Social Capital and Social Inclusion

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Abstract

The role of social environments as determinants of health and well-being has been increasingly recognized. Among these social environmental components, social capital has received considerable attention in diverse fields. It has been theorized that social capital is a primary social determinant of health. Research studies have revealed a positive link between social capital and health. Social capital is perceived as the resources that are available to the person through his/her social networks. Social capital has been shown to be closely linked with social connectedness and social support. The social capital that the person has can

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enhance his/her social connections and lead to social support and vice versa. This chapter discusses the importance of social capital and social support on the social exclusion or inclusion of individuals. Theoretical frameworks of social capital, social connectedness, and social support will be discussed. The impact of social capital, and social support on the health and well-being of people will be included. The link between social capital, social support, and social inclusion will also be discussed.

Keywords

Social capital · Social connectedness · Social support · Social inclusion · Social exclusion

1   Introduction

> Being unwanted, unloved, uncared for, forgotten by everybody—I think that is a much greater hunger, a much greater poverty than the person who has nothing to eat — Mother Theresa (Costello 2008, p. 14)

There has been increasing recognition of the role of social environments as determinants of health and well-being. Among these social environmental components, social capital has received considerable attention in diverse fields (Agampodi et al. 2015; Moore and Kawachi 2017; Paarlberg et al. 2018). It has been suggested that social capital is a primary social determinant of health (Han et al. 2018). Many researchers have examined the link between social capital and physical health outcomes (van Hooijdonk et al. 2008; Vincens et al. 2018). More recently, the association between social capital and mental health issues has also been examined (Han and Lee 2015; Kim et al. 2017a, b; Wilmot and Dauner 2017; Han 2019). Research studies have revealed a positive link between social capital and health (Han 2019).

In general, social capital is perceived as the resources that are available to the person through his/her social networks (Han 2019). A sociologist, Durkheim, who theorized social capital and suicide at the end of the nineteenth century, suggested that suicide rates were closely linked with stratums of social ties. Since the late 1970s, evidence of a general association between health statuses and social integration has been well established, revealing that individuals with tenacious social ties had mortality rates half or a third of those with fragile social networks (Field 2017).

Research has suggested that social capital is closely linked with social connectedness and social support. The social capital that the person has can enhance his/her social connections and lead to social support and vice versa. This chapter discusses the importance of social capital and social support on the social exclusion or inclusion of individuals. Theoretical frameworks of social capital, social connectedness, and social support will be discussed. The impact of social capital, and social support on the health and well-being of people will be included. The link between social capital, social support, and social inclusion will also be discussed.

2   Social Capital

Fundamentally, social capital underscores the influence of community connections between individuals in promoting and empowering collective action to occur (Whiteley 2015). Social capital, according to Bourdieu (1986, p. 248), refers to "resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition—or in other words, to membership in a group—which provides each of its members with the backing of the collectivity-owned capital, a 'credential' which entitles them to credit." To Putnam (2000, p. 19), social capital signifies "social networks and the norms of reciprocity and trustworthiness that arise from them." There are two main concepts in social capital that have been identified by scholars: "social networks and trust (or norms of reciprocity)" (Lee 2018, p. 37).

The social capital concept has its origins in an examination of the role of communities in human society. This traverses back to the writings of Greek philosophers such as Plato and Aristotle. Social capital has been studied by a number of sociologists including Durkheim, for his well-known study of suicide (as pointed out above). However, social capital has achieved its eminence from the work of three luminary theorists: Pierre Bourdieu (1986), James Coleman (1988), and Robert Putnam (1993) (Whiteley 2015).

Coleman theorizes that social capital enables society to do things that, without it, might not be able to achieve. Coleman (1990, p. 302) suggests that social capital is "productive, making possible the achievement of certain ends that would not be attainable in its absence." For Bourdieu, the links between individuals in social networks are important. Putnam (2000) proposes two distinguished types of social capital: bonding bridging social capital. Bonding social capital refers to a strong social connection between closed group members, including family members, neighbors, close friends, and religious group members or groups that share similar social characteristics (e.g., social class, race/ethnicity, gender, and age). Bridging social capital indicates a more detached link between members of divergent groups, for example, youth groups or across groups of different social statuses (Moore and Kawachi 2017; Lee 2018).

