7 Social Support, Social Capital, Social Exclusion, and Racism

Learning Objectives

In this chapter, you will learn to

- Understand how social support and community cohesion provide a protective effect, mitigating the potential harm of risk factors
- Comprehend the potential health effects of social networks
- Describe and analyze the various forms of social support
- Appreciate the potential ill health effects of social exclusion

Chapter Overview

The chapter begins with describing the Roseto effect and identifying social norms as an important contributor to health. Next, the author summarizes the social networks theory and explains the impact of social support and social networks on health. While there is some evidence to suggest that social support is positively associated with health, we do not have a clear explanation that shows how people's positive relationships with others influence their health.

The second part of the chapter focuses on social isolation and loneliness with a particular emphasis paid to older adults and the impact of social isolation and loneliness on their health. From there, the author turns to social cohesion and social solidarity. A large segment of the chapter deals of the social capital and Putnam's initial and subsequent conceptualization of social capital. Some criticisms of social capital as a concept are introduced.

The final section of the chapter examines social exclusion and racism experienced by members of visible minorities, immigrants and indigenous people. Racial discrimination is rooted in social, rather than biological, origins.

Key Terms and Concepts

Attachment the extent to which an individual maintains ties with others (p. 183)

Community belonging the degree to which an individual is, or perceives to be, connected to their community (p. 198)

Confounded relationship a relationship where both independent and dependent variables are influenced by a third variable (p. 190)

Healthy immigrant effect upon arrival, immigrants have similar to or better health than the host population, but after a while, their health worsens (p. 200)

Independent relationship a relationship between independent and dependent variables that are not influenced by other variables (p. 190)

Loneliness subjective feeling of being socially isolated (p. 193)

Mediated relationship relationship between variables that are mediated/partly influenced by another variable (p. 190)

Network capital informational and instrumental supports embedded in an individual's social network (p. 198)

Protective effect effect of protective factors, such as social support, on health status of individuals (p. 184)

Racism social discrimination based on racial characteristics (p. 201)

Regulation the extent to which an individual is governed by the prevailing social beliefs, values, and norms (p. 183)

Roseto effect protective effects stemming from social support and social cohesion (p. 185)

Secondary transfer effects seeing people from a group with which a person identifies interacting positively with a member of some different group can markedly shift that person's attitudes and subsequent behaviour (p. 190)

Social capital features of social structures—such as levels of interpersonal trust and norms of reciprocity and mutual aid—which act as resources for individuals and facilitate collective action (p. 196)

Social cohesion the broader of the two concepts (social cohesion and social capital) and is usually operationalized through measures of participation in community affairs, the number of community-based organizations, the level of interpersonal trust, and crime statistics (p. 194)

Social exclusion refers not only to the economic hardship of relative economic position, but also incorporates the notion of the process of marginalization—how individuals come, though their lives, to be excluded and marginalized from various aspects of social and community (p. 199)

Social isolation lack of social contact between individuals and other members of society (p. 192)

Social network a network of social interactions and personal relationship (p. 186)

Social support qualitative nature of interactions with others (p. 187)

Structural racism refers to the totality of ways in which societies foster racial discrimination through materially reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice (p. 201)

Study Questions

Scroll down for answers.

1. Describe the impact of social networks on health.

2. Describe the effects of social support on health.

3. Define contact theory.

4. Describe the impact of social isolation on older adults.

5. Explain how social capital can be measured.

Critical Thinking Questions

Scroll down for answers.

1. Summarize the findings from the study in Roseto, Pennsylvania and provide possible explanation for the observed good health among Roseto's residents.

2. Explain how social networks affect health-related behaviours and health outcomes for their members.

3. Explain how having and maintaining positive relationships with others improves health.

4. Define is racism and explain how it affects health.

Annotated Multimedia Resources

1. Social isolation and loneliness
   https://www.youtube.com/watch?v=fNyJmYGMhXA (5:39 min)
   This video published by Bracknell Forest Council explains the differences between social isolation and loneliness and demonstrates their impact on our health.

2. The sociological science behind social networks and social influence
   https://www.youtube.com/watch?v=wadBvDPeE4E (56:34 min)
   In this video, Dr Nicholas Christakis explains how social influence shapes us and describes the importance of social networks

3. Robert D. Putnam on Our Civic Life in Decline
   https://www.youtube.com/watch?v=2ZHZc-kcyQQ (1:10:25 min)
   This video shows an interview with Dr Putnam on civic life in the United States. Dr Putnam explains his view of the society and culture in the US.

4. Immigration: The healthy immigrant effect and disability
   https://www.youtube.com/watch?v=x8_LLDhhOvY (39:14 min)
   Dr Bruce Newbold (McMaster University) explains the healthy immigrant effect and links it to the disability experienced by immigrants in Canada.

5. Racially appropriate toys
   https://www.youtube.com/watch?v=yzO-D1VP2Eo (8:21 min)
   What Would You Do? is a hidden camera show from ABC. In this segment, the camera follows children who refuse to buy a doll with a different skin colour.

6. Black people more likely to be injured or killed by Toronto Police officers.
   https://www.theglobeandmail.com/canada/toronto/article-report-reveals-racial-disparities-in-toronto-polices-use-of-force/
   This article from *The Globe and Mail* summarizes the findings from the report by the Ontario Human Rights Commissioner. The report finds that there is systemic discrimination of African-Americans by the Toronto Police forces.

