Trailers and Mental Health:

An Exploration of Psychological Distress amongst Mobile Home Dwellers

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ABSTRACT

This thesis examines whether residing in a mobile home predicts higher rates of psychological distress. Using combined data from the General Social Survey (1994-2006), I differentiate housing into four distinct categories: mobile homes, conventional homes, apartments, and townhouses. After looking extensively at the history and experience of residing in a mobile home, particularly when viewed through a social stress theory lens, I hypothesize that mobile home residents should have higher levels of psychological distress after socioeconomic variables are controlled. While mobile home residents have the highest raw scores for psychological distress (a composite of depression and anxiety), these did not hold significance after the inclusion of the socioeconomic and control variables. Conversely, social network ties were stronger in the mobile home community than in other types of housing and this remained so after socioeconomic variables were included. This thesis supports Shelton, et al.'s (1983) findings that mobile home residents are in many ways more similar to their conventional home counterparts than those living in apartments. It also supports social stress theory's assertion that social support is associated with better mental health and that socioeconomic factors are paramount when predicting levels of psychological distress.

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Chapter One

Statement of the Problem

Since the end of World War II, mobile homes (also called manufactured housing and/or trailers) have become an American housing staple.. Affording the chance of home ownership to the lower social classes that have historically been forced to rent, mobile homes assume a very functional and cost effective place in the American housing economy (Wallis 1991). Such affordability has not been without its costs, however, as mobile homes depreciate in value, were not held to any code before the Manufactured Home Construction and Safety Standards Act of 1974, and became the butt of numerous jokes describing the "gap-toothed, inbred, uncivilized, violent, and hopelessly dumb" (Goad 1998: 15) nature of "trailer trash" (Koelbel 1987; Goad 1998; Wallis 1991; Wray 2007).

Social stress theory, a sociologically-based theory of mental illness, posits that members of the lower classes are exposed more frequently to chronic stressors, have less capacity to deal with these stressors, and thus more often develop mental illness. Additionally, social stress theory considers non-socioeconomic variables such as social exclusion as a potential stressor. Social exclusion can be measured by looking specifically at services and resources that members of a socially excluded class may lack, such as education, cultural capital, and legal equality (Meyer, Schwartz and Frost 2008). Social exclusion also extends to the domain of housing, neighborhoods, and respect. While these variables may be minimized or downplayed in most research on social stress,

they are particularly relevant to mobile home residents, especially if they compound the predicted mental health effects of living in a lower socioeconomic class.

Housing has been studied in relation to mental health, with the vast majority of those studies looking at high-rise buildings versus low-rise and multiple dwelling units versus single-family detached houses (Evans, Wells and Moch 2003). Of the eighteen studies Evans, Wells, and Moch (2003) reviewed, only one failed to find a significant relationship between the type of housing and mental health outcomes. Not only do the building types appear to be correlated with mental health, but individual features of the structure also correlate strongly with depression and anxiety (Weich, et al. 2002). Weich, et al. postulated that this occurred because of perceived disorder and "[fewer] buffers between public and private spaces" (2002: 1). Similarly, the broken windows theory explains how visible signs of disorder in a neighborhood can lead to symptoms of apathy and depression (Wilson and Kelling 1982). Lastly, social exclusion from the stresses of living under stigma portend to higher risks of mental illness (Gallagher 2002).

One recent newspaper article referred to life in a trailer park as "beaten life syndrome," a "community where mobile homes sit like decrepit dominoes," and tenants are constantly on the verge of "falling off the edge of how humans were meant to live and into the abyss" (McInerney 2008: 1). The terms "trailer trash" and "white trash" are tossed around pejoratively without any thought of recourse, while the similarly pejorative term "nigger" is now considered taboo and inappropriate in American society (Goad 1998). Such descriptions not only support the previous paragraph's assertions about poorer housing and community, but also reinforce how trailer life is stigmatized by outsiders.

Despite the recent surge in housing and mental health literature, any correlation between residing in manufactured housing and depression and anxiety has been conspicuously absent. This is noteworthy because one Australian study found that 34% of women living in mobile homes reported mental health issues that interfered with their ability to work (Manderson, et al. 1998), while a qualitative American study noted that various factors "unique to trailer park residence…challenge youth[s]' access to a pathway offering broader life chances" (MacTavish and Salamon 2006: 163). In order to test whether the combination of stigma, housing, and neighborhood characteristics affect the mental health status of persons living in manufactured homes, I used data from the 1994-2006 General Social Surveys (GSS). These datasets offered sufficient evidence to explore the relationship between housing and mental health via OLS regression techniques. These data were interpreted through the social stress framework, allowing me to see how compounding chronic stressors increase the chance for mental illness, while simultaneous mediating effects such as social support may deviate results from their predicted values.

Chapter Two

Review of the Literature

In this section I will first look at current mental health research on depression and anxiety, focusing specifically on social stress theory. Next I will examine the history and experience of residing in a mobile home and/or trailer park. I will then fuse these two disparate sections together by examining existing articles on the stigma of residing in a mobile home, along with studies done on housing and neighborhoods and their direct relationship to mental health. These three variables (stigma, housing, and neighborhoods) will form the backbone of the rest of this study in trying to see how place of residence affects levels of depression and anxiety. Lastly, I will reexamine this research through a social stress theory lens, seeing if additional stigma, housing, and neighborhood variables might compound the already present socioeconomic variables that predict higher rates of psychological distress, while also acknowledging potential mediators such as social support.

Depression and Anxiety

Depending on one's time and culture, mental illness has been interpreted as a sign of prophetic insight, sin, or disease. Mentally ill individuals have been ignored, received sympathy, or been institutionalized to isolate them from the general population (Horwitz 1982). With 18 percent of Americans suffering from depression at some point in their lifetime, and 13 percent of the country affected by anxiety disorders at any given moment, depression and anxiety comprise the two largest mental health problems in the

United States, excluding substance abuse (Kramlinger 2001; Szegedy-Maszak 2006; Bellenir 2006). Sixty percent of patients with anxiety disorders develop depression, giving the conditions a high rate of comorbidity (Kramlinger 2001). Twenty-two million Americans take psychotropic drugs to deal with these conditions (and more severe, though less prevalent ones, such as schizophrenia and bi-polar disorder), a number which has led to concern that individuals are "medicalizing every day unhappiness" (Pettus 2006: 50). This medicalizing occurs despite the Surgeon General's concern that "people are embarrassed to admit they have a mental health problem or cannot afford to see a professional to treat the ailment" (Gallagher 2002: 6). Regardless of whether they are medically treated or not, depression and anxiety stand out as the most prevalent of all mental health maladies.

Research on mental illness proceeds out of three distinctly different paradigms: medical, psychological, and sociological. Medical studies of mental illness focus on biological components such as neurotransmitters (dopamine, serotonin, and norephinepherine) and have their roots in the somatogenic views of Hippocrates, while psychological and psychiatric theories have examined cognitive learning theories that promote negative associations instead of positive ones and trace their lineage back to Freud's ideas of psychogenic reasoning (Stoudemire 1998; Gallagher 2002). Both medical and psychological theories acknowledge a social component in their frameworks, as social conditions such as poverty, homelessness, high rates of community violence, and statuses such as race and gender are correlated with higher rates of mental illness (Stoudemire 1998; Bellenir 2006; Kramlinger 2001). Yet these psychosocial factors are often trivialized as auxiliary.

Sociology has its own long history in examining mental illness, though it did not step to prominence until the 1960s. At that time, theorists such as Goffman and Blum postulated that mental illnesses (such as mania) were not socially deviant behaviors, but ones that could be understood if one was able to figuratively step inside the manic's mind (Bowers 1998). Szasz and Scheff expanded on Mead's and Cooley's labeling theories, applying them to mental illness, while concluding that objectively defined mental illness was a myth (Bowers 1998; Gallagher 2002). Though different opinions emerged, mental illness as a form of deviance remained the predominant way of looking at mental health issues through the 1970s (Bowers 1998; Gallagher 2002). Today, three main theories of mental illness dominate sociology: social stress theory, family systems theory, and labeling theory. While this paper will focus primarily on the social stress theory framework, I believe it is important to briefly discuss the other theories, as each offers a unique take on the sociological basis for mental illness.

Family systems theory states that though a behavior may appear unusual or unhealthy to an outsider, within the family such actions may be considered normal because it prevents disruption of well-established family patterns. Family systems theory was born out of Bowen's studies of the symbiotic relationship between a schizophrenic and his mother (Kerr 1988). Bowen postulated that such a symbiotic relationship stemmed not from a Freudian dependency, but rather was a biologically based part of evolution. Bowen ultimately concluded that the family could be considered a single "emotional unit." Further studies led him to conclude that all newborns come into this world as unique individuals (which propels them to develop and grown uniquely), but

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also a counterbalancing "life force togetherness" that keeps the family unit intact and moving forward as one unit (Kerr 1988).

Family systems theory is distinctly sociological in that it shares much in common with Burke's cybernetic model and information theory (Werner-Wilson 2006). Since Bowen's early findings, family systems theory has fallen under the larger umbrella heading of general systems theory (GST). GST asserts that groups must be understood as a whole; just as a cake is more than the sum of the eggs, flour, and milk that went into it, so, too, is a family greater than its constituent parts (Kerr 1988). Therefore, when looking at individuals with certain characteristics, family system theory states it is imperative to look back at the entire family unit. Many people with mental illnesses come from families headed by people with their own disturbances. Instead of looking solely at genetics or social conditions, this theory says that people may appear mentally ill because their family norms differ greatly from societal norms (Gallagher 2002).

Labeling theory, which as previously mentioned was the dominant sociological mental health approach in the 1970s and 1980s, contends that mental illness is a status with a prescribed set of role-related behaviors that are acted out by those who have been labeled mentally ill (Gallagher 2002). Labeling theory assumes that mental illness stems from a chain of actions in which a deviant act occurs, society responds to the deviant act (labeling the deviant mentally ill), followed by the deviant's reaction to society's reaction (they assume the role and behaviors of one labeled mentally ill) (Bowers 1998). Some labeling theorists (such as Scheff) contend that mental illness does not exist, but rather is a purely socially defined condition that would not be diagnosed in other cultures and which are, in fact, a product of the labels themselves (Bowers 1998; Link, et al. 1989).

Labeling theory came under heavy criticisms in the 1980s after many empirical studies were shown to have inconclusive findings and viewpoints by theorists such as Scheff were seen as too extremist (Link, et al. 1989). Newer incarnations of labeling theory have highlighted the role of stigma and stereotyping in mental illness. In relation to mental health disorders, Link, et al. found that the "more patients believe that they will be devalued and discriminated against, the more they feel threatened by others about their situation, or withdraw from social contacts that they perceive as potentially rejecting" (1989: 400).

Both family systems theory and labeling theory add to the exploration of mental illness within a sociological framework. Of the three sociological theories, however, I find social stress theory to be the most encompassing, and thus the best-suited theory for the purpose of this research. Family systems theory may help explain why some mobile home resident norms appear different to middle class Americans, but it minimizes the effect socioeconomic status could play. Labeling theory is equally impractical for this paper, as its methodology would require asserting that levels of psychological distress are caused almost entirely by the negative labeling of the mobile home population as "trailer trash." Social stress theory attempts to look at all the forms of social inequality and how those inequalities are internalized by affected individuals; this combination makes it best equipped for examining levels of depression and anxiety in the mobile home population.

