



The effects of neighborhood social ties and networks on mental health and well-being: A qualitative case study of women residents in a middle-class Korean urban neighborhood

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ABSTRACT

Despite the general understanding of the significance of neighborhood social capital on mental health, our understanding of the mechanisms of these effects is limited. This study thus explores the characteristics of neighborhood social ties and networks experienced by women residents in their urban neighborhood in the Seoul metropolitan area, Korea, and how these social relationships contributed to their mental health and well-being. We draw on a phenomenological qualitative study conducted in 2016, which included interviews with 18 full-time or part-time housewives with children. The participants in this study experienced the neighborhood social networks and ties as unessential but supportive relationships, as an extension of mothering, and as a source of stressful social comparisons. With these characteristics, the social relationships had both positive and negative effects on the participants' mental health and well-being because they provided social support but also generated everyday stress. This study illustrates an example of the complex link between neighborhood social capital and mental health. It also contributes to our understanding of the everyday processes that influence the health and well-being of women, highlighting the possible oppressive attributes of neighborhood communities.

1. Introduction

Various researchers have claimed that place (or more specifically, a neighborhood) is relevant for human health and well-being because it both constitutes and contains social relations and physical attributes of people's lives (Cummins et al., 2007). Although mental health has generally been considered at the level of an individual rather than that of his or her environment, since the late 1990s, many investigators have begun to conclude that where you live affects your health, even though it is probably not as much as who you are (Pickett and Pearl, 2001). With increasing concern regarding the effects of neighborhood on mental health, recent advances have been made in terms of the association between the neighborhood social environment and residents' mental health (Araya et al., 2006; Mair et al., 2010).

Despite the general understanding of the significance of neighborhood social capital for mental health, how social capital contributes to health is still inconclusive (Walker and Hiller, 2007). According to relevant studies, there is no universal mechanism by which neighborhood social capital affects mental health; in contrast, there are dynamically complex mechanisms (Campbell, 2011). This is because neighborhood social capital can differ in nature and quality, which may

positively or negatively contribute to mental health and well-being (Curtis, 2010). In addition, social capital can manifest differently in the specific context of each neighborhood (Cattell, 2001; Eriksson et al., 2011). However, studies have focused primarily on the effects of the positive aspects of neighborhood social capital by defining it as a major factor linking social relations and mental health (Campbell, 2011). Other dimensions of neighborhood social capital and their effects have also been investigated, but these studies have been conducted mostly in the context of Western countries and marginalized neighborhoods (Caughy et al., 2003). Thus, it may be understood that only a limited number of the possible mechanisms linking neighborhood social capital and mental health have been discussed to date.

This study intends to broaden our understanding of the characteristics of neighborhood social ties and networks, which can be seen as forms of social capital (Walker and Hiller, 2007), and their health-related mechanisms through a qualitative case study of a middle-class urban neighborhood in the Seoul metropolitan area of South Korea. Neighborhoods in Asian megacities may differ from those in Western countries in terms of local social relationships, with their incomparably high physical density and the rapidly changing social atmosphere oscillating between the collectivistic and individualistic

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cultures.

However, only a few empirical studies examine neighborhood social capital and mental health in this region, with the exception of Japan (Villalonga-Olives and Kawachi, 2017; Wang et al., 2018). Studies dealing with the subtle mechanisms of how neighborhood social capital affects mental health are even scarcer. Despite the recent great socio-spatial changes in Korea that may have affected the quality of neighborhood social networks and ties, the characteristics or potential health effects of these linkages have not been thoroughly studied (Joung, 2014; Kim, 2018). The few studies on this topic have also found no association between neighborhood social capital and health, and these results may be due to the use of data collected in a large size administrative area that cannot capture the realities of everyday life (Han, 2013). Thus, studies that can reveal the complex phenomena at play within a real-life context are required in order to better understand how neighborhood social capital can affect mental health.

1.1. Women's neighborhood social relationships

In addition to a neighborhood's context, the characteristics of a specific population in the neighborhood can lead to different manifestations of the neighborhood social capital and the resulting health outcomes. Although the significance of social relationships based on a limited geographical area has been questioned in current society, several groups of people are likely to be particularly affected by the neighborhood environment: children, the elderly, and women (Park, 2013). Several quantitative and qualitative studies conducted in North America have found similar results: women engage in more neighboring (Kusenbach, 2006), have higher community attachment (Theodori, 2004), and experience higher local social support than men (Wellman and Wortley, 1990). This phenomenon is similarly observed in Korea — women have more neighborhood social ties and participate in more neighborhood activities than men (Joung, 2014; Kwak, 2004).

