‘Familiarity Bonds’: A Neglected Mechanism For Middle-Range Theories Of Health And Longevity

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ABSTRACT
This brief conceptual note introduces the idea of ‘familiarity bonds’. It is tentatively suggested that the existence of such bonds are likely to be protective of health. After outlining what is meant by familiarity bonds, an argument is advanced that that these may have more causal efficacy than has yet been recognized. A middle-range theory linking familiarity bonds to health and longevity is mooted. This is succeeded by a series of theory-driven conjectures judged to be worthy of consideration and empirical investigation.

Keywords: Familiarity Bonds, Health and Longevity, Explanatory Models, Health Inequalities

INTRODUCTION
The nitty-gritty of the mundane, routine or ‘familiar’ does not yet fit readily into either socio-epidemiological or sociological theories of the differential experience of health or longevity. In some ways this is surprising. Social capital has been enthusiastically studied post-Putnam, and it is widely accepted that density of network and intensity of belonging, strong and weak ties, possession of pets and attachment to ritual, carry a potential to buttress health and well-being, as can mid-morning shopping excursions, time-outs in cafes and cyber-friendships. It is tentatively suggested here that a Mertonian middle-range theory of bonds of familiarity holds promise not only to complement a worthwhile sociology of health inequalities but, more broadly, for a sociological theory of social integration.

The concept of ‘familiarity bonds’ is neither subsumed nor adequately reflected in that of social capital. It is self-evidently multidimensional. It denotes not only the often-rich variety of dyadic and group dynamics, but relations with non-humans, from dogs to goldfish, extending to ‘things’ and a multiplicity of representations of the routine and predictable. The hypothesis is that the commitment and return on a person’s familiarity bonds are salient for health and longevity. It is proffered cautiously and is consonant with rather than corroborated by extant research. It is cast as a meso- or middle-range theory with potential to help bridge the gap between the macro- and micro-sociology of health and health inequalities.

THE CONCEPT OF ‘FAMILIARITY BONDS’
There has long been a case for asserting a positive associational, even causal, relationship between absorption into or engagement with community and health and longevity. Putnam’s (2000) pioneering studies leant both rationale and impetus to this relationship: they simultaneously informed psych-social models and (politically and conveniently) underwrote non- or post-materialist explanations of ‘the widening gap’ (between high and low-income
families and health and longevity). They often also reflected a middle-class bias, rendering, for example, more-or-less agential church attendance more significant and operational than on-the-whole less agential recruitment to neighbourhood or postcode youth gangs. They accentuated the positive health return on the likes of scout group membership while neglecting the fact that any positive effects of gang membership, surely also social capital, were likely to be cancelled out by deprivation, insecurity and symbolic or actual violence. (It is evident nonetheless that the variable ‘flow’ of social capital has implications for health and can contribute to our understanding of what has come to be called ‘the social gradient’: the poorer one’s location on assorted socio-economic classifications, the poorer one’s health and life-expectancy (Scambler, 2012)).

Familiarity bonds are not coincidental with those characterizing possession of social capital, although they can be co-present and co-active. They have a number of core properties:

- they can be readily accessed;
- they can be actual, virtual or even imaginary;
- they are predictable and therefore reliable, affording a sense of permanence;
- they constitute a bulwark against what for Giddens (1990) refers to as a pervasive ‘ontological insecurity’;
- they are a by-product of what Archer (2004) terms people’s ‘projects’;
- they are most salient for health and longevity at times of cultural relativity.

Each of these properties calls for elaboration.

(a) Ready accessibility

Familiarity is a necessary constituent of the social business of living. It is a precondition of our being in the world. This is not just a matter of later Wittgensteinian logic or of trains turning up on time. Familiarity underwrites getting by day-to-day and belonging per se. It provides for social order and offers a benchmark and reference group for self- and other-orientation. Moreover it is all around us: it comes not only with the acknowledging smile of a local barista or rickshaw-driver, what have been called ‘subtle ties’ (Tjora & Scambler, 2008), but with feeding the cat or glimpsing a van Gogh print on the wall, the shoes by the kitchen door, the herb patch, and the anticipation of a spell on Facebook or with the evening’s TV soap. As Miller (2008) has eloquently shown, the familiar comprises non-living as well as living objects. The familiar is ubiquitous.

