

# South African interfaith solidarity: a model for social transformation

*Jonathan Smith*

*Abstract:* Drawing on the theory of social capital and research on religious groups and social transformation in South Africa, this paper presents a model demonstrating that interfaith partnerships can effectively transcend boundaries of social exclusion and inequality by creating diverse communities of care. Interfaith solidarity, defined as multi-religious and religious-secular coalitions unified around common goals, has long been a characteristic of peaceful social movements. It played a key role in the anti-apartheid struggle that resulted in transition to democracy in 1994. More than a decade later, South Africa remains one of the world's most unequal societies. In this context, religious communities are underutilized as a force for social transformation, despite being one of the strongest multi-racial affiliations among South Africans. A critical approach to social capital reveals five major conditions for optimising its effectiveness in overcoming exclusion: informal networks, stock of social trust, multiple levels, mediating actors, and constructive interaction. Interfaith solidarity is effective because it largely meets these conditions for religious communities' involvement in social transformation. The model of interfaith solidarity is illustrated by the coalition effort to care for South African HIV/AIDS patients and to advocate for government adoption of more aggressive policies to stem the tide of the disease.

*Key Words:* social capital, interfaith, South Africa, AIDS, social transformation

## 1. Introduction

J.L. is 38 years old, a father of two from a rural area north of Pretoria (Tshwane), the capital of South Africa. He is HIV positive. When he went to the hospital suffering with a severe AIDS-related illness, the doctors informed him that there was nothing they could do for him; he should simply return home and prepare for his death. Fortunately, the woman he worked for as a gardener brought him to an Anti-retroviral Treatment centre at a hospice run by the Catholic Church. J.L. initially refused the treatment, insisting that he was waiting to die. After some weeks of counselling at the centre, he finally agreed to take the treatment on an in-patient basis. In addition to ARV treatment, the hospice offered him weekly support groups with other AIDS patients. He even convinced his girlfriend to come to the centre and be tested for HIV. When she tested positive, she was also given ARV treatment. At the time of the interview, he had gained weight and was preparing himself to return home and resume work.<sup>1</sup>

This story is one among millions of South Africans who live and die with AIDS. With over 10% of its population infected with the virus and the rate of deaths due to the disease growing at an exponential rate, the AIDS pandemic is one of many grave crises facing the young democracy.<sup>2</sup> Effective treatment and prevention of AIDS goes beyond dispensing medicine to providing personal care, and government is often aided in this endeavour by the members and the resources of religious communities.

This paper addresses the question: what role can religious communities play in social transformation through the development of bonds of care in divided societies? Using the theory of social capital as a tool for studying bonds of care, I want to uncover the optimising conditions for religious groups to participate in social transformation. I argue that these conditions are largely met through the model of interfaith solidarity.

## **2. The struggle for social transformation in South Africa**

For centuries a meeting point for diverse cultures, South Africa boasts 11 official languages and significant populations with roots in Europe and Asia living alongside its majority indigenous African population. Rather than serving as an example of intercultural harmony, the nation has historically been characterized by exclusion and inequality based on race. This trend culminated in the mid-20<sup>th</sup> century with apartheid, an extensive legal and political structure of segregation and exclusion. The political system of apartheid was finally dismantled and the first fully representative government elected in 1994.

Over a decade later, South Africa is accompanying its political transformation with a push for abiding social transformation, but the journey is just beginning, and some would say it has stalled. Archbishop Desmond Tutu has aptly described the current situation as “sitting on a powder keg.”<sup>3</sup> Three national cycles of free and fair elections and the adoption of a strongly rights-based Constitution attest to positive change. Yet the level at which this centralized transformation has filtered down to those previously disempowered is debatable. Beyond the ability to vote, the participation that the majority poor have in their governance is severely limited by the old top-down structures, mindsets and values. Despite consistent macroeconomic growth, the nation remains one of the most economically unequal in the world, unemployment hovers above 30%, and more South Africans live below the poverty line today than they did in 1994.<sup>4</sup> Government refers to this legacy of apartheid as “two economies in one country”, admitting that “entrenched inequalities continue to characterize the economy and act as a deterrent to growth, economic development, employment creation and poverty eradication”.<sup>5</sup> The racial groups designated as non-white by apartheid remain largely segregated and cut off from equal access to health care and education, with the exception of a small black middle class that has migrated from the poverty-stricken townships and rural areas to live and work in the wealthier cities.

