development enjoyed modern conveniences unavailable in Overtown: "Liberty Square had modern kitchens and bathroom facilities, hot and cold water, gas and electricity. In Overtown, residents were still using tin washtubs, oil lamps, wood stoves, and ice-boxes" (Dunn, 1997, p. 167). The residents made sure that all common spaces were immaculately maintained. By the 1940s and 1950s, upwardly mobile Black families started building homes in the area as well (Connolly, 2014; Dunn, 1997). However, by the 1960s, things started to change.

The people, displaced because of the destruction of Overtown, began flocking to Liberty City in search of housing (Dunn, 1997). Then, in 1980, riots in response to the acquittal of police officers, who beat to death Black motorist Arthur McDuffie, decimated parts of the city. Like in Overtown, many of the businesses that were lost never returned. Liberty Square, the public housing project that was once the pride of the community, also began to deteriorate, likely due to broader federal policy changes to public housing (Sinha & Kasdan, 2013).

The combination of concentrating the poor in public housing and cutting funding for the same has created dangerous living conditions. A 2015 article about Liberty Square describes the place as follows, “In 1987, gas leaks were found in dozens of apartments following a fatal explosion. And before the end of the decade, a scathing grand jury report cited Liberty Square [...] among the squalid public housing projects run at the time by Miami-Dade’s housing arm. Today, Liberty Square tenants talk about rat infestations and moldy walls” (Smiley & Rabin, 2015). The concentration of poverty also made the area vulnerable to crime. Like Overtown, this area became embroiled in the crack epidemic with gang activity and violence becoming a part of the residents’ daily existence.

Despite the many hardships of people living in this area, they have not given in to despair. As Smalls II’s (2021) writing for the Miami Herald reports “these issues don’t define Liberty City. The real story of Liberty City—the one that’s less visible on news broadcasts [...]—is how residents have survived.” Liberty City, like Overtown, is in the midst of a revival. It is being demolished and turned into brand new apartments that will be mixed-income housing. The elevation of this area that makes it resilient to flooding compared to other low-lying parts of Miami has led to a flurry of real estate investments sparking fears of climate gentrification. Just like in Overtown, residents want to see improvements but fear this will inevitably lead to their displacement from their neighborhood.

Experiment

This study is based on a preregistered between-groups online survey experiment that consists of two rounds. We preregistered the study using the Open Science Framework (<https://osf.io/f7gz5>). The pre-registration helps separate confirmatory from explorative elements in one’s research and increases transparency for readers.

To examine perceptions of potentially stigmatized neighborhoods by “outsiders,” we wanted to recruit a sample of locals who will likely be familiar with the neighborhoods of interest. We recruited students from a university located in the Miami/Dade County area, which is known for its sizable South Floridian undergraduate population, and focused on individuals enrolled in in-person, as opposed to online courses to make sure our pool is as local as possible. We targeted the largest courses across campus and asked instructors to forward our recruiting message to their students. We provided \$8 Amazon gift cards as an incentive to participate in a less-than-10-minute survey. Our target sample size was 500 students, which would guarantee a minimum group size of 166 individuals in the part of the experiment that employs three groups and, at the same time, allow us to obtain 80% power to detect a medium effect size of $d = 0.27$ at the standard .05 alpha.

Round 1 of the experiment is concerned with capturing the “stigma” that is associated with life in Overtown. We randomly divided our sample into two groups. Both groups received a description of Overtown as well as a picture (the full vignettes are displayed in the online appendix). Since we wanted the description to be somewhat neutral (as opposed to being overly positive or negative), we used text from Overtown’s Wikipedia entry, which was shortened to about 200 words. The only difference for the two groups was that—six times within the text—one group was exposed to the name “Overtown,” while the other group read the anonymized label “a neighborhood.” Our rationale here was the following: If the two groups provide different neighborhood ratings, but the only difference between groups was that one knew it was assessing Overtown and the other did not, then the neighborhood name potentially carries stigma. Round 1 was followed by a set of demographic questions.

