



Two questions and one puzzle

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Two questions : first one

- Many researchers insist on the role of meso-level social structures in which individuals are embedded in determining individual attitudes, beliefs and behaviors.
- **First question:**
- Shouldn't we give meso-level social structures in which actors are embedded peculiar importance, since this is where macro social structures, institutions and culture are reproduced, or, on the contrary, resisted?
- Couldn't we consider that horizontal embeddedness in social networks has the capacity to neutralize/diffract national culture and institutional resources?
- And that therefore culture and institutions may not always constitute/impact individual capabilities?



Two questions : second one

- You appear to consider that social networks, their scope, their density, and the symbolic meanings that enunciate those organizational structures, as key social resources that enhance individual capabilities.
- But many diseases, troubles or risky behaviors have been found to cluster in social networks, and longitudinal data show that socially connected individuals become increasingly similar in behaviors and health status over time
- **Second question:**
- Should meaningful social capital and networks be systematically regarded as a social resource and as a positive determinant of health?



One puzzle (1)

- **A paradox:** coexistence, on the one hand, of an impressive amount of evidence linking society and health and, on the other hand, of public health policies that rely on forms of knowledge that focus preferentially on individual factors and individual risky behaviours.
- Public action aims mainly at increasing citizens' knowledge and transforming their attitudes, beliefs and hopefully their behaviours, rather than their environment.
- At empowering selves who are considered as autonomous and rational citizens.
- Finally, the policy maker tool kit has more to do with the marketing mix than with the instruments dedicated to fight against economic and social inequalities.



One puzzle (2)

- Tempting to link this underlying conception of an autonomous and rational individual in public health policies and politics to what Norbert Elias has called the “civilisation process”, by which a society of individuals has emerged.
- Tempting to relate this conception to the progressive domination of individualistic and liberal ideology in European countries.
- But one should not also forget that those policies are low-cost policies.
- This conception of autonomous and rational individuals, underlying a great deal of policy instruments, is therefore also a sign of the diminished autonomous capacity of the State to tackle multi-factorial and complex problems and/or to put the blame on industries.
- **Puzzle: how could your theory that actually insists extensively on the heteronomy of individuals be appealing to policy makers?**





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