Since the 1950s, empirical research has shown an inverse association between mental illness and social class and a direct association between mental illness and being unmarried and/or female (Gallagher 2002). The social stress model emphasizes that "high levels of disorder among certain groups can be attributed to their extreme exposure

to social stressors or limited access to ameliorative psychosocial resources” (Aneshensel and Phelan 1999: 12). Social stress theory serves as a “sociological paradigm that views social conditions as a cause of stress for members of disadvantaged social groups. This stress, in turn, can cause disease” (Meyer, Schwartz and Frost 2008: 368).

Different social groups and cultures deal with the stresses of social disadvantage in different ways. According to Gallagher, the high alcoholism and suicide rates of Native Americans can be attributed to the stresses imposed by “prejudice and lives of hopelessness,” (2002: 59) while the high suicide rates of gay adolescent males are linked to living lives “mired in widespread social disapproval” (2002: 59). Severe disease rates are three times higher in the lower social classes compared to highest, while the odds of having any mental disorder are three times greater for the lowest socioeconomic quartile compared to the highest (Gallagher 2002; Yu and Williams 1999). Severe psychosis rates show this gap even clearer, as individuals in the lowest quartile have schizophrenia rates that are eight times higher than the upper quartile (Yu and Williams 1999).

Much of the social stress paradigm revolves around the idea of social exclusion. This term pertains to more than just poverty and socioeconomic concerns, and thus includes the many benefits and resources from which people may be excluded or shut out. These resources include: “a livelihood; secure, permanent employment; earnings; property credit, or land; housing; minimal or prevailing consumption levels; educations, skills, and cultural capital; the welfare state; […] family and sociability; humanity, respect, fulfillment, and understanding” (Silver 1995, in Meyer, Schwartz and Frost, 2008). The deprivation that ensues leaves this population “riddled with risk factors for

mental illness, including feelings of hopelessness, anger, and hostility" (Gallagher 2002: 177).

The term stress is also carefully defined in social stress theory. Experiential stress is defined as any event that taxes an individual's ability to cope. Events of this nature are generally experienced as stressful by all individuals, regardless of their socioeconomic status, and show tangible symptoms that can be measured by stress scales (Meyer, Schwartz and Frost 2008). Stresses of this nature, also called event stressors, generally have a defined end (Wheaton 1999). These events can be found in Holmes and Rahe's (1967) life events scale. Conversely, structural stress is related to one's standing in society, and includes racism, sexism, and other forms of prejudice. The effects of these chronic stressors often "develop insidiously, leaving the individual with the definite sense of a problem, but little understanding of how it developed or when it started" (Wheaton 1999: 283). Wheaton (1999) combines ideas of engineering and biology to form her definition of a stressor, emphasizing that life itself is not a stressor, but rather only events that push an organism past its current elastic limit can be considered stressful. McLeod and Nonnemaker (1999) go so far as to question whether experiential/event stressors even account for changes in mental health, pointing out that chronic stressors are much more successful in explaining mental health outcomes.

Social statuses also play a role in how an individual showing signs of mental illness is treated. Using the *Titanic* as an example (where 3% of first class, 16% of second class, and 45% of third class passengers perished), Yu and Williams (1999) assert the large discrepancy in mental health outcomes in the United States is intentional and is to be expected. For instance, upper and middle-class citizens are far more likely to

receive psychotherapy treatment, whereas lower-class individuals are more likely to

receive custodial care (a situation in which individuals are removed from the

environment, as opposed to receiving specific mental health treatments) if they receive

care at all (Gallagher 2002). Higher rates of observed mental illness in lower

socioeconomic neighborhoods has been attributed to everything from middle-class bias in

testing, to lower levels of autonomy, to a different level of controlling emotions

(Gallagher 2002). Similarly conflicting theories exist in relation to other statuses. Single

adults have higher rates of mental illness than married persons. One school of thought

holds that individuals with mental illness are not perceived as good mates and remove

themselves from the selection pool, while another school of thought holds that being

married offers a "mental health haven" (Gallagher 2002: 201) that offers interpersonal

security and keeps mental illness at bay.

While the material presented above might give the indication that lower

socioeconomic status and social exclusion would automatically lead to mental illness, this

is far from the case. Though the rates of mental and physical disease are far higher for

lower class individuals, it is far from uniform. Wheaton (1999) postulated that

individuals from these circumstances who prove immune to these predicted effects may

possess resilient traits, different levels of vulnerability, see life disadvantages in different

contexts, and/or be able to compartmentalize stress in their various domains. Turner and

Turner (1999), citing lab animal studies, human experiments, and longitudinal field

studies, argue that low levels of social support increase risks of depressive symptoms.

Particularly where stress exposure is high, social support is vital in mitigating deleterious

mental health outcomes. Ross and Mirowsky (2003) assert that one of the three

advantages of social support networks (and the sense of control that accompanies them) is their ability to reduce depression. All of these examples indicate that one must look at numerous mediating factors when examining mental health outcomes within a group.

In sum, the social stress theoretical approach to evaluating mental health focuses on the disadvantages certain groups and cultures face, and how those disadvantages lead to negative outcomes. Any situation which predisposes an individual toward social exclusion, and particularly those related to socioeconomic standing, risks increasing the number of social stressors an individual faces. These stressors run the gamut from discrete to continuous, and are felt at the individual level as well as the societal level (Wheaton 1999). McLeod and Nonnemaker (1999) assert that mental health is affected in part by the objective life conditions those in different status groups face, and that "occupants of lower status positions appear to be more vulnerable to the effects of life events" (323) because of limited access to coping resources. As Gallagher (2002) puts it, lower class experiences are filled with "horrors [that] simply add up to small hells on earth, hells that can translate into disordered minds" (60).

Mobile Home History and Experience

The first formulation of the mobile home had little in common with today's models, particularly in terms of intended usage. In the early 1920s, as the automotive industry boomed, large numbers of families took to the forests and campgrounds of the United States to "autocamp" (Wallis 1991). The Aerocar, a custom trailer outfitted with large windows, running water, air conditioning, and a telephone was put into mass production in the late 1920s. Though it failed to be a commercial success, the Aerocar

became the template for other mobile homes when they emerged as a viable market. Production soared as the novelty of autocamping transformed into the utilitarian concept of a house on wheels. By 1936 40,000 trailers were produced annually (Wallis 1991).

The Great Depression and World War II were major catalysts in making mobile homes the housing staple they are today. The transient nature of Dust Bowl workers in the 1930s and the large defense projects of the early 1940s required a great deal of out-of-town workers to move to new, affordable residences (Santiago 1998). The subsequent housing shortage was solved when the United States government became the primary purchaser of mobile homes. While trailers did not become the de facto housing for the multitude of Americans after World War II, they did continue to improve in both quality and demand, becoming a primary source of housing in the American market in the process. By 1972, when mobile home manufacturing reached its first peak, over 600,000 units were being sold per year (Koelbel 1987). In 2000, 30 percent of new single-family homes sold were mobile homes, while 7 percent of the United States population lived in one (Hart, Rhodes and Morgan 2002).

Mobile homes have undergone a great deal of change in the past fifty years. Originally trailers could be no wider than 8 to 10 feet in width; state and federal laws raised the figure to 12 feet by 1963 and 14 feet by the mid-1970s, making them more similar to their traditional, stick-built counterparts (Koelbel 1987). Additionally, the reputation of mobile homes as being shoddy and dangerous was somewhat ameliorated by the Manufactured Home Construction and Safety Standards Act of 1974. It mandated that the Department of Housing and Urban Development set quality and safety standards for mobile home construction.

The top factors for moving into mobile homes are cost and home residentship opportunity. According to the 1997 American Housing Survey of the United States, the average median value of a mobile home was $20,570 (the average conventional home value was $98,815). An important sidebar to this figure is the fact that while conventional homes generally appreciate in value, manufactured housing is often classified as a personal possession (like an automobile), and thereby decreases in value over time.

Regardless of its value later, the number one reason that mobile home residents gave for moving into their current residence was finances, with number two being the opportunity to establish their own households (U.S. Census Bureau 1997). The lower price tag on mobile homes also equates to lower mean square footage (between 500 and 999, compared with 1,000 to 1,499 for conventional homes). Interestingly, the crowding factor for bedrooms seems to vary greatly when compared to conventional homes. Perhaps owing to their most frequent inhabitants being either young poor families or aged retirees, the most common persons per bedroom figures were 0.51 to 1.00 and 1.51 or more (whereas the overwhelming mode for conventional homes was 0.51 to 1.00) (Manderson, Kelaher, McLaughlin and Sandberg 1998; U.S. Census Bureau 1997). Yet despite the risks of overcrowding and lack of square footage, mobile homes are extremely affordable. The monthly median housing cost was $328 for mobile homes versus $534 for conventional homes and $815 for newly constructed houses (U.S. Census Bureau 1997). It is worth noting that both conventional home residents and mobile home residents spent approximately 17 percent of their income on housing (U.S. Census Bureau 1997).

Despite all the above data, living in a mobile home cannot be thought of as a uniform experience. A doublewide trailer on five acres of land is qualitatively quite different from a singlewide trailer grouped in preordained rows with 100 other units. Over half of all mobile homes are located in rural locations, and 52 percent are located in the South (Kwiatkowski 2000). Though Shelton, et al.'s (1983) study noted mobile home residents' levels of satisfaction are often high, the dream of land ownership frequently leaves residents wanting to move out of established trailer parks. Fifty-four percent of residents in one six-hundred unit rural mobile home park considered themselves to be temporary residents (MacTavish and Salamon 2001).

For those mobile homes located in trailer parks, a sense of community is often conspicuously absent, as younger families in particular more often feel isolated there than older adults and retirees (Santiago 1998). Trailer parks generally lack normative structures such as "a main street, public parks, and other social centers," while also generally failing to offer "third places" such as "a post office or a café…[which] are crucial to regular social interaction that unites neighbors and builds a sense of community" (MacTavish and Salamon 2001: 498). In a later study, MacTavish and Salamon (2006) state that "spurred by concrete experiences of stigmatization, most [trailer park] youth developed a sense of partial or full exclusion from the town" (173). Thus while mobile homes may offer an affordable housing option for many lower-class Americans, they come with an additional social and psychological cost.

Stigma, Housing and Neighborhood Literature

In this section, I will provide literature on three factors that I believe are relevant to studying mental health in mobile home occupants: stereotypes and stigma, housing, and the neighborhoods mobile home residents reside in. Particular attention here will be directed at the effects of stigma, a necessity given that GSS data do not provide specific variables to test for stigma. Stigma, poor housing, and unsafe neighborhoods all relate to the social stress factors discussed previously, as the quality of the residence, neighborhood, and level of stigma felt may influence what types of stressors and life circumstances an individual encounters. While the previous section on mobile homes established that trailer residents generally come from the lower socioeconomic classes, and thus are statistically more likely to have higher incidences of mental illness, the purpose of this section is to establish how stigma, housing, and neighborhood quality (all social exclusion variables discussed previously by Meyer, Schwartz and Frost, 2008) might further influence the prevalence of mental illness in this social group.