Recently, the concept of cognitive social capital has been included in the literature of social capital. The concept is discussed in comparison to the structural social capital dimension discussed above. This dimension of social capital denotes the feeling about the social relationships of people, including reciprocity and trust (Han 2019). Trust refers to the confidence or belief that someone is honest, truthful, and reliable. It symbolizes a critical "moral resource" that exists within social networks and facilitates "collective action and social solidarity" (Moore and Kawachi 2017, p. 514).

The structural dimension can be identified as the cognitive dimension of social capital. In mental health, for example, structural social capital may affect mental health through social support networks that enhance accessible resources, including appropriate housing, job opportunities, better access to local facilities, and health promotion information. However, cognitive social capital may impact mental health

via psychosocial channels that provide support for the improvement of self-esteem and other means that can guard against the impact of negative life events (Han 2019).

However, social capital does not uniformly exist among individuals and communities (Cai 2017). There is inequality of social capital that individuals may have in both the quantity (such as the number of social networks) and quality of social capital that they can enjoy (Baheiraei et al. 2016, 2018; Cai 2017; Shadi et al. 2018, p. 244). Social capital is inextricably linked with inequality in social class, ethnicity, and gender (Verhaeghe and Van de Putte 2012; Ferlander et al. 2016; Paarlberg et al. 2018; Pinillos-Franco and Kawachi 2018; Vincens et al. 2018). Social capital can in itself lead to inequality because a connection to social networks is unequally dispensed. As Field (2017, p. 50) puts: "Everyone can use their connections as a way of advancing their interests, but some people's connections are more valuable than that of others."

Although all forms of social capital can result in improvement in the life of individuals through different means, they can also generate negative consequences. This is particularly so for bonding social capital. Negative outcomes might occur within particular contexts because of extreme demands, restricted freedoms, limited opportunities, and strong pressures (Moore and Kawachi 2017). For instance, having bonding social capital within a setting of limited resources may provide a positive outcome, for example, a strong sense of belonging, but it can also be "a liability," when "social obligations become excessive and down levelling norms are prevalent" (Moore and Kawachi 2017, p. 513). Bonding social capital excludes nonmembers, and this will restrict the transfer of knowledge between social groups. Bonding social capital can enforce collective endorsements on social norm violations; this is likely to create mental distress among the members (Lee 2018).

3   Social Capital and Health and Well-Being

Social capital and health are intricately linked (Moore and Kawachi 2017; Lee 2018). Social capital can impact both mental and physical health. Putnam (2000) claims that happiness is best determined by the breadth and depth of a person's social network. According to Putnam (2000), as social connection decreases, the risk of depression and suicide has been shown to increase.

The link between social capital and health has started to receive more attention in the late 1990s and early 2000s when it was apparent that the socioeconomic status of individuals is inextricably linked with inequality in health. Social capital was seen as a potential moderating factor to reduce the impact of income inequality on health. Lee (2018, p. 37), citing Szreter and Woolcock (2004), suggest that there are three viewpoints on the impact of social capital on health:

> (i) a social support perspective holds that informal networks are central to welfare; (ii) an inequality perspective argues that economic inequalities erode citizens' sense of social justice and inclusion, which in turn gives rise to anxiety and limits life expectancy; and (iii) a political economy perspective claims that the socially and politically mediated exclusion from material resources leads to poor health.

But how does social capital influence health? In his writing, Putnam (2000, p. 327) posits that there are four main reasons for this. First, social networks of individuals can provide perceptible physical support, and this in turn helps to curtail stress. Second, social networks can bolster healthy patterns. Third, individuals with social networks are likely to be able to effectively campaign for healthcare services. Fourth, social interaction between individuals may trigger the body's immune system.

