Professor Robert J. Sampson ranks without any doubt amongst the world leaders in the fields of urban sociology and sociological criminology. He has made seminal contributions to socio-ecological theory (e.g., through his theory of collective efficacy) and, together with Stephen Raudenbush, to the much needed advancement of socio-ecological methods (ecometrics). His studies, with John Laub, into crime across the life course are modern classics. The hallmark of his scholarly activity is his thorough empirical study of carefully chosen central theoretical problems. He is a classic scholar in the best sense of the word: curious, critical, non-ideological and open-minded. All these qualities were evident in his presentation at the 2008 BJS Annual Lecture (Sampson 2009), which fundamentally addressed the topical and important question ‘What is the role of disorder in the social differentiation of urban areas and neighbourhood change?’ His answer is essentially that perceived disorder plays a vital role in these social processes. Let’s summarize his main arguments.

Sampson makes the case that it is not actual disorder but people’s assessment of the seriousness of disorders that matters, and that these two aspects of disorder (although related) are not the same thing. He submits that people’s assessment of disorder seriousness depends on the neighbourhood social context in which that disorder occurs. Certain signifiers of disorder (e.g., graffiti) and kinds of disorderly behaviour (e.g., groups of drunken young people) are viewed as more problematic in some neighbourhood contexts than in others. What makes a difference, Sampson argues, is the neighbourhood population composition. Some social groups – in the US context ‘blacks, disadvantaged minorities, and recent immigrant groups’ – are more linked in the public imagination to such things as crime and violence and, therefore, if disorder occurs in neighbourhoods where such social groups predominate, there is a tendency to assess that disorder as more serious than similar disorder occurring in neighbourhoods dominated by other social groups (but, crucially, Sampson’s argument holds, and his empirical findings support, that these
neighbourhood assessments will persist regardless of social group, indicating that it is the social context of the neighbourhood rather than prejudice that is the key to these assessments).

On this basis, Sampson goes on to argue that it is the assessed seriousness of disorder (not the observed disorder per se) that is a critical force in social differentiation of urban areas and neighbourhood change. He maintains that the extent to which people see disorder as a problem in a neighbourhood influences the future development of the neighbourhood. In neighbourhoods where residents (and prospective residents) see disorder as a great problem, the neighbourhood is more likely to have a downward trajectory (e.g., disinvestments and more resourceful families moving out). According to this, the commonly observed neighbourhood disorder and decline trajectory is thus driven by the context-dependent assessed seriousness of observed disorder. Sampson gives the following example (my emphasis):

if affluent residents use a neighbourhood’s racial composition as a gauge for the level or seriousness of disorder, unconsciously or not, they may disinvest in predominantly minority areas or move out; such action would tend to increase physical disorder in those neighbourhoods. (Sampson 2009: 14)

Sampson’s argument is creative, often persuasive, and grounded in interesting data and expertly conducted empirical analyses (e.g., Sampson and Raudenbush 1999, 2006). It is a quality of a great scholar that his work will be thought-provoking and challenging and Sampson’s lecture did certainly not disappoint in that respect. His line of reasoning raises important questions about reality and perception, and the relationship between the two in the explanation of social behaviour. In my brief comments on his lecture I shall focus on some of the more problematic or underdeveloped aspects of his argument.

Sampson rightly stresses the importance of social psychological mechanisms in the understanding of how social contexts influence perception, but does not provide any situational model that can help explain the process through which this happens. I would suggest that such an argument requires a developed situational action theory of the important perception-choice process that links humans and their environment to action (see further Wikström 2006). I suggest that without such a model as a base it is difficult to fully explain the role of the social context and the person (their interaction) in forming perceptions (e.g., of seriousness of observed disorder) relevant to individual choices of action (e.g., the decision to move out of a neighbourhood). How, for example, do we explain the process through which the population composition of a neighbourhood (e.g., the fact that a neighbourhood has a concentration of a particular social group) influences people’s perceptions of the seriousness of disorder occurring in the neighbourhood (e.g., the seriousness of signs of vandalism or the potentially threatening behaviour of strangers)? Sampson
offers some hints about how he thinks this might work (cultural stereotypes coupled with contextual cues) but this argument is undeveloped and, as it stands, not fully convincing as a fundamental explanation. A particular problem here is that the strong focus on cultural stereotypes and contextual cues such as visible signs of ‘membership’ in a social group (e.g., skin colour) makes the putative explanatory process he suggests less applicable to less segregated and more culturally homogeneous countries or historical times (which may still display significant neighbourhood variation in perceived seriousness of disorder). The fact that Sampson reports that ‘perceptions are more consequential for a downward trajectory when they intersect with communities of colour’ (Sampson 2009: 23) further illustrates my point. Why is that the case? Is the putative explanatory role of perceived disorder (assessed seriousness of disorder) specific to particular kinds of communities? Are there different causes of neighbourhood change in different kinds of neighbourhoods?