Round 2 of the experiment was concerned with the impact of different strategies to mitigate perceived neighborhood stigma. At this time, we randomly divided the sample into three groups. Like in the previous round, all groups received information about Liberty City (i.e., a Wikipedia entry abbreviated to about 200 words) and a picture of the neighborhood (see the online appendix). In all three groups it was disclosed that the text refers to Liberty City. The control group received no further information. The group in which a sense of relatedness was supposed to be created (the “relating” intervention) was exposed to additional 70 words explaining that the university, the participant was attending, had ties to the neighborhood and was running programs there (such programs did, in fact, exist). Furthermore, this group also saw the portrayal of the university logo as a part of the vignette. The purpose was to link participants’ identity as students at a specific university in Miami/Dade County to that of people living in Liberty City.

The third group was engaged in an effort of positive reappraisal (the “reframing” intervention). Prior to seeing the neighborhood description, this group was asked which social activities members like to engage in, based on a 12-item list including an open-ended text field. After being exposed to the same basic neighborhood information as everyone else, this group was surveyed about the extent to which they believe they could pursue their hobbies in Liberty City. The idea here was that positive thinking about their favorite activities may counter negative stereotypes attached to the neighborhood, when being tasked to provide a rating. Put another way, negative feelings invoked through potential neighborhood stigma were supposed to be curbed through the activation of positive affect.

Data and Measures

In total, we recruited 498 study participants. Since we did not want to go beyond the number of 500 gift cards, we stopped

when we were close to achieving this target. Respondents who failed the two attention checks, included in the survey experiment, were removed, and recruiting continued. Regarding race, our sample is 77% white and 18% Black, and with respect to culture, 74% of our respondents are Hispanic (the correlation between being white and Hispanic is .73). This mirrors the demographics of Miami-Dade County fairly well (white: 79%, Black: 17%, Hispanic: 69%). The sample is 29% male, 69% female, and about 2% of the participants self-identified in other categories or refrained from specifying a gender. Our sample is more female than the university's undergraduate population as a whole (56%) and a little more Hispanic (68%).² The sample's age distribution is comparable to that of all undergraduate students, with more than 80% being 24 years or younger. Out of all respondents 79% attended high school in Miami-Dade County (the county that includes the city of Miami), and 84% live or have lived in Miami-Dade County. The sample is slightly more liberal than conservative (a mean of 4.5 on a 7-point scale, where 7 means most liberal). Tables 1 and 2 below provide a full overview of all summary statistics.

Dependent Variable. To capture participants' perceptions of Overtown and Liberty City, we use the measure "neighborhood rating" (7-point Likert scale) that consists of the following four items:

- If I had a reason to go, I could imagine visiting this area.
- If offered a job that interested me, I could imagine working in this area.
- If I found the right place, I could imagine living in this area.
- This is a very interesting area I would like to learn more about.

The first three items intend to capture whether participants would like to visit, work, or live in the neighborhoods in question if they had a reason to do so. The fourth item is

supposed to pick up on people's interest in the area more broadly. The items have a Cronbach's Alpha of .77 in round 1 and .84 in round 2, and a factor analysis suggests the presence of a single factor, with Eigenvalues of 2.42 and 2.71 and loadings ranging between 0.63 and 0.85 as well as 0.68 and 0.88 in rounds 1 and 2, respectively. For ease of interpretation, we combine all four items into a simple mean index. Data for this outcome variable was collected after participants had been exposed to the narratives and the treatments. That way, the treatments are exogenous, and causality can be established.

Treatments and Controls. Membership in treatment groups is captured via the dummy variables "relating" and "reframing." In addition, we created a measure of reframing outcomes, based on a survey question that taps into the extent to which reframing failed or succeeded.³ After the reframing group was asked about their favorite hobbies (i.e., social activities) and presented with the Liberty City vignette, we posed an additional question. Specifically, we asked the participants whether they believe they could engage in their preferred activities in Liberty City, giving them the following response options: Yes, all of them; Yes, most of them; Yes, some of them; No, I don't think so. We created the dummy variables "reframing succeeded" (for which all "yes" categories were lumped together and set to "1") and "reframing failed" (for which "no, I don't think so" was set to "1"). For both dummies, participants that were not a part of the reframing treatment were set to "0." What these variables capture is whether the positive reappraisal succeeded or failed; that is, whether or not individuals realized that they could do the things they like in Liberty City.

