

# Applying Theories of Capital to Understand the Role of Social Connections in Influencing Wellbeing: A Literature Review

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# Applying Theories of Capital to Understand the Role of Social Connections in Influencing Wellbeing: A Literature Review

This literature review critically reflects on contemporary literature across both social science and health science research which frames social connections as a determinant of health. The review brings together literature from both disciplines to contribute to the understanding of the role played by social connections in influencing wellbeing. Drawing upon a wide range of literature, the review initially synthesises the findings of previous research to identify the notable pathways through which social connections can influence wellbeing. The review evidences the specific role each one plays in terms of influencing individuals' wellbeing outcomes. Subsequently, theories of capital in the form of social capital, human capital, and family capital are applied to the pathways identified to theoretically underpin the processes through which social connections can influence wellbeing. Highlighting wellbeing as an outcome in a social science context draws attention to the patterns and mechanisms of social inequalities in wellbeing which are important for informing both relevant policies and future research. It is hoped that drawing on a body of literature which frames social connections as a key determinant of health can encourage the use of theories and concepts from social science such as the strength of weak ties theory, the homophily principle, and theories of capital in future health research.

## **Introduction**

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In its most basic form, social connection refers to the social ties between two or more people (Marin and Wellman 2011). As argued by Putnam (2000) ‘social connectedness is one of the most powerful determinants of our wellbeing’. This review draws upon contemporary literature to identify three main pathways through which social connections influence wellbeing: providing access to information (Coleman 1990, Putnam 2000), providing social support (Cohen and Wills 1985, Thoits 2011), and behavioural influence (Christakis and Fowler 2008, Umberson et al. 2010). It highlights how theories of capital can be applied to each of these processes to aid our understanding of the role played by social connections in influencing wellbeing. In addition to highlighting the relevance of theories of capital to understanding these relationships, this review also draws upon relevant social science concepts to demonstrate how they can be adopted by those who seek to explore the role of social factors in influencing health outcomes. The sociological concepts drawn upon include the strength of weak ties theory (Grannovetter 1973), the homophily principle (McPherson et al. 2002, Centola 2011), and the concepts of bridging and bonding social capital (Putnam 2000).

Understanding individuals’ social actions can be done through two academic perspectives (Coleman 1988). The economic perspective views individuals’ decisions as independent, existing out with their social relations and interactions with others. Conversely, the sociological perspective understands individuals’ actions as determined by social processes, many of which involve interactions with others (Coleman 1988). This review adopts the sociological perspective of social action and emphasises the importance of social context in understanding individuals’ behaviours and outcomes. The review demonstrates that our understanding of social actions, and how they can be shaped by social connections, can be enhanced through the theoretical application of social, human, and family capital.

Much of the research which has explored the relationship between social connections and wellbeing provides evidence of a broad influence of social connections on wellbeing outcomes. This review provides a novel approach by drawing upon this research and synthesising previous findings on how connections can influence wellbeing to identify three distinct pathways through which social connections influence wellbeing. Theoretically, previous research which has focused on the social determinants of health and wellbeing have adopted theoretical approaches which draw upon a single theory of capital, with social capital being the most prominent. By rejecting the notion that a single theory of capital can fully explain the role of social connections in influencing wellbeing, this review incorporates three theories of capital which each make unique contributions in terms of aiding our understanding of the role social connections have in influencing wellbeing.

The review has three key aims. Firstly, it aims to provide evidence that supports conceptualising social connections as a social determinant of wellbeing. Secondly, it aims to identify the pathways through which social connections can influence wellbeing outcomes, demonstrating the importance of emphasising social context when seeking to explore these pathways. Thirdly, it aims to evidence how theories of social, human, and family capital can be applied to the pathways identified to aid our understanding of the role social connections have in influencing wellbeing.

