

# Social Capital, Health and Place: The Two Sides of the Same Coin

**Bernadine Satariano**

bernadine.satariano@um.edu.mt

## Abstract

Research on social capital, health and place has increasingly expanded, however relatively little research has explored how social capital can impact on health both in a positive and negative manner, within a place. There is a general understanding that features of social cohesion, bonding, reciprocity ties, and trust operating within a place all help to increase positive health and wellbeing. Yet, very few studies analyse that the theory of social capital in practice has its risks and can be damaging for the health and wellbeing of individuals. This study, through qualitative in-depth interviews, explores how social capital is truly beneficial for the health and wellbeing of certain social groups, and argues that it may not always be the case that a deprived neighbourhood suffers from low social cohesion. However, this study brings out more to the attention that these same features of social capital can exert negative effects through features of social exclusion, reporting, jealousy and antisocial behaviour.

**Keywords:** *wellbeing, positive, negative, neighbourhood processes.*

## Introduction

The relationship between social capital and health has increased in importance to the extent that it is considered a subfield of social, epidemiological research. Yet, the studies focusing on the relational neighbourhood processes by which social capital affects health and wellbeing are limited. This study aims to explore the local neighbourhood processes related to the theory of social capital and find how the effects of social capital occurring within a place, may not always operate for the benefit of the health and wellbeing of individuals.

## Defining social capital

The different theories in relation to social capital analysed below show aspects of normative social capital including bonding, reciprocity ties, networks and trust. The

'dark side' of social capital, although given less importance in the literature, was also examined, as for this research the negative side of social capital is considered as equally influential on health and wellbeing as is the positive side.

Definitions of social capital have been debated and refined by social scientists from various disciplines, with major contributions coming from sociology (Bourdieu, 1986; Coleman, 1990), and economic and political sciences (Fukuyama, 1999; Putnam, 2000). Coleman (1990) defines social capital with reference to the 'rational choice theory'. Sociologists and political scientists explain this theory by stating that all actions of individuals are fundamentally 'rational' and that people calculate the likely costs and benefits of any action before deciding what best to do (Scott, 2000).

Coleman gives importance to human agency rather than to the pre-determinism of structure. He argues that social capital involves an expectation of reciprocity within networks, characterised by high degrees of trust and shared values (Uphoff et al., 2013). According to Coleman, social capital constitutes a public good, benefiting all those who are part of a community and is a potential asset for the underprivileged and not just an instrument of privilege.

Putnam regards social capital above all as a 'normative' attribute of society, implying that all those in a society recognize and share the benefits of social networks and the norms of reciprocity and trustworthiness that arise from them (Putnam, 1996; Putnam, 2000). For Putnam social capital is the "networks, norms, and trust that enable participants to act together more effectively to pursue shared objectives" (Putnam, 1995, pp.664-665). Putnam emphasises *Bonding* social capital, which comprises close connections among homogenous groups such as family members and close friends, for 'getting by' in life. Bonding is also very much related to trust, as a close-knit bonded community instils among its members' feelings of trust and security. *Reciprocity* is a feature of social capital which is experienced in societies in the presence of positive social norms. Moreover, reciprocity ties form different networks and an individual can belong to more than one network at once, such as familial, religious or cultural networks. Close knit networks such as extended families and homogeneous neighbours tend to be dense and are associated with features of high reciprocal aid. When people within the network are heterogeneous and have weak ties between them, the networks may be sparse.

Wilkinson and Marmot (2003) also explain that these aspects of social capital influence inequalities in health at multiple levels. At a personal level, social capital can buffer the effects of stress through emotional or material support. It has been argued that unfortunate events in one's life may be perceived less stressful when one feels supported. Therefore the negative health effects arising from poverty may be reduced by the positive effects of social networks.

As previously discussed, social capital has many beneficial features, yet few commentators have pointed out that there is also a 'darker side' of social capital. The adverse effects of social capital have not been given sufficient attention in the work of the main theorists of social capital (Cox & Caldwell, 2000) and especially

in the work of Putnam, whose proposition is that all members of society benefit through strong social capital (Halpern, 1999; Durlauf, 1999).