The demographics white, Black, and Hispanic have been captured as dummy variables, just like the gender variables "female," "male," and "other"—the latter combines all other identification options. School experience and residency in Miami-Dade County were also measured via two dummies, while political preferences have been measured

Table 1. Descriptive Statistics for Round 1 of the Experiment.

	Control (N = 245)	Treatment (N = 252)	Total (N = 497)
Neighborhood rating	4.76 (1.14)	4.43 (1.31)	4.59 (1.24)
Black	0.19 (0.39)	0.17 (0.37)	0.18 (0.38)
Hispanic	0.72 (0.45)	0.76 (0.43)	0.74 (0.44)
White	0.75 (0.43)	0.79 (0.41)	0.77 (0.42)
Age	1.96 (1.21)	2.06 (1.31)	2.01 (1.26)
Female	0.70 (0.46)	0.67 (0.47)	0.69 (0.46)
Gender other	0.02 (0.14)	0.02 (0.13)	0.02 (0.13)
Male	0.28 (0.45)	0.31 (0.46)	0.29 (0.46)
Attended highschool in Miami-Dade County	0.80 (0.40)	0.79 (0.41)	0.79 (0.41)
Lived in Miami-Dade County	0.83 (0.38)	0.85 (0.36)	0.84 (0.37)
Liberal	4.53 (1.45)	4.42 (1.37)	4.48 (1.41)
Primary News Source = local	0.33 (0.47)	0.42 (0.49)	0.37 (0.48)

Note. Standard deviation in parentheses.

Table 2. Descriptive Statistics for Round 2 of the Experiment.

	Control (N = 161)	Reframing (N = 166)	Relating (N = 170)	Total (N = 497)
Neighborhood rating	4.04 (1.48)	4.09 (1.44)	4.13 (1.49)	4.09 (1.47)
Black	0.22 (0.41)	0.16 (0.37)	0.15 (0.36)	0.18 (0.38)
Hispanic	0.69 (0.46)	0.71 (0.45)	0.82 (0.39)	0.74 (0.44)
White	0.71 (0.46)	0.76 (0.43)	0.84 (0.37)	0.77 (0.42)
Age	2.06 (1.37)	1.99 (1.24)	1.98 (1.17)	2.01 (1.26)
Female	0.72 (0.45)	0.65 (0.48)	0.69 (0.46)	0.69 (0.46)
Gender other	0.01 (0.11)	0.02 (0.15)	0.02 (0.13)	0.02 (0.13)
Male	0.27 (0.44)	0.33 (0.47)	0.29 (0.45)	0.29 (0.46)
Attended highschool in Miami-Dade County	0.76 (0.43)	0.80 (0.40)	0.82 (0.39)	0.79 (0.41)
Lived in Miami-Dade County	0.82 (0.39)	0.84 (0.37)	0.86 (0.35)	0.84 (0.37)
Liberal	4.58 (1.31)	4.46 (1.47)	4.39 (1.45)	4.48 (1.41)
Primary News Source = local	0.40 (0.49)	0.35 (0.48)	0.37 (0.48)	0.37 (0.48)

Note. Standard deviation in parentheses.

using a 7-point scale, ranging between very conservative (1) and very liberal (7). We also captured variation in local news consumption that may bias perceptions of the neighborhoods studied. We use a dummy variable that is set to 1 for those respondents who considered “local newspapers” or “local TV” as a primary news source.

Results

We first analyzed the data for Round 1 of the experiment. The purpose here was to examine differences in neighborhood ratings when its name (“Overtown”) was or was not disclosed. The treatment group—which was aware that the described neighborhood is Overtown—rated the neighborhood with a mean score of 4.43 ($SD=1.31$) on a scale from 1 to 7. As expected, the perception of the neighborhood is more positive when its name is not disclosed ($M=4.76$, $SD=1.14$). A t -test reveals that the difference between the two groups is significant ($t(490.85)=3.053$, $p=.002$, $d=0.27$), suggesting there is stigma associated with the neighborhood’s name.

