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1. RECIPROCAL APPROBATION AND THE FORMING OF PUBLIC OPINION

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Abstract : Based on P.Blau approach of social exchange, we define the approbation an actor can give to the judgments and opinions of another actor as a resource exchangeable among other resources in a multiplex relation. That communication is an essay to introduce the production of shared opinions in sociology of exchan

1.1. PUBLIC POLICY AND OPINIONS ON THE HEALTH SYSTEM

The regulation of health systems is a major issue in all European countries. It implies controls on the quality and accessibility of care, on the efficiency of organizations, and on the amount of financial resources used¹. Three major types of regulation exist:

- 1) Formal controls exerted by the public health administration and/or by health insurance (public or private) which are a top down regulation.
- 2) Formal controls exerted by professional associations which are horizontal control. E.Friedson (1963) has shown that the “processes of control in a company of equals” can be weak.
- 3) Control is also exerted by the public in two ways: first, as patients or clients when they choice a practitioner; second when individuals are invited by the state, as consumers or citizens, to take part in health organisation boards, or in regional consultations to sit priorities for public health policy. It is a down top regulation.

Regulation by individuals implies that they can have opinions and judge their local or regional health system. This is an integral part of their behavior as clients – in an open system – when they decide to consult such or such

¹ I want to thank Lise Mounier (CNRS LASMAS) for her comments and Karl Van Metter (CNRS LASMAS) for his comments and a reviewing of the first version of this presentaton. Results presented here are part of a research conducted in CNRS CLERSE by G.Cresson, in collaboration with A.Ferrand and P.Lardé, and granted by the CNRS program “Santé et Société”.

practitioner or not to go to the local hospital and of their behavior as citizen when they participate in public consultations. The forming of opinions on health system implies that peoples evaluate and judge various dimensions of the quality of care. This is not simple task:

- 1) due to the asymmetry of knowledge about the technical content of medical practice and to the fundamental uncertainty of medical “art”;
- 2) due to the difficulty of testing and comparing quality of several practitioners.

Personal evaluation of the local health system is undermined by uncertainty. E.Freidson (1960) has suggested that, to minimize that uncertainty, people should exchange information and form their opinion about practitioners and medical care through “lay referral systems”, meaning a subset of their personal network.

If one is interested by the role played by the public in the regulation of health systems, it is of the utmost importance to understand how people form their opinions on it. Based on Freidson ‘s ideas, a recent research has shown the importance of discussion networks about health issues to help people to form an opinion: the proportion of dubious or uncertain people decreases dramatically when they have at least *two* presons with who they are able to discuss these issues (A.Ferrand, 2000, 2001).

The next question, addressed in this paper, is how actors reach the point where they share *common opinions*, and we propose a model which links social exchanges and reciprocity with processes of cognitive and evaluative exchange involved in the formation opinions.

1.2. THEORIES EXPLAINING HOW ACTORS DEVELOP COMMON OPINIONS

Opinions are judgments which imply evaluations. The domain where opinions are pertinent is the human and social world. Having an opinion about the physical world has little meaning. Opinions define the relation of individuals to the social world. Linked to underlying representations, they are a basis of potential and actual actions (S.Moscovici,1986). They are the first level of engagement of individuals as willing actors in the social world, even if an actor is constrained to act against his opinion, or if an actor’s engagement is weak. As an expression of values and norms opinions are a basis of human interaction and collective action.

The process of formation of common opinions was explained by various theory.

Holist theory: Socialization processes constraint actors to interiorise collective norms and values of the social group to which they belong. Common opinions are formed at the level of the group, and are “sui generis”² and

² This is the theoretical line of Durkheim’s continuators : "Une fois qu'un premier fonds de représentations s'est ainsi constitué, elles deviennent.. des réalité partiellement autonomes qui vivent d'une vie propre. Elles ont le pouvoir de s'appeler de se repousser, de former entre

precede the individual process of opinion formation. But in this framework the individual changes of opinions are difficult to define and explain.

Others theories explain how actors form an opinion, and eventually change their opinions.

Methodological individualism: R.Boudon (1997) explains collective beliefs³ by a *trans-subjective* process. *Separate* actor thinks about an issue in the same way because they use the same logic. Actors who share the same material and social condition have many chances to develop # the same conclusion about the social world. R.Boudon states that “ *pour rendre compte des croyances collectives, il est bien souvent inopportun de faire appel à des hypothèses supposant un effet mécanique de forces sociales mal définies sur l'esprit de l'individu. Il suffit de comprendre les raisons que chaque sujet ou chaque individu idéal typique a d'endosser de telles croyances* » (1997: 33)

Psycho sociological influence theory is built on a process of communication: in one-way communication, one or several “senders” inform “receivers” of their opinions or judgments on an issue. Either by laboratory experiments or by surveys of the “real world”, researchers show how asymmetry in number (majority / minority), in power, status, and competence drives the receivers to change their opinion.