However, some critics have insisted that the properties of social networks are not necessarily always good for a community (Portes and Landolt, 1996) or for all of its members (Muntaner & Lynch, 1999). In fact, individual inhabitants may be subordinated while outsiders may find it difficult to form part of the group and gain access (Twigg & Mohan, 2009). High levels of bonding and trust among some groups in a community can create the possibility of excluding and segregating others (Stole, 1998). This will result in social cohesion being achieved only at a micro level and not across the wider society. There may also be mechanisms of social control that exclude those who are not adhering to the social norms of the majority (Arneil, 2006).

## **Methodology**

This study, through in-depth interviews, explores the lived experiences of families living in a deprived, traditional neighbourhood. The choice of a traditional town in Malta addresses my research objective by observing features of social capital and neighbourhoods deprived of economic and educational resources, also tending to be deficient in health-promoting social resources. A sample of twenty families was chosen. All the respondents are anonymised. Ethical approval was obtained from Durham University where the author was affiliated at the time of research. In order to recruit the sample, the author participated in local activities, so that trust could be gained. Permission for interviews was obtained, with written consent to conduct the interview. Due to the sensitivity of the topic, it was felt that the names of the neighbourhoods remain anonymous in order to protect the identity of the informants. The narratives were transcribed, and an 'open coding' approach was used for the analysis of this study.

## **Analysis**

This section starts by emphasising the importance of social relations formed when people daily engage within their public spaces that is recognised as a benefit to wellbeing (Cattell et al., 2008). It is not necessarily the case that all deprived areas suffer from lack of social cohesion or a depleted store of social capital (Cattell & Evans, 1999). Cattell (2001) argues that inequality and deprivation can co-exist with features of solidarity (Frankenberg, 1996). Some generate positive effects on health and wellbeing due to reciprocity ties and networks. However, the following section explores how these features of social capital also generate negative experiences to the inhabitants and greatly harm their health and wellbeing.

Berkman and Glass (2000) assert that involvement in social networks provides various forms of social support (such as emotional, instrumental and appraisal support) that affect health through psychosocial, behavioural and material pathways. These forms of support may reduce stress by functioning as “buffering factors” (Bartley et al., 2004). Many of the respondents’ stories illustrate that a caring, local community can work positively in building beneficial, social capital amongst residents in disadvantaged neighbourhoods (Cattell, 2001). Thus, social capital may be present in the deprived neighbourhoods studied here, operating in ways similar to those proposed by Coleman (1990) and Putnam (1993) who argue that social capital comprises social structures associated with levels of interpersonal trust and norms or reciprocity and mutual aid. These act as resources for individuals to facilitate collective action.

Many of the interviewees from traditional neighbourhoods stated that simply chatting with friends is important for them as a form of support. *In this way I know what is going on around and do not feel excluded from the rest. (Agnes).*

Other respondents recount that there are neighbours who are ready to offer gratuitous help. Patricia’s neighbour spends much of her time unoccupied, near the doorstep and always available and ready to give a helping hand, *‘neighbours are often a godsend’*. Patricia recalls that when her children were still babies, her neighbour willingly ran errands for her, *‘she would ask me, ‘Do you need something?’ or ‘Would you like me to buy milk and bread for you? Thank god I always find her when in need (Patricia).*

Joanne narrated that when she was sick and could not go out, her neighbours helped her and she is really appreciative of the sense of community spirit present in her neighbourhood. *When I had back pains after the operation, they used to ask me everyday, ‘How are you? If you want, I can send you my children to run errands for you (Joanne).*

The idea of reciprocity does not suggest a *‘giving like for like’ mentality but is rather the expectation that ‘good deeds will not go unrewarded’* (Putnam, 1993, p.171). It is assumed that amongst the neighbours, good deeds, though not necessarily rewarded in the short term, will nevertheless be re-paid at some unknown point in the future.

