Chapter 5
How Does Cultural Participation Contribute to Social Capital and Well-Being?

From Cultural Capital to Social Capital

Pierre Bourdieu has contributed to the theory of cultural capital in his works since the 1960s. Bourdieu deviated from the traditional sociological conception of culture, which tended to view culture primarily as a source of shared norms and values, or as a vehicle of collective expression. He argued that culture shares many of the properties characteristic of economic capital (Bourdieu 1979/1984), emphasizing that cultural habits and dispositions constitute a resource that is capable of generating profits. In simple terms, hopefully sufficient for the purpose of this book, the Bourdieuan conceptualization of cultural capital consists of embodied skill that is inseparable from its holder. But, cultural capital is also objectified as the means of cultural expression, such as singing, painting, writing, dancing, and so on. The third element of cultural capital is institutionalized in the form of, for example, school certificates, academic qualifications or other such credentials (Bourdieu 1979/1984, 1986).

At the present, the theory of cultural capital presented by Bourdieu is the most interesting and frequently discussed, but simultaneously it is very complicated to be operationalized for empirical (health) studies. Bourdieu developed the concept of cultural capital upon finding that economic capital cannot alone explain the disparities in educational attainment of children coming from different social classes in France. Several authors in the field of educational sociology are critical about the narrow interpretation of cultural capital as consisting of the *beaux arts* participation. For the purposes of this book, I operationalize cultural capital as the cultural participation and consumption of various cultural forms. It feels reasonable to assume that cultural capital has a significant role in social networks and consequently, in collective well-being.

Recently, the contribution of cultural participation to social capital has been considered from a Bourdieuan vantage point, and empirical research data have been presented by several researchers (Jeannotte 2003, Galloway 2006, Kim and Kim 2009). Similar to social capital, cultural capital (cultural participation) can also be viewed at individual and collective (ecological) levels. Arts participation has a positive effect on social cohesion, and in the form of cultural organizations, collective cultural capital seems to be associated with civic participation in

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general. Researchers have also found that the ecological context and the multitude of art groups contribute to social capital, but the causation is not clear. It is also possible that the social commitment or social capital leads both to the creation of more groups and to the greater cultural attendance of individuals (Jeannotte 2003, 2006).

Of the various proxies of individual cultural capital, watching TV has been studied in a number of papers, and it is not exactly known whether TV viewing is associated with civic disengagement, as suggested by Putnam (2000). Other proxies of individual cultural capital, such as visiting art events, heritage institutions and participating in cultural activities are associated with engagement in the civic life of a given community in general. Also, at individual level, active cultural consumption coincides with abundant community volunteerism and involvement, but it is not clear if active cultural participation leads directly to social capital. The possible effects of cultural capital on social capital are, at least, linked to or dependent of the quantity and quality of cultural consumption and involvement. Hence, the causal pathway still remains to be resolved. It is obvious that there are several feedback loops linking cultural and social capitals through cultural participation, but establishing such links calls for theoretical modeling, large empirical studies, and advanced statistical analyses (Jeannotte 2006, 2008).

It has been suggested that cultural capital contributes to bonding social capital by reinforcing ideologies, values, and social differences and by strengthening ties between individuals. Also, it creates bridging social capital by promoting social solidarity, social integration, and sustainable communities (Jeannotte 2003, 2006). By assessing the culturally related projects compiled by the Community Foundations of Canada in the Our Millennium database, Jeannotte (2006) was able to describe strong linkages between cultural capital (arts, culture and heritage) and the social capital that it generated at individual and community levels.

In the following, the conceptualization of cultural capital is based on two elements, cultural participation and consumption of cultural forms. Bourdieu uses the concept of embodied capital, or "habitus", to show that all individual is ultimately social. He proposes that our choices are based on socially determined perceptions, appreciations, and habits (Bourdieu 1979/1984). Habitus, or at least the social background from which an individual's habitus emerges, is close to the traditional broad definition of culture as the manifestation of common habits, thoughts, and behaviors in way of life. Here, I use the notion of "basic culture" to refer to the broad essence of culture that Bourdieu calls habitus. In the path model in Fig. 5.1, basic culture is displayed as an upper concept anteceding (and leading via) the we-attitude (Tuomela 2002) that creates social capital. Social capital thus emerges from social and civic participation and reciprocal trust that are tightly linked with the objectified cultural capital, i.e. cultural participation, cultural events, and arts engagement. Cultural capital does not seem to fit well in the idea of bridging social capital in which social networks bind together heterogeneous individuals and communities with weak ties (e.g., Granovetter 1973, Putnam 2000). Rather, cultural capital in the Bourdieuan sense (Portes 1998, 2000) matches better with the idea of bonding social capital (Putnam 2000, Macinko and Starfeld 2001, Fassin 2003, Szreter and Woolcock 2004, Kawachi et al. 2008b, van Deth 2008).