As noted by the Bertlesmann report on social transformation in South Africa, government willingness to create inclusive structures may be hampered not so much by a lack of resources as by a lack of capacity due to inefficient administration, a professional skills deficit and a centralized approach.<sup>6</sup> A 2005 document published by the Western Cape Provincial Government of South Africa clearly noted this problem, highlighting the case of unequal service delivery in disadvantaged areas. The document promoted social capital as “an important...means or tool to address the prevailing gross inequalities and in the process ensure that the hitherto excluded communities obtain newfound access to opportunities, resources and information.”<sup>7</sup> The government’s interest in social capital follows a recent trend in public policy of developing countries to notice the capacity for development at the grassroots level.<sup>8</sup>

## **3. Conditions for optimising social capital**

The theory of social capital provides a means for analyzing networks of relationships at the grassroots level that can be enlisted in the process of social transformation. Social capital represents an ancient idea newly popularized. Developed by sociologists, it has been applied recently to fields as diverse as economics, community development, education and public policy.<sup>9</sup> As defined by Putnam, one its major proponents, social capital describes “features of social organization such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit”.<sup>10</sup> Field aptly summed it up as “relationships matter”.<sup>11</sup>

How do relationships matter in terms of bridging divides? A developing body of critical scholarship and research studies have revealed that social capital is not a solely positive term: more is not necessarily better. Particularly in segmented societies like South

Africa, strong social networks could result in solidifying the exclusion between ethnic groups.<sup>12</sup> A critical approach to social capital has identified five major conditions that optimize its usefulness for creating bonds of care in divided societies. These conditions help to explain why religious communities in South Africa are an underutilized resource and how interfaith solidarity provides a means for them to participate in social transformation.

First, social capital in the context of developing countries is particularly useful in *informal networks*. The number and scope of formal associations are a common measurement of social capital, but they are not its only manifestation. In fact, in his extensive study of social capital and development in rural Northern India, Krishna found that relatively few formal organizations existed; instead, most collective action took place through informal networks that worked together on particular issues as the need arose. Krishna concluded that informal associations had the most value for people in developing countries.<sup>13</sup> In religious communities of South Africa, the most dynamic and populous affiliations are with African Independent Churches in rural areas and Pentecostal Churches in townships, which function more relationally and have less formalized or hierarchical structures.<sup>14</sup> Such informal networks of care have great potential to meet the needs of the marginalized in their communities.

Second, social capital requires a *stock of social trust*, which is an available network of relationships that engender trust within a group. This stock is best generated by the strong ties of bonding capital, which exist within a homogenous group such as a family or small community organization. South Africa has a vibrant civil society, including over 50,000 local community-based groups that generate strong bonding capital and have helped to “organize the survival of marginalized groups”, according to the Transformation Index.<sup>15</sup> Within civil society, religious groups in particular represent what Cochrane terms “lifeworlds”, communities of lived value systems that can generate strong bonding social capital (Cochrane 2002). Over 80% of South Africans claim affiliation with a religious group (Statistics South Africa 2001). Most of these are considered Christian (with a majority in African Independent Churches), though there are dynamic communities of African traditional religionists, Muslims, Jews, Hindus, and Baha’is, among others.

