



The Many Faces of Social Connectedness and Their Impact on Well-being

*Adar Hoffman, Anahita Mehrpour,
and Christian Staerklé*

Over the last decade, different theoretical frameworks have been developed to account for the impact of social connectedness on individual outcomes such as subjective well-being and mental health (Santini et al., 2015), particularly approaches based on social identity theory (Haslam et al., 2018), social networks (Smith & Christakis, 2008), and social capital (Ehsan et al., 2019; Helliwell & Putnam, 2004). In this chapter, we review research that describes how such social connectedness approaches are rooted in psychological (Holt-Lunstad et al., 2010; Rook, 2015), social-psychological (Haslam et al., 2009; Jetten et al., 2017) and sociological (Putnam, 2000; Szreter & Woolcock, 2004) traditions. We review conclusive evidence regarding the links between social relations and well-being and discuss how these links intertwine in the contextual dynamics of vulnerability. Our contribution is thus concerned with the multilevel perspective advocated in the life course model of vulnerability that

A. Hoffman (✉) • A. Mehrpour • C. Staerklé
University of Lausanne, Lausanne, Switzerland
e-mail: adar.hoffman@unil.ch; Anahita.Mehrpour@unil.ch;
christian.staerкле@unil.ch

suggests analysing the dynamics of vulnerability across three levels of analysis: the person, the group and the collective (Spini et al., 2017). Further developing this multilevel view of vulnerability, we examine interactions between group-based resources and individual stress and well-being as a function of different forms of social connectedness.

In the first part, we summarise the key arguments of this multilevel approach in terms of the processes that relate the collective-relational (i.e., networks, identification with social groups) to the individual-psychological (i.e., well-being, mental health). Across disciplinary frameworks, there is a consensus that social connectedness is generally seen as a protective resource and is thus associated with positive individual outcomes such as resilience, prevention of physical and mental health issues and improved subjective well-being and life satisfaction (for a review, see Holt-Lunstad et al., 2010). Under some circumstances, however, these positive effects weaken or disappear (DeMarco & Newheiser, 2019; Villalonga-Olives & Kawachi, 2017). In the second part, therefore, we discuss how these approaches view the boundary conditions of these processes in relation to the dynamics of stress and resources as the basic components of vulnerability processes (Spini & Widmer, 2022). We review research that explains contextual variation in the relation between connectedness and well-being as a function of social conditions such as negative and stigmatised social identities (Begeny & Huo, 2017), weak social relations (Cheng et al., 2018), and structural inequality (Bakouri & Staerklé, 2015). In the last section, we offer an integrative approach that brings together the different disciplinary approaches to social connectedness as a novel contribution to the multilevel perspective of life course vulnerability (Spini et al., 2017).

HEALTH AND WELL-BEING: FROM SOCIAL NETWORKS TO SOCIAL IDENTITIES

Social connectedness refers to “*the degree to which a person experiences belongingness, attachment, relatedness, togetherness or entrenchment in one’s social relationships. It refers to subjective feelings and attitudes towards oneself in relation to the social context, rather than to specific relationships*” (Santini et al., 2015, p. 54). By this definition, social connectedness is a meso-level concept that inhabits the intersection between the social context at the macro level and the self at the micro level. In the following section, we examine how different multilevel approaches conceptualise the link between social connectedness and individual well-being.

The Social Network and Social Capital Approach

All individuals are part of multiple social networks throughout their life course. These networks may include inherited connections, such as in family networks, or chosen connections with individuals from different backgrounds. These networks have direct and indirect effects on members' attitudes, beliefs, and behaviours (Vacchiano & Spini, 2021). Social networks are a way of thinking about social life through a lens that focuses on the relationships among the entities that comprise the system (Scott, 2017). As social networks represent relationships (ties) among people (nodes) in groups, they are quintessential grounds for the empirical study of social relationships. Social Network Analysis (SNA) enables the systematic study of network structures and their impact on various outcomes (Clifton & Webster, 2017; Rosenquist et al., 2011) through processes such as 'social contagion' of psychological and emotional states (Smith & Christakis, 2008). Societies and communities in which people are well connected have been shown to possess greater levels of prosperity, health, and subjective well-being (Helliwell & Putnam, 2004; Putnam, 2000). Consequently, overall, people benefit from their involvement in these webs of relationships.