Portes (1998), referring back to the theorists Marx, Simmel and Durkheim, argues that people can be willing to make resources available due to internalized norms of proper behaviour, or through solidarity with people who may share a ‘common fate’. Therefore, being part of a strong social network is beneficial for one’s health (Kawachi and Berkman, 2001). Social ties are associated with lower levels of depression and higher immunity against various diseases (Cohen and Syme, 1985). As Patricia and Joanne have pointed out, social support, being emotional, practical or instrumental, has a positive influence on health and wellbeing. Moreover, other studies have also shown that these kinds of social networks not only provide sociability but can enhance self-esteem and self-identity due to feelings of belonging and coherence (Allan, 1996).

Tönnies (1887) defined these neighbourhood processes as ‘*Gemeinschaft*’ characterised as typical of ‘folk’ society, where there is cooperation to achieve group outcomes and thus the relationship between the community is very strong. This was defined as the theoretical starting point for community studies, where ‘*close positive interaction based on kinship, local proximity and mental connection*’ occurs (Liepins, 2000, p.24).

Other respondents too, describe how the level of social support creates trust among members of their neighbourhood. Mounira, explains how her neighbourhood, though being the ‘worst’ neighbourhood one can live in with regards to deprivation and social disorder finds that the neighbours are caring towards each other, can put their difficulties aside and are ready to go out of their way for the benefit of their neighbours. This points out that neighbourhood disorder and low levels of trust may not always be necessarily linked.

*I find that the people of [her neighbourhood] are the best! It is true that many blaspheme and are quarrelsome. It is true that Maltese label them, but you would not believe that they are the kindest people I have ever met, even better than any others living elsewhere in Malta! Each neighbour asks you, ‘How are you?’ Even though actually they would not be able to help you’ (Mounira).*

These stories match with the findings of Cattell (2012) who focused on the Eastenders of London and stated that in their deprived neighbourhood they are “friendly people, always ready to help each other” and “rough and ready” (Cattell, 2012, p.92).

### **Negative features of social capital**

It is important to emphasize that social capital can have negative as well as positive consequences. When compared to the amount of research focusing on the positive side of social capital, the negative side of social capital is relatively under-researched. Several respondents in this study mentioned instances of exclusion in their neighbourhood when the social network made demands of conformity on them, which they could not meet. This imposed social control and limited their individual freedom. Thus, while traditional social bonding may be beneficial, negative features of social capital may co-exist with positive ones, as discussed below.

Discussing reciprocity and bonding, the ‘eyes on the street’ by Jacobs (1961) relate to the traditional norm of reciprocity and mutual aid, however for others it is looked upon as intrusion. This latter group fear that when they bond with their neighbours they create a level of familiarity, so their perceived shortcomings and limitations may be exposed to others through gossip and criticism which is undermining the benefit of social capital. Therefore, the traditional neighbourhood

provides the ideal environment not only for support and bonding but also for intrusion and interference to occur. Marouska recounts *'Our neighbour stays out on the balcony from early morning till late in the evening! It's not that she is going to see me do anything wrong! The fact that you go out and you come back and she is still there watching and observing. What a lack of freedom!*

Other respondents argue that it is only natural that being continuously observed leads to being talked about and being the subject of gossip. Some of the respondents disclosed that the worst form of negative social capital is when they are verbally harassed and abused in public by the very people with whom they are neighbours. Nadia, recounts instances of how her neighbours insulted her about her extra-marital relationship with another man. When her neighbours saw her entering her boyfriend's car, they uttered *'Concubine'* and other offending words. This constrained her to keep aloof from her neighbours and never ever to chat with them again. Nadia felt so frustrated about this incident regarding her reputation.

Another manner in which 'eyes on the street' affect the respondents negatively is described by Priscilla and Agnes. They narrate how the gossip in their neighbourhood has reached the point that the neighbours report on each other to the authorities. Some parents discovered that they can make good financial use of the social security system by registering themselves as single parents in order to receive single parent benefits, but at the same time cohabit with a partner. This abuse can only be stopped by the authorities through reports by the public as the social workers cannot do random searches in all the single parent households in the neighbourhood. In fact, one of the female neighbours was caught living with a partner and lost her benefits because she was reported to the authorities. Then all the other neighbours started being vigilant over one another and the level of trust between them started to diminish.