## **The Role of Social Connections in Influencing Wellbeing**

Wellbeing is a concept that incorporates aspects of happiness, satisfaction with life, self-esteem, and morale (Bowling 2005). Previous research into the determinants of wellbeing has drawn upon the influence of social relationships in terms of their structure and function (Berkman and Glass 2000, Dahlgren and Whitehead 2001, Marmot and Wilkinson 2005, World Health Organisation 2008). The structure of relationships can determine their function for the individual. Aspects of relationship structure such as geographical proximity, frequency of contact, and relationship composition can

determine the nature of the resources which can be derived from the connection and their effectiveness (Ajrouch et al. 2005, Farmer et al. 2019). In the 2019 *'Healthy Social Connections'* report, Farmer and colleagues argued that the feelings and resources individuals derive from their social connections are required to maintain their wellbeing. To derive such benefits, individuals invest their time and emotional attachment into their relations with others (Farmer et al. 2019). Investing in social relationships provides a sense of meaning, belonging, security, self-worth, and identity to the individual (Zhou et al. 2013), all of which are associated with the maintenance of wellbeing.

In addition to the structure and function of their social relationships, individual's outcomes can also be influenced by the circumstances and behaviours of their social connections (Christakis 2004, Christakis and Fowler 2008). Rook and colleagues (2011) conceptualised social networks as consisting of three domains: companionship, social support, and social control. They noted that each of these aspects have distinct functions for the individual which are relevant to their wellbeing outcomes (Rook et al. 2011). This makes the study of social connections a key area of focus when seeking to explore the determinants of wellbeing.

An integral part of this review included synthesising the findings of previous research to identify the most notable pathways through which social connections can influence wellbeing. The following section discusses the results of this process, outlining three main pathways: providing access to information, providing social support, and behavioural influence.

**Information Access** - Bourdieu (1977) characterised social networks as the spaces where capital is generated, and resources are shared. Information is a particularly important resource which can be shared by social connections (Rostila 2010) as it can contribute to the maintenance of wellbeing (Farmer et al. 2019). The type of social connection determines the nature of the information they can provide, and some are more useful for wellbeing than others. The strength of weak ties theory (Granovetter 1973) maintains that strong ties, which are close connections with frequent contact, may be less likely to provide access to new people from different social groups. However, weak ties which are more distant and often widely scattered in an individual's social network are conventionally more efficient at disseminating information (Kawachi et al 2008). This can result in access to diverse information and resources which would not otherwise have been available (Granovetter 1973). The

provision of information can bring benefits to the individual in the case of knowledge about health and healthcare. Evidence has shown that receiving health information from peers is more empowering than receiving the same information from health professionals (Cotterill and Taylor 2001). This is particularly interesting in the context of autonomy, as having access to reliable information can empower individuals to make autonomous decisions about their health or other aspects of their lives which can be beneficial for their wellbeing.

In addition to using new information to improve their wellbeing, individuals can benefit from information provided by their social connections by utilising information about opportunities to enhance their own position. Granovetter (1973) notably theorised that weak ties can provide access to desirable connections such as job contacts. We can conclude from this that weak ties play an important role in an individuals' scope for social and economic mobility. In instances where weak ties have provided links to others in favourable occupational positions, the use of weak ties to get jobs has been associated with greater occupational achievement (Lin et al. 1981). Having an advantaged occupational position can promote wellbeing in several ways such as through increased job satisfaction (Faragher et al. 2013), increased job security (Benach et al. 2014), improved physical working conditions (Galobardes et al. 2007), as well as the general social advantage which can come from a holding a higher occupational position (Sacker et al. 2001). Much of the research on the relationship between social connections and wellbeing has focused on the importance of strong ties, such as family and friends, in this relationship (Sandstrom and Dunn 2018). However, the importance of weak ties in influencing wellbeing should not be understated as they are often associated with 'getting ahead' while strong ties are useful for 'getting by' (Barr 1998, Putnam 2000, Harper and Kelly 2003).