Two aspects of social networks account for their impact on individual well-being. On the one hand, social networks are viewed as *structures* consisting of ties or edges between actors and entities (Clifton & Webster, 2017). For example, *homophily* is a relational-level indicator of the quantity of ties with similar network members (McPherson et al., 2001). In a study with adolescents, Baggio et al. (2017) assessed homophily patterns related to mental health. Homophily patterns showed that participants with low mental health had fewer connections, but also were more likely to have ties with similar participants having poorer mental health. *Density*, the proportion of ties that actually exist relative to the number that could potentially exist, suggests that dense social networks are associated with positive outcomes for individuals, such as better integration and cohesion (Walker, 2015). Last, *centrality* measures how well connected a person is to the rest of the network (Girardin & Widmer, 2015) and has been shown to act as a stress buffer because it is associated with increased access to resources (Berkman et al., 2000). Nonetheless, although being well connected is generally beneficial, this is not always the case. In the context of transition to university, for example, Mojzisch et al. (2021) showed that occupying a central position in the network was associated with greater

stress for students weakly and moderately identified with other students. These findings imply that being well connected in a group, in the absence of a shared social identity, leads to unpleasant obligations and social pressure. However, centrality effects on stress are inconclusive, as centrality may, at the same time, lead to greater access to resources.

On the other hand, social networks are viewed as *resources* in terms of the *social capital* that the connections bring about (Widmer et al., 2018). The pioneers of social capital research, Coleman (1994) and Bourdieu (1986) conceptualised social capital as a resource available to individuals resulting from group belonging and other social relationships. From this resource perspective, maintaining enduring networks of relations enables access or mobilisation of resources through the ties that can generate a return for the actor (Lin, 2002). Subsequently, Putnam's (2000) work conceptualised social capital as social networks defined by associated norms of reciprocity and trustworthiness. In a multilevel approach, networks are meso-level structures that link *agency* and *structure*, understood as a space between micro and macro levels of analysis from which both constraints and opportunities arise (Vacchiano & Spini, 2021). This meso-level conceptualisation enables to link the value of social networks with individual health and well-being outcomes.

Investigating network composition and the structural position of individual members leads to a distinction between the resulting *bonding* and *bridging* social capital. These terms refer to the idea of horizontal versus vertical network ties, respectively. In this sense, bonding social capital refers to horizontal relationships, such as family, relatives, friends or colleagues, whereas bridging social capital describes vertical ties, such as in work hierarchies or between citizens and civil servants (Ferlander, 2007). Throughout the life course, bonding and bridging social capital play different roles and have both advantages and disadvantages for individuals (Girardin & Widmer, 2015). Bonding capital facilitates coordination, which is an advantage in life transitions and stages such as old age but can also represent an obstacle to autonomy, which is highly valued by the elderly (Cornwell, 2011). Bridging capital is advantageous since it provides opportunities to mediate and control the flow of resources in networks such as in the family context but is highly demanding of the individual in the bridging position (Widmer, 2016).

This distinction between bonding and bridging social capital has been used in various strands of health research concerned with structural health disparities, community health, and personal health behaviours. These

concepts are useful for analysing how the structural positions of individuals shape their general health conditions, behaviours, and the flow of health-related information and resources (Ferlander, 2007). Moreover, bonding and bridging capital have different functional values. While bonding social capital promotes functional and emotional support and is thus vital for *'getting by'*, bridging social capital facilitates access to resources and informational support and is thus vital for *'getting ahead'* (Briggs, 1998).

However, not all social relationships have the same supportive effects from a health point of view. Bonding social capital refers to relations between individuals who see themselves in terms of their 'shared social identity'. Bridging social capital, in turn, develops between individuals who "know that they are not alike in some sociodemographic (or social identity) sense" (Szreter & Woolcock, 2004, p. 655) and is based on less-permanent (e.g., professional) relationships that are highly context specific. It should be noted, however, that this terminology of a *shared social identity* is used here interchangeably with *shared sociodemographic characteristics*, thereby failing to consider conceptual differences in terms of an *objective* versus *subjective* understanding of social identity. Viewing a shared identity in terms of a shared sociodemographic characteristic refers to an objectively defined category membership that is a culturally provided and fixed part of the social structure. A subjective view of social identity, in contrast, is not confined to this classification (Emler, 2005). Rather, it refers to a subjective and contextual definition of selfhood based on a feeling of temporary belongingness within any social category that is relevant in a given situation or period of life (see next section). This objective versus subjective understanding of shared identity therefore serves as a meeting point between social capital and social identity approaches to social connectedness and individual health outcomes.

Empirically, little research has investigated the links between objective and subjective understandings of social connectedness. In a study with college sports club teams, network centrality and density were positively associated with team identification, used as a proxy for well-being (Graupensperger et al., 2020). In that study, network centrality functioned as an objective relational measure that predicted team identification, which is a subjective measure. Another study showed that social networks and religiosity predicted life satisfaction through increased religious identity (Lim & Putnam, 2010). In that study, again, an objective measure—i.e., congregational connections—explained a subjective measure, i.e.,

religious identity, measured as the subjective importance of religion for the sense of self. These studies shed light on the network-identity linkage and target the interrelationships among different conceptualisations of social connectedness and the mechanisms that link them with well-being.

The Social Identity Approach

In considering how social networks impact individual health and well-being, it is necessary to consider how social group and category memberships are subjectively integrated into the self, that is, one's *identification* with social groups. This particular view of the intersection of the social and the individual is based on the social identity approach to health and well-being (for reviews, see Haslam et al., 2018), derived from *Social Identity Theory* (SIT; Tajfel & Turner, 1979) and *Self-Categorization Theory* (SCT; Turner et al., 1994).