Due to this strong affiliation, religious institutions have an unmatched reach in South African society, touching more South Africans on a weekly basis than any other institution. A study by the Unit of Religion and Development Research (URDR) commissioned by the National Research Foundation of South Africa in 2004 discovered that religious institutions ranked highest in terms of trust. They were also considered more able than any other institution, including government institutions, to address key social problems such as unemployment and HIV/AIDS.<sup>16</sup>

Third, effective social capital operates through *networks at multiple levels*. Social capital is a powerful resource, but this resource may be used to strengthen and advantage one group over another instead of fostering inclusion. Blomkvist noted that bonding capital is particularly susceptible to abuse in this fashion, as evidenced by tragedies like the Rwandan genocide.<sup>17</sup> By adding the dimension of bridging capital, social ties can be formed horizontally in heterogeneous groups. In South African society, bridging capital is needed to balance communal forms of religion that may perpetuate exclusion and discrimination. To the extent that religious communities are isolated from groups in other communities, their ability to foster inclusion and to adapt to diversity may be limited. A third dimension of social capital introduced by Wolcock is linking capital, describing ties that move vertically through power structures, connecting the disempowered with those in the centres of power.<sup>18</sup> Linking capital enables formerly excluded communities to access resources and services from government and from other wealthier communities. It also opens doors for participation and

communication between the centres and power and the margins. Networks of social capital that can incorporate all three levels have the highest potential for generating social transformation.

Fourth, in order to activate the stock of social capital into collective action, *mediating actors* are required between institutions and networks at multiple levels. Krishna noted that, while social capital can generate collective action, “effective collective action requires agents who recognize and who can help others take advantage of the opportunities that exist in their environment.”<sup>19</sup> These mediating actors may be individuals or organizations that possess expertise as well as access to institutions at the centres of power.

The shortage of mediating actors helps explain the underutilised potential of religious groups in South Africa. The aforementioned study by the URDR revealed that, in contrast to the trust engendered by religious communities and their huge potential for involvement in social transformation, their actual participation was primarily limited to emergency aid and handouts instead of sustainable development programs. The few successful programs commonly involved partnerships of local religious groups and the mediating actors of faith-based organizations or NGOs.<sup>20</sup> The organizations brought their expertise and broad networks to bear in activating the potential of the religious groups to work for transformation in their local communities.

Fifth, an awareness of power relations calls for *constructive interaction* between private networks and public institutions. Power imbalances and hierarchies in society and within networks of social capital tend to limit the effectiveness of social capital.<sup>21</sup> As noted earlier, the top-down approach to social transformation often adopted by the government of South Africa can make bottom-up approaches much more difficult. Government in many ways sets the agenda that civil society has to work with, as illustrated by the ongoing national controversy over AIDS treatment.<sup>22</sup> Ultimately, private groups cannot serve as a sustainable substitute for a functioning democratic state.

Additionally, the networks of social capital may themselves operate in a hierarchical manner, limiting the participation and initiative of their members and thus restricting the potential of social capital. In order for religious communities to effectively work for social transformation, they must be themselves transformed from structures that reinforce exclusion. Patriarchy, racism and authoritarianism commonly plague religious groups. Sooka has observed that privatized religious groups having limited interaction with the larger society may work against inclusion by retrenching racial groups into separate communities, thereby perpetuating practices that are not consistent with the human rights standards of the new South Africa.<sup>23</sup>

The optimal conditions for partnerships between private networks and government institutions are described by Grootaert and Van Bastelaer as a “constructive interaction” where:

the state and its institutions have the ability to provide an enabling environment in which local institutions can blossom and bring together local constituencies. At the same time, local institutions lend a measure of validity and stability to the democratic institutions of the state as well as those that enforce the rule of law.<sup>24</sup>

#### **4. Interfaith solidarity as a model to maximize social capital**

A critical approach to social capital helps to explain why the vibrant religious communities in South Africa, while possessing a high stock of social capital, are limited in their ability to participate effectively in social transformation. I propose that the five conditions that maximize the social capital of religious communities are largely met through

interfaith solidarity, defined as multi-religious and religious-secular coalitions unified around common goals. Interfaith solidarity as a term broadens the definition of solidarity as group unity to include a re-drawing of traditional group boundaries. It challenges the assumptions of what defines a group and introduces a plurality into group dynamics, a living community of unity with diversity.