**Social Support** – Social connections can provide benefits to the individual through the provision of social support. One of the benefits it can derive is protecting wellbeing. Social support can be regarded as a 'buffer' of stress which forms a defence against the negative effects of stressful life events (Stephoe 2000). Reducing the effects of stress can also reduce the likelihood of adopting behaviours which could be detrimental for wellbeing (Berkman and Glass 2000). We can differentiate between received support and perceived support with received support being support which connections have previously provided, and perceived support being the individuals perception of support which may

be available to them. Research into the effects of perceived support have consistently found that the knowledge that support is available is beneficial for wellbeing (Ferraro and Koch 1994, Adriaansen et al. 2011). Social support has been shown to protect wellbeing in two ways. Firstly, an individual may simply report greater wellbeing when they are in receipt of support. Alternatively, wellbeing may be protected due to the specific process of social support buffering the negative effects of stress (Cohen and Wills 1985).

Much of the research into the positive effects of social support focuses on the provision of emotional support which tends to be provided by close social connections and include an element of trust within the relationship. The effectiveness of emotional support is often determined by the nature of the relationship. The volume of support provided by a social connection, and its effectiveness, can be determined by factors such as how often they contact the individual, how close they live, and the strength of the relationship (Ajrouch et al. 2005). Different types of relationship can provide different types of support, for example romantic partners are often associated with emotional support (Berkman and Glass 2000, Bott 2014), whereas family relations may be associated with financial support (Bott 2014). When compared to alternative types of support, research has consistently shown that emotional support is particularly influential for wellbeing (Ferraro and Koch 1994).

**Behavioural Influence** – Social connections are also important for individuals' wellbeing as they can have an influence on their behaviours. Marmot and Singh-Manoux (2005) argued that health behaviours are never voluntary, instead they are determined by and ingrained into social structures and patterns of interaction. Previous research has suggested that norms, which can lead to unhealthy behaviours such as obesity (Christakis and Fowler 2007) and drug abuse (Christakis 2004), can be reinforced by social connections. Behaviours can spread through the process of contagion in which a particular behaviour spreads from one person to another (Brook et al. 1983). This can be partly explained by the principle of homophily which refers to the increased likelihood of people who are similar becoming acquainted than those who are dissimilar (McPherson et al. 2002, Centola 2011). Previous research has indicated that the behaviours most likely to be influenced through homophily are unhealthy and anti-social behaviours (Brechtwald and Prinstein 2011). Centola (2011) noted that the

principle of homophily can lead less healthy individuals to interact with one another, which reduces their potential to make ties with healthier individuals.

Health behaviours can also be influenced through the creation of shared group norms which regulate the behaviours of its members. One way this group process can be explained is through the concept of assimilation which refers to the increased likelihood of an individual adopting behaviours to emulate that of the group (Pearson et al. 2006). Previous research has consistently shown a strong association between the concept of assimilation and adopting certain dietary behaviours (Akresh 2007, Antecol and Bedard 2006). Alternatively, the adoption of behaviours in a group context can be explained through the concept of the ‘habitus’ which can be understood as a range of internalised behaviours defined by exposure to specific social situations (Bartley 2004).

Therefore, the role played by social connections in influencing wellbeing is well demonstrated in the literature. This review has identified information access, social support, and behavioural influence as key areas of advancement in the social connections literature. To better understand how these three pathways can influence an individual’s wellbeing, considering them through the lens of theories of capital can provide a greater understanding of the social processes at play which can all have consequences for wellbeing.

## **Theories of Capital**

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Theories of capital were characterised by Coleman (1988) as ‘conceptual tools’ for use in understanding individuals in certain social contexts. The most widely discussed dimensions of capital are the three dimensions of social, economic, and cultural capital discussed by Bourdieu in the 1970’s and early 1980’s (Siisiainen 2003). This review with its central focus on the role of social connections in influencing wellbeing argues that to better understand these processes, alternative theories of capital in the form of human and family capital are more useful in this context. Social capital is arguably the most powerful theoretical tool to aid our understanding of the influence of social connections as it can help to explain several mechanisms that directly or indirectly impact wellbeing (Kawachi and Berkman 2000). The function of social capital in this context will be expanded in a later section.