According to this *social cure* perspective (Haslam et al., 2009; Jetten et al., 2017), the sense of self that individuals derive from their different group and category memberships (see SIT; Tajfel & Turner, 1979) has the potential to promote health and well-being. Empirical evidence over the past decade has demonstrated the key role of social identification as a psychological resource to cope with a wide array of planned and unplanned life stressors and transitions (for a meta-analysis, see Steffens et al., 2017). Social identification is the emotional valuation of the relationship between the self and the group (Postmes et al., 2013), and identification is a central driving force in the capacity of social groups to determine important health and well-being outcomes (Haslam, Jetten, Cruwys, Dingle, Haslam et al., 2018).

Social cure pathways describe the various mechanisms that make social identities a valuable resource for individual well-being, thereby highlighting the protective role of social identification (Jetten et al., 2017). Most prominently, the impact of social identity on well-being is mediated by self-esteem, social support, need satisfaction, sense of control, and self-efficacy (Haslam et al., 2018). In two studies among friendship and army groups, for example, the effects of group identification and social contact on mental health were compared. Group identification had stronger implications for mental health than contact, indicating that mere contact does not necessarily lead to better mental health (Sani et al., 2012). Therefore, what matters for health is less the frequency of contacts than the degree of one's identification with subjectively important groups, which suggests

that group identification is central to the process that leads from social connections to well-being. Another study found that social identity counters depression by facilitating social *support*, providing *meaning* in life, and enabling a sense of *belongingness* (Cruwys et al., 2014). Overall, social connectedness from the social cure perspective is a strong and consistent predictor of mental and physical health in large population surveys (Saeri et al., 2018) and moderately effective in fostering health and well-being in community interventions (Steffens et al., 2019).

CONTEXTUAL DYNAMICS OF VULNERABILITY

Notwithstanding the general emphasis of the social cure approach regarding the protective mechanisms that link group identification with well-being, these positive effects weaken or disappear under specific circumstances. Social identification with a devalued or undermined group, or situations in which social capital does not lead to positive outcomes, represent such conditions. In such meso-level contexts, social connectedness does not act as a resource for individual well-being, which resonates with the conception of vulnerability as a *'process of resource loss or insufficiency in one or more life domains'* elaborated in the LIVES framework (Spini et al., 2017; Spini & Widmer, this volume). In this view, it is not the lack of resources *per se* that leads to negative well-being consequences. Instead, it is that the resource cannot be optimally mobilised or taken advantage of *within a given context*. In this section, we describe how both the social identity and social capital approaches undergo contextual variations in the protective function of social connectedness. In so doing, we analyse the boundary conditions of social connectedness and well-being and conclude with the necessity of a *dynamic* approach that integrates the contextual interplay between objective and subjective conditions in determining individual outcomes.

In the social identity approach, the capacity of social identification to function as a resource for well-being is constrained by a group-level factor formulated in the social cure paradigm as the *group circumstances hypothesis*. According to this hypothesis, the status and circumstances of the group with which people identify directly impacts well-being. An enhanced or compromised group thus entails, respectively, positive or negative consequences for individuals (Jetten et al., 2017). Identification with low status, stigmatised and discriminated groups may thus exert a negative impact on individual health and well-being (Begeny & Huo, 2017; Schmitt et al.,

2014; see also Haslam et al., 2018). Lacking group self-esteem may also interfere with the beneficial implications of identifying with groups (DeMarco & Newheiser, 2019).

In the context of the transition from high school to university, for example, students from low-status backgrounds benefit less from identifying with the (high-status) student group because their new identities are less compatible with their backgrounds (Iyer et al., 2009). From a life course perspective, transitions in the life course imply changes in social identities, which are more likely to be gradual than abrupt. First, such identities require psychological adaptations that take time to develop. Second, some social identities may drive resistance to the new post-transition identities (Emler, 2005). More generally, perceiving barriers to successful life transitions harms individuals' self-esteem, but this negative effect can be buffered by social identities that connect the self to significant others, termed 'bonding identities' (Bakouri & Staerkle, 2015). Finally, life course transitions often represent simultaneously lost and gained social identities, which are inherently challenging at different stages and transitions of the life course (Spini & Jopp, 2014).

The 'social cure' effect of positive social identities may thus be transformed into a 'social curse' effect for negative social identities (Muldoon et al., 2019). Notwithstanding such burdening effects of negative social identities, they may still be mobilised, under the right circumstances, to drive positive well-being effects. This empowering process has been demonstrated in the context of a group of individuals suffering from acquired brain injury who have been shown to benefit from a common feeling of belonging to this stigmatised group (Muldoon et al., 2019). In a similar vein, a Swiss study showed that perceiving a mental health problem as central to one's identity had positive effects for recovery, but only if patients had felt stigmatised due to that mental health problem (Klaas, 2018). In contrast, a study on migrant detainees revealed that while existing social identities supported them in coping with the distressing situation, these same identities were also experienced as a burden and cause for rejection (Kellezi et al., 2019). These examples point to a complex dynamic in which the negative impact of group circumstances on well-being operates alongside other compensation mechanisms aimed at restoring a sense of positive identity as a function of the social context (Jetten et al., 2017).