We now turn to examining the impact of the mitigation strategies “reframing” and “relating” regarding the context of Liberty City. The results for Round 2 of the experiment are displayed in Table 3. The table is organized, so that it shows the main treatment effects first (model 1), followed by a breakdown of the reframing treatment in successful and failed completion without and with controls (models 2 and 3), and a set of explorative findings for treatment-race interactions that include control variables (models 4 through 6). Prior to examining the treatment effects, we can look at the impact of the variables used as controls in our analysis. Model 3 shows in this regard that Black and older respondents tend to provide significantly more positive neighborhood ratings. Meanwhile, neighborhood ratings do not vary significantly for Hispanics and those who have spent

more time in Miami-Dade County or by gender and ideology.

As shown in Model 1 in Table 3, the two treatment groups do not significantly differ from the control group. However, when differentiating between participants for whom the reframing was successful (those who think they could do at least some of their favorite activities in the neighborhood) and those where it was not (see models 2 and 3), we see that the successfully completed reframing significantly improves participants’ perception of the neighborhood ($b=1.506$, $SE=0.224$, $p<.001$). Compared to the control group, unsuccessful reframing results in a more negative perception of the neighborhood ($b=-0.875$, $SE=0.209$, $p<.001$). On the one hand, respondents—exposed to the reframing treatment—did not provide more positive neighborhood ratings than the control group. On the other hand, we see that ratings were indeed higher for respondents who successfully completed the reframing treatment. It appears the treatment worked as anticipated for those who, at the end of the treatment process, reported that some of the activities they enjoy doing could also be done in Liberty City.

The insignificant results in Model 1 sparked our interest in potential treatment heterogeneity. Therefore, we explored if the effect of the treatments differed across race groups. The results are displayed in Models 4–6. We do find evidence for such treatment heterogeneity. The effect of creating a sense of relatedness towards the neighborhood is significantly lower for white ($b=-0.942$, $SE=0.394$, $p=.017$) and Hispanic participants ($b=-1.060$, $SE=0.378$, $p=.005$) and significantly more positive for Black participants ($b=1.120$, $SE=0.412$, $p=.007$). While the relating treatment did not show the average effect proposed in H1, we do document evidence for the role of race as a contingency factor: When exposed to the intervention, Black respondents were significantly more likely to relate to Liberty City (a Black-majority neighborhood) and provide higher ratings than white and Hispanic respondents.

Table 3. OLS-Regression Results for Neighborhood Ratings (Round 2 of the Experiment).

	(1) Treatment effects	(2) Reframing outcomes	(3) Reframing outcomes w. controls	(4) Interaction White	(5) Interaction Black	(6) Interaction Hispanic
Relating	0.085 (0.161)	0.085 (0.154)	0.159 (0.152)	0.901 (0.347)**	-0.061 (0.175)	0.978 (0.330)**
Reframing	0.038 (0.162)			0.366 (0.314)	-0.068 (0.177)	0.328 (0.293)
Reframing Succeeded		1.603 (0.226)***	1.506 (0.224)***			
Reframing Failed		-0.985 (0.212)***	-0.875 (0.209)***			
Relating × White				-0.942 (0.394)*		
Reframing × White				-0.412 (0.368)		
Relating × Black					1.120 (0.412)**	
Reframing × Black					0.757 (0.412) ⁺	
Relating × Hispanic						-1.060 (0.378)**
Reframing × Hispanic						-0.392 (0.350)
White (1 = yes)			0.680 (0.197)***	-0.109 (0.258)	0.234 (0.280)	-0.108 (0.254)
Black (1 = yes)			-0.165 (0.179)			-0.128 (0.053)*
Hispanic (1 = yes)			-0.093 (0.051) ⁺	-0.114 (0.053)*	-0.126 (0.052)*	0.025 (0.147)
Age			0.027 (0.141)	0.023 (0.148)	0.004 (0.146)	0.577 (0.504)
Female (1 = yes)			0.666 (0.482)	0.795 (0.508)	0.802 (0.500)	-0.158 (0.169)
Gender other (1 = yes)			-0.115 (0.162)	-0.173 (0.170)	-0.129 (0.168)	
Attended highschool in Miami-Dade County			0.083 (0.184)	-0.012 (0.191)	-0.055 (0.185)	0.019 (0.193)
Lived in Miami-Dade County			0.037 (0.046)	0.046 (0.048)	0.031 (0.048)	0.044 (0.048)
Liberal			0.132 (0.131)	0.126 (0.139)	0.131 (0.137)	0.113 (0.137)
Primary news source = local			3.972 (0.346)***	4.210 (0.372)***	4.189 (0.343)***	4.214 (0.371)***
Intercept	4.048 (0.115)***	4.048 (0.110)***				
Num. Obs.	498	498	497	497	497	497
R ²	0.001	0.093	0.146	0.052	0.079	0.059
R ² Adj.	-0.003	0.087	0.124	0.029	0.056	0.036