Cultural capital is relevant to the role of social connections in influencing wellbeing as the volume possessed indicates the socially shared cultural resources in the form of norms, values, and behaviours which have consequences for wellbeing (Abel 2007). Habitus, an individual's subconscious culturally determined dispositions which inform their behaviour (Erickson 1996), plays a role in the internalisation of cultural norms which can influence health behaviours. Abel and Frohlich (2012) noted that cultural capital refers to the acquisition of symbolic information for the individual to take informed action. Family capital is also largely underpinned by notions of habitus in the form of family habitus (Gaddis 2013). The norms created through the family are often more influential for wellbeing than other types of social connections, such as friends and colleagues. They have been shown to play a role in influencing smoking behaviour (Thomeer et al. 2019), environmental attitudes (Stevenson 2019), and dietary choices (Pedersen et al. 2015). Therefore, this review takes the approach that family capital more specifically is a better tool in the context of explaining the role of social connection on wellbeing.

Economic capital can be used to help understand the process of social connections sharing resources such as material resources, opportunities, and information with the individual to protect their economic wellbeing (Hellerstein and Newmark 2020). The application of economic capital can aid our understanding of the influence of social connections on economic wellbeing. However, measuring levels of economic capital tells us about the quantity of resources an individual has, rather than how they use their capital to maintain their own wellbeing. Human capital focuses on individuals learned skills and resourcefulness rather than their material assets (Mirowsky and Ross 2005). Portes (1998) argued that 'economic capital can be found in peoples bank accounts whereas human capital can be found in their heads'. Based on this distinction, the application of human capital is a more theoretically compelling approach as it emphasises the way in which individuals learn behaviours from their social connections to mobilise their capital to protect their wellbeing. The following section provides an account of the ways in which each form of capital can aid our understanding of the three pathways discussed previously.

## **Social Capital**

Social capital can be defined as features of social structures which constitute resources for individuals (Coleman 1990, Kawachi and Berkman 2000, Putnam 2000). Social capital can be divided into bridging social capital and bonding social capital (Putnam 2000). Bonding social capital is associated with strong ties and supports reciprocity and solidarity in contrast to bridging social capital which is associated with weak ties and supports network expansion (Putnam 2000, Elgar et al. 2011). Bridging and bonding social capital also differ in their function as bridging social capital is useful for connecting people across social groups who are not alike (Szreter and Woolcock 2004), whereas bonding social capital is useful for providing emotional support to help individuals cope in their day to day lives (Zhang et al. 2011). As it is associated with weak ties bridging gaps with new connections, bridging social capital can be used as a conceptual tool for understanding the process by which social connections can influence individuals' wellbeing through providing them with access to new information. Bridging capital can also be used to explain the influence of weak ties on providing access to new opportunities (Putnam 2000). Those with higher levels of bridging capital have been associated with reporting greater incomes (Zhang et al. 2011), better self-rated health (Iwase et al. 2012), and increased life satisfaction (Bye et al. 2020).

Social capital can also aid our understanding of how connections can influence wellbeing through the provision of social support. Social support is often associated with bonding social capital as it is more likely to be provided by strong ties, where bonding capital exists, than by weak ties (Wellman 1979). Bonding capital can help us to understand the process of social connections protecting wellbeing as the social support they can provide has been associated with buffering the negative effects of stress (Thoits 1982, Steptoe 2000, Bartley 2004, Ministry of Social Development 2018). In addition to buffering the effects of stressful life events, social support has also been evidenced to influence wellbeing as it can impact

aspects of physical health, such as heart disease (Greenwood et al. 1996), and social life, such as community participation (Bartley 2004), which can impact wellbeing. Evidence has shown that the effectiveness of social support depends on the relationship structure and nature. As discussed by Arjouch and colleagues (2005) and Farmer and colleagues (2019), relationship factors such as geographical proximity, contact frequency, and relationship composition determine how effective resources are to the individual.