Priscilla states that her house was raided by the social security officers in the early hours of the morning in search of valid evidence of her cohabiting status. Both Priscilla and Agnes feel irritated because the neighbours have been empowered to monitor one another's behaviour and report them to the authorities if they are breaking the rules for welfare eligibility. Agnes explains that her neighbours are generally helpful but when they know that one is faring well, jealousy sets in. Moreover, authorities are abusing of the presence of bonding and social interaction in the neighbourhood by encouraging inhabitants to report on each other. In this manner, the authorities are indirectly assisting in harming the existing social capital. *The social security officers call at your house only because someone has reported you. The last time they came, one of them told me, "You have been reported by someone..!" The lady who reported me was herself reported by others and as she has lost all her benefits, she now wants to ruin others but I have discovered who she is because people talk! (Priscilla)* This shows how judgemental neighbours can be when they are aware of each other's daily activities.

Paradoxically, high levels of bonding and trust can also create elements of anti-social behaviour which may not be reported to the authorities. The respondents have disclosed that when the community is bonded together they feel that they should not divulge information about certain activities especially criminal ones to the authorities. Therefore, social capital creates a code of silence about activities related to theft, drug misuse and trafficking. Some respondents fear that if they report this criminal activity to the authorities, the community would take revenge on them and exclude them.

Priscilla continues to argue that the police seem to have lost control of the situation. The respondents attributed this to the fact that often drug pushers and other criminals finance the electoral campaigns of political parties to gain power. The police, faced with these criminals who are affiliated with high ranking, powerful people, are seen as helpless and weak. *The situation has gone to the extent that instead of these delinquents fearing the police, it is the police who are afraid of them.*

## Conclusion

This paper adds to the reasoning that neighbourhood social processes are complex since positive features of social capital can occur simultaneously with negative effects in the neighbourhood. It emerged that experiences reported by the respondents foster characteristics of normative social capital with features of bonding, reciprocity, ties and trust. Yet, it has manifested how much the positive features of social cohesion can even result in intrusion, jealousy and social control. Although in theory social capital is beneficial for the health and wellbeing of inhabitants, in reality there can also be a number of negative effects on the health and wellbeing of some groups of inhabitants. This study depicts that there is a fine line between how social capital can have negative as well as positive effects. Thus, as well as enhancing the health and wellbeing of the inhabitants, it can also be the agent of ill-health and lack of wellbeing.

## References

- Allan, G. (1996) *Kinship and Friendship in Modern Britain*, Oxford: Oxford University Press.
- Arneil, B. (2006) *Diverse communities: the problem with social capital*. Cambridge: Cambridge University Press.
- Bartley, M., Sacker, A. & Clarke, P. (2004) Employment status, employment conditions, and limiting illness: prospective evidence from the British household panel survey 1991-2001. *Journal of Epidemiology and Community Health*, 58, 501-506.
- Berkman, L. & Glass, T. (2000) Social integration, social networks, social support and health'. In: L.F. Berkman and I. Kawachi (eds.) *Social Epidemiology*. New York: Oxford University Press, 137-73.

