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Does social capital include trust?

Commentary on Carpiano and Fitterer

(2014)

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The present study by Carpiano and Fitterer (2014) aims to “test the construct validity of two trust measures used commonly in health research on social capital- generalized trust and trust of neighbors- with respect to measures of people’s general network-, organization-, family-, friend- and neighborhood-based social capital and the extent to which these two trust measures are associated with self-rated health and mental health when social capital measures are included in the same models”. The authors conclude from their results that trust is conceptually distinct from social capital, that trust measures are inadequate proxies for personal social networks (social capital), and that trust measures may only capture psychological aspects relevant to but not indicative of social capital.

The authors’ first conclusion that trust is conceptually distinct from social capital remains unchangeably highly debatable. Already Macinko and Starfield (2001) emphasized in their review of the new and emerging field of social capital and health the high degree of variety of definitions of social capital in the social sciences (mainly sociology and political science). According to Macinko and Starfield (2014), some authors such as for instance Portes (1998) (individual level) and Bourdieu and Waquant (1992) (groups/group level) emphasize, in accordance with the present study by Carpiano and Fitterer (2014), that the essence of social capital is social structures, social networks, social relationships and/or institutionalized relationships, while other authors such as Coleman 1990 (at the levels individuals and their social relations) and Putnam 1993 (at the levels groups, political units) define social capital as both social

structures/networks/relationships and trust, notably on the individual as well as the group and higher levels. A few citations from the second group of authors:

“Physical capital and human capital facilitate productive activity, and social capital does so as well. For example, a group whose members manifest trustworthiness and place extensive trust in one another will be able to accomplish much more than a comparable group lacking that trustworthiness and trust.” (Coleman, 1990, p. 304)

“Social capital here refers to features of social organization, such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated action.” (Putnam, Leonardi, & Nanetti, 1993, p. 167)

Furthermore, this second group of authors has had more impact on research on social capital and health than the former group. While Carpiano and Fitterer to some extent acknowledge the differences between different parts of the literature, they still pose the question “Nevertheless, there is a fundamental question that is rarely acknowledged in health research on personal social capital: Is trust really social capital?” in the beginning of the introduction section, without any prior attempt to conceptually or theoretically resolve the issue of the fundamental differences in the literature. They just state that several authors have previously posed this question, interestingly referring to some of the same authors who already a priori happen to define social capital exclusively as social networks and not trust. A complex question acknowledged and discussed in the social

capital literature for decades is thus supposed to have been resolved by one simple Alexander's cut, an assertion which is not valid.

The second comment concerns the second conclusion that trust measures are inadequate proxies for social capital. According to Carpiano and Fitterer (2014), the empirical result that different aspects of social networks and trust are not highly correlated indicates that individual level trust is not a good "indicator" or "proxy" of social capital (i.e. social structures/networks). But the question is whether or not we a priori should expect them to be highly correlated? Given the citation by Coleman (1990) above, a social network has very different social capital characteristics depending on whether the network contains individuals within the social network who trust each other (particularized trust) and/or the rest of society (generalized trust) or not, and whether the social network generates and regenerates these aspects of trust or not. It is also obvious that both forms of social networks and organizations do exist. In fact, Francis Fukuyama used the term "radius of trust" to illustrate how the relationship between social networks/group memberships and trust may even be evolving over time in post-modern societies characterized by growing individualism and fewer shared norms and values:

"The fact that groups and group memberships could be increasing even as trust and shared values appear to be in retreat can be explained in a number of ways, all of them consistent with the broad assertion at the beginning of this book that the most important change in contemporary societies is an increase in individualism." (Fukuyama, 1999, p.87)

In Skåne, the southernmost part of Sweden, the association between social participation during the past year and generalized trust in others was tested, and the results showed that approximately 42% of a random sample of the adult population 18-80 years in 1999/2000 reported the combination high social participation and high trust, 27% reported high social participation but low trust, 15% reported low social participation but high trust, and 16% reported low levels of both. In conclusion, only approximately 58% of the population thus had the expected high/high or low/low combinations. Interestingly, two opposing age patterns were also observed, one pattern with the prevalence of high generalized trust increasing with increasing age of respondents, and another pattern with the prevalence of high social participation decreasing with increasing age. Participants with high social participation and low trust also reported poorer health than participants with high social participation and high trust (Lindström, 2004). In conclusion, it is not theoretically or conceptually obvious why membership in social networks and trust should be statistically highly associated with each other to such an extent that they would be expected to measure exactly the same phenomenon as perfect “proxies” for each other. Empirical findings showing comparatively low or moderate association have also existed for more than ten years, and these findings have been supported by theoretical models which still include both social network and trust as dimensions of social capital.

Carpiano and Fitterer (2014) also seem to make a distinction between “personal social capital”, which their study investigates, and higher levels of social capital. Their third conclusion is that “...trust measures may only be capturing psychological aspects...”

However, such a distinction may be problematic for several reasons. First, it has been suggested that social capital does not consist of resources held by individuals or groups, but of an ongoing process of social interaction involving individuals, networks and possibly also higher levels such as organizations and public institutions resulting in constructive outcomes (Bankston III & Zhou, 2002). Second, the fact that trust is almost always measured by asking individuals and then, in the next step, aggregated to neighborhood or other levels is certainly a methodological problem for the creation of aggregate variables, but it does not rule out the fact that aggregate trust at for instance the country level contains other information than just the aggregate of what, according to Carpiano and Fitterer, would be purely individual psychological characteristics. Carpiano and Fitterer state in their third conclusion that “trust measures may only be capturing psychological aspects relevant to- but not indicative of- social capital”. In the 1990-1993 World Values Survey only 7% of the sample of the population in Brazil expressed generalized trust in others (“most people can be trusted”), while the corresponding figures were 66% in Sweden, 65% in Norway, 63% in Finland and 58% in Denmark (Inglehart, Basanez & Moreno, 1998). It is hard to imagine that these vast differences only reflect country differences in psychological traits of individuals, and that social interactions between individuals, social networks, organizations and public institutions are not involved in the production of these country differences, in clear contrast to what has been suggested by Bankston III and Zhou (2002). Third, the notion that individual trust is just an individual psychological trait is also contradicted by empirical individual level findings. If trust is primarily a psychological trait of adult individuals, then we would expect adult individual trust to be relatively stable over time, a notion in

accordance with for instance Uslaner's concept of "moralistic" (stable) trust (Uslaner, 2002). However, a panel data study based on the British Household Panel Survey (BHPS) found that 45% of a sample of the adult population changed trust response over just a seven year (2000-2007) period (Giordano, Björk & Lindström, 2012).

In conclusion, the fact remains that the social cohesion (e.g. Coleman, Putnam) and network (e.g. Bourdieu, Portes) perspectives on social capital represent two different views on social capital and its implications. The perspective the authors label the social cohesion perspective puts relatively more emphasis on lowering the costs of social interaction by including trust and reciprocity as well as networks in the social capital concept. The network perspective puts more emphasis on the possibility for individuals to achieve their own personal goals in terms of power and resources within networks by excluding trust and reciprocity from the social capital concept. Until a real consensus has been reached, both perspectives remain of potential interest to public health researchers.

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