The different levels of neighboring between men and women are often explained by gender expectations, especially motherhood (Campbell and Lee, 1990). In fact, the presence of children is found to have a significant impact on local social relations, regardless of gender, as parenthood is a turning point in the replacement of social network members (Fischer et al., 1989). However, mothering, rather than parenting, is found to be more strongly associated with neighborhood experiences and social networks in large survey studies conducted in the U.S. (Sweet et al., 2005; Wang and Fahey, 2011). Studies on this topic in Korea are very rare, but Lee and Yoo (1999) explained that the reason for women's more active participation in local social networks is their greater involvement in the daily lives of children.

In this vein, to gather more detailed information about the experiences regarding neighborhood social relationships and these relationships' effects on mental health and well-being, this study focuses on a population of mothers who are full-time or part-time housewives. With this group as the study participants, this case study aims to identify the characteristics of neighborhood social ties and networks in a particular socio-spatial setting as it is perceived by the residents themselves and to reveal the process of how they might impact the residents' mental health and well-being.

2. Methods

This study employs a phenomenological qualitative approach, including dialogical-conversational interviews and thematic analysis, that is largely informed by Van Manen (1990). This approach, which perceives a particular phenomenon through the eyes of those who have experienced it (Finlay, 2012), was chosen because it is appropriate to focus on the complex and contemporary phenomenon within a real-life context. This study explores how neighborhood social ties and networks are experienced in this way and how they can contribute to mental health and well-being without any intention to verify specific

associations.

2.1. The study and its context

A middle-class neighborhood in Pangyo, Seoul Metropolitan Area, Korea was chosen as the study site. Pangyo is a new town located in the Seoul metropolitan area, including more than 90,000 residents in the area of 9.3 km² (KOSIS, 2015). In studies examining neighborhood social capital and mental health, deprived neighborhoods have generally received more attention, given the possibly greater health effects of social ties and networks in these neighborhoods than in more affluent neighborhoods (Cattell, 2001). However, the skewed focus on marginalized neighborhoods may have led to a lack of explanation about other possible mechanisms linking neighborhood social capital and mental health. At the same time, studies on the middle class are also important, as they cover the groups of people who lead the mainstream of socio-cultural changes in a society (Hong, 2010).

Focusing on the case of a Korean middle-class urban neighborhood, a specific residential setting was considered in this study. In Korea, high-rise apartment buildings are the most common housing type, as more than half of the population lives in them (KOSIS, 2017). It is no exaggeration to say that apartments have been central to Korean people's lives since urbanization. When Koreans reflect on their lives, apartments are frequently, almost always, cited in their narratives: an apartment as evidence of their diligence and hard work to support their family or reflecting a sad experience because of needing to sell it due to economic hardship (Ahn, 2013). Unlike in Western countries, where high-rise apartment housing was mostly constructed and rented for social welfare reasons, Korean apartments have been sold primarily as middle-class residences (Park, 2011). Specifically, 28.1% of low-income, 56.8% of middle-income, and 74.5% of high-income residents in Korea live in apartments (KOSIS, 2017). With its value as a wealth-producing commodity and its strong symbolic image of the residential place for the middle class, apartment housing has become predominant across the country since the 1980s (Gu, 2020).

Since its completion in 2009, Pangyo has been known as a residential area for the middle and upper-middle classes in Korea. The studied neighborhood was not an exception, as the average price of the apartments there was the highest among all the new towns in the Seoul metropolitan area, and it was even similar to the average price of the apartments in Seoul's more affluent neighborhoods (Cho, 2016). The studied neighborhood also has typical physical characteristics of newly built middle-class residential areas as planned and built as a government-led new town development project. The study site includes three adjacent and similarly priced private apartment complexes that are placed in a neighborhood unit within a 400-m radius and belong to the same elementary school district. Each complex consists of approximately 10 apartment buildings that are more than 20 stories high. Many small shops such as grocery and convenience stores, bakeries, and cafes, along with public schools, are located along the local community street between the apartment complexes (Fig. 1). Diverse community facilities are part of these complexes, including outdoor plazas, playgrounds, and senior centers (Fig. 2).

When selecting the neighborhood as a study site, accessibility was an important factor. Apartment complexes are not easily accessible by nonresidents because of psychological barriers, as well as these buildings' closed spatial structure. Furthermore, even though outsiders can enter an apartment complex and approach random residents, conducting successful interviews with them would be difficult considering the required depth of the interview content. This phenomenon could be better understood by taking into account that the participants of this study were residents of a middle-class neighborhood. According to Jung (2017), while people from marginal positions who want their stories to be heard tend to be the main subjects of modern ethnographic studies, middle-class individuals do not have as much ambitions to participate in research. Therefore, to obtain in-depth information from middle-class



Fig. 1. Small shops along the neighborhood street (source: author).