- Bourdieu, P. (1986) *Distinction: a social critique of the judgement of taste*. London: Routledge.
- Cattell, V. (2001) Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science and Medicine*, 52, 1501-1516.
- Cattell, V. (2012) *Poverty, Community and Health. Co-operation and the Good Society*. Palgrave Macmillan, London.
- Cattell, V. & Evans, M. (1999) *Neighbourhood Images in East London: Social Capital and Social Networks on Two East London Estates*. York: Joseph Rowntree Foundation.
- Cattell, V., Dines, N., Gesler, W. & Curtis, S. (2008) Mingling, observing, and lingering: everyday public spaces and their implications for wellbeing and social relations. *Health and Place*, 14 (3), 544–561.
- Cohen, S. & Syme, S. L. (eds.) (1985) *Social Support and Health*. Orlando: Academic Press.
- Coleman, J. S. (1990) *Foundations of social theory*. Harvard: Harvard University Press.
- Cox, E. & Caldwell, P. (2000) Making policy social. In: I. Winter (ed.) *Social Capital and Public Policy in Australia*, Australian Institute of Family Studies, Melbourne.
- Durlauf, S. (1999) The Case “Against” Social Capital. *Focus: Newsletter of the Institute For Research on Poverty*, 20 (3), 1-5.
- Frankenberg, R. (1996) *Communities in Britain: Social life in Town and Country*. Harmondsworth: Penguin.
- Fukuyama, F. (1999) *The Great Disruption: Human Nature and the Reconstitution of Social Order*. London: Profile Books.
- Gilliom, J. (2001) *Overseers of the poor: Surveillance, resistance, and the limits of privacy*. Chicago, IL: University of Chicago Press.
- Halpern, D. (1999) *Social Capital: The New Golden Goose*. Faculty of Social and Political Sciences, Cambridge University. Unpublished Review.
- Jacobs, J. (1961) *The death and life of great American cities*. London: Jonathon Cape.
- Kawachi, I. & Berkman, L. F. (2001) Social ties and mental health. *Journal of Urban Health-Bulletin of the New York Academy of Medicine*, 78, 458-467.
- Liepins, R. (2000) Exploring rurality through community: discourses, practices and spaces shaping Australian and New Zealand rural communities. *Journal of Rural Studies*, 16, 325-341.
- Muntaner, C. & Lynch, J. (1999) Income inequality, social cohesion, and class relations: A critique of Wilkinson’s neo- Durkheimian research programme. *International Journal of Health Services*, 28 (1), 59-81.
- Portes, A. (1998) Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology*, 22, 1-24.
- Portes, A. & Landolt, P. (1996) The Downside of Social Capital. *American Prospect*, 7 (26), 18-21.
- Putnam, R. D. (1993) *Making Democracy Work*. Princeton University Press.
- Putnam, R. D. (1996) The Strange Disappearance of Civic America. *American Prospect*, Winter, 34-48.
- Putnam, R.D. (1995) Tuning in, Tuning out - the Strange Disappearance of Social Capital in America. *Political Science and Politics*, 28 (4), 664-683.
- Putnam, R.D. (2000) *Bowling alone: the collapse and revival of American community*. . London: Simon and Schuster.
- Scott, J. (2000) Rational Choice Theory. In G. Browning, A. Halcli, and F. Webster (eds.), *Understanding Contemporary Society: Theories of the Present* 126-138. London: Sage Publications.



- Stole, D. (1998) Bowling together, Bowling alone: The development of generalized trust. *Political Psychology*, 19, 497-525.
- Tönnies, F. (1887) *Geimeinschaft und Gesellschaft*. Leipzig: Fues's Verlag.
- Twigg, L. & Mohan, J. (2009) Social Capital, Place and Health. In R. Kitchin, and N. Thrift, (eds.). *International Encyclopedia of Human Geography*. London: Elsevier, 171-178.
- Uphoff, E., Pickett, K.E., Cabieses, B., Small, N. & Wright, J. (2013) A systematic review of the relationship between social capital and socioeconomic inequalities in health: a contribution to understanding the psychosocial pathway of health inequalities. *International Journal for Equity in Health*, 12 (54), 1-12.
- Wilkinson, R. & Marmot, M. (2003) *Social Determinants of Health. The Solid Facts*. (2<sup>nd</sup> ed.). Copenhagen: World Health Organisation.

### Bio-note

**Dr Bernadine Satariano** is a Lecturer in Geography, B.A. (Hons.) (Melit.), P.G.C.E. (Melit.), M.A. (Melit.), PhD (Dunelm), Fellow of the Royal Geographical Society (F.R.G.S.). Her main area of interest explores how important place is for human health. Her research focuses on socio-geographical processes related to inequalities in health and wellbeing within a Maltese context. She presented some of her research studies at the University of Portsmouth, Durham University, Paris Nanterre University, University of San Francisco, University of Angers and Cardiff University.