Stigma and Stereotypes

A stereotype is "not simply a belief or idea about a person or a social group but also, and perhaps most importantly, structures the ways in which we perceive and interact with each other" (Poon and Ho 2008: 250). Poon and Ho (2008) state that stereotypes act as a type of shared social knowledge that persist in our everyday social interactions. In this manner stereotypes, particularly negative ones that downplay groups' place in society, can lead dominant society members to stigmatize those in more vulnerable positions. Crocker, Major, and Steele (1995) state that stigmatized individuals "possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity

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that is devalued in a particular social context" (qtd. in Hogg 2003: 490). Stigma affects self-esteem, group identification, motivation, and task performance, and may lead whole groups to be ignored, excluded, and devalued by the mainstream culture (van Larr and Levin 2008).

Stigma is not a universally experienced phenomenon, as some individuals experience almost no social or psychological effects while for others stigma becomes part of their core identity. Levels of concealability and controllability play a strong role in determining to what extent stigma is felt. Being dark-skinned or obese in the United States both come with low levels of concealability, for example, though being obese is considered controllable and thus comes with an additional stigma (Hogg 2003). One fallacy associated with facing stigma is that members of marginalized groups are powerless. Agency and resistance are omnipresent according to Poon and Ho (2008), allowing even the most stigmatized individual to do more than simply act in a reactionary manner to the whims of the powerful. Such a stance "does not deny the existence of structural inequality that puts certain groups in subordinate positions…rather [it] refuses to treat power as something that one has or has not, insisting that power circulates and is always in coexistence with agency and resistance" (Poon and Ho 2008: 251). Denying that they feel discriminated against is in fact the top coping method Hogg (2003) recognizes in helping stigmatized individuals maintain a healthy life. This agency may help even the most stigmatized individuals (or the one's society presumes to be stigmatized) from feeling the anticipated psycho-social effects.

Members of a stigmatized group may confront stigma or ignore it. This has much to do with an individual's goals, and exemplifies that there is no one proper coping

method for dealing with stigma (van Larr and Levin 2008). Ignoring such discrimination often occurs if intergroup harmony is that individual's primary goal, but can lead to additional stressors if their self-view and actions are not in line (van Larr and Levin 2008). Ignoring group stigma can also lead to the group feeling undermined and not unified in its front to end discrimination, thus weakening its overall strength (van Larr and Levin 2008). Conversely, standing up to oppression and drawing attention to being discriminated against can lead to additional conflict, particularly if the party accused of being discriminatory believes in a meritorious society where hard work trumps visible markers (van Larr and Levin 2008).

Another factor in how stigma is experienced is the extent to which one feels and identifies with the stigmatized identity; this is strongly linked to the extent to which the characteristic is concealable (van Larr and Levin 2008). Repeating the above example, being a dark skinned African American is likely to produce more constant vigilance about one's identity being stigmatized than having a mental illness that only sporadically appears and is generally invisible. Situational factors may also influence how much one identifies with a stigmatized identity. For example, one stigmatized individual (a homosexual Asian male) stated that he identifies himself in certain ways depending on who is asking the question, what the context of the question is, and the circumstances in which the question is asked (Poon and Ho 2008).

Lastly, the social environment can play a large role in how one experiences stigma. Repeatedly finding oneself in a "threatening environment" (one in which an individual feels stigmatized, devalued, and/or discriminated against because of their social identity) may hinder positive inter- and intragroup interactions and lead to poorer

coping skills (van Laar and Levin 2008). For example, being outnumbered in a large group "increases distinctiveness and self-consciousness, increases the salience of one's social identity, primes stereotypes, and increases anxiety and arousal among member of stigmatized groups" (van Larr and Levin 2008: 6).

This risk of being stigmatized in the mobile home community is best illustrated by the wide ranging number of pejorative stereotypes that exist in modern American culture, most noticeably in the use of the phrase "trailer trash." A morphing of the antecedent term "white trash," the phrase "trailer trash" has taken on a popular culture life of its own. Ayto, Crofton, and Brewer define white trash as a "[United States] term current from the 1990s for poor whites who live in [trailers] and who are regarded as being unsociable, uncouth, and unsightly" (2006: 773). The American rock band Modest Mouse put out a song entitled "Trailer Trash" in the late 1990s containing the following lyrics:

> *Eating snowflakes with plastic forks*
> *And a paper plate of course, you think of everything*
> *Short love with a long divorce*
> *And a couple of kids of course*
> *They don't mean anything*
> *Live in trailers with no class*
> *Goddamn I hope I can pass high school – it means nothing*
> *Taking heartache with hard work*
> *Goddamn I am such a jerk, I can't do anything*

The Canadian cable network Showcase premiered a "mockumentary" television show entitled *Trailer Park Boys* in 2001; it has run for seven consecutive seasons, focusing on the exploits of a group of trailer park residents, a number of whom are portrayed as ex-convicts. Mainstream American culture has also embraced this terminology, dubbing multimillionaire heiress Paris Hilton trailer trash for her "pornographic lifestyle," while

endorsing the following statement by Roseanne Barr concerning her marriage to Tom Arnold: "We're America's worst nightmare – white trash with money!" (Wray 2007). Wray states that the term "white trash" evokes "images of trailer parks, homegrown meth labs, and beat up Camaros, rural poor whites with too many kids and not enough government cheese" (2007: 1).

In addition to any personal level insults mobile home or trailer park residents might receive, concrete manifestations of this stigma are not hard to find. Zoning laws in the Northeast and parts of the Midwest have made it difficult for mobile home residents to find plots of land for their homes. At times, modified zoning codes have led to trailer park residents being displaced from their land (Henneberger 1993; Kwiatkowski 2000). Where housing is permitted, landlords often allow substandard housing to exist, taking advantage of limited regulations by charging high rent (on either the trailer or land plot), providing little in the way of maintenance, and threatening eviction to residents who complain or cite building code violations (Knox 1993; Henneberger 1993).

Housing

Most research on how housing affects mental health has been done in urban environments, frequently looking at individual units within a larger neighborhood context. For example, multi-dwelling housing has been identified as associated with poorer mental health outcomes than single-family dwellings when socioeconomic variables are controlled. One large review of the effects building structures had on mental health (Evans, Wells, and Moch 2003) found that of eighteen studies comparing high-rises and flats against single-family dwellings, seventeen turned up statistically

significant mental health effects. Though trailer parks and high rises have many differences, both have shared public spaces, less privacy than conventional homes, and a higher concentration of occupants per acre. At the same time mobile homes and conventional homes share characteristics of being stand alone, ground level buildings with front door access and no shared walls with neighbors. This leaves mobile homes in a rather ambiguous category.

Components of the building structures themselves can be associated with mental health outcomes as well (Weich, et al. 2002; Fone, et al. 2007). One study concluded by saying that the "built environment cannot be equated with the socio-economic and demographic characteristics of individual residents. Our findings are consistent with the view that certain features of the built environment are associated with worse mental health" (Weich, et al. 2002: 432). These features include graffiti, deck access to the apartment, the structure's age, and the floor one lives on. Though deck access and the number of floors in a building do not pertain directly to mobile homes, the idea that visible cues and physical attributes affect mental health is particularly pertinent considering how wide-ranging the structural integrity and neighborhood characteristics of mobile homes can be.

Though limited in number and scope, one quantitative study revealed that mobile homes do not conform to the standards of either apartments or conventional housing. Shelton, et al. (1983) found that mobile home residents residing in North Carolina's Piedmont region were generally more similar to their conventional home counterparts than to apartment dwellers in numerous categories, despite the fact that their socioeconomic standing mirrored the apartment dwellers. For example, mobile residents

were generally as satisfied as conventional home residents in terms of their proximity to neighbors, relatives, and the quietness of the neighborhood. Only in terms of neighborhood quality did mobile home residents fare significantly worse than those in conventional homes. Additionally, while 87 percent of conventional home residents felt either very happy or somewhat happy, that number stood at 81 percent for mobile home residents and 82 percent for apartment dwellers. Overall, 69 percent of mobile home residents in the study did not feel crowded in their quarters, and 86 percent felt satisfied with the state of their structure (Shelton, Gruber, and Godwin, 1983). Once again, these findings put mobile homes in an ambiguous category that requires further exploration.

Neighborhoods can also directly affect mental health when socioeconomic variables are controlled (Leventhal and Brooks-Gunn 2000). For example, neighborhood residential mobility is associated with higher rates of major depression and other mental disorders (Silver, Mulvey, and Swanson 2002), a correlation that is highly pertinent to the mobile home population given their high moving rate (MacTavish and Salamon 2001, 2006). Another finding has been that there is a "strong and prospective association between perceived neighborhood characteristics and subsequent depressive symptoms, even after adjusting for baseline depressive symptoms" (Latkin and Curry, 2003: 34).

One of the most ambitious studies done to date involved the US Department of Housing and Urban Development starting a program called Moving to Opportunity (Leventhal and Brooks-Gunn 2003). Study participants residing in five American urban centers were moved from their high-poverty neighborhoods to less poor neighborhoods, while control group members remained in the same location. Both adults and children who moved reported far fewer mental health distress symptoms than their control group

peers, despite the fact that no significant differences were found in terms of employment, household size, household income, per-person income, or welfare receipt (Leventhal and Brooks-Gunn 2003). This is perhaps the most causal and revealing relationship in all of the literature surveyed, and points to the effect neighborhoods can have on mental health. While MacTavish and Salamon (2006) delineate trailer park youth into categories of "flourishing" and "floundering" by their level of community versus neighborhood engagement (with more community-level associations viewed in a positive manner), very little empirical work has been done on the neighborhood structure of mobile homes and how that might affect various facets of mental and physical health.

The Social Stress Paradigm and Mobile Homes

Social stress theory seems ideally suited to studying mental health and mental illness in the lives of mobile home residents, a population for which there is a noticeable gap in the mental health literature. Not only do trailer park residents come from low socioeconomic backgrounds that increase their likelihood of mental illness, but they are stigmatized as "white trash" and/or "trailer trash," live in housing that is considered undesirable and unwanted in many parts of the country, and reside in neighborhoods that often fall short of the occupants' expectations (Gallagher 2002; Shelton, et al. 1983; Kwiatkowski 2000; Henneberger 1993). While their rates of event stressors may be somewhat elevated (unemployment rates are higher in the lower class, for example), chronic stressors have the potential of playing a far larger role in these individuals' lives than for those residing in the middle and upper classes (Yu and Williams 1999; Wheaton 1999; Gallagher 2002; McLeod and Nonnemaker 1999), and their risk of social exclusion

is also greatly heightened (Meyer, Schwartz and Frost 2008). These factors combined would seem to increase the risk of mental illness, specifically in the form of depression and anxiety.

In summary, I have shown in this literature review that residing in a mobile home is a double-edged sword. On one hand, the housing is inexpensive and generally gives poorer families a legitimate opportunity to own their own home. On the negative end of the spectrum, mobile home tenants have been characterized as "trailer trash" for a number of years, and this stereotype has permeated into mainstream culture. According to social stress theory, if the stereotypical image of "dilapidated…trailers litter[ing] the hollow like piles of waste" (Light 2001: [end paper]) holds true, and stigma accompanies this way of life, then we might expect to see significant mental health effects in relation to depression and anxiety, even when socioeconomic variables are controlled. If, however, such problems are overstated in the media and mainstream culture, and in fact places like trailer parks enhance social ties and have high levels of resident satisfaction, then we may find that mobile home occupants' mental health statuses are more similar to their conventional home counterparts. The remaining chapters of this paper will assess Solari and Mare's statement that "one's housing and surrounding neighborhood relates to many aspects of social life [and may…] have lasting consequences throughout the life-course" (2006: xii). What those consequences are is the subject of the rest of this paper.

