Commentary: Is capital the solution or the problem?

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Simon Szreter of Cambridge University and Michael Woolcock of the World Bank and Harvard University have written an article, 'Health by association? Social capital, social theory and the political economy of public health,' that is fairly representative of writings in the US and the UK on the fashionable concept of social capital. Their intent is to link the different uses made by public health researchers of the concept of social capital, in an attempt to synthesize the different interpretations and uses of that concept. Written in an unnecessarily cumbersome way (academic papers can and should be written in a less jargonistic fashion than they frequently are), the article promotes the concept of social capital (the authors’ own version, which builds on Robert Putnam’s) and stresses its policy implications. Szreter and Woolcock conclude, for example, that the Swedish welfare society provides greater social capital to its citizens than do other societies. It would seem from these observations that we should seriously consider the Swedish model a major point of reference, which should please those of us sympathetic to the social democratic tradition responsible for this model.

The problems with Szreter and Woolcock’s analysis, however, are many. First, they begin with a highly questionable premise—that the concept of social capital is useful for understanding and changing our realities. In so doing, they ignore authors such as myself who have shown the uselessness (and even harm) of such a concept as defined by Putnam. While the authors do cite my work, they do so without engaging with the critical arguments I have made. Such lack of attention to my criticism may indicate that they have no reply to it.

Second, the authors seem unaware of the enormous importance of politics and power relations in explaining why the concept of social capital first appeared in the US in the 1980s, and unaware of the purpose served by the promotion of this concept from the 1980s until today. The political unawareness of this reality is quite remarkable and speaks volumes about the current status of mainstream scholarship in the US and the political context in which it operates. Let me explain.

If we look at the subjects of social science research in the area of health during the 1960s and 1970s in, say, Latin America, we see that most of that research, including health services research, focused on how class (and later race and gender) power relations were reproduced through the state and its institutions, including its medical institutions. Extremely creative research took place in those years, analysing how power was distributed in Latin America and through which institutions. The major research topics were the nature of capitalism and imperialism; how they are promoted and reproduced through international institutions, such as the World Bank and the International Monetary Fund (IMF) (heavily dominated by the US Department of the Treasury); and how they affect health. All this research activity, however, has now gone, and is replaced by research on social capital—a concept now promoted by the World Bank and by US and UK academic centres. In social capital discourse, the focus of research is communities and individuals; it uses an economic discourse that speaks of the need to increase the amount of capital (either individual or collective) by augmenting the number of social capitalists. Indeed, this objective appears explicitly in a chapter title in Putnam’s latest work: ‘Towards an Agenda for Social Capitalists’ (in Putnam, R. Bowling Alone). The term capital reflects the understanding that individuals need capital in order to compete or better survive in a competitive world.

A similar history is evident in the US, although, given the heavy control of academia by federal funding and private foundations, the terms and concepts used in the 1960s and 1970s were less open, frequently camouflaged as more ‘neutral’ terminology. But, even if using a more moderate tone than in Latin America (or even Europe), issues of class, race, and gender power relations, based on exploitation and domination, were important areas of research in these decades (in particular in work published in the International Journal of Health Services). So, even though the academic visibility was lower than on other continents, due to the extreme conservatism of US academic institutions, the name of the game was power and how that power was reproduced in ideological, political, cultural, social, and economic institutions. But again, all these subjects have now been supplanted by a huge production of social capital research. The same has happened in Europe. Many researchers applying to the European Commission for research funds feel the need to use the term social capital as a trademark of respectability, a necessary condition for receiving funds.

It seems to me that if Szreter and Woolcock had been more curious, they would have been interested in finding out how the concept of social capital (the Putnam version) came about in the US. The answer is simple. A major political change took place in the late 1970s and early 1980s in the US and the UK, with wide-ranging consequences for the world, including its academic institutions. The change was the expansion of neoliberalism, or to use Anglo-Saxon terms, Reaganism and Thatcherism, and the dominance by neoliberal economic discourse of all the social sciences. As stated by a past president of the US American Political Science Association, Theodore Lowi, in his 1991 presidential address, ‘economic language is the dominant language in social science discourse today.’

