

# **Social capital and psychotherapy: a review of data collection methods for investigating social and cultural resources used by clients**

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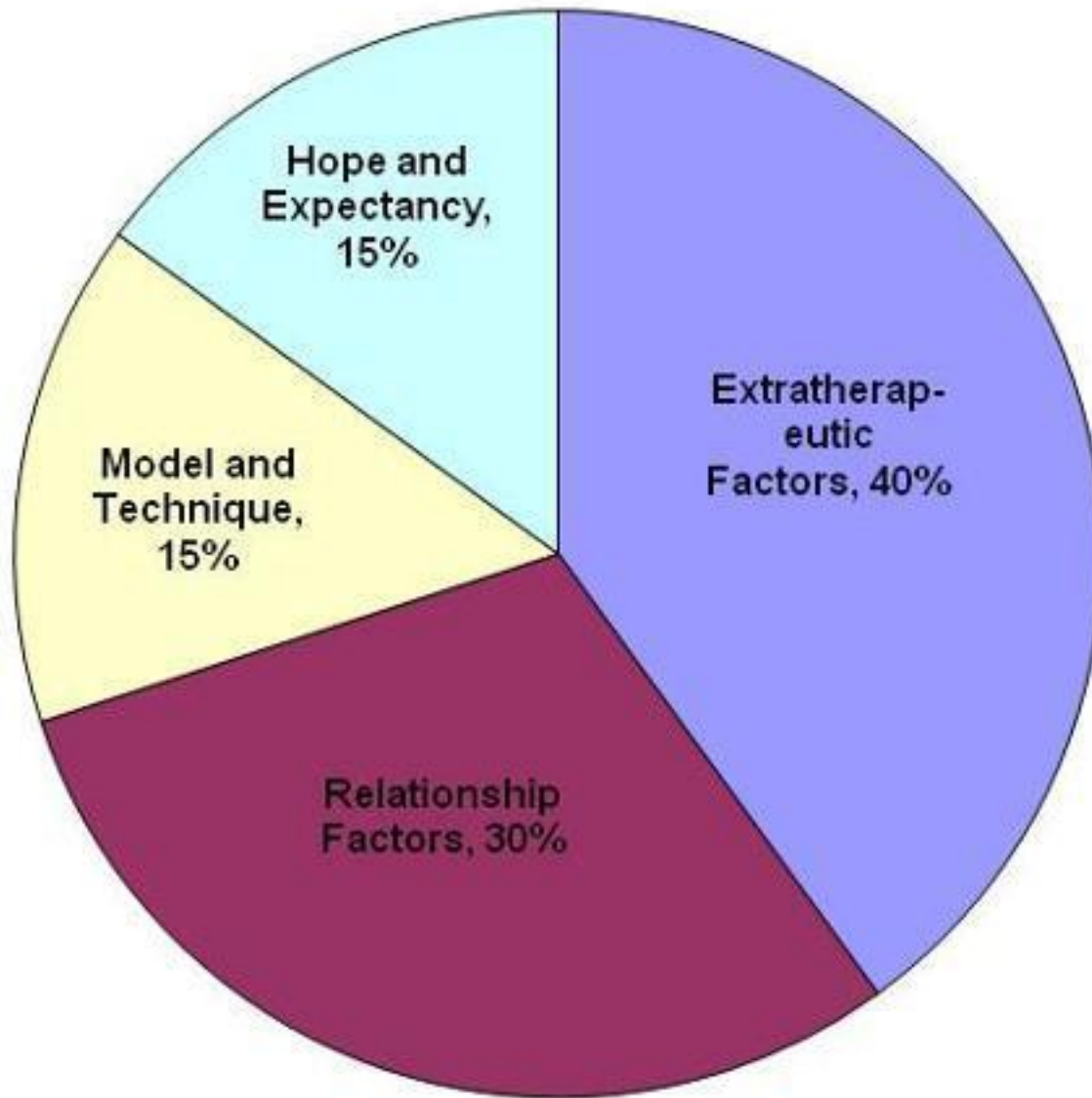
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# Outline of this presentation

- Background
- The concept of social capital
- Reasons for therapists to be interested in social capital
- Review of data collection strategies, with examples
- Conclusions
- Further reading

# Background

- Lambert: review of research – percentage of therapy outcome attributable to various factors



# Background

- Lambert: review of research – percentage of therapy outcome attributable to various factors
- Cooper and McLeod (2011): pluralistic therapy – idea of cultural resources
  - exercise, reading, art, gardening, sport, nature....
  - activities that are sources of meaning that can be harnessed to contribute to the resolution of problems in living

From a sociological perspective,  
'extratherapeutic factors' and 'cultural  
resources' can be viewed as aspects of  
**social capital**

# Social capital

- Key figures: Pierre Bourdieu, James Coleman, Robert Putnam
  - “connections among individuals—social networks and the norms of reciprocity and trustworthiness that arise from them” (Putnam)
  - “resources embedded in social relations and social networks” (Lin)
  - “the ability of actors to secure benefits by virtue of membership in social networks or other social structures” (Portes)
  - “a culture of trust and tolerance, in which extensive networks of voluntary associations emerge” (Inghart)
  - “the ability of people to work together for common purposes in groups and organizations” (Fukuyama)
  - “the institutions, relationships, and norms that shape the quality and quantity of a society's social interactions” (World Bank)