Research Questions

The social stress paradigm, as articulated by Meyer, Schwartz, and Foster (2008), states that social structure (particularly low social class) influences exposure to stress,

and that stress is a potential cause of disease. Mediating this effect are coping resources (such as social support systems), which may act as "stress buffers" and therefore reduce the potential health consequences of being in a lower social class (Meyer, Schwartz and Foster 2008). Following the ideas of social stress theory, poorer mental health outcomes are anticipated for mobile home residents (based on socioeconomic standing) compared to conventional home residents. If substandard housing, poor neighborhood conditions, or a great deal of stigma exists, then it becomes more likely that the mental health conditions of depression and anxiety will occur more frequently than predicted for non-mobile home residents with similar education and background (Ross and Mirowsky 2003; Aneshensel and Phelan 1999). With much of the previous research related to mobile homes being journalistic or based on field observations (Light 2001; MacTavish and Salamon 2001, 2006; Knox 1993; Henneberger 1993; Santiago 1998), and with the social stress theory not having been directly tested on a mobile home population, the following research questions arise:

Question (1): *Do mobile home residents face additional stressors that may affect their mental health?* Specifically, I test two of the main tenets put forth in the literature review:

a.) First, I examine whether mobile homes are unsanitary, unsafe, and are managed by unscrupulous landlords.

b.) Second, I assess whether mobile homes reside in dangerous and unsatisfying neighborhoods that put greater stress on their residents.

While I had originally intended on examining whether mobile home residents experience stigma as a result of residing in a mobile home and potentially being labeled

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as "trailer trash," such a question was not answerable given GSS data. Establishing the presence of the above mental health stressors gives me a reasonable basis for asking the next question.

Question (2): *Do mobile home residents have higher rates of depression and anxiety than individuals residing in other forms of housing?* This leads to the further question: do these results remain significant after age, race, gender, income, education, and employment status are controlled? These questions lead to one final research question.

Question (3): *Is social support – specifically social networks – related to mental health outcomes and is it more prevalent in mobile home communities?* Specific to my research, I want to assess quantitatively whether having closer and more frequent ties to neighbors, family, and the community lessens measures of depression and anxiety. Concurrently, I want to establish whether mobile home residents have stronger social ties than residents in other structures. This will help establish if mobile home residents have the potential for an additional coping mechanism that conventional home, apartment, and townhouse residents do not possess.

Chapter Three

Description of the Methods and Analysis

Sample

   To test my research questions, I used data collected by the General Social Survey

(GSS), a nationally representative survey that has been cited in over 14,000 research

papers and articles in the past 35 years (Smith 2004). Funded in large part by the

National Science Foundation, and chartered by the University of Chicago's National

Opinion Research Center, the GSS has been conducted 26 times, and features cross-

sectional, in-person, national surveys of the United States adult population, with more

than 51,000 individuals having been interviewed since the 1970s (White and Ciccantell

2007). This GSS is ideal for this research because it offers a wide array of

socioeconomic, housing, and mental health questions. Though many of these questions

appear as "special topics," the GSS's reputation as a consistent, nationally representative

sample will allow me to use data from different years and generalize their findings (Smith

2004). For the purpose of this study, only GSS data collected between1994 and 2006

will be used, specifically the 1994, 1996, 1998, 2000, 2004, and 2006 datasets. This

range in years used was done to reflect the one-time special topic modules used by the

GSS.

Measures

*Housing Choices***:** To address my research questions, I first delineated individuals by

their housing choice. Studies have examined the role of place in numerous ways,

including rural/urban (McCulloch 1995) and the effects of structural amenities (Fone, et al. 2006). The housing component of my study is based on Shelton, et al.'s (1983) housing categories: conventional house, trailer, and apartment. Townhouses were not considered in Shelton, et al.'s (1983) study, but constitute a large enough percentage of current housing to warrant inclusion here.

The GSS offers ten housing choices: trailer; detached single family house; 2-family house, 2 units side-by-side; 2-family house, 2 units one above the other; detached 3-4 family house; row house (3 or more units in an attached row); apartment house (5 or more units, 3 stories or less); apartment house (5 or more units, 4 stories or more); apartment in a partly commercial structure; and other. The "other" category generally constituted less than 1 percent of the sample and was excluded from the sample since it could not be easily classified. The remaining 9 housing choices were collapsed to form four distinct housing choices: mobile home, conventional home, apartment, and townhouse. Condensing the residence types in this manner allowed for a similar analysis to Shelton, et al.'s (1983), while simultaneously reducing redundancies in the GSS dwelling variable (which overemphasizes apartment building size and townhouse structure varieties). Trailers and detached single family housing comprise the variables of *mobile home* and *conventional home* respectively. The next four variables comprise the *townhouse* variable, while the last three make up the *apartment* variable.

Housing Variables: Three main arguments were made in the literature review for why mobile home residents would have higher rates of depression and anxiety than others in similar socioeconomic standing: less regulated and poorer housing choices; less desirable

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neighborhoods; and being stigmatized as "trailer trash" for residing in a mobile home.

Much of the evidence given earlier suggests that mobile home housing is dilapidated,

unsightly, filled with strife towards management and unsafe. To assess this I used GSS

data on how residents view their housing. Because stigma could not be isolated using

GSS questions, it was noted as a potential given but not tested. The goal of this section

was to find if housing type (as delineated above) is associated with the housing and

neighborhood variables (as described below).

House cleanliness (2000) was measured by asking, "How clean was the interior of the

housing unit?" and was measured on a 5-point Likert. It is coded: 1 = dirty; 2 = not very

clean; 3 = so-so; 4 = somewhat clean; 5 = clean.

Condition of the structure (2004) was measured by asking respondents, "Your home [is]

in poor condition (e.g. leaks, broken windows, insects, heating breakdowns, exposed

wires, etc.)?" This question was answered: 1 = yes; 0 = no.

Troubles with management (2004) was assessed by asking if the respondent had had

serious trouble with a landlord or building manager in the past month. This question was

answered: 1 = yes; 0 = no.

The final question on *home satisfaction* (1996) asked, "How satisfied are you with your

purchase [of a housing unit]?" and was answered on the following 3-point scale: 1 = not

at all; 2 = satisfied; 3 = very satisfied. This variable specifically addresses MacTavish

and Salamon's (2001, 2006) findings that many consider trailers to be a stepping stone to better housing and Shelton, et al.'s (1983) finding that most trailer residents were satisfied with their housing. High level of satisfaction would indicate a lower level of chronic stress according to social stress theory, as would positive findings in any of the other variables.

Neighborhood Variables: The literature review pointed to claims of unsafe and unsatisfying conditions in mobile home communities. Thus, I used two variables to assess how mobile home residents feel about their safety and satisfaction with their neighborhood.

Place of residence satisfaction (1994) was measured by asking how satisfied one was in "the city or place you live in." This was answered on a 7-point Likert scale, with the following outcomes: 1= none; 2 = a little; 3 = some; 4 = a fair amount; 5 = quite a bit; 6 = a great deal; 7 = a very great deal.

Perceived neighborhood safety (2006) was measured by asking, "Is there any area right around here – that is, within a mile – where you would be afraid to walk alone at night?" and was answered: 1 = yes; 0 = no. While the "within a mile" caveat decreases some of the validity of the measure, it does at least give a general idea of the neighborhood conditions in regards to potential crime and deviance.

Psychological Distress: An index measuring depression and anxiety serves as the

dependent variable when we look at answering research question (2) and the first part of

research question (3) and will be referred to as the measure of psychological distress.

Closely mirroring the Beck Anxiety Inventory (1990) and the Goldberg Depression Test

(1993), five questions provided in the 1998 GSS ask respondents if within the last month

they have felt *cheerless, nervous, hopeless, worthless,* or that *everything was an effort*.

The GSS measures these five variables on an identical 5-point Likert scale: 1 = none of

the time; 2 = a little of the time; 3 = some of the time; 4 = most of the time; 5 = all of the

time. I compiled these into an index variable which will measure depression and anxiety

scores, a combination which makes sense given their high rate of shared symptoms and

comorbidity (Stoudemire 1998). The *psychological distress* (1998) variable, the index of

the 5 GSS variables mentioned above, is a continuous variable.

Control Variables:

Because the number of social exclusion variables is high in social stress theory,

and because this paper is attempting to see if additional stressors exist for people residing

in mobile homes, the list of social class and control variables is necessarily rather long.

All variables are from the same year as the psychological distress index (1998).

Age (1998) is measured as a continuous variable by the GSS with a range of 1 to 99 years

old.

Race (1998) is measured in three categories: White, Black, and Other. These will be used

as dummy variables when performing the regression analysis. White will be used as the

reference category.

Gender (1998) appears as male or female in the GSS and will be used as a dummy

variable in the linear regression models. Male will be the reference category.

Income (1998) is a variable composed of 22 categories in the GSS and will be treated as a

continuous measure of household income in current dollars. Ligon (1994) explains that

the GSS income variable "essentially pretend[s] to make a continuous variable out of

categorical data" (9). Tests of this measure as a continuous variable have proven

consistent when using the data's midpoints and medians; however, they are not as

accurate when looking at means (Ligon 1994). The lowest category comprises those

households making less than $1,000 annually, while the highest category comprises those

making more than $100,000 in a year.

Education (1998) is treated as a continuous variable in the GSS, and corresponds directly

to the number of years of school completed. This category begins at 0 for "no formal

schooling" and goes as high as 20 for 8 years of college.

Employment status (1998) comprises 8 categories, including 3 employment

classifications (work full-time, work part-time, and working but currently on strike,

vacation or medical leave), 4 unemployment statuses (unemployed/laid off, retired, in

school, or keeping house), and one ambiguous "other" category that was excluded from the data runs. It was analyzed as a dummy variable: 1 = yes; 0 = no.

For the purposes of the regression analysis, the first 3 employment statuses were recoded to form an *employed* category. The remaining categories correspond directly to the GSS survey categories: *unemployed; retired; in school; keeping house;* and *other. Employed* will be used as the reference category.

Social Support: Social stress theory emphasizes that not every impoverished individual becomes mentally ill. Instead, mediating factors exist, including having a strong level of social support (Gallagher 2002). The GSS provides variables that help us measure social networks (one aspect of social support), specifically how often an individual visits neighbors, friends, and relatives; how many people an individual interacts with in a week; and how often an individual speaks with their closest confidant. These measures indicate the number of social ties and social networks present for an individual. We can assume the potential for a greater level of social support when the number of these interactions is high, a support which is most critical where social stress exposure is highest (Turner and Turner 1999).

The GSS uses a 7-point Likert scale to measure frequency of interacting with neighbors, relatives, and friends by asking, "How many times do you spend a social evening with [a relative, someone who lives within your neighborhood, friends who live outside the neighborhood]?" These three variables will be indexed to form the *social evening* (1998) variable. The *social evening* variable offers the following responses: 1 =

never; 2 = about once a year; 3= several times a year; 4 = about once a month; 5 = several times a month; 6 = once or twice a week; 7 = almost every day. This indexed variable was treated as a continuous variable when it was added back to the regression model that looked at question (2).

Frequency of social interaction (2006) is measured in the GSS by asking, "On average, about how many people do you have contact with in a typical week day, including people you live with. We are interested in contact on a one-to-one basis, including everyone with whom you chat, talk, or discuss matters. This can be face-to-face, by telephone, by mail, or on the internet. Please include only people you know." This category also falls into a gray area, as it is setup in 5 discrete categories, but ones which have many properties similar to a continuous variable. The categories are: 1 = 0-4 persons; 2 = 5-9; 3 = 10-19; 4 = 20-49; 5 = 50 or more.