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the way he expressed it, he obviously thought this was a negative development in social science research.

As a consequence of this neoliberal discourse in social science, we saw the appearance of concepts such as human capital and social capital, which then became the name of the game. This dominance by an economic discourse was heralded as an indicator of the supposed triumph of capitalism—which had closed any debate about the type of society and economic system we might want and refocused the debate on how to manage the only system we have. Consequently, the purpose of all social action is reduced to accumulation of capital so that the individual can compete better. The capital might be physical, monetary, human, or social, but it is capital nevertheless.

It was in this political contest that a profoundly conservative scholar, James Coleman (a teacher in my graduate studies at Hopkins in the mid1960s), and Robert Putnam came up with the idea of social capital. Putnam concluded (in his widely publicized study on social capital published in, among other forums, The New York Times) that the US state with the greatest social capital is New Hampshire (‘One state finds the secret to strong civic bonds,’ New York Times, 26 August 2001). This happens to be a state with lower public expenditures on health, lower employment in health care, and lower taxes than most other states. Once again, Putnam’s study reproduced the classical conservative and liberal dichotomy between civil and political society, in which the growth of one (civil society) requires the con traction of the other (political society—the state). The US state with the highest social capital is thus seen as the one with the smallest public sector. To be fair, Szreter and Woolcock recognize the limitations of this dichotomy, but they remain stuck in it and continue to use the false categories derived from it.

But there is no such dichotomy. The key determinants of power in a society are the class (and race and gender) power relations that shape both civil and political societies. Class relations (including class struggle) traverse and shape all dimensions of society—the state and the major institutions, including the institutions of the knowledge and practice of health and medical care. There is no such thing as the ‘state’ separate from civil society. There are state power relations that reproduce the class, race, and gender relations dominant in civil society. Szreter and Woolcock’s seeming unawareness of this also explains their lack of attention to the political context in which such power relations are reproduced. Goran Therborn, incidentally, has shown that countries with stronger civil societies, such as Sweden, also have more extensive welfare states, and countries with poor and underdeveloped civil societies, such as the US, have poor, underdeveloped welfare states. This is because both civil society and political society respond to the same class forces. As I have shown elsewhere, in countries with a strongly working class we find extensive welfare states, well-developed organizational life, strong civil associations, and better health indicators. Class solidarity pays off.

Szreter and Woolcock would likely argue that solidarity is social capital. But solidarity is not social capital—unless one is willing to accept that political language has deteriorated completely and that the historical objective of the labour and other liberation movements has been to increase their social capital so as to compete better, which is clearly absurd. The historical purpose of the labour movement, even in the US, has been to transcend capital. In that respect, Coleman, Putnam, and Szreter and Woolcock seem to be oblivious of the intrinsic opposition between the existence of capital and thus capitalism (with its requirement for competition and survival of the fittest), on the one side, and the desire for togetherness, participation, and solidarity on the other. Not by chance is the US both the most capitalist of all developed capitalist societies and the least solidarity, least cohesive, least equal, and least healthy.

The failure to recognize the importance of power relations is also rooted in the methodological problems with the use of social capital, which is always based (as the focus of its analyses) on the individual, and ignoring the purpose of having social capital. This limits Szreter and Woolcock’s understanding of the reality they are trying to describe. As I have noted elsewhere, according to Szreter and Woolcock’s and Putnam’s thinking, both the Mafia and the trade unions have social capital. But it is the purpose of solidarity that defines the nature of the solidarity. Thus the definition of the collective rather than of the individual purpose defines the nature of the phenomena.

In summary, dominance by an economic discourse and the individual focus of this discourse have removed all possibility of analysing our realities from the political point of view. As Theodore Lowi rightly indicated, ‘we are witnessing the depoliticization of politics.’

