

Social Resources and Health: The Case of Social Capital

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During the last decades it has been formed a strong tradition in psychology research concerning the effects of the social context on health. The study of the effect of social resources (e.g. social support, mutual connections) on physical and mental health is very important and it may lead to key answers about their role in the incidence, prevalence and prevention of illness. Among a number of approaches, social capital theory has been vaunted as an approach that may foster the connections and interactions between social environment and health indices [1].

The main theorists of social capital are Pierre Bourdieu, John Coleman and Robert Putnam. According to Bourdieu social capital is "the aggregate of the potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition" [2]. Coleman defined it as "not a single entity, but a variety of different entities having two characteristics in common: They all consist of some aspect of social structure, and they facilitate certain actions of individuals who are within the structure" [3]. Finally Putnam described it as the "features of social life -networks, norms and trust- that enable participants to act together more effectively to pursue shared objectives" [4].

As far as its conceptualization its' main theoretical approaches are the individualistic which is represented from Coleman and Bourdieu and the collective which originates from Putnam's view. In the first approach the emphasis is given to the benefits that individuals may gain through their participation in the social networks. According to the individualistic view, social capital is a social resource which is available and potentially chosen by individuals. The participation in the different social networks may facilitate different actors to gain access to informational, emotional and social support. All these may in turn contribute to the promotion of their individual overall health and well-being [1]. According to the collective or communitarian view, social capital is a resource at the community level. In this approach high level of social capital facets like high levels of trust, reciprocity or social interactions may facilitate social action that promotes community health levels. In the first approach social capital measurement may be done in an individual level, while in the second approach social capital may be measured only in the community level [5].

Concerning its' typology, social capital is distinguished to cognitive and structural [6,7]. Cognitive is related to resources providing shared perceptions, representations, beliefs and systems of meaning among different parties. It includes aspects like trust, tolerance and reciprocity. Structural social capital refers to network ties and configuration, like participation levels within a community, social roles, procedures and rules [6,7]. Another distinguish is between bonding, bringing and linking social capital [8]. Bonding social capital occurs to ties between individuals within a group. Bringing refers to ties between individuals that cross social divides or the ties between different social groups. Finally, linking social capital describes relationships between individuals and groups interacting across formal and institutionalized authority gradients in society [8].

According to the literature, social capital has a great range of beneficial effects in many levels from society to individuals. Higher levels of social capital are positively related to better financial performance at local and national level [9,10]. They also related to social cohesion by contributing to lower indices of criminality [11,12]. Additionally, it is associated with educational attainment [13] and achievement [14] that are key factors for the promotion of social prosperity.

The evidence about the relationship between social capital and physical health is also considerable. The results of a survey conducted in Australia, in which 11.709 took part revealed a positive association between social capital, social cohesion and physical and mental health [15]. In another study conducted among 7.757 adolescents in Sweden, low social capital was associated with the presence of more psychosomatic symptoms and musculoskeletal pain [16]. Moreover, as far as other specific health indicators the results of a study conducted in 39 U.S. states revealed evidence for the adverse effect of low social capital in mortality rates [17].

A large number of studies has documented the relationship between social capital and mental health. The systematic review of De Silva, *et al.* that included the findings of 21 different studies show an inverse relation between higher cognitive social capital and common mental health disorders [18]. The results of another systematic review that included 11 studies examining the relation between social capital and mental related well-being among aging people show a number of positive associations between social capital and mental well-being status [19]. The findings of a study among 5.965 residents in Japan show that both cognitive and structural social capital aspects were positively related with better mental health indices [20], while the results a prospective study in which took part 33.577 Finnish employees show that lower individual level social capital is related with depression [21]. Similarly, research evidence from the field of organizational psychology show that higher levels of social capital may lead to higher levels of job satisfaction [22,23] and lower levels of burnout [24] and occupational stress [25].

Since the literature reveals the beneficial effects of social capital on mental health two main concerns arise. The first is related to social capital measurement and the second to social capital promotion strategies. Although social capital has attracted the attention of many researchers there is no consensus concerning its' measurement. Some key issues that must be taken into account is the level of measurement and the specific features that comprise social capital as a concept. As for the levels, it is important to be constructed research tools for its' evaluation both at individual and ecological level. As far as its' components research instruments must include the main features for which exist a consensus (like trust, reciprocity and networks) while other features that may be included must be clearly identified. Additionally the use of both quantitative and qualitative methods could be proved very useful for the fostering of the mechanisms through which social capital contribute to health.

The promotion of social capital through effective interventions is the next important step. The configuration of guiding principles for social capital interventions is a complex theme. However, some basic issues that must be under consideration in the design and implementation of social capital interventions have to be taken into account. First, the conceptualization of an intervention must be clear, since social capital strengthen strategies can focus on individual level (e.g. encouraging participation on social networks) on community level (e.g. building networks) or could be multi-level. Second, interventions should rest on specific theoretical hypotheses that could explain and address the determinants of social capital. Third, interventions should aim to identify specific psychological and psychosocial mechanisms in which health is influenced by social capital. Last, social capital interventions must be evaluated using rigorous methods and measures [26].

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