Lastly, the *frequency that one speaks to their closest confidant* (2004) is measured by asking, "Thinking about how often you usually talk to (NAME), on the average, do you talk to (him/her) almost every day, at least once a week, at least once a month, or less than once a month?" Those four options comprise the categorical responses available, and have corresponding sequential values of 1 to 4.

Analysis

The three research questions outlined previously guide the analysis of how mental health and mobile homes are related. To address the first research question on additional

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stressors present in mobile homes, two sets of variables were created from the GSS results: housing quality and neighborhood quality. The data these variables provide help assess the veracity of the arguments made in the literature review related to the housing structures and the neighborhoods they occupy. Research question (2), which asks whether mobile home residents have higher measures of psychological distress, was addressed by looking at whether residing in certain types of housing led to higher rates of psychological distress. To further test these findings, the socioeconomic variables of race, gender, age, income, education, and employment status were added to the linear regression model. The addition of these control variables helps evaluate social stress theory's assumptions concerning chronic stressors and the importance of socioeconomic standing. The final research question on the presence of social support was tested by looking at the breadth and depth of social networks, specifically measures of frequency of visiting neighbors, friends, and relatives; how many people one comes in contact with in a week; and how many times an individual speaks with their closest confidant. Support from one's social network may have a great impact on an individual's health, with the quality of the contacts being more correlated with good health than the quantity (Felmlee 2003); both were tested in this section.

To test these research questions, I use several types of analyses. When looking at the descriptive statistics, ANOVA tests were performed to compare the variance of means between the different types of housing. Question (1) (*Do mobile home residents face additional stressors that may affect their mental health?*) is analyzed by using linear regression models for continuous datasets and binary regressions for dummy variable datasets. Each of these regressions is separated into two models. The first examines

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only the housing choice variables to see if a relationship is present. The second model includes all the pertinent control variables that were outlined in the measures section, namely age, gender, education, employment status, region, and total family income. This is done to assess whether the results stem directly from the housing choices, socioeconomic factors, or a combination of both. Data from the 1996, 2000, and 2004 GSS are used to answer question (1). Because these variables are not all available in the same years, they can only provide suggestive evidence.

Question (2) (*Do mobile home residents have higher rates of depression and anxiety?*) is examined by running three linear regression models to test the effects of housing type, socioeconomic status, and social support. Multiple linear regression is ideal for this type of research because its "results measure the direction and size of the effect of each variable on a dependent variable" and is "especially valuable for testing theories that state that multiple independent variables cause one dependent variable" (Neuman 2006: 369). The first regression model tests if there are any statistically significant differences in the mental health variable when housing is isolated into four categories (mobile home, conventional house, townhouse, and apartment). Conventional housing is used as the reference category. The second model includes the socioeconomic variables of age, race, gender, education, employment status, region and family income, testing for variances in mental health caused by social class and socioeconomic status. The third model assesses whether having greater social contact (specifically the *social evenings* variable) lowers psychological distress. The third model also answers the first part of research question (3). All data come from the 1998 GSS.

Question (3) is analyzed using linear regression. The *social evening* variable from the previous section is analyzed in depth and expanded back into its three distinct categories. The *frequency of social interaction* and *frequency that one speaks to their closest confidant* variables are also examined. As before, variables are analyzed by housing and socioeconomic characteristics in a series of two models. Data from 1998, 2004, and 2006 are utilized.

Chapter Four

Results

In this thesis I address three main questions: Do mobile home residents face additional stressors that may influence their mental health? Do mobile home residents have higher rates of depression and anxiety than individuals residing in other forms of housing? Does social support – specifically social networks – influence mental health outcomes and is it more prevalent in mobile home communities? These questions will be answered sequentially in this chapter.

First, I examine the descriptive statistics for this study's population. Table 1 shows population and socioeconomic figures broken down by housing choice according to the 1998 GSS (the year in which the analysis of psychological distress was conducted). One-way ANOVA tests were performed for each category, and showed extremely high significance ($p<.001$) for all categories except employment status (which was insignificant for working, keeping house, and being employed) and female ($p=.003$). This indicates that the categorical means for trailers, conventional homes, apartments, and townhouses are sufficiently different from one another in most cases to rule out chance. Median income was used to compare total family income in 1998 dollars, a concession made necessary by Smith, et al.'s (2004) finding that median values were more consistent than means when comparing this variable. Trailer and apartment residents ($21,500) earned significantly less than townhouse ($23,750) or conventional home residents ($37,500). Ages also varied quite a bit, with townhouse (42.4) and apartment (42.6) residents being younger than their trailer (46.6) and conventional home

(47.3) counterparts. Race varied, too, with 88.4% of mobile home residents being white, compared to 66.2% of apartment residents, 70.9% of townhouse residents, and 85.1% of conventional home residents. Education levels were fairly similar for conventional house, apartment, and townhouse residents (approximately 1 year of college), while the average mobile home resident had completed roughly 3 years of high school. Nearly 57% of mobile home residents live in the South according to this data, compared to 36% of conventional home and apartment residents, and 24% of townhouse residents. Additional information on the population breakdown by housing choice can be found in Table 2.

Do Mobile Home Residents Face Additional Stressors?

Results from the regression analyses performed on the mobile home life variables indicate that many of the predictions made in the literature review and methods sections were incorrect. Once the socioeconomic variables were added into each regression analysis, most of the initial significant findings that appeared when looking solely at housing choice became insignificant. This indicates that the relationships were more likely based on class than type of housing. Looking first at housing characteristics (Table 3), conventional house residents rated their residences to be cleaner than trailer, apartment, or townhouse occupants by a significant amount. When class variables were factored in, all but the townhouse coefficient lost significance. Conversely, mobile home residents were twice as likely to say their housing structure was is in poor condition compared to conventional house residents. This finding retained significance once the socioeconomic variables were added (see Table 4). The third question asked if residents had troubles with their landlords or management and showed that apartment dwellers

were twice as likely to have these troubles before socioeconomic factors were added into the equation. However, Table 5 shows that this relationship loses significance when social class and other control variables are added into the equation. The fourth and final question asked about housing purchase satisfaction; I found no significant differences by housing type (see Table 6).

The second part of question (1) asks whether mobile homes reside in neighborhoods that might produce negative mental health effects. Table 7 shows the level of neighborhood and city satisfaction among housing types. While trailer residents did not think poorly of their locale, apartment and townhouse residents were significantly less happy with their place of residence than conventional home dwellers. The final question asked if there was an area within one mile that an individual would be scared to walk through. Mobile home residents found their surrounding neighborhoods to be at least as safe as conventional home residents do, while apartment and townhouse residents felt a much higher level of fear (see Table 8).

Do Mobile Home Residents Have Higher Levels of Psychological Distress than Conventional Home Residents?

I used linear regression analysis, composed of three models, to assess whether housing had an effect on the levels of psychological distress an individual felt (see Table 9). The first model solely examined housing choice by psychological distress, and revealed that mobile home residents (p=.055 – a borderline significance reading) and apartment tenants (p<.001) were significantly more likely than conventional home residents to have higher levels of psychological distress. Therefore one can assert that

apartment dwellers and, perhaps, mobile home residents have significantly higher levels of depression and anxiety than do conventional home residents, a finding which was also evident in the descriptive tables.

However, model two revealed that this finding is related to class variables more than specific housing choices. Being older (p=.001), completing more years of school (p=.002) and having a higher family income (p<.001) all reduced one's level of psychological distress. Despite earlier significance, living in a trailer or apartment is not related to psychological distress once the control variables are factored in. It should be noted here that the only variable analyzed in question (1) available for this regression model (fear of walking in neighborhood) was insignificant (p=.228), as were measures of marital status and religious attendance; they are not included in the table.

The final regression model adds a social support variable, specifically the *social evenings* variable. As in the second model, age, education, and family income maintained their significance. The social support variable showed there is an association between more social interactions and a reduced level of psychological distress (p=.004), a finding that reinforces the importance of my final analysis.

Is Social Support – Specifically Social Networks – Related to Mental Health Outcomes, and is it More Prevalent in Mobile Home Communities?

Based on the literature review, I hypothesized that having a higher level of social support (in this instance measured by the breadth and depth of social networks) would help mitigate life circumstances that might otherwise produce psychological distress (Meyer, Schwartz and Foster 2008). The aforementioned findings indicate a small

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relationship between social evenings spent with friends, relatives, and neighbors and lower levels of psychological distress. The remaining portion of this question was answered by seeing if mobile home residents had stronger social networks. Table 10 shows the results for the *social evenings* index that was used in the previous regression analysis. In the first model, both mobile home residents (p=.024) and apartment tenants (p<.001) had significantly higher levels of social evenings than did conventional home residents. This finding for mobile home residents remains significant (p=.035) after socioeconomic factors are added into the equation. The constituents of the social evening variable were also run independently (see Table 11) and reveal that mobile home (p=.013), apartment (p=.002), and townhouse (p=.046) residents all spend more social evenings with their relatives than conventional house residents. Additionally, mobile home (p=.030) and apartment (p<.001) residents spend a great deal more time with their neighbors than either conventional house or townhouse residents. Lastly, apartment residents (p=.050) spend more social evenings with their friends than do any other housing group.

To assess the amount of contact with other people each housing type has, the amount of people one has contact with in a typical weekday was examined (see Table 12). This test revealed that trailer, apartment, and townhouse residents all interacted with fewer people in a given weekday, but did not maintain significance once class and other control variables were added. The final question attempted to test the depth of social support by asking how often one spoke with their best friend. Results are shown in Table 13. Mobile home residents spoke with their best friend more on average compared to conventional home residents. This result was borderline significant in the first analysis

(p=.077), and insignificant (p=.105) in the second. Townhouse residents contacted their

best friends less often than conventional home residents in both the first model (p=.023)

and the second (p=.020).

Chapter Five

Discussion

The purpose of this study was to ascertain whether residing in a mobile home increases an individual's level of psychological distress. The literature review indicated that housing structures (Weich, et al. 2002) and neighborhood characteristics (Leventhal and Brooks-Gunn 2000, 2003) could have tangible effects on depression and anxiety. While numerous qualitative studies had explored trailer park life and the effects of stigma, only one study (Shelton, et al. 1983) I found compared mobile homes to other types of housing and assessed categories such as happiness, housing satisfaction, and crowding. While Shelton, et al. (1983) revealed some interesting findings, his research was confined to North Carolina's Piedmont region. With that in mind, my study attempted to use a more nationally representative sample to answer three main questions: Do mobile home residents face additional stressors that may affect their mental health? Do they have higher rates of depression and anxiety? And is there additional social support available in the mobile home community that might help lower psychological distress?

The population characteristics of this study appear to match the expectations presented in the literature review and discussed in the previous chapter. Mobile home residents had the least education, were disproportionately white and were heavily concentrated in the South. Their income levels were equally low as apartment residents, and they were older than their apartment or townhouse counterparts. Of paramount interest to this study, their levels of psychological distress on average were the highest of

the four housing groups tested. Despite this last finding, however, it would be inaccurate to say my study confirmed that this level of distress was a result of living in a mobile home; in fact, the analyses performed indicate that social stress theory's insistence on the importance of examining socioeconomic variables is paramount when examining mental illness.