As such interfaith solidarity provides a proven model for religious communities in South Africa to participate in overcoming exclusion because it can effectively marshal the resources of religious communities for social transformation. It is a proven model in a sense because of its effective application in social change movements, including Indian independence, the U.S. civil rights movement and Polish Solidarity. Interfaith solidarity added a powerful dimension to the anti-apartheid movement through the creation of diverse networks. Religious organizations like Jews for Justice, the Christian Institute and the Call to Islam joined with secular grassroots organizations in the struggle against apartheid. Informal networks of resistance of religious leaders like former Archbishop Desmond Tutu and Imam Hasan Solomons, now a Member of Parliament, provided moral legitimacy to the struggle, breaking the exclusion of apartheid by marching and praying together.<sup>25</sup>

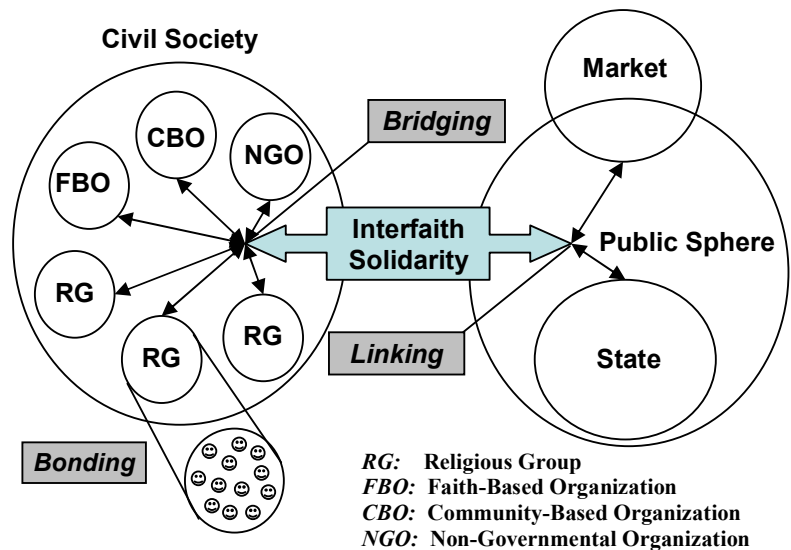
Returning to the current struggle for inclusion, interfaith solidarity can enable religious communities to participate more effectively in networks of care and advocacy at multiple levels of society (see figure 1). This model is demonstrated in the struggle to care for those suffering with HIV/AIDS.

The *informal nature* of ad-hoc networks allows individual communities to maintain their distinct identities while participating in networks around shared goals. Secular organizations like the highly-effective Treatment Action Campaign are able to work together with religious groups in broad-based coalitions for advocacy and for treatment, with each maintaining its own unique identity and goals. In such partnerships, NGOs provide the technical expertise and advocacy experience, while religious groups can bring to the table people power and spiritual vision.<sup>26</sup>

In the ad-hoc coalitions of interfaith solidarity, *mediating actors* abound who can capitalize on the *stock of social trust* available in religious communities. Faith-based organizations such as Positive Muslims and Fikilela (Anglican Church) mobilize their religious communities to action by providing education, training in home-based care, and the expertise to effectively meet needs of AIDS patients. For example, Fikilela has equipped local parishes to form groups for raising awareness within the parish, then provides training in home-based care or church-based AIDS orphan care. The members of the group are encouraged to join with other local organizations and religious groups to increase their effectiveness.<sup>27</sup>

