



The burdens of social capital: How socially-involved people dealt with stress after Hurricane Katrina

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ABSTRACT

Research shows that those with greater social capital enjoy better physical and mental health. The current study illuminates a paradox of social capital which may afflict those involved in traumatic events. Several years of survey data reveal a dynamic picture of the link between social capital and stress following Hurricane Katrina. Results reveal that initially after Katrina, those who were more socially embedded carried the greatest load with respect to helping the displaced population, thus experiencing more stress. But over time, the most socially-involved then snapped back from their stressful experiences more rapidly than isolates. This confirms that over the course of stressful events, social involvement first exposes people to more stress, but as time passes, provides them a significant buffer against negative psychosocial experiences.

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1. Introduction

One of the most common claims in the literature is that social capital is beneficial and that residents of communities with an abundance of social capital tend to live healthier and happier lives and are better able to withstand psychological distress. That is, people who have more active social lives, who participate more in group activities, who are more involved in community and civic affairs, and who interact comfortably with a wider range of people have better social support networks and deal with life's problems more easily than those who are more socially isolated. The empirical literature supporting this view is diverse in terms of the contexts in which the data are collected, the types of data analyzed, the methods of analysis used, and the outcomes explored. On its face, the body of evidence regarding the conventional view that social capital is a good thing seems fairly robust (see Berkman, 2000; Cobb, 1976; Ellaway and Macintyre, 2007; Folland, 2007; House et al., 1988; Kawachi et al., 1999; Mulvaney and Kendrick, 2005; Poortinga, 2005; Putnam, 2000).

However, a closer look reveals that the true contours of this relationship are in fact not very well understood, suggesting a need for additional research. For example, one major problem is that most of these studies describe and focus on fairly mundane situations and contexts. However, the argument can easily be made that the really interesting questions start to emerge when the supposed benefits of social capital are put to the test. That is, under non-routine situations, does social capital still produce better outcomes? If social capital is only beneficial in day-to-day circumstances, the implications for disaster research, especially research on recovery from disasters, are not promising. If, however, social capital does have a big payoff for those involved in recovery efforts, then this set of ideas may come to occupy a central place in the disaster literature (see Ritchie and Gill, 2007). A second major problem is that the effects of social capital might be expected to vary somewhat over time, in which case it may have both pro's and con's.

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At the individual level, for example, it seems reasonable to suppose that the very thing that helps socially-embedded people in ordinary times – their greater involvement with other people – will impose special burdens on them in times of crisis. These are the very same people who most carry the load of helping others, who feel most responsible for others, who do most to coordinate others' activities in recovering from crisis, and on whom others most rely. Socially-connected people are probably subjected to the same strains as social isolates during a crisis, but they carry extra burdens as well. Their homes and property may be subjected to the same damage; their jobs may be just as endangered; their families may be put under the same strains; they may be just as displaced. But they often have to put their own or their families' concerns aside as they care for others.

The current study addresses these two issues and reveals a dynamic story that involves an arc from a normal situation, through a crisis, and back to recovery. Our main storyline is that during a major disaster, people with high social capital pass through an initial period of greater stress, because emergency situations tend to mobilize them, placing disproportionate burdens on their shoulders. Later, however, they snap back from the stress more quickly during the period of recovery. The reason for this trajectory, ironically, is the same through each phase: their social embeddedness. Their embeddedness initially imposes greater strains and responsibilities on them; but ultimately, their social embeddedness gives them greater support and enables them to recover more quickly and fully than socially isolated people. Below we explicate the reasons for this arc more fully and then test this model with unique data collected in several waves after Hurricane Katrina.

2. Background and relevant literature

There is ample literature on social capital, which is characterized by well documented confusion and uncertainty regarding fundamental issues of conceptualization and operationalization (Almedom, 2005; Portes, 1998). We thus begin by clarifying our analytical focus. The present study focuses on the individual level of analysis, and not the aggregate or ecological level. Further, although we use the term 'social capital', our conceptualization is closely aligned with the social support approach which focuses on individuals. Our focus does not include the macro-level variants of social capital focusing on the resources existing in the structure of relations between people or on community stocks of social capital (cf. Berkman, 2000; Cobb, 1976; Coleman, 1988; Ensel and Lin, 1991; House et al., 1988; Kawachi et al., 1997; Mitchell and LaGory, 2002; Paxton, 1999; Perry et al., 2008; Putnam, 2000; Sampson et al., 1999).

Despite the wide range of definitions of social capital, a dominant interpretation comes from Putnam (2000) who conceptualizes social capital as a triad of (1) social networks (embeddedness or engagement in the community), (2) trust in others (the expectation that others will engage in actions beneficial to them or to their community) and (3) norms of reciprocity. At the outset, we point out that our analysis is limited to the first two legs of that triad; embeddedness and social trust. Our data set, though unique and obtained under difficult conditions following Hurricane Katrina, do not permit us to examine norms of reciprocity – the social expectation that other people will respond in kind to your actions.

Micro-level social capital perspectives have proliferated in the public health literature for quite some time (cf. Berkman, 2000; Cobb, 1976; House et al., 1988). These and other scholars have worked for decades to document that people with high social capital and more social supports enjoy better physical and mental health outcomes than those who experience a deficit of these resources (Cobb, 1976; House et al., 1988; Perry et al., 2008). The specific mechanisms underlying this relationship are varied, but often cited candidates include that the well integrated have more people to lend them a hand when facing personal challenges; that their embeddedness gives them greater access to information on mental or physical health care options; or that it gives them impetus to lead a healthier lifestyle.

In contrast to this optimistic view is the idea that social capital is not always a plus. There are numerous reasons to expect that the degree of integration and the resultant social capital can be expected to be associated with negative outcomes at both the micro and macrolevels of analysis. Portes (1998, pp. 15–18) argues that strong in-group ties resulting from *bonding capital* has an exclusionary capacity, where out-group members do not have access to resources or are discriminated against. Indeed, this may explain why tightly-knit, evangelical Christian communities are linked to elevated rates of crime. High rates of bonding capital among in-group members in these communities comes at the expense of between-group ties – or *bridging capital* – which can strengthen a community's organizational capacity to control crime (Beyerlein and Hipp, 2005; Lee and Bartkowski, 2004; Shihadeh and Winters, 2010; Shihadeh and Steffensmeier, 1994).

Moreover, an extremely high premium on conformity resulting from strong ties can create resentment and cause young members to leave the group, seeking alternative avenues for personal expression. The problem of 'downward leveling norms' is also apparent when members of a group – particularly minority groups or those facing adverse conditions – cultivate norms that are antagonistic to success through mainstream routes such as norms promoting a violent disposition as a route to status (Anderson, 1999). The same issues are evident in the public health literature. For example, Kushner and Sterk (2005) cite the high rate of suicide attempts by females and the high rates of suicide among members of the military as cases of fatalistic suicide – those suicides occurring under the yoke of extremely high levels of social integration and hence normative and moral regulation. The common theme in this literature is the overt recognition that high levels of participation or solidarity do not always generate wonderful outcomes.

With respect to the current paper, this begs the question of why those with the most social capital would be more stressed in the wake of a disaster. One possibility is through the social influence pathway (Berkman et al., 2000). Those who are highly embedded are close to others in their network and tend to compare their attitudes, feelings, and behaviors

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