One such compensation strategy is strengthening identification with a stigmatised group that then functions as a buffer against the negative implications of group devaluation (see Rejection-Identification-Model;

Branscombe et al., 1999; Schmitt & Branscombe, 2002). However, identification with low-status or stigmatised groups does not occur in a void, as research has shown that identification with low-status groups is dependent on the perceived permeability of group boundaries (Ellemers et al., 1988). Indeed, when individuals perceive that it could be possible for them to move into another, usually higher-status group (i.e., perceived permeability of group boundaries), they may distance themselves from the low-status group and instead engage in individual upward mobility. The perceived properties of the social structure could therefore drive interactive effects between group circumstances and social identification and exert a complex impact on individual well-being.

Research in the social capital approach also provides evidence for the impact of group circumstances on the protective function of social connectedness. Limited bridging social capital, for example, can have negative implications for individual well-being (Szreter & Woolcock, 2004). Another study found differential effects of social capital on well-being as a function of ethnicity and race. The analysis of the impact of bonding and bridging social capital across 40 U.S. communities showed that social capital was associated with lower odds of self-reported poor health. This positive association between community bonding social capital and health, however, was significantly weaker among Black participants and among those who self-assigned to the 'other' ethnic category, compared with white participants (Kim et al., 2006). In a study among residents of an impoverished and racially segregated neighbourhood, bonding social capital was indeed positively associated with mental distress and did not mediate the relationship between economic and environmental stressors on well-being (Mitchell & LaGory, 2002). These findings further show that in severely disadvantaged contexts, social capital may lead to less rather than more favourable health outcomes.

Other factors that may impair the positive effects of bonding capital concern excessive demands for support by other group members, restrictions on freedom due to excessive informal control, exclusion of outgroup members, and harmful effects of norm conformity in general (Portes, 1998). A meta-analysis found such negative associations between bonding capital and health in 44 studies (Villalonga-Olives & Kawachi, 2017). Overall, these studies suggest that bonding social capital, in particular, should be viewed as a 'double-edged' phenomenon that, depending on the context, can have both positive and negative outcomes for individuals.

This short overview of contextual variations of the protective function of social connectedness calls for an integrative approach that focuses on dependencies between group and individual-level effects as well as on the interactions between these levels. As such, our perspective contributes to the general LIVES approach to vulnerability by providing a more detailed understanding of the multilevel nature of vulnerability and by answering the call for an interdisciplinary approach to vulnerability (Spini & Widmer, this issue; Spini et al., 2017). A dynamic approach that views social connectedness as operating at different levels and on different dimensions of objectivity and subjectivity may thus represent the common ground of social identity and social network approaches to individual health and well-being. In the final section, we outline such an approach, which should be able to account for multiple context-dependent processes linking social connectedness and individual well-being.

A MULTILEVEL APPROACH TO VULNERABILITY AND SOCIAL CONNECTEDNESS

Social connectedness is inherently a meso-level phenomenon that calls for interdisciplinary perspectives to gain a comprehensive understanding of the mechanisms involved in predicting individual health and well-being outcomes. Findings from the social identity approach, social networks and social capital research traditions largely converge on the overall positive impact of social connectedness on individual well-being outcomes. However, these approaches also highlight contextual dynamics of vulnerability that suggest that in some contexts, individuals cannot mobilise social connectedness as a resource for well-being.

Considering these complexities, we conclude by offering a blueprint for an approach to the multilevel nature of vulnerability that aims to integrate these different conceptualisations of the relationship between social connectedness and individual well-being. We identify three organising principles of such a multilevel perspective, defined by its capacity to account for (a) subjective and objective conceptualisations of social connectedness, (b) the within- and between-group nature of social dynamics underlying agency and well-being trajectories, and (c) different types (additive, mediation, interaction, or moderation) of causal relationships between connectedness and well-being.

The first organising principle refers to *objective* versus *subjective* conceptualisations of social connectedness. As we have shown in this chapter, this

distinction characterises the conceptualisation and measurement of a shared identity from a social capital and social identity perspective. Regarding the impact of social connectedness on individual well-being, the objective and subjective can operate in tandem (Sani et al., 2012), indirectly (Lim & Putnam, 2010), in interaction (Mojzisch et al., 2021), or as compensation (Schmitt & Branscombe, 2002). Under conditions where objective circumstances are detrimental to the protective function of social connectedness (e.g., in stigmatised and marginalised groups), subjective strategies can compensate and protect well-being. The protective impact of social connectedness is therefore simultaneously contingent on the *objective* features as described in the social network and social capital approach (with measurements such as density, homophily and centrality) and on the *subjective* understandings and perceptions of group membership as described in the social identity approach (with measurements of identification, salience, and differentiation).