Interfaith solidarity facilitates *constructive interaction* between religious groups and government. The case of the Catholic Church in South Africa provides a relevant example. It joined in partnership with other faith-based groups and the Treatment Action Campaign to spur a reluctant government in 2004 to adopt an aggressive Anti Retroviral (ARV) treatment program through public demonstrations, high-profile court cases, and effective use of mass media. Recognizing the need to get treatment started quickly, the church pioneered a jumpstart program in regions that the government was unable to reach, using its own networks of hospices and local parishes. The church rapidly developed treatment programs in five different forms depending on the needs and resources of each community. Within one year it had developed the largest private anti-retroviral treatment program in the nation.<sup>28</sup>

The dual strategies of cooperation and advocacy reinforce each other. Grassroots engagement provides support for advocacy; advocacy works to create better structures for engagement. The involvement of religious groups in these coalitions has added a moral legitimacy to the campaigns that would otherwise be lacking and amplified their own



**Figure 1. Interfaith solidarity maximizes the bonding potential of religious communities by adding bridging and linking capital.**

advocacy campaigns on behalf of treatment; additionally, religious involvement in the coalition has challenged traditional religious reluctance to proactively address the issue in their local religious communities, thus helping to transform religious groups from within.<sup>29</sup>

These brief examples demonstrate how interfaith solidarity *adds needed levels of bridging and linking capital* to religious groups' ability to foster bonding capital. The creation of heterogeneous ties at multiple levels of society enables religious groups to infuse society with lived values and opens a potential conduit for internal transformation.

## 5. Conclusion

As Archbishop Tutu has cautioned, South Africa may well be sitting on a powder keg ready to ignite into renewed communal conflict. This paper has delved into the potentially explosive element of religion, finding in it a rich resource for lasting social transformation as well as the potential to perpetuate exclusion. The model of interfaith solidarity has been shown to provide a means for enabling religious communities in South Africa to participate effectively in social transformation, from caring for AIDS patients to challenging government to more proactively deal with the pandemic.

More study is needed to critically examine interfaith networks through the lens of social capital. From this limited examination it seems that interfaith solidarity can be an effective model for religious groups' involvement in creating bonds of care in segmented societies. This is because it optimizes and activates the potential of social capital networks of religious communities. Interfaith solidarity takes the rich stock generated by religious groups' strong bonding capital, adding to it the balancing dimensions of bridging and linking capital. Through the creation of informal networks and mediating actors, it mobilizes people of faith into effective action. By enabling constructive interaction with government that is both participatory and critical, it motivates shared social action; by opening a conduit for involvement between religious communities and the public sphere, it challenges entrenched hierarchies within religious groups and facilitates internal transformation. Interfaith solidarity

can ideally connect the struggle of AIDS survivors like J.L. to live with dignity to the broader need for structural change in societies of exclusion worldwide.