Nearly every housing, neighborhood, mental health and social support topic examined in this study was more heavily influenced by socioeconomic and class variables than by housing choice. This dovetails with almost all of the mental health literature, notably Stoudemire (1998) and Gallagher (2002), and was examined in depth when looking at question (1). For example, while mobile home, apartment, and townhouse residents had lower mean scores for the cleanliness of their homes, for all but townhouse residents this was accounted for by gender, education, income and even region. In other cases, however, the results remained consistent even once socioeconomic variables were controlled.

In regard to the safety of their housing structure, mobile home residents were twice as likely as conventional home residents to have had major structural issues such as leaks, broken windows, exposed wires, or heating breakdowns. In fact, only income and residing in a trailer were significant in this analysis. Conversely, mobile home residents did not have more trouble with landlords or management groups and did not significantly differ from conventional home residents in regard to home purchase satisfaction. This indicates the presence of one additional chronic stressor not seen in other types of housing (structural safety), while refuting another (troubles with management) that was assumed in the literature review.

Neighborhood and regional satisfaction was another factor that Shelton, et al. (1983) examined, and which MacTavish and Salamon (2001, 2006) predicted through qualitative research would be lower for mobile home residents. While apartment and townhouse residents were less satisfied than conventional home residents with where they lived, mobile home occupants were not significantly different from conventional home residents. In a similar manner, apartment and townhouse residents were about two times more likely to live near or in a neighborhood they were afraid to walk in, whereas trailer residents felt as safe or safer than their conventional home counterparts. The findings that mobile home residents live in poorer housing but seem to feel as safe and satisfied as conventional home residents supports most of the findings made by Shelton, et al. (1983). It also indicates that some of the supposed stigma related to residing in a mobile home is not felt, or else I would expect to see higher levels of dissatisfaction. Feeling satisfied and safe in one's surroundings certainly also lessens the number of chronic stressors that were predicted in the literature review.

The next data analysis attempted to answer question (2), or whether or not mobile home residents have higher rates of psychological distress than residents in other types of housing. As the descriptive section attested, mobile home residents do indeed have the highest psychological distress scores. The first of the three models in the linear regression model confirmed that apartment and mobile home dwellers had significantly higher levels of psychological distress than did their conventional home counterparts (note: for apartment tenants this significance was at the p<.001 level). The second model revealed this was a false correlation, as the coefficients for residents of mobile homes and apartments lost their significance. Income, education, and age played the strongest roles

in determining levels of psychological distress, with wealthier, better educated and older people having lower levels of depression and anxiety. Being a student (compared to other types of employment status) or classified as a race other than black of white (when compared to blacks and whites) led to the greatest increases in psychological distress in this sample. The third and final model of this regression analysis added the *social evenings* index as a means to answer research question (3), and found there was a relationship between greater social networks and lower psychological distress scores.

The importance of social support – specifically measured here as social networks – comprises the final step in my study, and attempts to see if mobile home residents have significantly more social interactions than those living in other types of housing. Question (3) was partially answered in the last analysis when it was found that the number of "social evenings" one had did indeed lower psychological distress scores. The rest of the analysis looks at how much additional social support mobile home residents receive.

In the *social evenings* index, significantly higher levels of social contact were found amongst mobile home residents and retirees. A more in-depth exploration of this variable revealed that mobile home residents had significantly more social evenings with relatives and neighbors, though not with friends, when compared to conventional home residents. Mobile home residents did not encounter significantly more people in a day than did people in other housing types. No significance (p = .103) was found for the amount one speaks to their best friend after the control variables were added in. This section prompts the additional question of what effect seeing their relatives and neighbors

more frequently has on mobile home residents' psychological distress scores, and if in fact it keeps those scores lower than might otherwise predicted.

Limitations

Before looking at any conclusions that can be drawn from this research or directions it points further research in, I believe it is essential to look at some of the limitations of my study. Perhaps the biggest limitation in this study is the inability to distinguish between mobile homes located in trailer parks and those that are set on their own land. Most of the journalistic and qualitative works that examined mobile home life focused on trailer parks. While MacTavish and Salomon (2001) state that roughly 50 percent of trailers are located in parks, there is no way to separate the data into disparate parts or even begin to truly hypothesize whether there are socioeconomic and psychological differences between these two types of mobile home residents.

Another limitation that exists is that although the 1998 GSS asked questions that closely mirrored psychological distress inventories, the GSS's depression and anxiety questions are not a peer-reviewed, psychologically validated inventory used in a clinical setting (like Beck's Anxiety Inventory, Goldberg's Depression Test, or the MMPI). Despite this limitation, I feel the questions approximate the types asked in the Beck's Anxiety Inventory and Goldberg's Depression Test closely enough to be considered valid. While those inventories ask between 20 and 40 questions to ascertain whether an individual has depressive or anxious symptomology, the psychological distress index I created is composed of only 5 questions, and therefore does not offer the type of depth or precision one might see in a clinical setting.

The third limitation in my study is the inability to use most of the variables generated from research question (1) when testing levels of psychological distress. While the GSS is a very consistent survey in terms of finding a national representative sample, many questions are only asked in one survey. In this research those questions allow me to test numerous theories about mobile home life generated in the literature review, but they do not allow me to see if they are directly related to levels of psychological distress.

A final limitation in the study relates to population issues. While the GSS offers a variable to test for population size of a locale (i.e. rural, small town, mid-sized town, etc.), it cannot actually determine if a home is located in a rural part of a metropolitan area or within the city limits of a county seat in a rural county. Because I felt it might add more confusion and not provide accurate information, I did not include the variable in this analysis. Similarly, the large proportion of trailers residing in the Southern part of the United States leads to additional questions I am not able to answer in this study, such as the role of regional identity or feeling accepted and less stigmatized in a region where a type of housing is more prevalent.

Conclusions

This study has shown that those residing in non-conventional homes (mobile homes, apartments, and townhouses) do have higher levels of psychological distress; however, those findings are related to socioeconomic factors and not the structures themselves. With the exception of structural safety, mobile home residents are generally more similar to their conventional home counterparts than they are to apartment or townhouse residents. This applies to neighborhood safety, satisfaction with their

residence, and happiness in the city or area they live in. Additionally, mobile home residents have stronger social support networks than those living in conventional homes, as they spend social evenings with their neighbors and relatives at a far higher rate. This finding coincides well with Turner and Turner's (1999) assertion that social support is strongest where it is needed most, specifically lower income communities.

Stigma was considered a possible given throughout this analysis, but I believe these findings prove that its impact on the mobile home community was overstated. If stigma were in fact affecting the mental health status of individuals, or at the very least making them feel uncomfortable in terms of their social identity, one would expect to see lower scores of satisfaction in terms of housing purchase and the area they presently live in. One would also expect to find a significant psychological distress score for mobile homes even after socioeconomic factors were controlled. Yet in neither case was that true.

Looking at these results, it appears that many of the additional chronic stressors mobile home residents were supposed to face according to literature review are not present. This leads to the question of class bias present in previous theory and research. While it is true that higher income and education levels are associated with lower psychological distress scores in this research, there is a supposition present in the literature that middle-class values will lead to better mental health. MacTavish and Salamon's (2006) use of the terms "flourishing" and "floundering" in relation to trailer park youth is one prime example of this. The "flourishing" youth is seen in this research as one who dissociates from the trailer park and makes connections in the non-mobile home community, whereas the "floundering" youth is depicted as loitering around the

trailer park, engaging only with its tenants. MacTavish and Salamon's (2001) critique of

the lack of "third places" present in these parks also underscores any community-building

value that might be attributed to non-traditional meeting places, such as a front step or the

streets of the trailer park. McLeod and Nonnemaker (1999) operate under a similar

ideology when they assert lower class individuals are more vulnerable to life events

because of less access to coping resources, the underlying assumption being that only

"paid for" services such as psychiatric treatment and counseling can allow an individual

to properly cope with a crisis. Such an ideology devalues the types of social interactions

and coping resources lower class individuals utilize, and may explain, along with

proximity, why a greater number of social evenings are seen in mobile homes and

apartments in this research.

Ultimately, I believe this study validates social stress theory in many ways while

simultaneously bringing into question many of the articles previously published on this

topic. Mobile homes may be lacking in terms of structural integrity, but their occupants

are generally as satisfied as conventional home residents. Chronic social stressors such

as lower income, being classified as a race other than white or black, and lower education

levels (all of which can lead to more menial and stressful job situations, for example)

play a significant role in increasing psychological distress, while being older and having

more social support decreases these levels. While psychological distress scores may be

highest amongst the mobile home population, I believe these results show that this

because of the socioeconomic circumstances these residents find themselves in, and not

because of the type of housing structure they reside in. This all supports the key tenet of

social stress theory that socioeconomic status is the key determinant in predicting mental

health outcomes.

References

Aneshensel, Carol S. and Jo C. Phelan. 1999. *Handbook of the Sociology of Mental Illness*. New York: Kluwer Academic.

Ayto, John, Ian Croften, and Ebenezer Cobham Brewer. 2006. *Brewer's Dictionary of Modern Phrase & Fable*. Oxford: Collins.

Bellenir, Karen. 2006. *Mental Health Information for Teens*. Detroit: Omnigraphics.

Biernat, Monica and John F. Dovidio. 2000. "Stigma and Stereotypes." Pp. 88-125 in *The Social Psychology of Stigma*, eds. Todd Heatherton, et al. New York: Guilford.

Bowers, Len. 1998. *The Social Nature of Mental Illness*. New York: Routledge.

Evans, Gary W., Nancy M. Wells, and Annie Moch. 2003. "Housing and Mental Health: A Review of the Evidence and a Methodological and Conceptual Critique." *Journal of Social Issues* 59:25.

Felmlee, Diane. 2003. "Interaction in Social Networks." Pp. 389-409 in *Handbook of Social Psychology,* edited by John Delameter. New York: Kluwer.

Fone, David, Frank Dunsten, Gareth Williams, Keith Lloyd and Stephen Palmer. 2007. "Places, People, and Mental Health: A Multilevel Analysis of Economic Inactivity." *Social Sciences & Medicine* 64: 633-645.

Fritz, Gregory K. 2008. "Stigmatization of Mental Illness Falling Under Sustained Attack." *Providence Journal*, March 5.

Gallagher, Bernard J., III. 2002. *The Sociology of Mental Illness*. Prentice Hall: Upper Saddle River, NJ.

Goad, Jim. 1997. *Redneck Manifesto*. New York: Simon & Schuster.

Hart, John Fraser, Michelle J. Rhodes, and John T. Morgan. 2002. *The Unknown World of the Mobile Home*. Baltimore: John Hopkins University Press.

Heatherton, Todd, Robert E. Kleck, Michelle R. Hubl and Jay G. Hull. 2000. *The Social Psychology of Stigma*. New York: Guilford.

Henneberger, Melinda. 1993. "Inexpensive to Own, Easy to Move and Unwelcome: Low-Income Mobile Home Residents Face Substandard Conditions and Scarcity of Sites." Pp. 1 in *The New York Times*. Avoca, NY.

Hogg, Michael A. 2003. "Intergroup Relations." Pp. 479-501 in *Handbook of Social Psychology,* edited by John Delameter. New York: Kluwer.

Horwitz, Allan V. 1982. *The Social Control of Mental Illness*. Academic Press: London.

Kerr, Michael A. 1988. "Chronic Anxiety and Defining the Self." *The Atlantic* 262: 35-56.