(b) Actual, virtual or imaginary

The familiar can be virtual as well as actual. It can be epitomized in the very act of communicating, in the charging of a mobile phone, let alone the checking for new texts. Our occupancy of cyber-realms is well researched, less so the yet more intimate kingdom of fantasy. There is calm and refuge in day-dreams and fantasies, replete with their actors, ego-centred relations and plots. ‘Acquaintances’ or ‘significant others’ need not be real to appear on these stages (Morgan, 2007; Hiscock, 2007). Health-bestowing potential might rest with such fictitious familiarity bonds, even if this potential fails to compensate for, is undone by, an actual world of disappointment, rejection and isolation.

(c) ‘Ontological insecurity’

For Giddens (1990), the post-welfare statist culture is characterized by the threat or displacement of the grand narratives that formerly lent meaning, order and security to individual lives and projects. Identity-formation has seemingly become a matter of consumer ‘choice’ between petit narratives in a thoroughly relativized culture. If Marx’s alienation and Durkheim’s anomie intrude into the present, neither quite captures the causal power and
impact or novelty of what we here call *ephemoralisation*. A Heraclitian state of permanent flux prevails, tacitly encouraging fundamentalisms and nihilisms alike. Familiarity bonds stand in contradistinction to Bauman's (2000) 'liquid modernity'.

(d) Ongoing projects

Archer (2004) grounds people's projects in the 'internal conversations' that are informed but never determined by structure and culture: agency never entirely loses its causal power even as it never entirely escapes its structural and cultural contexts of influence. Familiarity bonds comprise items scattered in landscapes typically experienced – although not explained sociologically – in terms of *chosen* paths through everyday life. They are solid representations of past, present and future in the lifecourse and, as such, give tangibility also to putative directions of travel.

(e) Enduring markers

The predictability and reliability of familiarity bonds has special relevance in times of cultural relativity such as that associated with the ‘postmodernisation’ of the post-1970s. What counts as enduring depends on the background noise of the culture of the day. Complimenting the emphasis on ontology or ‘being’ under (c), bonds of familiarity give anchorage also to an otherwise volatile array of (epistemological) ‘beliefs’ and (moral and political) ‘stances’. This is ephemeralisation again. It is not just that ‘all that is solid melts into air’, according to Marx an intrinsic feature of capitalism, but that contemporary class ideology has become anti- rather than post-Enlightenment, affording a culture of consumerist pick-and-mix as tolerant of extremisms as of ‘difference’.

**THESES FOR EMPIRICAL INVESTIGATION**

Social capital still tends to be used as what ordinary-language philosopher Ryle would have called a ‘hurrah’ as opposed to a ‘boo’ phrase: its connotations are obdurately positive. To the extent that this is so, it is defined and operationalized in terms of effects expected or predicted to be positive. Studies of bonds of familiarity could follow a similar flawed trajectory. It is evident, however, that such bonds can also be negative or pathogenic, as when a dependency develops on a ‘familiar’ like (bar, company, or time-specific) alcohol consumption, leading to diminished health and even reduced life-expectancy.

So when might which familiarity bonds serve positively personal and social agendas of health and longevity? And why and how? Crucial to the appeal of Granovetter's commendation of a distinction between ‘strong’ and ‘weak ties’ was his confident assertion that the latter had not only been neglected but under-valued: he documented in compellingly plausible detail the likely ‘coercive power’ of weak ties. In other words, it is not enough to timidly 'float' a notion of familiarity bonds. This injunction leads us to a research agenda for medical sociologists comprising the following steps:

1. a study of the prevalence and types of familiarity bonds of possible salience for health and longevity;
2. a consideration of the relative importance of *objective* versus *subjective* dimensions of (types of) familiarity bonds for health and longevity;
3. an empirical specification of those familiarity bonds identified under 2, defined objectively and/or subjectively, which are *most* salient for health and longevity;
4. an analysis of the relative contributions of the causal powers of the structural, cultural and agential to the familiarity bonds discerned under 3;
5. a review of the potential of familiarity bonds not only to help explain health inequalities but to inform policy interventions to reduce them.
1-5 require a qualification that one of us (GS) has always insisted on, namely, that between sociology oriented to (causal) explanation and sociology oriented to Popperian ‘piecemeal social engineering’. Each has its place; but they are different projects and the latter can, and often does, obstruct the former.

In the spirit of Granovetter, and emergent from 1-5, we volunteer a hypothesis that carries a higher degree of testable specificity. We contend that familiarity bonds are causally efficacious for health and longevity in inverse relation to the aggregate strength of flow of other forms of capital or asset known for their positive impact on health and longevity. It is readily accepted that strong biological, psychological, social, cultural, spatial, symbolic and material asset flows each act positively for health and longevity (Scambler, 2012). It is our contention here that it is when these flows are weak ‘across the board’ that familiarity bonds come into play.

REFERENCES