Recently, Lee (2018, p. 39) provides discussions about the influence of social capital on health and well-being. First, social capital can enhance the mental health of an individual. Social trust and network and can diminish stress from fear and anxiety about the presence and actions of other people. Social capital within one's neighborhood offers social support as well as functions as the source of collective recognition and self-confidence. These are referred to as the "compositional health effects of social capital" (Veenstra et al. 2005, p. 2800). Second, social capital can act as health-promoting channels through the sharing of information among group members. Through social networks, group members can obtain pertinent, up-to-date, and accurate health information. This in turn assists the social group to make the correct decisions for health improvement. Third, social capital may function as social support and control. Through social networks, individuals can influence the behavior of others. Through informal social control, social capital can encourage healthy behaviors. For example, deviant health-related behavior of others in a community (such as smoking and alcohol use) can be sanctioned by members of the group. Importantly, social capital offers diverse forms of social support such as social assistance in coping with stressful life events. Fourth, social capital energizes social and political circumstances that impact health. This is referred to as the "contextual effect of social capital" on health (Veenstra et al. 2005, p. 2800). For example, social networks can mobilize people toward the adoption of a green zone or against local natural disasters. Social trust strengthens people to lobby governments to ensure access to public health care in the community.

Social capital is more important determinant of health in low socioeconomic locations (see Story 2013), and in less-developed nations where public health infrastructure tends to be limited. In these settings, social capital may function as a stand-in for healthcare. Social capital offers entry to healthcare services in deprived neighborhoods (Lee 2018), and in remote and sparsely populated areas like Bhutan (Herberholza and Phuntsho 2018).

4   Social Connectedness and Health

> Our social connections to others have powerful influences on health and longevity and that lacking social connection qualifies as a risk factor for premature mortality. (Holt-Lunstad 2018, p. 437)

Social connectedness (or social connection) has been adopted as a discursive term to refer to the multifarious means that individuals connect to others emotionally, physically, and behaviorally (Holt-Lunstad 2018, p. 440). The term embraces
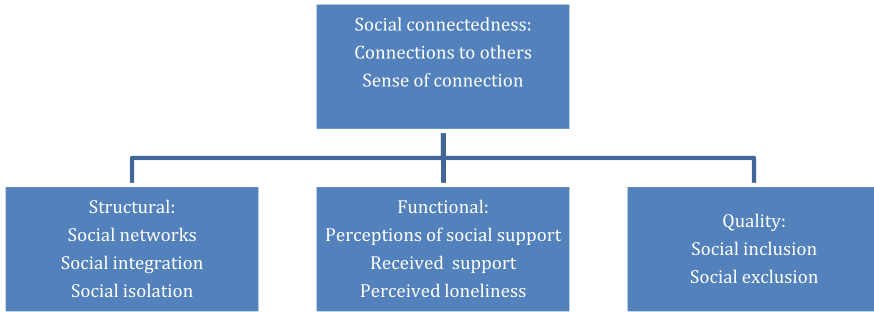
Fig. 1 Social connectedness

functional, structural, and qualitative facets of social relationships that lead to protection and risk (Holt-Lunstad et al. 2017, p. 518). Figure 1 represents the salient features of social connectedness.

According to Holt-Lunstad (2018, p. 440), the extent to which an individual is socially connected is based on multifarious components. These include:

- Connections to others through the presence of liaisons and their characters
- A sense of connection that emerges from perceived or actual inclusion or support
- The sense of connection to others that is based on positive and negative conditions

Social connectedness has also been referred to as a facet of the self that mirrors "subjective awareness of interpersonal closeness." Ang et al. (2017, p. 1991) contend that "this sense of closeness is a critical component of one's sense of belonging." It rests on the acquired experiences of close or distant relationships. Thus, social connectedness is "an enduring and ubiquitous experience of the self in relation to the world" (Ang et al. 2017, p. 1991). For many individuals who are at risk of social exclusion, social connectedness is critical (Ang et al. 2017).

Social connectedness has been found to enhance individuals' health and well-being (Ang et al. 2017). Adler (1930, p. 11) posited that as human beings, individuals have a basic need to belong, and it is this "social feeling" that clearly connects them to their social world (McNamara et al. 2017). Social connection is essential to human advancement, health and well-being, and continuity (Holt-Lunstad et al. 2017). It is also central to human functioning (Annear et al. 2017). It serves as a buffering impact in the face of life adversities (Seppala et al. 2013). Supportive social connections can serve as a capital to aid cushion negative life experiences and increase space for dealing with adversities through common coping means (Annear et al. 2017). Research evidence has revealed that feeling socially connected to ones' social networks is linked with reduced risk for ill-health and diseases (Holt-Lunstad et al. 2017).