A critical question is whether peoples’ experiences of particular kinds of disorder are the same in different kinds of neighbourhoods. It is conceivable that the rate by which a specific disorder (for example, a group of drunken young people) is linked to more serious events (for example, violent attacks) may vary by neighbourhood. If that is so, it is rational to view disorder in some neighbourhoods as more problematic than in others, even if we are talking about the same kind of event (e.g., a group of drunken young people). This has relevance for the interpretation of the relationship between the measures of actual disorder and assessed seriousness of disorder. One cannot without further qualification just assume that if there is no difference in the rate of a disorder between two neighbourhoods that there at the same time is no difference in the risk such disorder may pose to the public in the two neighbourhoods. It may be sensible, based on experience, to be more concerned about particular disorders in some neighbourhoods.

Perhaps the most intriguing and surprising argument Sampson makes in his lecture is his prediction that increased diversity and heterogeneity (e.g., through increased immigration) may reduce disorder and crime. How does this argument fit with the social disorganization theories of the Chicago tradition, of which Sampson perhaps is the main contemporary ‘disciple’, and with his own previous work in this tradition? Is he reversing the role population change and heterogeneity play in the classic Chicago tradition explanation of urban neighbourhood social disorganization? If so, which, if any, consequences does this have for social disorganization and collective efficacy theory? Does he argue that population heterogeneity is a force of social order? It is not totally inconceivable that aspects of population heterogeneity could contribute to order and other aspects to disorder but, if so argued, this needs to be properly theorized. In European countries like Sweden the neighbourhoods with the highest levels of disorder and crime are often neighbourhoods with the highest number of different immigrant groups (in some cases well over 100
different nationalities live in a single neighbourhood), which seems to contradict Sampson’s Chicago findings that increased ethnic diversity is related to less disorder and crime. Cross-national study of these relationships may help elucidate more general underlying social processes.

As a final point of discussion I will consider Sampson’s idea that we can influence urban social status differentiation and neighbourhood change by changing people’s perception of neighbourhood disorder seriousness through changing neighbourhood population composition. The claim is that ‘because the link between the cues of disorder and perception is socially mediated, it is malleable and thus subject to potential change’ (Sampson 2009: 26). The argument seems to imply that we do not really need to change the prevalence of actual disorder (e.g., the prevalence of vandalism and potentially threatening behaviour by strangers) but only people’s view of disorder seriousness. If we succeed with changing people’s perception of disorder seriousness, this may further lead to a neighbourhood social improvement trajectory. The way to achieve this is by creating neighbourhood population composition change (e.g., through increased neighbourhood ethnic diversity), which in turn causes the social context in which disorders are perceived to change and thereby people’s perception of the seriousness of the disorder. If I have understood Sampson’s argument about potential for change correctly (and there is a risk I may have misunderstood it), this seems to be a call for a policy of increased neighbourhood population heterogeneity to create less neighbourhood social status differentiation and neighbourhood decline through the mechanism of changed neighbourhood disorder seriousness perception.

This is a bold argument. The idea that we can change how people see a problem without actually changing the problem is certainly attractive. But is it plausible? The argument looks to imply that reality and our perceptions of reality are independent, and whether or not that is the case is really the central question underlying Sampson’s lecture.

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Notes

1. Sampson’s use of the concepts of actual (observed) and perceived disorder in this lecture is somewhat problematic since any observed disorder by definition has to involve perception (assuming a lexical definition of the concept of perception). What I believe he really discusses is the relationship between observed disorder (its prevalence) and its assessed seriousness (how much of a problem it is). For example, observing a group of drunken young people and evaluating whether or not this occurrence is considered a problem are both aspects of the process of perception. I have taken the liberty when reviewing Sampson’s arguments of using the concepts of observed disorder and assessed seriousness of disorder because I find they better describe what I believe Sampson aims to capture with this distinction. It should be noted, though, that even a ‘systematic observation’ based on explicit rules of classification does...
not render observations free from elements of evaluation. For example, determining by observation the presence of ‘political message graffiti’, ‘garbage or litter’, ‘adults arguing in an aggressive manner’ or ‘prostitutes’ (see Sampson and Raudenbush 1999: 618) clearly involve some elements of evaluation on behalf of the observer. However, I do not want to exaggerate the importance of this latter point for Sampson’s arguments.

2. It should also be noted that the measurement of actual disorder (the systematic observation) was confined to daytime, while the question on the seriousness of disorders did not have such restriction. Finally, there was no total overlap between the kinds of disorders coded in the systematic observation and those people were asked to assess the seriousness of. The former covered a wider range of disorders. There is a possibility that these differences in measurement may have affected the comparison.

3. For examples from the early Chicagoans see Burgess (1925) and Park (1961) and for examples from more modern social disorganization theory see Kornhauser (1978).

Bibliography