Fig. 2. A playground in the neighborhood (source: author).

participants, the participants should not regard the researcher as a total outsider, and he or she needs to be seen as familiar enough to encourage the participants to freely share information about their private lives. The fact that the researcher had lived in the neighborhood from 2010 to 2013 and was familiar with this area was highly helpful in conducting this study.

2.2. Recruitment and participants

Since the purpose of phenomenological research lies in discovering and interpreting the essence of a shared experience, it requires a “closely defined group for whom the research question will be significant,” which is achieved through purposive sampling (Smith and Osborn, 2007, p.56). To obtain the stories of women with children from this neighborhood, in-depth interviews were conducted with 18 mothers of children aged 2–18 years. The first several pilot interview participants were recruited based on the researcher’s established social network in the neighborhood, and then, the main study participants were accessed via snowball sampling. As a result, none of the participants had an established relationship with the researcher prior to the study, even though some participants and the researcher had a few mutual acquaintances. It should be noted that the role of the researcher as a prior resident of the neighborhood can raise concerns regarding bias, as this

status may make the researchers discover only what they think they do not know or only consider data that conform with their ideas (Chenail, 2011). Researcher bias and subjectivity are inevitable to some extent; however, being a childless adult who hardly had any neighborhood connections (Grannis, 2009), the researcher was able to keep some distance from the interview contents, preventing personal opinions from interfering with the study’s objectivity. At the same time, the positionality of the researcher as a woman in her early 30s seemed to be helpful in conducting casual but in-depth conversations with female participants.

Recruitment for the interviews was completed when the information became saturated, that is, when no new information was generated from more interviews. To maximize variability in terms of the local social networks, which may vary depending on the stage of the family life cycle (Joung, 2014), the study aimed to recruit a similar number of participants from each cohort of the family lifecycle with children. As a result, based on the age of the youngest children (KWDI, 2016), six participants with pre-school children, five participants with elementary school-age children, and seven participants with secondary school-age children were interviewed (see Table 1). Ten participants owned their housing units, while eight participants were *jeonse* renters. *Jeonse* is a unique renting system in Korea that allows a renter to deposit a lump sum with the owner (approximately 70% of the property price in this area at the time of the interviews) to lease a home, without additional monthly rent payments, and the full amount of the deposit is returned at the end of the contracted period. Thus, the difference in real estate assets between these homeowners and *jeonse* renters is likely much smaller than that between homeowners and general monthly renters, contributing to socio-economic homogeneity among the residents (Chun, 2004).

Table 1 In the early fieldwork stages, interviews were conducted with a few participants who had continuously worked full-time outside the home during their residency in this neighborhood. They knew few neighbors and occasionally engaged in neighborhood activities, but their very limited experiences were difficult to classify as “shared experiences” relative to the experiences of those who did not have full-time jobs outside the home. Thus, only mothers who were paid to work 0–20 h per week were selected as participants. This approach reflects one aspect of the current Korean social context. In particular, more than half of married women in Korea do not have full-time jobs outside the home (KOSIS, 2016). The low workforce participation of Korean women is based on the country’s patriarchal society, which is deeply rooted in Confucian philosophy (Lee et al., 2004). However, in the last few

Table 1
The characteristics of interview participants.

NO	Name (pseudonym)	Age	Occupation	Tenure Type	Time of move- in	Age of children
1	Young-Ju	42	housewife	Jeonse	2012	10, 8, 5
2	Jina	38	academic employment	Jeonse	2009	7, 1
3	Suji	45	housewife	Jeonse	2011	9, 9
4	Bora	34	housewife	Owner	2009	5, 2
5	Sun	45	seller	Owner	2009	12, 4
6	Hae-Yoon	45	housewife	Owner	2009	18, 16
7	Noori	45	housewife	Owner	2009	16, 12
8	Dasom	44	housewife	Jeonse	2010	16, 13
9	Ara	43	housewife	Jeonse	2010	14, 14
10	Yumi	42	graduate student	Owner	2009	14, 10, 8
11	Ga-Young	46	housewife	Owner	2009	17, 15
12	Song	43	bank teller	Owner	2009	14, 11
13	Jiwon	46	researcher	Owner	2009	17, 14
14	Min	44	academic employment	Jeonse	2009	14, 13
15	Ha-Ram	33	housewife	Owner	2009	7, 5
16	Han	47	teacher	Jeonse	2012	17, 16
17	Cho-Ah	36	housewife	Jeonse	2013	8, 4
18	Kyuri	42	housewife	Owner	2009	10

decades, these traditional roles have been greatly challenged, and the gender division of labor has decreased, with a tangible increase in the number of women working outside the home (Yoo et al., 2016). Nevertheless, it has been pointed out that women's responsibility as mothers has not changed or has even increased in the transition from the traditional gender roles to the modern gender roles (Park, 2009). In this situation, many women leave the workforce mid-career to provide childcare. According to Lee (2019), after having their first child, 65.8% of Korean women experience career interruptions, by quitting their jobs or finding other jobs (50.3% vs. 15.5%, respectively). This phenomenon is clearly reflected by the participants of this study: all of them had full-time outside jobs in the past, but they quit their jobs due to childcare or education; and some of them recently came back to work as part-time workers, and others had plans to work again soon.