Social connectedness is also intimately linked with subjective well-being. Socially active individuals who have good social ties tend to have lower levels of

emotional difficulties, but higher levels of happiness and resiliency. A lack of social connection can result in more psychological distress as well as endangers the person's ability to immerse in positive social relations (Seppala et al. 2013).

The gravity of social connectedness for mental health and well-being is well-recognized. Social connectedness helps individuals experiencing mental health problems to deal with their negative lived experiences. It has been suggested that social connectedness can delay the development of mental ill-health such as depression and suicidal behavior (Teo et al. 2013; Kleiman et al. 2014; Panagioti et al. 2014). It also increases the tendency for these individuals to seek help (Andrea et al. 2016; McKenzie et al. 2018).

Among young people, strong social connectedness serves as a protective factor against diverse risk behaviors. Social connectedness reduces the feeling of loneliness, anxiety, and stress, and this cultivates positive mental health outcomes among young people (see Pang 2018; Bano et al. 2019). Linkages to the social world are crucial for feelings of belonging, self-identity formation, and cultivating personal interests (Mamatis et al. 2019).

For older adults, social connectedness may increase access to, and use of, health care and social services (see Kim and Shen 2020; Zhao et al. 2020). It has assisted men who are at risk of social isolation to be more socially connected. A good example of an attempt to create social connectedness among men is the initiation of Men's Shed in Australia. Men's Sheds were developed in Australia in response to the well-being of retired men. Men's Shed is a volunteer-based, not-for-profit, grassroots community exercise that offers spaces for men to be involved in diverse activities in a supportive environment. The Sheds attempt to close the gap between paid work and retirement for older men as they are the space these men can take part in social programs and become engaged in community activities. This initiative has gained great interest internationally, in particular in the UK, Ireland, and continental Europe. Men's Sheds also provide men with the occasion to support each other by sharing their experiences and concerns about health and relationships (Ang et al. 2017, p. 1987).

In their research on Men's Sheds and human resource management (HRM) in Australia, Ang et al. (2017, p. 2007) suggest that Men's Sheds "provide a conducive environment through HRM" where the men "can seize opportunities to build relationships and enhance their health and well-being." Men's Sheds serve as an important means for older and retired men to continue their social engagement with the community. Their findings reaffirm the value of the maintenance of social connection for older men with the community.

5   Social Support

Connectedness with others is closely associated with increased social support that benefits individuals through help with emotional burdens and everyday life activities (Mamatis et al. 2019). Framed within the social capital theory, the social capitals of a person are essential to their capability to deal with pressures and difficulties in life

(White et al. 2019). These social capitals include the person's access to social support (such as perceived or actual assistance from others), the perception of belonging, the intensity of engagement, and social integration with various relationships (Hawkins and Mitchell 2017; White et al. 2019). Social support has been perceived by the World Health Organization as a determinant of health (Holt-Lunstad et al. 2017).

There have been several definitions of social support. Cohen (2004, p. 676) refers to social support as "a social network's provision of psychological and material resources intended to benefit an individuals' ability to cope with stress." Cohen (2004, p. 677) also links social support to social integration, and it refers to "participation in a broad range of social relationships." Theoretically, social support can be symbolized as the type or quality of social interaction (Hawkins and Mitchell 2017).

According to Bloom et al. (2001), there are two distinct concepts of social support that most researchers have agreed upon. First is the "structural support" which refers to "the network of relationships" which is in place between individuals and others including relatives, friends, neighbors, and so on (p. 1513). The second aspect of social support is "functional support," and this includes tangible assistance, emotional support, and availability of information. Tangible or instrumental support refers to the specific assistance that others provide to the individual, such as financial assistance, household chores, childcare, or the provision of transport to medical appointments. Emotional support includes messages which signify that the individual is cared for, loved, and valued. It has been theorized that the perception of the availability of tangible and emotional support is more important than its actual occurrence (Drageset et al. 2012; Suwankhong and Liamputtong 2016; Dumrongthanapakorn and Liamputtong 2017). Informational support means the provision of knowledge that is relevant to the situation that the individual is encountering (Bloom et al. 2001).