Koelbel, Joseph Thomas. 1987. "Planning and Design Strategies Toward the Improvement of Mobile Home and Trailer Park Site Standards - A Case Study in Montgomery County, Virginia." Blacksburg, VA: Virginia Polytechnic Institute and State University.

Kramlinger, Keith. 2001. *Mayo Clinic on Depression*. Rochester, MN: Mayo Clinic.

Kwiatkowski, Kevin J. 2000. "Local Communities Versus the Mobile Home Park: The Battle Continues in Michigan." *Michigan Academician* 32:15.

Latkin, Carl A. and Aaron D. Curry. 2003. "Stressful Neighborhoods and Depression: A Prospective Study of the Impact of Neighborhood Disorder." *Journal of Health and Social Behavior* 44:34.

Leventhal, T. and J Brooks-Gunn. 2000. "Moving to Opportunity: An Experimental Study of Neighborhood Effects on Mental Health." *American Journal of Public Health* 93: 9.

Light, Melanie and Ken Light. 2006. "The Other West Virginia." *Chronicle of Higher Education* 52:1.

Ligon, Ethan. 1994. "The Development and Use of a Consistent Income Measure for the General Social Survey." *GSS Methodological Report No. 64*. University of Chicago.

Link, Bruce G., Francis T. Cullen, Elmer Struening, Patrick E. Shrout and Bruce P. Dohrewend. 1989. "A Modified Labeling Theory Approach to Mental Disorder: An Empirical Assessment." *American Sociological Review* 54: 400-423.

Manderson, Lenore, Margaret Kelaher, Carol McLaughlin and Michelle Sandberg. 1998. *Women & Health* 28: 83-96.

MacTavish, Katherine A. and Sonya Salamon. 2006. "Pathways of Youth Development in a Rural Trailer Park." *Family Relations* 55:11.

MacTavish, Katherine and Sonya Salamon. 2001. "Mobile Home Park on the Prairie: A New Rural Community Form." *Rural Sociology* 66:19.

McCulloch, B. Jan. 1995. "The Relationship of Family Proximity and Social Support to the Mental Health of Older Rural Adults: The Appalachian Context." *Journal of Aging Studies* 9: 65.

McInerney, Salley. 2008. "Lavonia's Beaver Creek: Home for Many, but not Really Home." *Independent Mail* (Anderson, SC), August 20, 2008.

McLeod, Jane D. and James M. Nonnemaker. 1999. "Social Stratification and

    Inequality." Pp. 321-345 in *Handbook of the Sociology of Mental Illness,* edited

    by Carol S. Aneshensel and Jo C. Phelan. New York: Kluwer Academic.

Meyer, Ilan H., Sharon Schwartz and David M. Frost. 2008. "Social Patterning of Stress

    and Coping: Does Disadvantaged Social Statuses confer More Stress and Fewer

    Coping Resources?" *Social Science and Medicine.* 67: 368-379.

Mirowsky, John. 1999. "Analyzing Associations Between Mental Health and Social

    Circumstances." Pp. 105-124 in *Handbook of the Sociology of Mental Illness,*

    edited by Carol S. Aneshensel and Jo C. Phelan. New York: Kluwer Academic.

Neuman, W. Lawrence. 2006. *Social Research Methods: Qualitative and Quantitative*

    Approaches. Boston: Pearson.

Pettus, Ashley. 2007. "Drug Makers find New Markets by Publicizing 'Hidden' Cost of

    Mental Illness." In *Mental Health*, edited by Ann Quigley. Detroit: Greenhaven

    Press.

Poon, Maurice Kwong-Lai and Peter Trung-Thu Ho. 2008. "Negotiating Social Stigma

    Among Gay Asian Men." *Sexualities* 11: 245-268.

Ross, Catherine E. and John Mirowsky. 2003. "Social Structure and Psychological

    Functioning: Distress, Perceived Control, and Trust." Pp. 411-449 in *Handbook*

    of Social Psychology, edited by John Delamater. New York: Kluwer Academic.

Santiago, Chiori. 1988. "House Trailer: Trailer Parks and their Residents Explored."

    Smithsonian 29: 76-85.

Shelton, Gladys G., Kenneth J. Gruber, and Deborah D. Godwin. 1983. *The Effect of*

    Housing Type on the Quality of Living: A Comparison of Residents of

Conventional Homes, Mobile Homes, and Apartments in Rural North Carolina, vol. 73. Greensboro, NC: North Carolina A&T State University.

Silver, Eric, Edward P. Mulvey and Jeffery W. Swanson. 2002. "Neighborhood Structural Characteristics and Mental Disorder: Faris and Dunham Revisited." *Social Science and Medicine* 55: 1457-1470.

Smith, Tom W., Seokho Kim, Kyle Tateyama, and Conor Looney. 2004. "An Analysis of GSS Research: 1972-2003." *GSS Project Report No. 26.* University of Chicago.

Solari, Claudia and Robert D. Mare. 2006. *The Effects of Housing and Neighborhood Crowding on Children's Well-Being*: University of California-Los Angeles.

Steele, Claude. 1997. "A Threat in the Air: How Stereotypes Shape Intellectual Identity and Performance." *American Psychologist* 6: 613-629.

Stoudemire, Alan. 1998. *Clinical Psychiatry for Medical Students*. Philadelphia: Lippincott, Williams & Wilkins.

Szegedy-Maszak, Marianne. 2007. "Teen Mental Illness is a Serious Problem." In *Mental Health*, edited by Ann Quigley. Detroit: Greenhaven Press.

Turner, R. Jay and J. Blake Turner. 1999. "Social Integration and Support." Pp. 301-320 in *Handbook of the Sociology of Mental Illness,* edited by Carol S. Aneshensel and Jo C. Phelan. New York: Kluwer Academic.

United States Census Bureau. 1997. *American Housing Survey for the United States: 1997,* Edited by U. S. C. Bureau. Washington, D.C.: U.S. Government Printing Office.

Van Laar, Collette and Shana Levin. 2005. "The Experience of Stigma: Individual,

    Interpersonal, and Situational Influences." *Stigma and Group Inequality: Social*

    Psychological Perspective, edited by Collette van Laar and Shana Levin.

    Philadelphia: Psychological Press.

Wakefield, Hollida. 2006. "The Villification of Sex Offenders: Do Laws Targeting Sex

    Offenders Increase Recidivism and Sexual Violence?" Originally presented at the

    22nd Annual Symposium of the American College of Forensic Psychology.

Wallis, Allan D. 1991. *Wheel Estate: The Rise and Decline of Mobile Homes*. New York:

    Oxford University Press.

Weich, Scott, Martin Prince, Elizabeth Burton, Bob Erens and Kerry Sproston. 2002.

    "Mental health and the built environment: cross-sectional survey of individual and

    contextual risk factors for depression." *The British Journal of Psychiatry* 180:

    428-433.

Werner-Wilson, Ronald J. 2006. "Systems Theory." Originally presented in Family

    Theory course at Iowa State University.

Wheaton, Blair. 1999. "Social Stress." Pp. 277-300 in *Handbook of the Sociology of*

    Mental Illness, edited by Carol S. Aneshensel and Jo C. Phelan. New York:

    Kluwer Academic.

White, Patricia and Paul Ciccantell. 2007. "The General Social Survey (GSS): The Next

    Decade and Beyond." Originally presented at the 2007 Workshop on Planning

    for the Future of the GSS.

Wilson, James Q. and George L. Kelling. 1982. "Broken Windows." *The Atlantic,*

    March. Retrieved September 21, 2008

    (http://www.theatlantic.com/doc/198203/broken-windows).

Wray, Matt. 2008. "That Ain't White: The Long and Ugly History of 'Trash' Talk."

    American Sexuality Magazine. Retrieved September 22, 2008 from

    (http://nsrc.sfsu.edu/MagArticle.cfm?Article=735&PageID=0).

Yu, Yan and David R. Williams. 1999. "Social Class." Pp. 151-166 in *Handbook of the*

    Sociology of Mental Illness, edited by Carol S. Aneshensel and Jo C. Phelan.

    New York: Kluwer Academic.

TABLE 1. Descriptive Statistics by Housing Choice (General Social Survey, 1998)

	Trailer		Conv. Home		Apartment		Townhouse	
	M	SD	M	SD	M	SD	M	SD
Age	46.63	(16.56)	47.34	(16.52)	42.62	(18.40)	42.42	(16.74)
White	88.44	(.32)	85.08	(.36)	66.19	(.47)	70.89	(.45)
Black	10.98	(.31)	10.57	(.31)	20.89	(.41)	18.87	(.39)
Female	57.23	(.50)	54.20	(.54)	58.53	(.59)	64.42	(.48)
Education	11.76	(2.48)	13.38	(2.89)	13.31	(2.96)	13.17	(3.02)
Employment Status								
Working	67.84	(.47)	68.96	(.46)	68.09	(.47)	70.25	(.46)
Unemployed	2.34	(.15)	1.58	(.12)	2.47	(.16)	3.3	(.18)
Retired	15.79	(.37)	15.52	(.36)	13.32	(.34)	9.9	(.30)
Student	1.17	(.10)	.18	(.13)	5.59	(.23)	3.86	(.19)
Keep House	12.87	(.34)	12.11	(.33)	10.5	(.31)	12.67	(.33)
South	56.65	(.50)	36.68	(.48)	35.57	(.48)	24.26	(.43)
Total Family Income[a]	21.50	(5.27)	37.50	(4.81)	21.50	(5.87)	23.75	(5.93)
Psychological Distress	9.82	(3.85)	8.66	(3.49)	9.71	(4.02)	9.27	(4.01)

Source: The 1998 General Social Survey

[a] Total Family Income is shown by median values in lieu of categorical means.