The distinction between objective and subjective understandings of connectedness is tied to the problem of overlapping or confusing terminology employed by different approaches. The terms ‘social identity’ and ‘shared identity’ are extensively used in the social network and social capital traditions, but often refer to mere membership in a category or to shared sociodemographic characteristics. The social identity approach, in contrast, uses the same concepts, but puts forward the subjective sense of self that is derived from (sometimes temporary) belonging to a group and the resulting categorisation in terms of ‘us’ vs. ‘them’. Precise terminology is important because, from the social capital and social network perspectives, the protective factor is actual engagement and involvement in the social group. From the social identity perspective, in contrast, people experience health-related benefits of a given group membership only to the extent that they identify with that group (Haslam et al., 2018).

The second organising principle concerns the within- and between-group nature of social dynamics underlying well-being. While the social network approach is traditionally concerned with the structure and composition of a single ingroup, the functional aspects of differentiation between ingroups and outgroups form a central tenet in the social identity approach. Although network research considers the multilevel and multi-group nature of networks (Lazega & Jourda, 2016; Vacchiano & Spini, 2021), the basic motivation to construe a positive social identity on the basis of comparative intergroup differentiation remains the hallmark of the social identity approach. This emphasis on subjective and perceptual

processes is most evident in the extensive research on the effects of the perceived properties of social structures, particularly in terms of perceived permeability from low- to high-status groups. Such perceptions determine whether individuals engage in individual (social mobility) or collective (social change and social creativity) strategies to improve their identity (Tajfel, 1978) and thus to cope with vulnerability.

These considerations lead us to suggest that these two strategies are likely to be contingent upon bonding and bridging capital, described above. Indeed, bridging social capital describes connections that link ('bridge') people *between* communities, groups, or organisations and thus helps them to 'get ahead'. Bridging social capital therefore implies a degree of perceived (vertical) intergroup permeability and is likely to facilitate individual social mobility strategies. In contrast, bonding social capital describes connections *within* a group characterised by high levels of similarity between group members and strong ingroup identification.

From this view, future research is needed to determine to what extent bonding and bridging social capital could bolster different identity strategies that can be used to compensate for negative social identities derived from low group status or group devaluation. Consequently, well-being can be improved via more positive social identities. If social identification with the ingroup is high, a lack of bridging capital may promote collective strategies that mobilise bonding capital, for example, in social movements and collective action. Lacking bonding capital (i.e., lacking social identification) can be compensated for with bridging capital and lead to individual upward mobility strategies.

The third organising principle of our multilevel approach to vulnerability requires the specification of *different types of causal relationships* between connectedness and well-being. Existing attempts to integrate social identity and social networks in determining well-being outcomes have hypothesised additive, interactive or mediating relationships of these approaches. Additive effects imply that social networks and social identity operate independently, exerting either equivalent or different impacts. Such an additive impact has been shown in friendship and army groups, where identification was a better predictor of well-being than network contact (Sani et al., 2012). A mediating effect, in contrast, implies that a given social connectedness measure impacts well-being indirectly via another construct, for example, when network centrality and density in sports teams are positively modelled with well-being through team identification (Graupensperger et al., 2020). Finally, interactive effects imply

that the impact of one social connectedness conceptualisation is contingent upon the level of another intervening factor. Such a moderating effect has been described in a ‘closed’ network of university students, in which network centrality and social identification interact in affecting stress, suggesting that being central in the group is only beneficial when accompanied by a psychological sense of belonging (Mojzisch et al., 2021).

CONCLUSION

In this chapter, we have outlined possible avenues of an interdisciplinary integration between social network, social capital and social identity approaches to individual health and well-being from a life course perspective. Our overview has identified many commonalities but also important conceptual differences among these approaches. Combining the different social connectedness conceptualisations requires a careful analysis of the relational and psychological processes operating at each level of analysis, especially at the intersections of the collective and the individual levels, as well as regarding the objective and subjective conceptualisations of social connectedness. The various approaches converge on the idea that any process relating connectedness and well-being must necessarily be analysed as a function of the social context in which it operates, for example, in terms of (perceived) social structure, group status or competition between groups.

Overall, however, our analysis points towards the important explanatory potential of a multilevel and interdisciplinary approach that integrates social networks, social capital and social identity with a life course perspective. This approach should not only be able to account for the multiple context-dependent processes linking social connectedness and individual well-being but also to identify the structural conditions and the social psychological processes through which social capital leads to improved well-being. It is our hope that our multilevel perspective on vulnerability, notably showing the potential of an interdisciplinary and integrated meso-level perspective, proves useful for future life course research.