# The complexity of social capital

- Bonding capital: is there someone you can ask to water your garden while you are at a conference?
- Bridging capital: if you are unemployed, do you know someone who could pass on your name to a potential employer?
- Structural (networks and institutions) vs. cognitive/individual (person's perceptions of support)
- The 'dark side' – some social networks may be undermining or destructive of personal well-being

# Three basic components of social capital

1. A network
2. A cluster of norms, values and expectations that are shared by group members
3. Sanctions – punishments and rewards – that help to maintain the norms and network

# Ways of thinking about social capital: keywords

- Civic engagement
- Social network
- Social support
- Social inclusion/exclusion
- Social participation
- Social environment
- Social ecology
- Community networks
- Personal networks
- Sense of belonging
- Solidarity
- Reciprocity
- Norms of cooperation
- Trust in the community
- Resources

# Why is the concept of social capital relevant for therapists?

- Research: building our understanding of how therapy works – does client access to social capital contribute to better therapy outcome?
- Assessment: how can we collect relevant information on the social capital of a client?
- Client groups: are there some client groups for whom access to social capital is a key issue?
- Feedback and outcome measures: monitoring how engagement with social capital changes over the course of therapy
- Intervention: therapeutic techniques and strategies that enhance access to social capital
- Case study research – examines individual process of change in relation to SC

# How do we collect information on SC?

- General agreement in the literature that measuring SC is difficult, because it is complex and multifaceted
- Broad strategies:
  - Qualitative – interviews and ethnography
  - Contact/activity diaries
  - Survey measures
    - Self-report questionnaires
    - Structured interviews
- Several sources argue that both qualitative and quantitative methods are necessary, to capture the complexity of social capital

# AN EXAMPLE OF A QUALITATIVE STUDY

Larance, L.Y., & Porter, M.L. (2004) Observations from practice: support group membership as a process of social capital formation among female survivors of domestic violence. *Journal of Interpersonal Violence*, 19, 676-690

- qualitative study
- interviews and participant observation
- 12 week psycho-educational group
- start of group: “severed relationships”
- “...the women meet informally before the group, during break time, and after the group, share telephone numbers for contact outside group, and plan social events. The networks then become denser as women...become involved with one another beyond the agency’s confines. For example, some women share transportation to and from the group meeting; barter child care services; help each other move out of a partner’s house; engage in tearful, late-night telephone calls for comfort or validation; exchange skills such as haircutting or aerobic exercise instruction; attend court proceedings with a member who needs additional support; and relay messages for one another to the facilitator regarding attendance or current relationship status”

# SOME EXAMPLES OF MEASURES



# Interview Schedules

Example: Adapted Social Capital Assessment Tool (A-SCAT)

Sample items:

1. Are you a member of any group?
2. In the last 12 months did you receive from the group(s) any help in comforting/encouraging you?
3. In the last 12 months did you receive from the group(s) any help in improving your economic situation?
4. In the last 12 months did you receive from the group(s) any help in knowing and doing

- Many other social capital interview schedules have been developed
- A social capital item bank has been constructed (details in further reading)
- Other potentially valuable interview schedules and scales:
  - Quality of Life scales
  - Societal Case Formulation interview (Burton and Kagan)
  - Ecocultural Family Interview (Weisner)
  - Resources list (Jorm)
  - Assessment for Signal Cases (Lambert)
  - “generator” scales

# GENERATOR scales

## **Resource generator:**

Do you know anyone who:

Can repair a car, bike, etc.

Owens a car

Is handy repairing household equipment

Can speak and write a foreign language

## **Position generator:**

Do you know anyone who is a:

Lawyer

Engineer

Manager

Nurse

Verduin, F. et al. (2014). In search of links between social capital, mental health and sociotherapy: A longitudinal study in Rwanda.  
*Social Science and Medicine*, 121, 1-9.

- Experiential, sociotherapy group intervention
- 15 weeks
- Participants: survivors of genocidal violence
- Social capital used as an outcome – A-SCAT measure
- Limited shift in A-SCAT scores – possible because it was not sensitive to the specific cultural meaning of social capital in the Rwanda context
- But some of the groups continued to meet after the formal intervention had ceased

Jorm et al (2000) Survey of resources to cope with depression used by members of public in Australia

Which of the following treatments or activities (if any) you have used in the past 6 months to cope with depression:

**Interventions rated as likely to be helpful (percentage rating as helpful)**

- 1. Counselling (93)**
2. Physical activity (91)
3. Learn relaxation (90)
4. Close friends (88)
5. Cut commitments (84)
6. Family (84)
7. Get out more (83)
8. New recreations (83)
9. GP (81)
10. Read about problem (80)
11. Time off work (79)
12. Massage (76)
13. Psychologist (70)
14. Telephone counselling (69)
15. Antidepressants (69)