Note. Standard errors in parentheses.

⁺p < .1, *p < .05, **p < .01, ***p < .001.

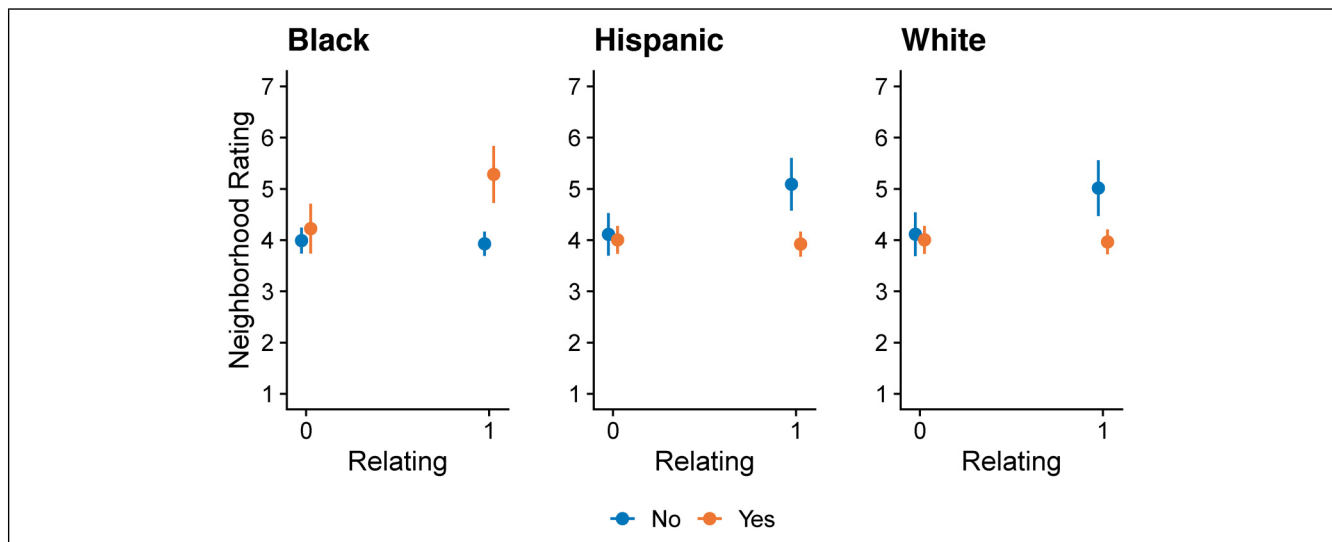


Figure 1. Neighborhood ratings by relating intervention and demographic subgroups.

We plotted the significant interaction effects in Figure 1. It shows neighborhood ratings (y -axis) for those in the relating group ($x = 1$) relative to all others ($x = 0$), while contrasting race subgroups. The chart on the left side suggests that ratings by non-Black students in our relating intervention group (the blue dot for relating = 1) are similar to those by students in other groups (relating = 0). However, ratings of Liberty City are significantly higher if issued by Black students exposed to the relating intervention (the orange dot for relating = 1), and 95% confidence intervals for these scores do not overlap. The charts in the middle and on the right mirror these findings when the groups are reversed.