REFERENCES

- Baggio, S., Luisier, V., & Vladescu, C. (2017). Relationships Between Social Networks and Mental Health: An Exponential Random Graph Model Approach among Romanian Adolescents. *Swiss Journal of Psychology*, 76(1), 5–11. <https://doi.org/10.1024/1421-0185/a000186>

- Bakouri, M., & Staerklé, C. (2015). Coping with structural disadvantage: Overcoming negative effects of perceived barriers through bonding identities. *British Journal of Social Psychology, 54*(4), 648–670. <https://doi.org/10.1111/bjso.12102>
- Begeny, C. T., & Huo, Y. J. (2017). When identity hurts: How positive intragroup experiences can yield negative mental health implications for ethnic and sexual minorities. *European Journal of Social Psychology, 47*(7), 803–817. <https://doi.org/10.1002/ejsp.2292>
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science & Medicine, 51*(6), 843–857. [https://doi.org/10.1016/S0277-9536\(00\)00065-4](https://doi.org/10.1016/S0277-9536(00)00065-4)
- Bourdieu, P. (1986). The forms of capital. In J. Richardson (Ed.), *Handbook of Theory and Research for the Sociology of Education*. Greenwood.
- Branscombe, N. R., Schmitt, M. T., & Harvey, R. D. (1999). Perceiving pervasive discrimination among African Americans: Implications for group identification and well-being. *Journal of Personality and Social Psychology, 77*(1), 135–149. <https://doi.org/10.1037/0022-3514.77.1.135>
- Briggs, X. d. S. (1998). Brown kids in white suburbs: Housing mobility and the many faces of social capital. *Housing Policy Debate, 9*(1), 177–221. <https://doi.org/10.1080/10511482.1998.9521290>
- Cheng, G. H.-L., Malhotra, R., Chan, A., Østbye, T., & Lo, J. C. (2018). Weak social networks and restless sleep interrelate through depressed mood among elderly. *Quality of Life Research, 27*(10), 2517–2524. <https://doi.org/10.1007/s11136-018-1895-3>
- Clifton, A., & Webster, G. D. (2017). An Introduction to Social Network Analysis for Personality and Social Psychologists. *Social Psychological and Personality Science, 8*(4), 442–453. <https://doi.org/10.1177/1948550617709114>
- Coleman, J. S. (1994). *Foundations of social theory* (3rd ed.). Belknap Press of Harvard Univ. Press.
- Cornwell, B. (2011). Independence Through Social Networks: Bridging Potential Among Older Women and Men. *The Journals of Gerontology: Series B, 66B*(6), 782–794. <https://doi.org/10.1093/geronb/gbr111>
- Cruwys, T., Haslam, S. A., Dingle, G. A., Haslam, C., & Jetten, J. (2014). Depression and Social Identity: An Integrative Review. *Personality and Social Psychology Review, 18*(3), 215–238. <https://doi.org/10.1177/1088868314523839>
- DeMarco, T. C., & Newheiser, A. (2019). When groups do not cure: Group esteem moderates the social cure effect. *European Journal of Social Psychology, 49*(7), 1421–1438. <https://doi.org/10.1002/ejsp.2594>
- Ehsan, A., Klaas, H. S., Bastianen, A., & Spini, D. (2019). Social capital and health: A systematic review of systematic reviews. *SSM - Population Health, 8*, 100425. <https://doi.org/10.1016/j.ssmph.2019.100425>

- Ellemers, N., Knippenberg, A. v., Vries, N. D., & Wilke, H. (1988). Social identification and permeability of group boundaries. *European Journal of Social Psychology, 18*(6), 497–513. <https://doi.org/10.1002/ejsp.2420180604>
- Emler, N. (2005). Life Course Transitions and Social Identity Change. *Advances in Life Course Research, 10*, 197–215. [https://doi.org/10.1016/S1040-2608\(05\)10007-0](https://doi.org/10.1016/S1040-2608(05)10007-0)
- Ferlander, S. (2007). The Importance of Different Forms of Social Capital for Health. *Acta Sociologica, 50*(2), 115–128. <https://doi.org/10.1177/0001699307077654>
- Girardin, M., & Widmer, E. D. (2015). Lay definitions of family and social capital in later life. *Personal Relationships, 22*(4), 712–737. <https://doi.org/10.1111/perc.12107>
- Graupensperger, S., Panza, M., & Evans, M. B. (2020). Network centrality, group density, and strength of social identification in college club sport teams. *Group Dynamics: Theory, Research, and Practice, 24*(2), 59–73. <https://doi.org/10.1037/gdn0000106>
- Haslam, S. A., Jetten, J., Postmes, T., & Haslam, C. (2009). Social identity, health and well-being: An emerging agenda for applied psychology. *Applied Psychology, 58*, 1–23. <https://doi.org/10.1111/j.1464-0597.2008.00379.x>
- Haslam, C., Jetten, J., Cruwys, T., Dingle, G., Haslam, S. A., Jetten, J., Cruwys, T., Dingle, G., & Haslam, S. A. (2018). *The New Psychology of Health: Unlocking the Social Cure*. Routledge. <https://doi.org/10.4324/9781315648569>
- Helliwell, J. F., & Putnam, R. D. (2004). The social context of well-being. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences, 359*(1449), 1435–1446. <https://doi.org/10.1098/rstb.2004.1522>
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. *PLOS Medicine, 7*(7), e1000316. <https://doi.org/10.1371/journal.pmed.1000316>
- Iyer, A., Jetten, J., Tsivrikos, D., Postmes, T., & Haslam, S. A. (2009). The more (and the more compatible) the merrier: Multiple group memberships and identity compatibility as predictors of adjustment after life transitions. *British Journal of Social Psychology, 48*(4), 707–733. <https://doi.org/10.1348/014466608X397628>
- Jetten, J., Haslam, S. A., Cruwys, T., Greenaway, K. H., Haslam, C., & Steffens, N. K. (2017). Advancing the social identity approach to health and well-being: Progressing the social cure research agenda. *European Journal of Social Psychology, 47*(7), 789–802. <https://doi.org/10.1002/ejsp.2333>
- Kellezi, B., Bowe, M., Wakefield, J. R. H., McNamara, N., & Bosworth, M. (2019). Understanding and coping with immigration detention: Social identity as cure and curse. *European Journal of Social Psychology, 49*(2), 333–351. <https://doi.org/10.1002/ejsp.2543>