An interactionist theory: the convergence communication model

One version of this model was presented by E.M.Rogers and D.L.Kincaid (1981). It is built on ideas of G.H.Mead 's interactionist theory and of G.Bateson 's systemic theory. The basic idea is that "information is inherently imprecise and uncertain, and that communication is a dynamic process of development over time" (p.44). Communication is a *process of reciprocal exchange of information* through which actors can reach both mutual understandings as divergent opinions (p.65). Communication is linked to social action and is purposeful. It “cannot be adequately studied without reference to the purpose of a social system” (p.62) because "information is a difference in matter-energy which affects uncertainty in a situation where a choice exists among a set of alternatives" (p.48). This type of theory is interesting because: a) it links action and cognition; b) it defines an exchange in which both actors contribute; c) it can lead to mutual approbation or to disagreement.

I suggest a social exchange theory of the formation of common opinions

elles des synthèses de toutes sortes, qui sont déterminés par leurs affinités naturelles et non par l'état du milieu au sein duquel elles évoluent. Par conséquent les représentations nouvelles, qui sont le produit de ces synthèses, sont de même nature: elles ont pour cause prochaine d'autres représentations collectives, non tel ou tel caractère de la structure sociale." Durkheim E. (1898, p.43)

³ Beliefs are not exactly the same cognitive contents as opinions, they tend to *explain* the world, where opinions tend to *evaluate* it. But we suppose that a similar paradigm can be used to explain opinions.

1.3. A SOCIAL EXCHANGE THEORY OF THE FORMATION OF COMMON OPINIONS

In his theory of social exchange, P.Blau (1964) begins by posing psychological postulates. One states that human beings act to receive gratifications from others and that they are anxious to receiving *approbation* of their decisions, actions, opinions, or suggestions, particularly when the question under discussion is uncertain and ambiguous (1964: 62). Approbation is a more-or-less explicit statement by which Alter expresses his agreement with Ego's opinions or behaviours.

Let us begin by a situation where Ego and Alter have *not* the same opinion. In many cases this dissensus has no consequences for the interaction, in others cases the situation is such that actors have to reach a minimum level of agreement. One or both have to change his / their mind(s). The dissensus about opinions on uncertain issues cannot be solved by a rational debate because, by definition, opinions involve arbitrary values and references. We suggest here that the dissensus can be solved through a process based on social exchange.

Indeed, in this circumstance, if Ego appreciates receiving Alter's approbation and wants that approbation, then:

a) Approbation is a valued good and can be seen as a *resource controlled by Alter*,

b) By definition, Ego is unable to obtain that resource by himself. He is obliged to obtain approbation from another person, from Alter. That resource exists only in a process of interaction, as the content of a relationship between two (or more) actors: it can only be developed in an exchange.

c) When Ego receives approbation as a resource, he contracts a *debt*.

If one agree with these ideas, then arises the question of the possibility for an actor to reimburse that debt, and the theory of social exchanges provides answers to that question.

d) Approbation can be introduced in a process of exchange.

e) Ego can reimburse approbation received by approbation given, but also by *another kind of resource*.

f) The appropriateness of the resource used to reimbursement, the quantity of the returned resource used to reach a balance in exchanges are a matter of *specific conventions between actors*, since, in social exchanges, a general equivalent doesn't exist. P.Blau states "*In contrast to economic commodities, the benefits involved in social exchange do not have an exact price in term of a single quantitative medium of exchange, which is another reason why social obligations are unspecific. It is essential to realize that this is a substantive fact, not simply a methodological problem. It is not just the social scientist who cannot exactly measure how much approval a given helpful action is worth; the actors themselves cannot precisely specify the worth of approval or of help in the absence of a money price. The obligations individuals incur in social exchange, therefore, are defined only in general somewhat diffuse terms.*" (1964: 10)

Thus, it should be difficult for the observer to describe equivalences established by actors between various resources to match the reciprocity of their exchanges.