### **Human Capital**

Human capital can be defined as the knowledge, intelligence, skills, and capabilities possessed by an individual which may cause them to act in new ways (Coleman 1988). Mirowsky and Ross (1998) noted that human capital theory suggests education influences wellbeing by increasing effective agency, allowing individuals to exercise control over their lives to adopt a healthy lifestyle. Human capital can aid our understanding of how social connections influence wellbeing as human capital is often produced through relations with family members, particularly parents (Marginson 2019). The acquisition of knowledge and skills is often heavily influenced by the level and quality of parents' education as this can determine the cognitive environment within the household (Ferguson 2006). Parents attitudes towards education influences their children's attitudes which impacts the education, and therefore the human capital, they receive (Coleman 1988). This human capital can influence their wellbeing through education enhancing their knowledge about health and healthcare. This can influence the maintenance of wellbeing through their ability to communicate effectively with healthcare providers to ensure their care maximises their wellbeing. It can also allow the individual to make autonomous, informed decisions about their health (Marginson 2019). These decisions may involve the modification of certain behaviours to make them optimal for the maintenance of wellbeing.

Human capital can also act as a conceptual tool for understanding the role of connections in influencing wellbeing as it can explain the process through which individuals' uptake or refrain from certain behaviours because of their education. The types of health behaviours which can be influenced by education include dietary choices, exercise, and other health behaviours such as smoking and alcohol consumption (Bartley 2004). Education can also influence individual preventative health behaviours such as attending medical examinations, dental examinations, and receiving vaccinations (Coburn and Pope 1974). Human capital also encompasses individual's ability to effectively mobilise the capital they possess, such as their social capital, to maintain or enhance wellbeing.

### **Family Capital**

Family capital can be understood as a specific capital which differs from other forms as it focuses on resources generated and shared within a family context. Family capital differs from social capital as it refers specifically to family relations and the resources which are generated within them (Prandini 2014). Whereas social capital refers to that out with the family. Prandini (2014) noted that to understand relationships between capital and family processes it is necessary to view family capital as distinct from other forms. Family capital can also help to explain the process by which social support can protect wellbeing. Family connections are highly influential in terms of wellbeing as people often spend more time with family ties than others such as friends or colleagues. As discussed by Ajrouch and colleagues (2005), the frequency of contact determines the effectiveness of the social support provided by a social connection. Emotional social support has been shown to be impacted by contact frequency as Stevenson (1998) found that those who reported more frequent contact with family members reported fewer depressive symptoms.

As families often have coordinated schedules, their routines and behaviours which can impact wellbeing such as eating, sleeping, and exercising can be influenced by the family structures (Umberson 1987). Bott (2014) noted how members of a family unit tend to share opinions on norms and beliefs due to the volume of time spent with one another. The notion of ‘family habitus’ can contribute to explaining the reproduction of wellbeing status across generations as within families, the disposition towards behaviours such as achieving in education and maintaining a healthy lifestyle are engrained in the habitus of the family (Bartley 2004). Through this process, individuals from more advantaged families with greater family capital have better chances of adopting behaviours which keep them in an advantaged state of wellbeing (Lynch et al. 1997).