- Kim, D., Subramanian, S. V., & Kawachi, I. (2006). Bonding versus bridging social capital and their associations with self rated health: A multilevel analysis of 40 US communities. *Journal of Epidemiology & Community Health*, 60(2), 116–122. <https://doi.org/10.1136/jech.2005.038281>
- Klaas, H. S. (2018). *Identity, adversarial growth and recovery from mental and physical health problems* [Doctoral Dissertation, University of Lausanne]. https://serval.unil.ch/en/notice/serval:BIB_BF5A17C3F8CF
- Lazega, E., & Jourda, M.-T. (2016). The structural wings of Matthew effects: The contribution of three-level network data to the analysis of cumulative advantage. *Methodological Innovations*, 9, 2059799115622764. <https://doi.org/10.1177/2059799115622764>
- Lim, C., & Putnam, R. D. (2010). Religion, Social Networks, and Life Satisfaction. *American Sociological Review*, 75(6), 914–933. <https://doi.org/10.1177/0003122410386686>
- Lin, N. (2002). *Social capital: A theory of social structure and action* (1. paperback ed). Cambridge Univ. Press.
- McPherson, M., Smith-Lovin, L., & Cook, J. M. (2001). Birds of a Feather: Homophily in Social Networks. *Annual Review of Sociology*, 27(1), 415–444. <https://doi.org/10.1146/annurev.soc.27.1.415>
- Mitchell, C. U., & LaGory, M. (2002). Social Capital and Mental Distress in an Impoverished Community. *City & Community*, 1(2), 199–222. <https://doi.org/10.1111/1540-6040.00017>
- Mojzisch, A., Frisch, J. U., Doehne, M., Reder, M., & Häusser, J. A. (2021). Interactive effects of social network centrality and social identification on stress. *British Journal of Psychology*, n/a(n/a). <https://doi.org/10.1111/bjop.12447>
- Muldoon, O. T., Walsh, R. S., Curtain, M., Crawley, L., & Kinsella, E. L. (2019). Social cure and social curse: Social identity resources and adjustment to acquired brain injury. *European Journal of Social Psychology*, 49(6), 1272–1282. <https://doi.org/10.1002/ejsp.2564>
- Portes, A. (1998). Social Capital: Its Origins and Applications in Modern Sociology. *Annual Review of Sociology*, 24(1), 1–24. <https://doi.org/10.1146/annurev.soc.24.1.1>
- Postmes, T., Haslam, S. A., & Jans, L. (2013). A single-item measure of social identification: Reliability, validity, and utility. *British Journal of Social Psychology*, 52(4), 597–617. <https://doi.org/10.1111/bjso.12006>
- Putnam, R. D. (2000). Bowling Alone: America's Declining Social Capital. In L. Crothers & C. Lockhart (Eds.), *Culture and Politics: A Reader* (pp. 223–234). Palgrave Macmillan US. https://doi.org/10.1007/978-1-349-62965-7_12
- Rook, K. S. (2015). Social Networks in Later Life: Weighing Positive and Negative Effects on Health and Well-Being. *Current Directions in Psychological Science*, 24(1), 45–51. <https://doi.org/10.1177/0963721414551364>