2.3. Procedure and analysis

In-depth, open-ended interviews were implemented as the main data collection method from June to September in 2016. The University of 000 Human Subjects Division approved the study prior to recruitment. For this study, the specific boundary of the neighborhood was not established by the researcher, but it was defined by participants themselves as their own socio-spatial unit, including the area where relationships were formed with other people living there (Amerigo and Aragones, 1997). Meanwhile, mental health and well-being was explored in a broader way, beyond the realm of the absence or existence of a medical disorder, and was reflected in the individual's general perceptions about her life satisfaction.

The interviews were informal and conversational, and the participants were asked, "How do you experience the neighborhood social ties and networks?" and, "What do you think about the effects of the relationships on your life and mental health?" Each interview began with a casual question about the participant's current life in the neighborhood, which helped the participants easily start talking about their lives in the neighborhood. Then, the conversations naturally led to their experiences of social relationships and the impacts of these relationships. To facilitate the participants' reflection on their social ties, a closeness circle tool—which is frequently used to obtain an interpersonal inventory of people—was also used. By placing important people in the closeness circle, participants were able to effectively recall their experiences and share them with the researcher. Interviews with the participants were conducted in different ways, depending on what the participants focused on and talked about, although each featured a semi-structured interview questionnaire. For instance, to gather information about the participants' mental health and well-being, the researcher asked the basic questions based on Keyes' mental health continuum (Keyes, 2002), such as, "How would you rate your life overall these days?", as well as other questions more directly related to the impact of social relationships on mental health, such as, "How much of your happiness depends on the social relationships you have here?" However, these questions were not fixed, as the goal of the interviews was to elicit speech from the interviewees so that they could describe their experiences (Van Manen, 1990).

The interviews took place in the participants' homes, cafes, and parks in the neighborhood according to each participant's preference, and they lasted approximately 90 min. Before conducting any formal interviews, the researcher verbally introduced the purpose of the study and informed the participants about the voluntary basis of participation; all the participants also read and signed the information statement. The conversations were conducted in Korean, the native language of the participants and the researcher. All interview sessions were digitally audio-recorded with the participants' permission to capture the nuances of the interviews. Transcription was carried out immediately after each interview in order to retain a vivid memory of it. The interviews were transcribed in Korean first, reviewed, and then later translated to English. To protect the participants' identities, pseudonyms were used in

the transcript.

Data analysis in phenomenological studies is a dynamic process, including the investigation of the experience, consideration of the parts and the whole, and a reflective process between writing and data (Strange et al., 2014). Data analysis focused on finding essential themes generated in the interviews, which "make a phenomenon what it is and without which the phenomenon could not be what it is" (Van Manen, 1990, p. 107). The researcher repeatedly read the transcripts and listened to the recordings, highlighting the recurring themes and noting all possible sub-themes. Then, the themes themselves were considered in relation to each other, which might lead to some consolidation or clarification of differences (Van Manen, 1990). During this period, the researcher had a weekly meeting with a co-researcher, who is an experienced researcher in phenomenological qualitative studies. This mutual review process was conducted to ensure the rigor of the study. All the contents were continuously discussed, including what patterns of the phenomenon should be included, how they can be clustered into a thematic structure, and how they can be gathered into a larger coherent narrative. This process can be understood as data co-creation, which emerges from the relationship between researchers and co-researchers, including the 18 study participants (Finlay, 2012).

3. Findings

Although the interviews focused on the two main areas—the experiences of social relationships and their effects on mental health and well-being—the content of the participants' interviews cannot be clearly separated into these two dimensions, especially in terms of the positive side of the social relationships. This result is not surprising, as it is well known that establishing explicit associations between social relations and mental health is challenging because social connectedness and well-being are two highly intertwined concepts (Strange et al., 2014). According to Curtis (2010), qualitative research on the associations between social relations and mental health asks if research should consider social integration "as an aspect of well-being and a health outcome in itself" (p. 117) rather than establishing its relationship to mental health or mental illness. Instead of forcedly dividing the contents into these two areas, we analyzed the experienced characteristics of the neighborhood social relationships and their effects on mental health as a consistent whole. As a result, three main themes were identified: (1) unessential but supportive neighborhood social relationships, (2) the social network as an extension of mothering and related stress, and (3) stressful social comparisons and the resulting conformity.

