

Hyperautomobility, the Social Organisation of Space, and Health

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Abstract

Contemporary societies, at least in the developed world, promote a new level of individualized and intensified transport—a *hyperautomobility*. This hyperautomobility features more driving in personal vehicles, in the form of more trips and greater trip distances. It is associated with a social organization of space characterized by geographically-expansive sprawl in the built environments of human settlements. The communities of these settlements feature more isolated sites (i.e., single-family housing, corporate workplaces) that favor automobile travel over both walking and cycling. The greater travel distances in these communities can inhibit the “neighboring” aspect of community life by reducing the social-physical interconnectivity of its residents. For example, housing developments may not feature pavements or local social centers such as shops. Further, motoring, in its execution, does not promote socializing as walking does.

The hyperautomobility has become associated with new social and public health problems. The social problems have to do not only with a general impact on community life but with the creation of socially excluded groups. Some of these impacts are counter-intuitive; thus while mass motorization has led to greater mobility for many, it has created new accessibility problems for those who do not drive--the disabled, as well as the very young and the very old. Additionally, there is a differential social ecology of exposure to the risk factors associated with mass motorization such as toxic emissions and roadway accidents. Groups lower in the stratification system experience higher risks for both emissions and accidents. Finally, one general public health problem, individual overweight and obesity, is increasing partly as a result of the decrease in physical activity (such as walking and cycling) associated with hyperautomobility.