- Rosenquist, J., Fowler, J., & Christakis, N. (2011). Social network determinants of depression. *Molecular Psychiatry*, *16*(3), 1. <https://doi.org/10.1038/mp.2010.13>
- Saeri, A. K., Cruwys, T., Barlow, F. K., Stronge, S., & Sibley, C. G. (2018). Social connectedness improves public mental health: Investigating bidirectional relationships in the New Zealand attitudes and values survey. *Australian & New Zealand Journal of Psychiatry*, *52*(4), 365–374. <https://doi.org/10.1177/0004867417723990>
- Sani, F., Herrera, M., Wakefield, J. R. H., Boroch, O., & Gulyas, C. (2012). Comparing social contact and group identification as predictors of mental health: *Social contact and group identification as predictors of mental health*. *British Journal of Social Psychology*, *51*(4), 781–790. <https://doi.org/10.1111/j.2044-8309.2012.02101.x>
- Santini, Z. I., Koyanagi, A., Tyrovolas, S., Mason, C., & Haro, J. M. (2015). The association between social relationships and depression: A systematic review. *Journal of Affective Disorders*, *175*, 53–65. <https://doi.org/10.1016/j.jad.2014.12.049>
- Schmitt, M. T., & Branscombe, N. R. (2002). The Meaning and Consequences of Perceived Discrimination in Disadvantaged and Privileged Social Groups. *European Review of Social Psychology*, *12*(1), 167–199. <https://doi.org/10.1080/14792772143000058>
- Scott, J. (2017). *Social Network Analysis* (4th ed.). SAGE Publications.
- Smith, K. P., & Christakis, N. A. (2008). Social Networks and Health. *Annual Review of Sociology*, *34*(1), 405–429. <https://doi.org/10.1146/annurev.soc.34.040507.134601>
- Spini, D., & Jopp, D. S. (2014). Old age and its challenges to identity. In R. Jaspal & G. M. Breakwell (Eds.), *Identity Process Theory* (pp. 295–315). Cambridge University Press. <https://doi.org/10.1017/CBO9781139136983.019>
- Spini, D., & Widmer, E. D. (2022). Inhabiting Vulnerability throughout the Life Course. In *Withstanding Vulnerability throughout Adult Life: Dynamics of Stressors, Resources, and Reserves* (p. XX). Palgrave Macmillan UK.
- Spini, D., Bernardi, L., & Oris, M. (2017). Toward a Life Course Framework for Studying Vulnerability. *Research in Human Development*, *14*(1), 5–25. <https://doi.org/10.1080/15427609.2016.1268892>
- Steffens, N. K., Haslam, S. A., Schuh, S. C., Jetten, J., & van Dick, R. (2017). A Meta-Analytic Review of Social Identification and Health in Organizational Contexts. *Personality and Social Psychology Review*, *21*(4), 303–335. <https://doi.org/10.1177/1088868316656701>
- Steffens, N. K., LaRue, C. J., Haslam, C., Walter, Z. C., Cruwys, T., Munt, K. A., Haslam, S. A., Jetten, J., & Tarrant, M. (2019). Social identification-building interventions to improve health: A systematic review and meta-analysis. *Health Psychology Review*, *1*, 1–28. <https://doi.org/10.1080/17437199.2019.1669481>

- Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International Journal of Epidemiology*, 33(4), 650–667. <https://doi.org/10.1093/ije/dyh013>
- Tajfel, H. (1978). The achievement of intergroup differentiation. In H. Tajfel (Ed.), *Differentiation between social groups: Studies in the social psychology of intergroup relations* (pp. 77–100). Published in cooperation with European Association of Experimental Social Psychology by Academic Press.
- Tajfel, H., & Turner, J. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The Social Psychology of Intergroup Relations* (pp. 33–37). Monterey.
- Turner, J. C., Oakes, P. J., Haslam, S. A., & McGarty, C. (1994). Self and Collective: Cognition and Social Context. *Personality and Social Psychology Bulletin*, 20(5), 454–463. <https://doi.org/10.1177/0146167294205002>
- Vacchiano, M., & Spini, D. (2021). Networked lives. *Journal for the Theory of Social Behaviour*, 51(1), 87–103. <https://doi.org/10.1111/jtsb.12265>
- Villalonga-Olives, E., & Kawachi, I. (2017). The dark side of social capital: A systematic review of the negative health effects of social capital. *Social Science & Medicine*, 194, 105–127. <https://doi.org/10.1016/j.socscimed.2017.10.020>
- Walker, M. H. (2015). The Contingent Value of Embeddedness: Self-affirming Social Environments, Network Density, and Well-being. *Society and Mental Health*, 5(2), 128–144. <https://doi.org/10.1177/2156869315574601>
- Widmer, E. D. (2016). *Family configurations: A structural approach to family diversity*. Routledge. <https://www.taylorfrancis.com/books/e/9781315581903>
- Widmer, E. D., Gouveia, R., Aeby, G., & Česnuitytė, V. (2018). Understanding Personal Networks as Social Capital. In K. Wall, E. D. Widmer, J. Gauthier, V. Česnuitytė, & R. Gouveia (Eds.), *Families and Personal Networks* (pp. 167–186). Palgrave Macmillan UK. https://doi.org/10.1057/978-1-349-95263-2_6

Open Access This chapter is licensed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