3.1. Unessential but supportive neighborhood social relationships

In the dense and large residential setting, where no one exactly knew how many people lived nearby and who they were, most people remained anonymous; however, at the same time, the participants had some personal informal ties with their acquaintances in the neighborhood. Most participants had at least one or two intimate neighbors, while also forming a broader and shallower social network with others in the neighborhood. These ties were established through local institutions (such as their children's schools or churches) or repetitive encounters. Most participants did not believe that their local social ties were absolutely essential relations for their lives compared to their families or close friends. However, at the same time, no participant denied the significance of local social relations for the sustenance of her mental health and well-being.

The participants found that the existence of neighbors and their interactions with them contributed to their health and well-being in diverse ways. Most obviously, the participants received emotional social support from their few intimate neighbors as well as generally positive relationships with neighbors. This support helped them cope with daily stress and maintain a positive mood in everyday life. In addition to emotional support, thanks to the physical proximity and resultant

immediacy, participants received diverse instrumental support from their local social networks.

It is good to have people who I can call when I feel depressed. When I feel bad because of something, I call them, and they buy me something delicious ... I am emotionally closer to my friends, but I cannot meet them every day. We meet just once in a while. But you know, I can meet my neighbors every day. So, if I didn't have them, my life would be really lonely. (Noori)

I have some neighbors who are really close to me. For instance, I can easily ask them "Bring me soy sauce, I am running out of it" whenever I need something, even when my home is not organized. I think I have good neighbors. You know, indeed they cannot help me solve the difficult problems in my life. However, when I need something small, or want to have a casual conversation, it is really great to have people who can be with me, help me, and talk to me. (Song)

In addition to receiving social support from neighbors, which was acknowledged by most of the participants, some participants experienced enhanced well-being through social engagement with their neighbors, such as group activities. These activities included a hobby group, local religious groups, and some team activities for their children's education. These group engagements seemed to offer the participants companionship with their neighbors in addition to social support.

I meet my neighbors 2 or 3 times per week. We meet in the neighborhood cafes, go to the supermarket to buy some groceries, and exercise together. We are close since we meet often. When the kids go to the same private education institution, we ride together and go to the grocery store while the kids are in class, and then we bring them back home together ... (Min)

3.2. The social network as an extension of mothering and related stress

Unsurprisingly, the participants formed and maintained their social networks mainly through their children. In many cases, local relationships were formed naturally through the neighborhood educational institutions of the children. Jina, who had been living in the neighborhood before her daughter started school, talked about the large change in her local social networks after her daughter started attending the neighborhood elementary school.

Since my daughter started elementary school, I have formed many relationships with other mothers in the neighborhood. Nowadays, I am really busy saying hello to my acquaintances when I walk down the neighborhood street. Previously, when my daughter was younger, I did not have that many relationships. (Jina)

For many participants, local social relationships with other mothers accounted for most of the relationships in their current lives. This phenomenon is likely strongly related to the fact that they were currently engrossed in their roles as mothers, among many other possible roles. Since their everyday lives were tied to their children, who mostly spent time in the neighborhood, the participants' daily activities and relations were also quite tied to the local boundary.

I have close relationships with mothers who belong to the same school district. But only them. You know, we can establish relations within the limits of everyday living space. Thus, my relations do not expand beyond this limit. (Dasom)

In this form of relationship, the participants met the other people as mothers of children, rather than as their own selves. This identity issue was well illustrated in the wording used by the participants to address their neighbors. When the participants referenced someone with whom

they had formed relationships through their children, they used the term *that mother*. Moreover, when specifying the person, they called the person "mother of OO [child's name]" or just "OO", instead of using her own name. Except for a few cases, the participants did not know or use the names of their neighbors with whom they were connected because of their children, even when they were quite well acquainted with each other. Under these circumstances, the participants often established social relations because of the need to share information about their children's educations. Moreover, they ended up being competitors because they existed as mothers of the children who faced fierce competition in education.

... Here, I only know people who are related to my children, such as the mother of my kid's friend. So ... I feel something is missing. For now, we do our role as supporters of our children. What should children do in Korea? In this country, the zeal for children's education is truly high, right? Everyone wants to send their children to prestigious schools, but that is not possible for everyone. Only a selected few can do it ... So, people naturally became rivals... although we are not aware of it, I believe that it is inside our unconscious mind. Then, we cannot be in a truly nice relationship in which people truly wish well and support each other... there are limitations. Although we try to get closer and take care of each other, there are limitations as long as the original nature of the relationships lies in children's education... Meeting as a mother does not allow me to show my true self. It is hard to show something honest. It is hard for me, and I believe it would be hard for others. (Young-Ju)

As the relationships focused on the participants' maternal roles, the participants easily became physically close to but emotionally distant from their neighbors. Some participants mentioned that they were not truly close with their neighbors even though they saw them more often than any other people in their lives.