But an exchange is not only a flux of resources, it also a *relationship* between partners. The analysis of that other dimension of social exchanges can also be examined.

g) P. Blau introduces the distinction between intrinsic and extrinsic rewards. In a relationship, an intrinsic reward is totally dependant to the identity and particularity of the Alter who provides it. An extrinsic reward can be more-or-less detached from the individual idiosyncratic particularities of Alter. P. Blau classifies approbation as an *extrinsic reward*. "*Extrinsic benefits are, in principle, detachable from the source that supplies them, but their detachability is a matter of degree. At one extreme are economic commodities, the significance of which is quite independent of the firm that supplies them. The value of a share in a corporation is not affected by the broker from whom we buy it. At the other extreme is the diffuse social support we derive in a love relationship, the significance of which depends entirely on the individual who supplies it. The typical extrinsic benefits socially exchanged, such as advice, invitations, assistance, or compliance, have a distinctive significance of their own that is independent of their supplier, yet an individuals preferences for them are also affected by his interpersonal relations with the supplier.*" (1964: 95)

h) That distinction is important because if approbation is an extrinsic reward, Ego can obtain it from *various* relationships. He has the possibility of choosing between alternative relations, and we can postulate that he *choices to maintain* those which are the more satisfying for him, those in which a *better level of reciprocity* is guaranteed. "*In the long run, however, the explicit efforts the associates in a peer relation make in one another's behalf tend to be in balance, if only because a persistent imbalance in these manifestations of good win raise questions about the reciprocity in the underlying orientations of support and congeniality*".

If the flux of resources exchanged for approbation is difficult to analyze, it is nevertheless possible to emphasize the *kind of relationship* in which reciprocity is possible, and which, for that reason are maintained.

Now we shall present few results of an empirical study on the forming of opinions about local health system as an illustration of this approach.

1.4. THE KINDS OF RELATIONS IN WHICH PEOPLE SHARE COMMON OPINION

A survey was conducted in two cities in the North of France: Lens (37.000 inhabitants) and Tourcoing (100.000 inhabitants); 250 persons interviewed in both. In each city, two sub-samples were interviewed: a) blue-collar workers (men) and low-wages clerks (women); b) professionals and managerial staff (G.Cresson, A.Ferrand, P.Lardé, 2001)

First, to capture the “lay referral system” of actors, we asked people to cite persons with whom they speak about three types of issues:

1) Personal health: *“It can happen that you talk about your own health with personal acquaintances, family members, colleagues, friends... For example you discuss a disease you recently caught, drugs you take, a diet you go on, with someone who is not one of your physicians... During the last six months, did you discuss about your health with someone...”*

2) A physician: *“It can happen that you talk about a physician, remedies he prescribes, or care he takes of you... During the last six months, did you talk about a physician...”*

3) Three diseases: *“ Finally, I am going to ask you if you talk about specific diseases... During the last six months, did you discuss one of these diseases: a) cancer; b) heart troubles; c) nervous breakdowns...”*

We have asked for social characteristics of each person cited by respondents.

Secondly, we asked for the opinions of interviewees about the quality of treatment in the locality for the three illness: cancer, heart troubles, nervous breakdowns.

Third we have asked how interviewees perceive the opinions about the treatment of these illness of each person with who they have discussed these topics.

For each relation, we know if Ego perceives Alter as having the same opinion as him on the quality of local treatment of the three illness. Of course, these type of data don't allow us to disentangle who gives approbation to whom, to capture the *orientation* of the tie. Let us assume that when opinions of Ego and Alter are the same, some process of approbation has occurred. Some relations allow repeated approbation – noted as “A” - on each issue, and present the pattern “AAA”. Others avoid any kind of approbation and present repeated disagreement “DDD”. Others mix the two patterns (“AAD”, “ADD”).

Knowing some social characteristic of the person cited, it is possible to determine in what kind of relations approbation is more frequent. We have selected two basic properties: sex matching and role relationship.

If everybody can be more or less anxious about his own health, in French society women are practically the most involved in providing “profane” care and they play a major role in decisions about visiting a doctor or consulting a specialist in a clinic (G.Cresson, 1991, 1995). We can say that they are more specialized than men in this domain, and that they have clearer ideas and opinions (although often necessarily built on gossip) about the local health system. We can then hypothesize that the process of reciprocal approbation in relations where a woman discuss with another woman, should not be the same as when she discusses with a man, or when two men discuss.