## **Discussion**

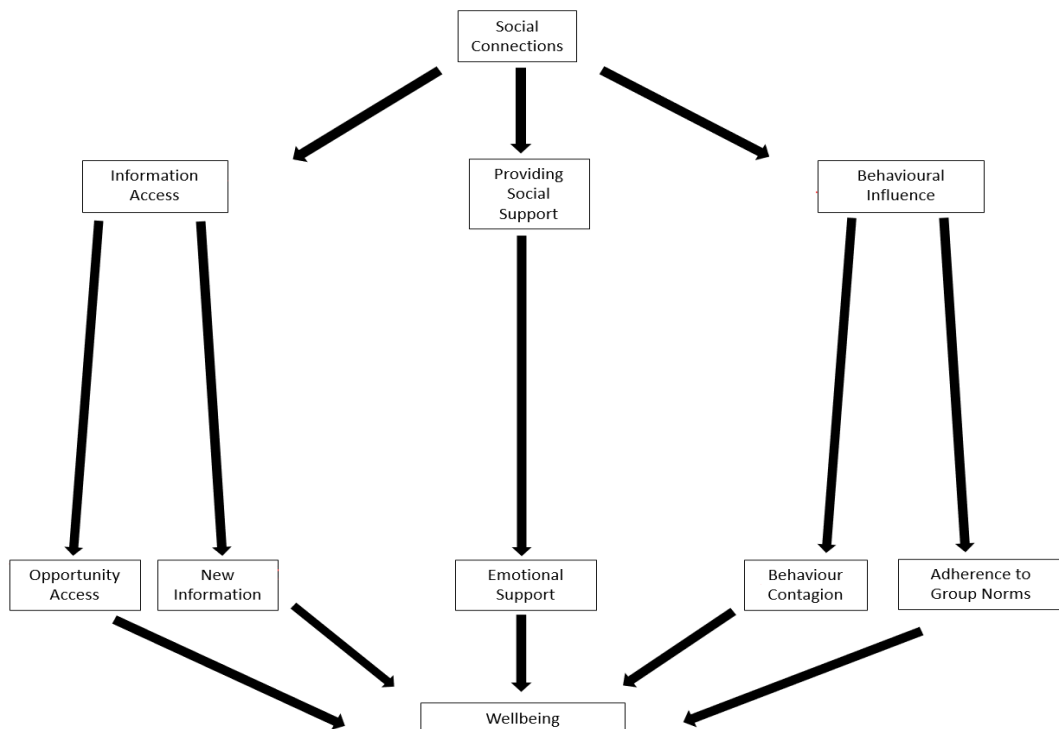
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This review has drawn upon contemporary literature to identify the main pathways through which social connections can influence wellbeing and subsequently demonstrated how theories of social, human, and family capital can be applied to enhance our understanding of these pathways. The key concepts and theories identified through this review of the literature have been extracted into two diagrams which illustrate the pathways identified and show how the theories of capital discussed in this review can be applied to better understand each pathway.

The aims of this review included identifying the pathways through which social connections can influence wellbeing. Figure 1 shows a diagram which provides a visualisation of each of the three pathways through which social connections can influence wellbeing identified through this review. Social connections can provide an individual with access to information. Firstly, providing information about new opportunities can lead to greater social advantage which can have consequences for wellbeing. Secondly, individuals can utilise new

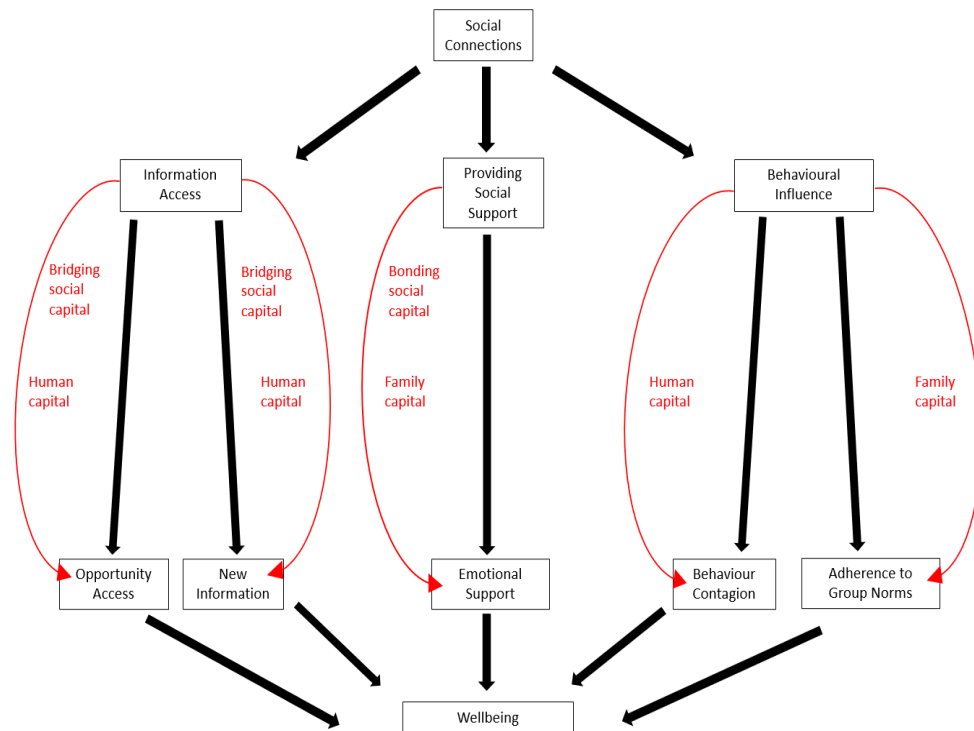
information from their connections to protect or maintain their wellbeing. Social connections can provide an individual with social support. Both perceived and received social support can protect wellbeing through reducing the negative effects of stress. Social connections can also have an influence on individuals' behaviours. Firstly, individuals may adopt certain behaviours due to the influence of a close connection such as a family member or friend. Secondly, the desire to adhere to group norms may lead to the adoption of certain behaviours. Social connections can encourage behaviours which are healthy or those which are unhealthy, both of which have consequences for an individual's wellbeing.