I meet the people in the neighborhood more frequently than others ... but I am not attached to them. The relationships in this neighborhood were just accidentally built through my children, rather than me really wanting to have them. You know, we never contact or meet each other during the summer or winter break. However, other people in my life do not interact in that way. (Ga-Young)

These shallow relations were not always negative, as they provided diverse social support in daily lives, as reported above. However, at the same time, these relationships could be stressful, as they were described as burdensome, spurious, and cautious. Most of the participants reported the experiences of superficial and burdensome relations with neighbors to a greater or lesser extent. Although these superficial relationships served as a source of stress, it seemed hard for the participants to totally avoid them.

The reason for this phenomenon lies mainly in the abovementioned sense of duty as mothers, along with the characteristics of social networks in this neighborhood. According to the participants, their experienced density of the neighborhood social network was quite high, as they were connected together across the different roles, such as neighborhood school parents and apartment residents within the limited space. Thus, by belonging to this high-density and overlapping social network within the realm of everyday living places, participants tended to maintain possibly stressful social relationships unless those relationships greatly threatened their health and well-being.

In this neighborhood, the route that people come and go is decided and the schools are adjacent to the apartments, so I meet my neighbors quite often ... Once you are connected, it can be experienced as a quite dense network... When someone says hello, so do I, because I should, but I do not know who she is... I do not remember what year of the class our children were in together... (Jiwon)

3.3. Stressful social comparisons and the resulting conformity

Describing why and how they felt stressed regarding their local social ties, many participants talked about their experiences of making comparisons with their neighbors. Within the closed spatial structure of this neighborhood, it would be possible for the residents to share a minimal amount of their lives with their neighbors. However, as parents of children who attended a neighborhood school or community, they naturally belonged to the neighborhood social network. Thus, the participants shared the details of each other's lifestyles, and the comparisons began there. These comparisons made the participants feel stressed, particularly by having a sense of inferiority and comparative deprivation. Song mentioned that she felt comparative deprivation when she compared herself with more prosperous people in the neighborhood.

When I moved to this neighborhood, I observed that everyone's quality of life was different. It is the same apartment complex, the same neighborhood, but there are more prosperous people. I was not able to be satisfied with my life although I moved to a better home and a better neighborhood. Oddly enough, the quality of my life was not bad at all, but I felt comparative deprivation... By seeing the people who were more affluent, more educated, more beautiful, and had all the things that I did not have, I felt comparative deprivation, and I felt empty... I felt stressed, had fights with my husband frequently, and my anger was transferred to my children. Then, the family was torn apart... (Song)

On the other hand, these comparisons often led to stress by making the participants feel the pressure of conformity, that is, conforming to what society expects from people—whether with regard to property, education, success, and so on. The pressure to conform should be understood considering society as a whole, not just in the neighborhood. However, as the participants frequently met their neighbors in their everyday lives, the comparison and resultant pressure of conformity seemed to often take place at the neighborhood level.

The pressure of conformity occurring in the neighborhood was most clearly emphasized by the participants who had school-age children with regard to their children's education. Because these participants' local social ties were based mostly on their relationships as neighborhood school parents, comparisons drove conformity with regard to choices about their children's education. In this vein, the neighborhood might be understood as a place where standardized social value is continuously reproduced and comes into action in everyday life by instigating comparisons between the people living there. Regarding their children's education, the participants faced competition with their neighbors, feeling that they should not fall behind. As Kyuri stated, by meeting the neighbors, she was exposed to the comparison and pressure that caused stress.

I talked about the private educational institutes a lot with other mothers in the neighborhood ... I do not let my son take the extra classes since he doesn't like them. But the mothers often said to me, you should not do it in that way... There are good things when I see them, but I feel stressed frequently. It made me think if I am wrong, if I need to let him take more classes... It is a comparison. Actually, I feel truly stressed out when I see them. (Kyuri)

In this situation, comparing their children with others led to greater anxiety for the mothers and made them feel pressure to do more things for their children's education. When they met their neighbors, they felt that the anxiety of others was transmitted to them or even amplified.

When I meet the mothers who obsess over education, I feel their anxiety is transmitted and delivered to me... Honestly, I always try not to be anxious about my children's education. However, after I see them, I am easily stimulated, and the anxiety grows. They always talk about the things... such as "Why don't you let your children do more academic activities?"