TABLE 2.   Housing Population Breakdown by Year (General Social Survey)

	1994	1996	1998	2000	2004	2006
Trailer	195	218	173	193	158	299
	(6.7%)	(7.7%)	(6.2%)	(7.1%)	(5.8%)	(6.8%)
Conventional House	1790	1700	1609	1574	1841	2853
	(61.1%)	(60.0%)	(57.9%)	(57.5%)	(67.3%)	(64.8%)
Apartment	528	530	627	561	405	726
	(18.0%)	(18.7%)	(22.6%)	(20.5%)	(14.8%)	(16.5%)
Townhouse	414	384	371	408	329	524
	(14.1%)	(13.6%)	(13.3%)	(14.9%)	(12.0%)	(11.9%)
Total N	2927	2832	2780	2736	2733	4402

Source: The 1994, 1996, 1998, 2000, 2004, and 2006 General Social Surveys

Table 3. Unstandardized Coefficients for Cleanliness of House Regressed on Housing Choice and Control Variables (General Social Survey, 2000; n=2736)

	Model 1	Model 2
Trailer	-.261**	-.123
	(.09)	(.09)
Apartment	-.239***	-.079
	(.05)	(.06)
Townhouse	-.281***	-.166**
	(.06)	(.06)
Age		.007***
		(.00)
Black		-.104
		(.06)
Other Race		.012
		(.09)
Female		.151**
		(.04)
Education		.032***
		(.01)
Unemployed		-.445**
		(.14)
Retired		.039
		(.08)
Student		.254
		(.14)
Keep House		-.076
		(.07)
South		-.004
		(.06)
Midwest		-.158*
		(.06)
West		-.138*
		(.06)
Total Family Income		.030***
		(.00)
Constant	4.293	3.004
R-squared	.016	.087

Source: The 2000 General Social Survey

* p < .05; ** p < .01; *** p < .001

Note: **Standard errors are shown in parentheses.**

Table 4. Binary Logistic Regression Results for Safety of Housing Structure Regressed on Housing Choices and Control Variables (General Social Survey, 2004; n=1233)

	β^a	S.E.	Odds Ratio
Trailer	.688[+]	.41	1.990
Apartment	-.106	.36	.900
Townhouse	-.028	.39	.972
Age	-.012	.01	.988
Black	.117	.38	1.124
Other Race	.167	.42	1.181
Female	-.138	.25	.871
Education	-.002	.05	.998
Unemployed	.466	.47	1.594
Retired	-.198	.52	.820
Student	-.319	.55	.727
Keep House	.216	.41	1.241
South	-.367	.37	.693
Midwest	-.310	.40	.733
West	-.164	.40	.849
Total Family Income	-.102***	.02	.903

Source: The 2004 General Social Survey

* $p < .05$; ** $p < .01$; *** $p < .001$

[a] Logistic Coefficient

[+] $p = .091$

Table 5. Binary Logistic Regression Results for Trouble with Landlord Regression Housing Choices and Control Variables (General Social Survey, 2004; n=1245)

	β[a]	S.E.	Odds Ratio
Trailer	-.609	1.1	.544
Apartment	.201	.52	1.223
Townhouse	-.334	.67	.716
Age	-.044*	.02	.957
Black	-.234	.66	.791
Other Race	-.640	.78	.527
Female	-.188	.41	.828
Education	.021	.08	1.021
Unemployed	-.404	1.1	.68
Retired	.637	.97	1.891
Student	.275	.68	1.317
Keep House	.442	.67	1.556
South	-.619	.55	.539
Midwest	-.901	.64	.406
West	-.453	.61	.636
Total Family Income	-.071	.04	.931

Sources: The 2004 General Social Survey

* p < .05; ** p < .01; *** p < .001

[a] Logistic Coefficient

Table 6. Unstandardized Coefficients for Satisfaction of Home Purchase Regressed on Housing Choices and Control Variables (General Social Survey, 1996; n=2832)

	Model 1	Model 2
Trailer	.152	.028
	(.10)	(.10)
Apartment	.098	.134
	(.10)	(.11)
Townhouse	.147	.092
	(.11)	(.11)
Age		-.011***
		(.00)
Black		.203
		(.10)
Other Race		-.342
		(.18)
Female		.044
		(.06)
Education		.001
		(.01)
Unemployed		.294
		(.24)
Retired		.083
		(.11)
Student		-.035
		(.42)
Keep House		.028
		(.10)
South		-.112
		(.08)
Midwest		.047
		(.09)
West		-.004
		(.09)
Total Family Income		-.016*
		(.01)
Constant	1.531	2.288
R-squared	.010	.108

Source: The 1996 General Social Survey
* p < .05; ** p < .01; *** p < .001
Note: **Standard errors are shown in parentheses.**

Table 7. Unstandardized Coefficients for Satisfaction with Where One Lives Regressed on Housing Choices and Control Variables (General Social Survey, 1994; n=2927)

	Model 1	Model 2
Trailer	-.117	-.035
	(.26)	(.26)
Apartment	-.489**	-.393*
	(.18)	(.19)
Townhouse	-.702***	-.581**
	(.19)	(.19)
Age		.020***
		(.01)
Black		-.325
		(.21)
Other Race		.092
		(.33)
Female		.075
		(.14)
Education		.033
		(.03)
Unemployed		-1.07**
		(.40)
Retired		-.425
		(.26)
Student		-.533
		(.40)
Keep House		7.86
		(.21)
South		.049
		(.18)
Midwest		-.148
		(.20)
West		.266
		(.21)
Total Family Income		-.007
		(.01)
Constant	5.29	4.04
R-squared	.036	.117

Source: The 1994 General Social Survey
* p < .05; ** p < .01; *** p < .001
Note: **Standard errors are shown in parentheses.**

Table 8. Binary Logistic Regression Results for Scared to Walk Near Home Regressed on Housing Choices and Control Variables (General Social Survey, 1998; n=1830)

	β[a]	S.E.	Odds Ratio
Trailer	-.153	.22	.858
Apartment	.754***	.15	2.125
Townhouse	.587**	.18	1.798
Age	.000	.00	1.000
Black	.188	.16	1.207
Other Race	.379*	.17	1.460
Female	1.128***	.11	3.090
Education	-.012	.02	.988
Unemployed	-.069	.29	.933
Retired	.291	.18	1.338
Student	.373	.29	1.452
Keep House	.117	.17	1.124
South	.198	.16	1.219
Midwest	-.118	.17	.889
West	-.262	.18	.770
Total Family Income	-.022*	.01	.978

Source: The 1998 General Social Survey
* p < .05; ** p < .01; *** p < .001
[a] Logistic Coefficient

Table 9. Unstandardized Coefficients for Psychological Distress Levels Regressed on Housing Choices and Control Variables (General Social Survey, 1998; n=2780)

	Model 1	Model 2	Model 3
Trailer	.997	.342	.390
	(.52)	(.51)	(.51)
Apartment	1.051***	.373	.394
	(.29)	(.31)	(.30)
Townhouse	.418	-.068	-.063
	(.36)	(.36)	(.36)
Age		-.031***	-.036***
		(.01)	(.01)
Black		-.521	-.518
		(.36)	(.36)
Other Race		.849	.924*
		(.44)	(.44)
Female		-.048	-.067
		(.24)	(.24)
Education		-.138**	-.134**
		(.04)	(.04)
Unemployed		-.591	-.588
		(.89)	(.87)
Retired		-.200	-.054
		(.43)	(.43)
Student		1.339	1.401
		(.80)	(.80)
Keep House		.504	.531
		(.40)	(.40)
South		.183	.160
		(.32)	(.32)
Midwest		-.249	-.287
		(.34)	(.34)
West		.357	.323
		(.36)	(.36)
Total Family Income		-.111***	-.115***
		(.03)	(.03)
Social Evenings			-.099**
			(.03)
Constant	8.493	13.685	15.081
R-squared	.017	.113	.122

Source: The 1998 General Social Survey
* p < .05; ** p < .01; *** p < .001
Note: **Standard errors are shown in parentheses.**

Table 10. Unstandardized Coefficients for Social Evening Index Regressed on Housing Choices and Control Variables (General Social Survey, 1998; n=2780)

	Model 1	Model 2
Trailer	.801*	.746*
	(.11)	(.35)
Apartment	.747***	.349
	(.21)	(.22)
Townhouse	.364	.045
	(.26)	(.26)
Age		-.054***
		(.01)
Black		-.034
		(.25)
Other Race		.233
		(.34)
Female		-.068
		(.17)
Education		.032
		(.03)
Unemployed		.629
		(.57)
Retired		1.331***
		(.32)
Student		.345
		(.50)
Keep House		-.056
		(.28)
South		-.195
		(.23)
Midwest		-.554*
		(.244)
West		-.648*
		(.26)
Total Family Income		-.024
		(.02)
Constant	11.743	14.437
R-squared	.009	.062

Source: The 1998 General Social Survey
* p < .05; ** p < .01; *** p < .001
Note: **Standard errors are shown in parentheses.**

Table 11. Unstandardized Coefficients for Social Evenings Spent with Relatives, Friends, and Neighbors Regressed on Housing Choices and Control Variables (General Social Survey, 1998; n=2780)

	Relatives[a]		Friends[b]		Neighbors[c]	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Trailer	.478**	.409*	-.162	-.105	.494*	.443*
	(.16)	(.165)	(.16)	(.158)	(.20)	(.20)
Apartment	-.200*	-.315**	.316**	.191*	.652***	.485***
	(.10)	(.10)	(.09)	(.10)	(.12)	(.13)
Townhouse	-.138	-.243*	.261*	.156	.240	.131
	(.12)	(.12)	(.12)	(.12)	(.15)	(.15)
Age		-.014***		-.027***		-.013**
		(.00)		(.00)		(.00)
Black		.112		-.130		-.016
		(.12)		(.11)		(.14)
Other Race		.364*		.019		-.152
		(.16)		(.15)		(.19)
Female		.308***		-.134		-.244*
		(.08)		(.08)		(.10)
Education		-.035*		.040**		.031
		(.02)		(.01)		(.02)
Unemployed		-.112		.196		.544
		(.27)		(.25)		(.33)
Retired		.316*		.391**		.608
		(.15)		(.14)		(.18)
Student		-.016		.298		.050
		(.23)		(.22)		(.29)
Keep House		-.125		-.092		.151
		(.13)		(.13)		(.16)
South		-.006		.000		-.150
		(.11)		(.10)		(.13)
Midwest		-.107		-.109		-.315*
		(.11)		(.11)		(.14)
West		-.190		-.056		-.373*
		(.12)		(.12)		(.15)
Total Family Income		.002		.000		-.028**
		(.08)		(.01)		(.01)
Constant	4.531	5.431	4.026	4.830	3.179	4.082
R-squared	.009	.029	.010	.093	.019	.043

Source: The 1998 General Social Survey

* p < .05; ** p < .01; *** p < .001

Note: **Standard errors are shown in parentheses.**

[a] Sum of Evenings Spent with Relatives

[b] Sum of Evenings Spent with Friends

[c] Sum of Evenings Spent with Neighbors

Table 12. Unstandardized Coefficients for Total People Contacted in a Typical Day Regressed on Housing Choices and Control Variables (General Social Survey, 2006; n=4402)

	Model 1	Model 2
Trailer	-.292*	-.141
	(.14)	(.13)
Apartment	-.216*	-.129
	(.10)	(.10)
Townhouse	-.192	-.122
	(.11)	(.10)
Age		-.005
		(.00)
Black		-.266**
		(.10)
Other Race		-.237*
		(.10)
Female		.126*
		(.06)
Education		.064***
		(.01)
Unemployed		-.664***
		(.18)
Retired		-.938***
		(.12)
Student		-.055
		(.19)
Keep House		-1.035***
		(.10)
South		.033
		(.10)
Midwest		-.009
		(.10)
West		-.088
		(.10)
Total Family Income		.012
		(.01)
Constant	3.054	2.448
R-squared	.007	.202

Source: The 2006 General Social Survey
* p < .05; ** p < .01; *** p < .001
Note: **Standard errors are shown in parentheses.**

Table 13. Unstandardized Coefficients for Frequency of Speaking With Best Friend Regressed on Housing Choices and Control Variables (General Social Survey, 2004; n=2733)

	Model 1	Model 2
Trailer	.180	.169
	(.10)	(.10)
Apartment	-.034	-.051
	(.06)	(.06)
Townhouse	-.155*	-.162*
	(.068)	(.07)
Age		-.008***
		(.00)
Black		-.067
		(.07)
Other Race		.048
		(.09)
Female		.120**
		(.04)
Education		-.014
		(.01)
Unemployed		-.038
		(.12)
Retired		-.028
		(.08)
Student		-.003
		(.12)
Keep House		.076
		(.07)
South		-.002
		(.07)
Midwest		.019
		(.07)
West		-.023
		(.07)
Total Family Income		.008
		(.01)
Constant	3.629	3.983
R-squared	.009	.065

Source: The 2004 General Social Survey
* p < .05; ** p < .01; *** p < .001
Note: **Standard errors are shown in parentheses.**