Discussion

Stigmatization is often used to justify the redevelopment and gentrification of “problematic” neighborhoods. The policy problem around gentrification, however, is that it will likely lead to the displacement of low-income families for whom it may be difficult to start over somewhere else due to their reliance on place-bound social networks and support structures. Often, opting in favor of redevelopment means having already bought into a narrative about a place’s inherent, unsolvable problems. But our point is that such policy debates are often skewed towards the negatives and driven by stigma from the outset. This then creates bias supporting full-blown neighborhood makeovers, without viable alternatives—such as preserving elements of a neighborhood’s existing social infrastructure. Hence, if stigma can be challenged during policy debates, preventing displacement will be more likely to be considered a priority by decision makers.

The initial finding the article provides is the documentation of neighborhood stigma. Such stigma tends to be difficult to capture because it is hard to determine where real challenges of neighborhoods related to poverty, housing,

health, and crime end, and the creation of socially constructed place narratives begins (Sisson, 2021; Wacquant et al., 2014). We address the issue using the experimental method. We randomly split a group of observers and provided them with the same information about a struggling neighborhood, but only one subgroup learned the neighborhood’s name. If simply knowing the place’s name yields less favorable ratings, we consider this evidence for the stigmatization of a place. We found this to be true for the case of Overtown, a historically Black and disadvantaged neighborhood in Miami.

The study examined whether creating a connection between a group of local students and a potentially stigmatized, majority-Black neighborhood (Liberty City) would improve that group’s ratings of said neighborhood. We did not find general support for this strategy. However, we saw that the relatedness intervention was working for Black students, albeit not for Hispanic or white students. Our results show that race (possibly the most influential demographic in public policy, Meier, 2016) is a critical factor when it comes to social identities and efforts to build connections among groups. Hence, interventions that try to facilitate relatedness may need to address racial differences more explicitly in order to be effective.

Our final strategy was to involve local students in an effort to positively reframe how they may feel about Liberty City. Students were asked to reflect on whether they would be able to engage in their favorite activities in a place like Liberty City. Again, the task itself did not improve neighborhood ratings. However, those students who completed it successfully, that is, who agreed at the end that they could, in fact, do the things they like in Liberty City, did provide the expected more positive ratings. Our findings suggest that a simple reflection task may not be sufficient to foster the positive reappraisal of a stigmatized neighborhood. Instead, multi-step instructions may be needed to activate a more

comprehensive process with the potential to challenge people's biases.

The finding that reframing, if not completed successfully, can yield more negative ratings than those by students not engaged at all (i.e., the control group) serves as a cautionary tale: To avoid adverse effects, reframing needs to be done comprehensively or not employed at all. More generally, our findings speak to the challenges inherent in strategies of positive reframing. While documented to be an effective strategy when re-evaluating one's own life obstacles (Fumaz et al., 2015; Han et al., 2022; Schvey et al., 2020), using the strategy to reframe negative perceptions of others may be more difficult to accomplish.

Overtown and Liberty City have rich, complicated histories that we cannot do justice to in this article. Both were once places characterized by deep social ties and a sense of pride tied to Black placemaking. Both endured disinvestment and abandonment which led to them being widely shunned as places of despair. Our findings regarding the racialization of the ratings in our relating-intervention group likely capture the continuing persistence of racial-spatial segregation in Miami that is rooted in its "Jim Crow" past. That is, even as Overtown and Liberty City are going through a period of revival, the relation of these places to historic Black Miami may lead to them once again becoming a point of pride and identification for Black Miamians and an object of indifference or continued wariness to others.

A limitation of our study certainly is that we work with a sample of college students drawn from one university in South Florida. In that sense, the typical constraints of case study research and its limited generalizability apply. But just like for other experimental work, our project's strengths are more regarding establishing causality than claiming transferability across populations. Along these lines, we do not suggest our findings generalize to local policy and decision makers who may utilize bias and related narratives more deliberately, when trying to justify or advocate for specific policy options. Having said that, we think that our sample is a useful proxy for the local public since about 80% of the students surveyed attended a high school in Miami and live or have lived in Miami-Dade County. And the local public sets parameters within which policy makers operate, especially during election years.