Others may categorize social support into four groups. However, these four categories fall into the structural and functional supports as theorized by Bloom et al. (2001) as discussed above. For example, Fleury et al. (2009) and Hawkins and Mitchell (2017 suggest that social support involves four subtypes: emotional, instrumental, appraisal, and informational. Each type of support has its function but they play integrative roles in meeting the needs of individuals (Cohen et al. 2000). Emotional support involves feeling supported by another individual through an exhibition of emotions such as empathy or trust. An example of this is one person supporting another who has recently lost a family member by talking to them and empathizing. Instrumental support comprises of a tangible aid or service being provided by one person to another, such as the offering of bringing food around for someone who is sick. Appraisal support is the provision of information that can be utilized in self-appraisal, such as supporting someone else by stating "You're making the right decision." This will allow the individual to make their own decision but still feel supported. The final subtype is that of informational support, which involves the offering of advice, suggestions, or information by one individual to another on how to address a certain issue or problem. An example of informational support is a health care provider advising a patient on the best treatment plan for an illness.

Different social support can be obtained from different sources and may become essentially important at different stages and trajectories of a person's life. Often, these four types of support will not be given by the same person, and therefore a diverse support network is an ideal for someone to feel supported and socially included in society (Fleury et al. 2009). Some typical sources of support that a person may have can be from family members, close friends, peers, and health care professionals. They offer different levels of social support needed.

It has been posited that social support plays a crucial role in the health and well-being of people with serious illnesses (Hawkins and Mitchell 2017; White et al. 2019). The knowledge that social support is closely linked to health was first established by John Cassel. Cassel (1976) makes a compelling argument that "the quality of a person's social relationships, that is, the degree to which her relationships are more stressful than supportive (or vice versa) influences her susceptibility to disease independent of genetic endowment, diet, physical activity" (James 2017, p. 1032). He notes that limited or fractured social connections impacted the immune system of people. Thus, it rendered them more susceptible to ill-health. Since then, numerous researchers have attempted to understand the tie between social support and health and the influence of social ties on health and illness. Individuals who have no social support may have a poorer quality of life, especially among those who have ill-health. Social support assists individuals, who confront crises, to cope and manage their difficult lives better. Social support enhances human functioning and hence improves their quality of life.

Literature has suggested that social support is an essential means of reducing distress among people living with breast cancer. Many studies have confirmed that social support plays a vital role in promoting psychological health outcomes among individuals living with breast cancer (Drageset et al. 2012; Suwankhong and Liamputtong 2016; Dumrongthanapakorn and Liamputtong 2017; Zhang et al. 2018; Ure et al. 2019; Kugbey et al. 2020). Social support is linked with better health and quality of life for women living with breast cancer. Specifically, social support helps to decrease the stress associated with the diagnosis of breast cancer among the women, improve their emotional well-being, and produce positive changes in their lives. In contrast, women who have insufficient social support have a higher risk of psychosocial distress and depression, as well as the progression of their cancer.

6 Social Capital, Social Support, and Social Inclusion

> The effects of social exclusion can be powerful and aversive, with long-term detrimental effects on wellbeing and increased risk for psychopathology. Social [support] therefore may offer a system that can be harnessed to enhance protection against the psychosocial and physiological burden of socially isolating experiences. (Liddell and Courtney 2018, p. 13)

Social capital, social connectedness, and social support are inextricably linked with social inclusion and exclusion (Wesselmann et al. 2019). The availability or lack of social support determines the sense of social inclusion and exclusion in an

individual. With social support, people will feel that they belong to the group or community. Additionally, the availability of social support signifies that they are valued by others in their social networks (Crocker et al. 2017; Wesselmann et al. 2019).

The interconnection between social connectedness, social support, and social capital that can increase social inclusion can be summarized in Fig. 2. Through social connectedness, individuals can cultivate social support and social capital which can allow them to engage in social participation thus increasing their social inclusion. Through social participation, individuals are likely to cultivate more social ties and expand their social capital that again leads to a higher level of social inclusion. Mamatis et al. (2019, p. 7) write:

> At the individual level, our social connections and relationships with individuals and groups can expand and strengthen our networks and social capital. Through our social networks and social participation, we identify common issues of interest or concern and find the material and cognitive resources that enable us to take action to address those issues. Likewise, through our engagement and social participation, there is an opportunity to form new social ties, develop trust in others, and expand our social capital.