7. Blue zone communities and the Roseto effect
   https://www.youtube.com/watch?v=MCJcOgc3t8Y (13:49 min)
   This independent TedxTalk featuring Dr Nate Johnson explores the nature of Blue Zone communities—those with longest life expectancies. Dr Johnson discusses the Roseto effect and what communities can do to improve our health.

8. A new paradigm for global health: Solidarity
   https://www.youtube.com/watch?v=CvVydQqJfWo (11:34 min)
   In this TedxTalk, Dr Wendy Johnson speaks about global health and colonial humanitarianism—the attempt of the West to promote health in the Global South using colonial approaches.

Answers to Study Questions

1. The richer (larger and denser) your personal network, the better your physical and mental health because of (a) improved access to resources and (b) enhanced control over your life prospects. Networks discipline members into adhering to norms, beliefs, and values, many of which are potentially health enhancing (e.g., social networks typically discourage "abnormal," high-risk behaviour). (p. 186)
2. The effects of social support on health include lowering stress level, raising self-esteem, facilitating cognitive development, encouraging and supporting better health behaviour, and decreasing anxiety. (p. 187)
3. Contact theory contends that as individuals and groups gain experience with those different from themselves, norms of tolerance and co-operation develop. (p. 189)
4. Social isolation of older adults is strongly associated with early mortality. Interventions such as friendly visitation, regular telephone calls from volunteers, and invitations (and arranged transportation) to seniors' centres and adult day care programs all have demonstrated effectiveness in reducing risk of disease and premature death. Pets, especially dogs, have been shown to be effective surrogates for human emotional support, and have the added benefits of forcing their owner to take walks, which not only provides needed exercise but also increases opportunities for social interaction with other people. Loneliness and social isolation are more dangerous to health than smoking, heavy drinking, or obesity. (p. 193)
5. Putnam and most later academics operationalized social capital by measuring (a) participation rates through things like voter turnout in elections, (b) levels of trust through surveys, and (c) community engagement though counts of community clubs and organizations. (p. 196)

Answers to Critical Thinking Questions

1. Research into the health of people in Roseto, Pennsylvania increased interest in ideas associated with social integration, social support, and health. In the 1970s, a great deal of attention was paid to the epidemic of heart attacks among middle-aged American men. The community of Roseto stood out as an exception to that trend. The incidence of coronary heart disease among men in Roseto was, for some unknown reason, much lower than in surrounding communities—a fact that had been noted quite accidentally by a physician who treated patients from the locality. Residents of Roseto were recent immigrants from a small region in southern Italy. Given knowledge of risk factors at the time, researchers initially focused on diet as a probable cause of the difference in heart-attack rates between the Italian immigrants and the broader population of Pennsylvania. However, it was soon evident that the diet of men in Roseto was not healthy. Moreover, with respect to other risk factors, obesity and smoking for example, residents of Roseto should have had more rather than fewer heart attacks than people in surrounding communities. Researchers eventually looked to the characteristics of the community of Roseto for an explanation. It was clear that Roseto had some unusual norms. Among those were a sense of collective responsibility for raising children, an aversion to embarrassing neighbours by conspicuous consumption, an ethic of sharing, and a strong sense of social solidarity. Ultimately, by elimination of risk factor explanations, researchers concluded that it was features of social support and social cohesion that accounted for the remarkable difference in health status between Roseto's men and those of nearby communities. (p. 184)

2. Characteristics of social networks affect the health-relevant behaviour of, and outcomes for, their members. Associating with an obese person—or even associating with a non-obese person who associates with an obese one—affects the probability of someone becoming obese. Similar effects have been found for smoking and the cessation of smoking. Behaviours and outcomes travel through networks of people in much the same way as viral diseases with clusters of "cases" forming. Presumably those effects arise from changes in norms—exposed individuals change their beliefs and values with respect to some state (being overweight or underweight) or some behaviour (smoking or exercise) due to social influences communicated to and through them by their social contacts. From the point of view of health promotion, social network findings are vital. If we are most influenced by the people with whom we are in contact, as opposed to being influenced by what we read or see on television, then informational and advertising strategies—health education messages—are unlikely to have much impact. (p. 188)
3. Studies show that people in stable relationships with a spouse or partner live longer than people who do not maintain stable relationships. But it is possible that some attribute of the person, such as being well adjusted, contributes to them building positive relations with others and those in turn help support healthy living or that being well adjusted independently gives rise to better physical and mental health as well as making it easier to develop positive relationships. It is also possible that being well adjusted leads to both better health and more positive relationships and good health and positive relationships reinforce each other. It would appear that making and keeping friends induces changes in brain structure and function, but the exact nature of the relationship remains poorly understood, and will remain so until prospective studies can be conducted to determine the direction of causality. (p. 190)
4. The foundational belief grounding racism is "Those people are different from us, not only in skin colour and some other physical characteristics, but also in terms of their capacity for reason, regulation of their emotions, and moral behaviour." In short, "those people" are not fully human, they lack some critical capabilities, and that lack justifies "us" subjecting "them" to our control and regulation. Such beliefs get traction when there is significant advantage arising from subjugating and exploiting "them" in order to commandeer their labour (enslaving Africans) or to expropriate their lands (restricting indigenous peoples to reservations). Beliefs and values fuse to justify the exercise of power over other people, to exploit them to our advantage. Racism is not an adverse distinction between one person with a set of characteristics versus another; that is simply discrimination. The real significance of racism, and its huge impact on health, arises in its structural aspect. "Structural racism" refers to "the totality of ways in which societies foster racial discrimination through materially reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice". These "ways" generate, perpetuate, and reinforce negative beliefs, while simultaneously determining the (unfair) distribution of resources. (pp. 201–202)