Another consideration is that our sample is more female than the general population. Gender could affect the perceived importance of safety concerns when discussing neighborhoods or rating their appeal. Interestingly, however, in our data we neither see significant differences in neighborhood ratings due to gender, nor do we find significant interaction effects between gender and our treatments. Further, the local media may shape stigma related to disadvantaged neighborhoods; yet our findings hold up even when accounting for a variable that captures the extent to which respondents follow the local news. Lastly, we want to

acknowledge that the vignettes used in our experiment will not be able to fully portray the complexities of the challenges that the studied neighborhoods are facing. Nonetheless, we find it intriguing that just a tidbit of summative information was powerful enough to invoke negative attitudes and stigma towards these places. Our study may as well underestimate stigma effects, which might be amplified if each neighborhood's realities were described in greater detail.

Conclusion

Our article is based on an experimental study of neighborhood stigma with 498 local college students and their ratings of Overtown and Liberty City, two historically disadvantaged neighborhoods in Miami. We find evidence of the existence of stigma towards Overtown. Out of two randomly divided groups, which receive information about the neighborhood, the one that knows it is rating Overtown provides a significantly more negative assessment. We also document some evidence as to how stigma towards Liberty City can be mitigated. Getting students to relate to this Black-majority neighborhood only seems to yield better ratings if students are Black, but not white or Hispanic. In addition, engaging in the positive reappraisal of Liberty City only leads to better ratings if students complete the reframing successfully and, at the end of the process, buy into the more positive frame.

Stigma and related narratives play an important role in local policy decision-making around neighborhood's development, revitalization, or preservation. To be clear, change in principle can benefit neighborhoods and their residents through increasing property values, reductions in crime, or the establishment of businesses, which may all help mitigate stigma. However, gentrification often pushes out renters with limited means and alternative options, and in- and out-migration often follows a racial pattern. Stigma then tends to be used to justify wholesale displacement of already marginalized groups and communities as opposed to entertaining alternative, more modest strategies of improving the neighborhood.

Understanding the social construction of neighborhood reputations and identifying ways to address stigma can be helpful for balancing and de-biasing public discourse. For government officials, simply being aware of the existence of stigma and its persuasive power is critical. Approaches to keep related biases in check when decisions about communities are made include the screening for rival facts and explanations, appointing a devil's advocate in internal deliberation sessions, or the scheduling of public meetings within the neighborhood whose future is under consideration.

For community groups, our findings outline avenues to address stigma narratives through relating and reframing, while being cognizant of the role of race and the fact that such processes need to be comprehensive rather than

one-shot initiatives. To make the case that people who live in problem areas deserve to be a part of said area's revival, opportunities should be created to invite outsiders in and see the strength of said communities. Whether this be through festivals, exhibitions, or other celebrations, visitors should be given the chance to experience the strength of community disrupt their preconceptions and have positive experiences in places they think they know but have in reality yet to discover. But what community leaders need to keep in mind is that simply creating opportunities for interactions may not be enough to get outsiders to relate to a place. Rather, they need to emphasize shared identities and think about ways to bridge racial divides that, as our study showed, can be consequential.

For the purpose of positive reframing, communities need to challenge stigmatizing narratives about a neighborhood. Approaches such as historical truth telling and highlighting past injustices, while important for countering internalized stigma, may do little to sway the public, especially if they rely on isolated, singular events. Engaging targeted groups of neighborhood outsiders may be a more promising strategy, although—as our research suggests—such engagement needs to be ongoing, reinforcing, and high touch. We know that community members fight an uphill battle when seeking to improve their neighborhoods and attract investment while keeping communities intact. Understanding, pinpointing, and challenging stigma will be important for these members to stake their right to remain in place more effectively when presented with highhanded narratives of neighborhood renewal.

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Supplemental Material

Supplemental material for this article is available online. The study has been preregistered online with the Open Science Framework (<https://osf.io/t7gz5>).

Notes

1. The hypotheses formulated in this article were shortened and rephrased for clarity. However, they capture the same content as the original hypotheses listed in the pre-registration, while written in a less technical manner.
2. It is noteworthy that our demographic question, which relies on the U.S. census format, differs from the way the university

tracks student race. White or Black students can be, at the same time, Hispanic; a combination that our question format accounts for.

3. In line with what we stated in our pre-registration, we test the reframing hypothesis by comparing the treatment against the control group. In addition, we compare neighborhood ratings across reframing sub-groups made up of those who completed the reframing successfully against those who did not.

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