### Notes

- <sup>1</sup> M de Waal, 'Turning the Tide', Southern African Catholic Bishops Conference, viewed 1 September 2007, <[http://www.sacbc.org.za/pdfs/aids\\_office/DE%20WAAL%20Turning%20the%20Tide.pdf](http://www.sacbc.org.za/pdfs/aids_office/DE%20WAAL%20Turning%20the%20Tide.pdf)>
- <sup>2</sup> O Shisana, et. al, 'South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005', HSRC Press, viewed 1 September 2006, <<http://www.hsrcpress.ac.za/product.php?productid=2134>>
- <sup>3</sup> BBC News, 'Transcript: Desmond Tutu Interview', British Broadcasting Company News, viewed 1 September 2007, <<http://news.bbc.co.uk/2/hi/africa/4961144.stm>>
- <sup>4</sup> Bertelsmann, 'Transformation: South Africa', *Bertelsmann Transformation Index*, viewed 1 September 2007, <<http://www.bertelsmann-transformation-index.de>>
- <sup>5</sup> Government of South Africa, 'South Africa's Economic Transformation: A Strategy for Broad-Based Black Economic Empowerment', South African Government, viewed 1 September 2007, <<http://www.info.gov.za/otherdocs/2003/dtistrat.pdf>>
- <sup>6</sup> Bertelsmann, loc. cit.
- <sup>7</sup> I Swart, 'Churches as a Stock of Social Capital for Promoting Social Development in Western Cape Communities', *Journal of Religion in Africa*, vol. 36, 2006, pp. 346-378.
- <sup>8</sup> cf. A Krishna, *Active Social Capital: Tracing the Roots of Development and Democracy*, Columbia University Press, New York, 2002; Swart, loc. cit.
- <sup>9</sup> cf. J Field, *Social Capital: Key Concepts*, Routledge, London, 2003.
- <sup>10</sup> R Putnam, 'Bowling Alone: America's Declining Social Capital', *Journal of Democracy*, vol. 6, January 1995, p. 67.
- <sup>11</sup> J Field, op. cit., p. 1
- <sup>12</sup> cf. H Blomkvist, 'The Indian Mystery', in *Social Capital and Participation in Everyday Life*, P Dekker & E Uslander (eds), Routledge, London, 2001, p. 75.
- <sup>13</sup> Krishna, op. cit., p.5.
- <sup>14</sup> For an overview of dynamic religious groups and social change in South Africa, cf. R Garner, 'Religion as a Source of Social Change in the New South Africa', *Journal of Religion in Africa*, vol. 30, August 2000, pp. 310-343.
- <sup>15</sup> Bertelsmann, loc. cit.
- <sup>16</sup> J Erasmus, 'Religion and Social Transformation: A case study from South Africa', *Transformation*, vol. 22, no. 3, 2005, 139-148.
- <sup>17</sup> Blomkvist, op. cit., p. 77.
- <sup>18</sup> M Woolcock, 'The Place of Social Capital in Understanding Social and Economic Outcomes', *Isuma*, vol. 2, no. 1, 2001, pp. 11-17.
- <sup>19</sup> Krishna, op. cit., pp. 12-13.
- <sup>20</sup> Swart, op. cit., pp. 375-376.
- <sup>21</sup> cf. Field, op. cit., p. 74; N Lin, *Social Capital: A Theory of Social Structure and Action*, Cambridge University Press, Cambridge, England, 2001, pp. 165-183.
- <sup>22</sup> cf. BBC News, 'South Africa's broken HIV promises', viewed 1 September 2007, <<http://news.bbc.co.uk/1/hi/world/africa/4482007.stm>>
- <sup>23</sup> Interview with Y Sooka, Director of the Human Rights Foundation, Pretoria, South Africa, 13 November 2005.
- <sup>24</sup> C Grootaert and T Van Bastelaer (eds), *The Role of Social Capital in Development: An Empirical Assessment*, Cambridge University Press, Cambridge, England, 2002, p. 342.
- <sup>25</sup> cf. F Esack, *Qur'an, Liberation and Pluralism: An Islamic Perspective of Interreligious Solidarity against Oppression*, Oneworld, Oxford, 1997.
- <sup>26</sup> Interview with Y Sooka, loc. cit.
- <sup>27</sup> S Kareithi, J Rogers and R Mash, 'Transformation within the HIV/AIDS Context: Lessons from the Fikelela Initiative in the Diocese of Cape Town', *Transformation*, vol. 22, no. 2, 2005, p. 107.
- <sup>28</sup> A Munro, 'The Catholic Church and the provision of antiretroviral treatment', Southern African Catholic Bishops Conference, viewed 1 September 2007, <[http://www.sacbc.org.za/pdfs/aids\\_office/ARTICLE,%20Munro,%202005.pdf](http://www.sacbc.org.za/pdfs/aids_office/ARTICLE,%20Munro,%202005.pdf)>
- <sup>29</sup> For a detailed case study of internal transformation on the issue of AIDS in the Anglican Church of South Africa, cf. S Kareithi, op. cit., pp. 106-114.

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*Jonathan Smith* is an English Instructor at Lebanese American University in Beirut. He holds MA degrees in International Peace Studies and Linguistics.