**Interventions actually used by people with depression symptoms (percentage actually using)**

1. Occasional drink (55)
2. Pain relievers (55)
3. Physical activity (50)
4. Close friends (50)
5. Family (46)
6. Vitamins (43)
7. Time off work (40)
8. Get out more (35)
9. GP (35)
10. Cut commitments (33)
11. Massage (30)
12. Read about problem (26)
13. Special diet (22)
14. Antidepressants (20)
15. Chemist (18)
16. New recreations (16)
- 17. Counselling (15)**
18. Sleeping pills (15)

# Assessment for Signal Cases (ASC; Lambert 2010)

40 item scale: social support; life events; therapeutic relationship; motivation for therapy

Examples of **social support** items:

(during the last week)

- I could count on my friendships when things went wrong
- There was a special person who was around when I was in need
- I could get material support if needed (like: money, food, transportation, child care, tools, repairs, health care, legal advice, etc.)
- I had support from social groups (like: church, school, AA, clubs, etc.)

Response on 5-point scale: strong agree < > strongly disagree

Probst, T., Lambert, M.J. et al. (2015). Extreme deviations from expected recovery curves and their associations with therapeutic alliance, social support, motivation, and life events in psychosomatic in-patient therapy. *Psychotherapy Research, 25*, 714-723.

- 270 patients – depressed, anxious, psychosomatic
- in-patient treatment (groups, individual therapy)
- completed OQ (outcome measure) and ASC every week
- analysis of weeks with extreme positive or negative shift in OQ score
- **negative shift** strongly associated with low social support – **not** with poor therapeutic alliance or low motivation for therapy

# Reflection on these studies

- These studies suggest that the concept of social capital has some relevance in psychotherapy
- It seems possible that positive social capital may not have much impact on therapy but **absence** of social capital, or a crisis in access to social capital may be highly significant



# Conclusions

- There are many options for collecting data on client social capital in therapy research and practice
- Would be useful to:
  - develop a therapy-focused social capital interview schedule, similar to the Change Interview (Elliott)
  - develop a brief measure, building on ASC and the social capital question bank

# Conclusions

- Current studies of social capital and mental health tend to look at group comparisons – e.g., is overall level of SC associated with well-being in a community?
- Psychotherapy research is interested in a more micro-level analysis:
  - what are the characteristics of individuals who are excluded from access to social resources and support?
  - what is the process of change that might enable such individuals to make better use of SC?
  - how can social networks and institutions be more open to the needs of people who are excluded?
- Research into SC and psychotherapy therefore has the potential to contribute to a more differentiated understanding of SC as a whole
- Qualitative methodologies play an important role, in exploring how individuals actively engage with social networks

# Conclusions

- Research into social capital and therapy also:
  - provides a way to incorporate social justice values in therapy research (by drawing attention to the needs of socially disadvantaged groups)
  - promotes inter-professional collaboration (by joining with a vast international research effort in relation to the role of social capital in health outcomes, educational attainment, employment, and economic development)

THANK YOU

Copies of slides (including list of further reading), from:

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# An excellent introduction to theory and research on social capital

Halpern, D. (2005) *Social Capital*. Cambridge,  
UK: Polity Press

## Key resource on measuring social capital (also includes a good summary of theoretical perspectives)

Scrivens, K. and C. Smith (2013) Four Interpretations of Social Capital: An Agenda for Measurement. *OECD Statistics Working Papers*, OECD Publishing.

<http://dx.doi.org/10.1787/5jzbcx010wmt-en>

This project generated a database of over 1200 SC questionnaire/interview items that have been used in various studies:

<http://www.oecd.org/std/social-capital-project-and-question-databank.htm>

Another SC question databank can be found at:

<http://www.ons.gov.uk/ons/guide-method/user-guidance/social-capital-guide/the-question-bank/index.html>

# Issues and options in measuring social capital

Lin, N., & Erickson, B. (eds) (2008) *Social Capital: An International Research Program*. Oxford Scholarship Online. DOI: 10.1093/acprof:oso/9780199234387.001.0001 (chapters on different approaches)

Agampodi, T.C. et al. (2015) Measurement of social capital in relation to health in low and middle income countries (LMIC): A systematic review. *Social Science & Medicine*, 128, 95-104. (review and discussion of several widely-used measures)

Murray, S.F. et al. (2012) Capitals diminished, denied, mustered and deployed. A qualitative longitudinal study of women's four year trajectories after acute health crisis, Burkina Faso. *Social Science & Medicine*, 75, 2455-2462. (example of a qualitative study)

# Methods that look at resources

Jorm, A.F. et al. (2004) Actions taken to cope with depression at different levels of severity: a community survey. *Psychological Medicine*, 34, 293–299

Jorm, A.F. et al (2000) Public beliefs about the helpfulness of interventions for depression: effects on actions taken when experiencing anxiety and depression symptoms. *Australian and New Zealand Journal of Psychiatry*, 34, 619–626

Hobfoll, S.E. (1989) Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44, 513-524.