If approbation between Ego and Alter concerning opinions is a resource exchanged between actors, that kind of exchange can take a more-or-less

important part in their relationship. At one extreme discussions about opinions can be the sole component of the relationship and actors get in touch only to discuss about these particular issues. It is a specialized relation. At the other extreme, discussions about opinions are a component of a multiplex or “multistrand” relation. Social support researches have shown that different kinds of resources are exchanged in different kinds of relations (B.Wellman, P.J.Carrington, A.Hall, 1988; C.S.Fischer, 1982; L.Freeman, 1997). Even the particular resource of approbation is exchanged through relations which are of different kind according to the issue discussed (A.Ferrand, L.Mounier, 1990). Thus we have to consider that relations are more or less specialized or multiplex at two level: a) relations mainly formed by discussions can allow cognitive and emotional exchanges on particular or various issues; b) relations can allow exchanges of a single kind of resource or of several kinds of resources (practical or financial help, emotional support, information and advice...).

In Peter Blau’s theory, the possibility of offering approbation, and more fundamentally, compliance to Alters’willings, in exchange for practical resources received is the basis of emergent status differentiation and power. Regarding the balance of exchanges, multiplexity makes possible that more complex and sophisticated form of interaction were actors bargain at the same time in different domains, engaging several kind of resources, and being able to balance, for example, approbation given for practical help received. Then we can hypothesis that that the more multiplex a relation, the more global approbation it can offer.

Another important condition of exchange is the expectation of reciprocity. Peter Blau has proposed two (classic) conditions which allow an actor to anticipate reciprocation: interpersonal trust built on the history of a dyadic relation, and social control produced by the embeddedness of the relation in – at least – the elementary structure of a triad where a third party guarantees the fairness of return. Then we can hypothesis that relations which are embedded in a denser set of relations can sustain more complex exchanges, and offer more approbation.

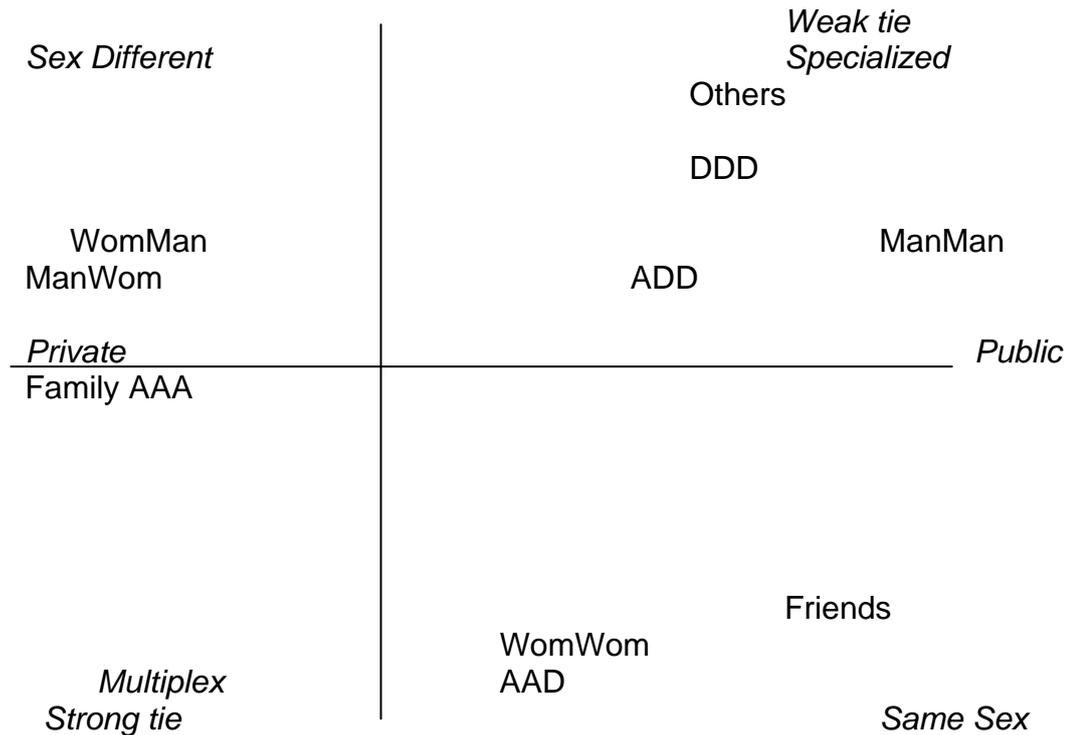
The data do not provide a direct measure of multiplexity of exchanges or of the structural embeddedness of relations. We used as a proxy indicator the *roles relationship* crudely divided in three categories: “members of the family”, “close friends”, and “others” which bring together various questionnaire categories (colleagues, neighbor, co member, and other).