"There is a good private educational institute." After I heard about these things, I was overwhelmed ... So I try to spend a minimal amount of time with them. (Young-Ju)

3.4. Differences across the groups

Even though the participants shared common experiences, there were some differences in their experiences of neighborhood social relationships and their effects on mental health according to the stage of the life cycles to which the participants belonged. For participants with pre-school children, neighborhood social relationships seemed to be less superficial or stressful than those of the participants with school-age children, as the former group generally needed more social support from their neighbors in raising children and were much less obsessed with education issues at that stage. Thus, for this group, the positive health effects were more saliently observed than the negative ones. While participants with elementary and secondary school-age children had quite similar experiences of neighborhood social relationships, including the superficiality and the comparisons around education issues, subtle differences were observed. Among the participants with secondary school-age children, since their children were less dependent on them than younger children were on their mothers, they had more incidental relationships with their neighbors. In this vein, the effects of social relationships, whether positive or negative, seemed to be weaker for this group than for the participants with younger children.

4. Discussion

In the studied neighborhood, the women residents' networks were formed and maintained mainly through their children and provided social support, which is helpful for mental health and well-being. However, these social networks, with their superficial and burdensome nature and the prevalent social comparisons among neighbors, were also experienced as a source of daily stress to a substantial degree, which could be detrimental to mental health. In short, neighborhood social ties and networks do not always positively affect mental health, and they may have conflicting characteristics and negative effects on health. This result concurs with the claim that the link between neighborhood social capital and mental health is highly variable and complex (Campbell and Gillies, 2001; Ziersch et al., 2005).

Regarding the positive effects, this study shows that the various forms of social support provided by neighbors positively contributed to the participants' health and well-being, in accordance with other research (Berkman et al., 2000; Cohen, 2004). Among the diverse possible mechanisms linking neighborhood social relationships and mental health, one clear mechanism is through social support. In the current study, the local social support was experienced in its own particular way with the contextual characteristics.

Even though the participants needed and appreciated some level of social support from their local relationships, especially through a few close acquaintances, most of them perceived these relationships to be unessential to their lives. This finding and the studied neighborhood's relatively affluent socioeconomic context may support the studies showing that the level of necessary local social support and its health effects are greater in poor neighborhoods than in affluent ones (Stafford et al., 2008; Walker and Hiller, 2007). Korean researchers Kim (2018) and Tak (2016) also found similar results; that is, the beneficial effects of neighborhood-based social capital on mental health were greater for groups with a low socio-economic status than for those with a high socio-economic status.

On the other hand, the findings of this study show that neighborhood social networks and ties can have negative effects on mental health and well-being by generating mild but continuing everyday stress through superficial and burdensome relations and social comparisons among neighbors.

Burdensome and stressful relations emerged as the neighborhood social networks and ties created excessive obligations and duties in the participants' lives. This finding can be interpreted in the same context with a claim that social capital can have negative health effects by involving excessive demands on group members (Portes, 1998). The participants' neighborhood social relationships were highly centered around their children rather than themselves, and they were maintained despite their stressful nature. This result indicates that mothers can become embedded in an unwanted local social network out of a sense of duty.

This finding highlights the need to contextualize gender dynamics in studies of neighborhood and community, in compliance with Windsong (2019), who pointed out that existing research on neighborhoods and communities does not fully cover gender, specifically motherhood, even though it is significant for understanding community. Many researchers have noted that the women-centered responsibility for the domestic sphere of the neighborhood community is advanced by the socially constructed gender expectations that emphasize their role as mothers (Stall and Stoecker, 1998; Martin, 2002). Regarding the women-centered roles in neighborhood communities, Valentine (2001) noted that traditional neighborhood communities can be oppressive to women, with role restrictions that often limit women's lives. The gendered role and related negative effects of social capital were also examined in recent empirical studies (Eriksson and Ng, 2015; Fujiwara et al., 2012). For instance, in a longitudinal study from Sweden, more social participation was found to be harmful for self-rated health for women, as gendered expectations about the provision of social support and childcare may lead to increased stress (Eriksson and Ng, 2015).

However, it should be noted that this study cannot clearly identify whether this oppressive characteristic of the neighborhood social network is related solely to the maternal role, or also to the level of workforce participation, since this study excluded women working full-time outside the home. Studies show that full-time working mothers in Korea experience different types of stress in terms of their neighborhood social relationships. For example, it implies an exclusion from the neighborhood network of mothers, which can be a good source of educational information (Park, 2009), and the fear of their children's exclusion from the peer group in the neighborhood (Yoo et al., 2016).

Local social ties and networks were also experienced negatively due to salient comparisons among neighbors and the resulting conformity. Several suggested mechanisms regarding the associations between social capital and health could explain the negative health effects of social comparisons observed in this study.

First, Portes (1998) explained that social capital can restrict freedom through demands for conformity. That is, the members of a social network tend to conform to the norms of the network by trying to be similar to other members. Applied to the current study, participation in a relatively dense neighborhood social network may intensify the mutual observations about social norms and create demands for conformity, which can lead to negative health effects.