*Figure 1 – The Role of Each Pathway in Influencing Wellbeing*



A further aim of this review involved applying theories of social, human, and family capital to the pathways identified. Figure 2 shows a diagram which provides a visualisation of the ways in which these three theories can be applied to the pathways identified to aid our understanding of how the social processes work. In terms of social capital differentiating between bridging and bonding social capital allows their distinct uses for explaining inequalities in wellbeing to be teased apart. Bonding social capital can help to explain the process of emotional support acting to buffer the effects of stress on wellbeing, whereas bridging social capital can help to explain the process by which social connections providing access to information can influence wellbeing. This can be done through the process of new information being used by the individual to enhance their wellbeing. This can also occur through the process of social connections providing information about opportunities which the individual can benefit from. These benefits can indirectly influence their wellbeing such as through enhancing their social position. Human capital can help to explain the process by which individuals adopt certain behaviours due to the education associated with their human capital. Human capital can also help to explain the process of individuals using their education, and therefore their human capital, to mobilise the information and opportunities gained from their connections to benefit their wellbeing. Family capital can be used to help explain the protective effect on wellbeing of emotional social support provided by the family. Additionally, family capital can help to explain how conforming or adhering to family norms can influence behaviour and therefore influence wellbeing.

Figure 2 – The Application of Theories of Capital to the Pathways



Research on the determinants of health and wellbeing would benefit from further exploration into the role of social connections to tease apart the specific influences of different processes which contribute to inequalities in outcomes. One way that future research could develop this further would be to apply the theories of social, human, and family capital within the context of other health outcomes such as physical or mental health. Much of the research into the role of social connections on health and wellbeing focuses on only one or two theories of capital. Future work which aims to take forward research into the pathways through which social connections influence physical and mental health could benefit from adopting the process of applying theories of social, human, and family capital to the pathways identified to better understand the mechanisms at play.



## **Conclusion**

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As stated by Putnam (2000) ‘social connectedness is one of the most powerful determinants of our wellbeing’. This review has provided evidence to demonstrate that this is the case and has outlined how the theoretical concepts of social, human, and family capital can aid our understanding of the processes which facilitate this. This review has three main conclusions. Firstly, it concludes that within the social science and health science literature discussed, sufficient evidence exists to support the conceptualisation of social connections as a key social determinant of health and wellbeing. Secondly, it concludes that social context plays an important role when seeking to explore the pathways through which social connections influence individuals’ values, norms, and behaviours. Finally, this review concludes that our understanding of social actions and how they can be shaped by social connections can be enhanced through the theoretical application of social capital, human capital, and family capital.

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