We performed a factorial analysis on the sample of *relations* cited by respondents to estimate how the degrees of approbation linked to various types of relations, defined by sex matching and role relationship. In a three dimensions analysis, the first two dimensions capture 32% of the “variance”, which is not unusual for sociological data.

The global structure exhibited by the results is quite clear:
Family relations occupies the left side, Friends and Others the right side.

Relations between different sexes are in the upper-left quadrant, same sex in the upper-right quadrant. Heterosexual relations are close to family ; same sex relations are in the quadrant of friendship for women, and of others for men. If we understand family and friends as strong multiplex relations , and others as weak specialized one, we identify a diagonal with weakness and specialization on the upper-right corner, and multiplexity in the opposite corner.

Factorial analysis of
degree of approbation and sex matching and role relationship



Italic: main significations of the dimensions of the space (not variables introduced in the factorial analysis)

The higher degree of approbation (“AAA”) is very close to family relations, and heterosexual ties (“ManWoman” and “WomanMan” . These two properties contribute also to the third dimension, each in opposite direction). In the kind of relations where exchanges are more multiplex (in family relations, various kinds of resources circulate: practical, emotional, informational, and so on) we found, as expected, the higher degree of reciprocal approbation.

A lower degree of approbation (“AAD”) is in the quadrant of “Friends”, and very close to “Woman-Woman” relations.

The first degree of disagreement (“DDA”) is in the upper-right quadrant of “Others” relations, in the same direction as “ManMan” relations.

The highest degree of disagreement (“DDD”) is close and exactly in same direction as “Others” relations.

As expected, relations in which various kind of exchanges are possible – multiplex family relations - are more often those in which exchange of

approbation are the more developed. On the contrary, more specialized ties (colleague, neighbour, co-member, others) are those in which approbation is the more rare, disagreement more frequent.

Same-sex discussion relations are also more often extra family relations, and present a lower degree of approbation: “AAD” for “WomanWoman”, “ADD” for “ManMan” relations. In extra family relations, women are more “approbative” than men. More involved in health problems, women’s discussion relations are more oriented toward concrete problem solving, and are also better able to reach a consensus.

On the contrary, more weak, specialized and public relations, are very often characterized by extensive disagreement between discussion partners. These results suggest an opposition between a private domain, realm of consensus, and a public sphere agitated by dispute and opposition.

These results are coherent with the global hypothesis presented. We do not interpret them as “verification” of this hypothesis, but as a credible illustration of the kind of approach proposed. The important point is that a model incorporating reciprocal approbation as an exchange process, dependant on the diversity of other exchanges involved in the same relation and allowing exchange of approbation against other kinds of resources and a global reciprocity, seems reasonable and pertinent for further exploration.

1.5. CONCLUSION

Approbation is most often seen as an expression of affective and emotional support or as an expression of status recognition. First, we have emphasized the *cognitive* contents of approbation. When the initial situation involves a dissensus, approval needs that one actor modifies his/her opinion, changes his/her mind.

Second, we have emphasized the fact that approbation is a *resource* which can be *part* of exchanges of others kind of resources.

In doing so we are encouraged to understand the changing of opinion not as a cognitive process externally constrained or influenced by the relationship Ego-Alter, but as a *constituent of social exchanges*, a component of the global process of exchanges which constitutes the relation itself.

Then, agreement between actors *is not a normative pre-condition* of others kinds of “fair exchanges”, it is a part and an *effect* of the process of exchange

Two limitations must be clearly set a) The exchange of approbation for another kind of resource is not presented here as an universal relational and cognitive process. It seems reasonable to think that deep representations and values cannot be “bargained” nor opinions about unambiguous issues.

b) The triadic (sociometric or structural) level of analysis – where the interdependencies between several relations in a same network are taken into account - is absent of the discussion of results presented.

Regarding the role of the public in the regulation of the health system, different conclusions can be proposed for the two main processes. When people acts as clients, consumers, in private life, the multiplex exchanges in family relations seem to produce reciprocal approbation and wide consensus, which prevent hesitation and reduce uncertainty. But more specialized and public relations of discussion about health generate systematic disagreement. If we generalize this result, we have to recognize that these latter relations, which are more susceptible to be involved in public discussions and official consultations of citizen, are less able to produce common opinions on the health system. Paradoxically, perhaps the mobilization of family relations will allow, in that domain, the emergence of common opinions as basis for public opinion and action in the political domain.

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