To illustrate the point, two examples are included here. The main component of aging well is having a sense of connection with others (Rowe and Kahn 2015; Han et al. 2018). Social capital offers spaces for social interaction and social support that can benefit older persons (Coll-Planas et al. 2017; Park et al. 2017; Lager et al. 2015). Within a community, being aware of older individuals who are less mobile and require frequent help with daily activities offers a strong network of people who

Fig. 2 Social inclusion
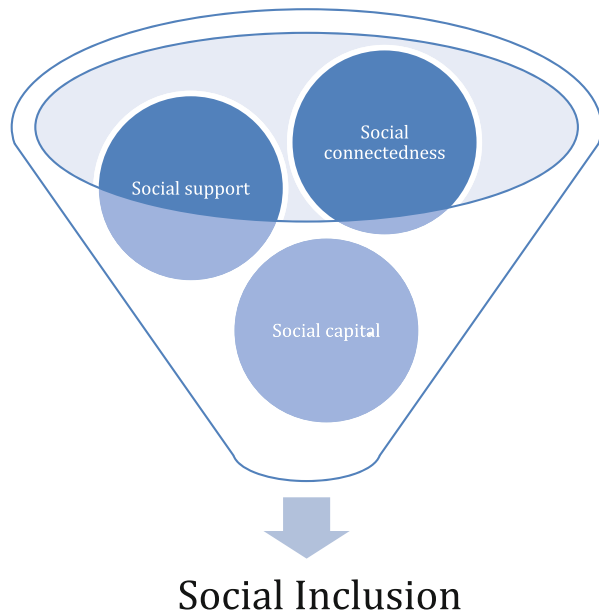
can provide help when needed (Fukui and Menjívar 2015). Additionally, relationships between neighbors provide informational and symbolic interactions, and this creates "a sense of safety, protection, and belongingness" for older persons that can also lead to the reduced risk of social isolation (Versey 2018, p. 2).

It has been well recognized within the area of disaster risk reduction (DRR) and community resilience research that social connectedness is a crucial source of support during and after a disaster. Community resilience is defined as the ability of a community to be able to regain from a disaster and to sustain life-changing adjustments using collective action in dealing with its impact (Patel et al. 2017; Wilkin et al. 2019). It is suggested that social support plays an important role in contributing to a community resilience that will assist the community to be able to recover and resume life after the shock of a disaster (Wilkin et al. 2019). Social support in the form of social capital can enhance the resilience of a community (Aldrich and Meyer 2015; Pfefferbaum et al. 2017). A recent disaster event (the 2017 floods in Houston, Texas) has shown the crucial role of social support and social capital, where residents are involved in the immediate response to floods and assist with longer-term recovery. According to Wilkin et al. (2019, pp. 1–2), this community support is built by the assumptions of social capital:

> Cooperation and collective action is facilitated by the participation of individuals and communities within different types of social networks, as well as by the trust and belief within and between these networks that this help would be reciprocated if and when needed, creating a sense of goodwill towards one another. This support can come from relationships within the affected communities or through linkages to other communities.

7   Conclusion and Future Directions

> Human beings greatly care about their friends and relationships, and such a caring, shown as social capital, has its own merits. The health effects of social capital are one of its main merits. (Shadi et al. 2018, p. 260)

This chapter has outlined important social concepts that have helped individuals to be able to cope with adversities in life including social capital, social connectedness, and social support. It has suggested that social capital is intently associated with social connectedness and social support. The social capital that the person possesses can enhance his/her social connections and lead to social support. This in turn will result in the social inclusion of the person. For those who lack social capital and social connections, they are less likely to receive social support and this renders them more socially excluded. The chapter has also suggested that social capital, social connectedness, and social support have a great impact on the health and well-being of individuals. Numerous research has shown the association between positive social capital, social connectedness, and social support to good health outcomes and vice versa.

It is clear that with the current social and political crises that we are facing, social capital, social connectedness, and social support will continue to play an important

role in the lives of many people around the globe. Not all people have access to social capital, connectedness, and social support as there are social inequalities among individuals and nations. Numerous chapters in this handbook have pointed to individuals and communities who are socially excluded due to their social and cultural positions in society. This is an urgent issue that must be addressed. Regardless of where we reside, with sufficient social capital, connection, and support, all of us will be more socially included, and thus being able to live a happier and healthier life. This will inevitably lead to a more just world for all of us.

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