Additionally, behavioral social contagion, another possible mechanism for the negative health effects of social capital (Villalonga-Olives and Kawachi, 2017), may also be relevant for explaining this phenomenon. That is, social participation via social comparisons can make the dominant social norm highly contagious among the people and then negatively affect their mental health and well-being. In the current study, the social norm about education was at the center of participants' comparisons and conforming behaviors and easily created anxiety and stress. This finding echoes the results of other Korean studies according to which social comparisons and related stresses were found in the starkest form in education issues (Kim and Ohtake, 2014; Oh, 2000).

While the well-known regard for education in Korea often explains Korean parents' aspiration and support for education, it also reflects a complex social system that includes collectivistic perspectives on education and economic reward systems beyond mere psychological passion. In Korea, this regard for education has served as a strong

motivating force to belong to a higher level of social class, since education is an important means to obtain credentials and find a decent job in the highly competitive Korean society, where human resources are the most significant asset for the country's development, given its lack of natural resources. (Kim et al., 2005; Seth, 2002). In this vein, the social norms regarding education would be a product of the whole society, but it can be more saliently manifested at the neighborhood level, where schools and school-related relations are located. Thus, neighborhood social networks, combined with the strong regard for education among society as a whole, seem to strengthen the pressure to conform to these norms.

The findings of this study may raise further questions regarding how the study setting may contribute to the active manifestation of social comparisons. A few Korean researchers have made claims about the possibility that socio-spatial characteristics of the residential settings may contribute to this phenomenon. Kang (2013) argued that the highly dense Korean apartment housing is a system in which comparative evaluations and imitations can easily occur. Kang's arguments hold true in the current study, as comparisons and the pressure of conformity were clearly observed. However, high physical density, which is indicated as a major factor in his arguments, may not be enough to explain this phenomenon. The current study shows that the comparisons hardly happen without belonging to a social network, although people live close to each other. It was evident from the observations that the topics of comparisons covered concrete realms of the participants' lives that cannot be seen only through high physical density.

In contrast, in his recent anthropological report, Jung (2017) argued that having indifferent attitudes toward neighbors in apartments is a dominant and acceptable action and that this can be understood as a social style that reduces stress by keeping excessive social encounters to a superficial level (Simmel, 1905). According to him, comparisons with neighbors can be prevented under the culture of indifference unless residents take particular interests in others' lifestyles. The current study agrees with the dominant culture of indifference, considering the finding that the majority of neighbors remained anonymous. However, it should also be noted that indifference is not the only norm among apartment residents. If people existed only as residents of a huge apartment complex, social comparisons may rarely occur. However, they belonged to the overlapping social network, for instance, as neighborhood school parents and as apartment residents at the same time. Thus, whether they would like to or not, a certain group is likely to make social connections with their neighbors, which can result in subsequent social comparisons.

Finally, the contextual characteristics of the studied neighborhood and its residents may have contributed to the distress caused by social comparison. While social comparison and its possible negative health effects can occur anywhere, the positional characteristics of the participants—young mothers with children—and the study site—a middle-class neighborhood in a newly built town—could lead to a more active manifestation of social comparisons. Alongside the motivation to attain a higher social status, these characteristics could cause the participants have a higher social comparison orientation, which could also result in more negative health effects of the comparisons (Buunk and Gibbons, 2007). A recent survey study conducted in Korea shows a similar contextual effect: those who lived in the Gangnam area, which is the most affluent area and the national center of the intense education in Korea, had a higher social comparison orientation and poorer mental health conditions as a result of making more upward comparisons in their lives (Kim and Ohtake, 2014).

5. Conclusion

This study contributes to the literature by expanding the realm of possible mechanisms by which neighborhood social capital affects residents' mental health and well-being, with an in-depth qualitative case study revealing the real-life phenomena in the Asian cultural setting, which has received limited academic attention to date. This study also

differs from earlier research by contributing to the understanding of the everyday processes in neighborhoods that can influence the health and well-being of women with children within this setting.

As this study intentionally focuses on the experiences of women with children, it cannot reflect the effects of neighborhood social relationships on other groups of people or how these relationships can contribute to their health and well-being. According to Satariano (2019), the same neighborhood setting may not have homogenous health effects on its residents, as health determinants could be contingent on individual's varying experiences of the neighborhood. Thus, studies with more diverse groups need to be conducted, as there are likely to be strong variations between groups living within particular small neighborhoods.

It is also important to acknowledge that the study sample was not intended to represent the general population of women with children, and that the study results are highly context specific. This paper aims to provide insights into how women with children experience their neighborhood social relationships and how these relationships might impact their mental health and well-being, given their particular socio-spatial residential setting and experiences. The extent to which the study results of this study can be shared or compared with cases in different socio-spatial contexts requires further study. In particular, conducting multiple comparative case studies in different neighborhood settings would complement the findings of the current study with a better understanding of the health effects of diverse neighborhood conditions.

Credit author statement

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