What is needed, then, is an analysis of the actions, purposes, and interests of collective action—in which class, race, and gender continue to be crucial—to study how these agents operate in our societies. New avenues of research, built upon earlier critical studies now silenced by the social capital juggernaut, are far more relevant for understanding and changing our societies. These studies focus on how power relations affect inequalities (via changes in the labour market and in the welfare state) and, through these inequalities, affect the health and quality of life of our societies. Such a focus helps us understand, for example, why Sweden has better quality-of-life indicators than the US. The social capital concept does not help in our understanding of this; class power relations and their political expression do. A strong labour movement led to the establishment of the world’s most highly developed welfare state, with some of the best health indicators of today.

I know my critique will not have much impact. There are thousands of opposing voices. We are now witnessing a very conservative and reactionary period in the US that is adversely affecting the country’s intellectual and academic environment, to extreme levels, evident even in the terms of the current discourse: inequalities are now referred to as disparities, for example, and hunger as being underweight. Sometime in the future (maybe 10 years from now), a doctoral student conducting research on the making of social concepts in response to the power relations of the time will discover there were also voices that dissented from the conventional wisdom reproduced in Szreter and Woolcock’s paper.

References

Commentary: Social capital, social class, and the slow progress of psychosocial epidemiology

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Simon Szreter and Michael Woolcock are to be congratulated for their effort to clarify the theory underlying the use of ‘social capital’ in social epidemiology.1 This is one of the ways in which scientific knowledge advances. Particular credit is due to Richard Wilkinson and his US collaborators2,3 for rescuing the income inequality hypothesis, promoting genuine social constructs and generating a series of heuristic hypotheses on the relationships among income inequality, social cohesion, and health. Robert K Merton has pointed to this type of creativity as one of the engines of disciplinary progress. That is, contrary to the conventional wisdom,4 criticism is not the only engine of disciplinary advance; indeed, an excess of criticism thwarts the development of innovative methods, concepts and models. It is harder to launch innovative hypotheses, as Wilkinson and his collaborators did a few years ago,2,3 than to criticize them. However, criticism is also an essential part of scientific progress.4,5

In an earlier analysis of Wilkinson’s Unhealthy Societies,6 my co-authors and I predicted that the psychosocial aspects of his model (e.g. the breakdown of social cohesion) would gain a life of their own, independent of income inequality considerations. This expectation was based on the key criticism of Wilkinson’s model, namely that its mechanisms are exclusively psychosocial, since the determinants of income inequality are absent from the model. We also pointed out that class, gender, and race should be included in a model aimed at explaining social inequalities in health, both as determinants of income inequality and of other mediators (e.g. working conditions). In a series of publications, my co-authors and I have addressed this basic failing of the ‘income inequality and social cohesion’ hypothesis as well as many of its associated psychosocial explanations.6–14 In other publications we have addressed the ‘social capital’ hypothesis, without focusing on the income inequality/social cohesion model.10,15–19 While the core criticism of ‘income inequality and social cohesion’ is that it is insufficient but useful and interesting, our criticism of the ‘stand alone’ social capital literature is sharper, because it omits structural economic inequality and political conflict.18–25

In this analysis of Szreter and Woolcock’s article,1 I shall concentrate on new arguments in the ‘social capital’ debate and refer the reader to the publications mentioned above for other philosophical, theoretical, methodological, and historical criticisms of ‘social capital’. I discuss several issues raised by Szreter and Woolcock: the ‘neo-material’ versus ‘psychosocial’ controversy, the different concepts of ‘social capital’ in social epidemiology and the social sciences, Joseph Chamberlain and the model of the successful public health administrator with ‘plenty of social capital’, and end by analysing the difficulties of building scientific knowledge in psychosocial epidemiology with constructs such as ‘social capital’.

The ‘material’ versus ‘psychosocial’ debate: ontological monism and epistemological indeterminism

The nervous system ... by means of which relations, connections, are established between the numerous parts of the organism, as well as between the organism, as a highly complex system, and the innumerable, external influences.

IP Pavlov

The critique of the aetiological claims associated with psychosocial constructs in epidemiology is not new (e.g. the ‘demand/control’ model26 and sense of coherence.27 The current debate on the relevance of psychosocial constructs in