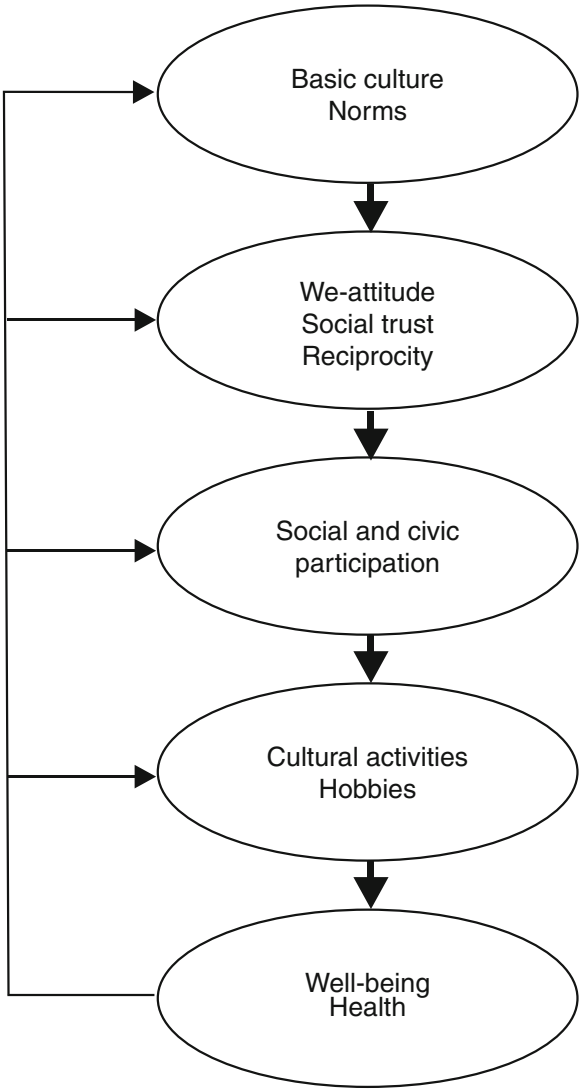

Fig. 5.1 Conceptual model of how social capital impacts on well-being and health. Social capital appears in the traditional (basic) culture and norms of a given community, group or nation and emerges from we-attitude, social trust and reciprocity, social and civic participation, and cultural activities. *Bold arrows* indicate principal causal direction from social capital towards population health

Cultural Activity and Well-Being

Cultural activities, not necessarily shared but also including solo activities, have a great social impact on inclusion, self-confidence, health, and well-being. In most surveys concerning cultural participation and well-being, cultural participation has

been defined as a combination of various arts and cultural activities, such as film, literature, the performing and visual arts, listening to and making music, combined arts festivals, heritage, going to cultural events, and reading books (Galloway 2006). In her review of research findings regarding cultural participation and individual quality of life, Galloway (2006) did not find much evidence that cultural participation would make a significant positive contribution to individuals' well-being. However, among older people, increased participation over time in any types of social and leisure activities is shown to improve the perceived quality of life. Hence, the observed benefits may also be attributed to social relationships, self-esteem, self-efficacy, and beating isolation (Galloway 2006).

In a sample of 6,300 South Koreans (with a response rate of 31%), Kim and Kim (2009) assessed cultural experiences in terms of the following eight activities: literature activities, painting exhibitions, classical music or opera performance, traditional art performance, plays, dance performances, movies, and music concerts or entertainment shows. Life satisfaction and happiness were then regressed on a range of cultural factors as potential predictors. Social relations appeared significant in explaining life satisfaction in a multivariate model adjusted for gender, age, income, education, health satisfaction and cultural experiences, of which gender, age and cultural experiences had no significant explanatory power. As to happiness, social relations, followed by education, cultural experiences and health satisfaction emerged as significant predictors (Kim and Kim 2009).

Although the overall relationships between cultural capital and subjective well-being or health seem to be established, the above described recent papers leave several questions unanswered. One important question concerns the huge qualitative diversity of cultural activities and their relationships in the context of other (than cultural) social or environmental factors. In different cultures, people have different tastes and needs for cultural activities. To overcome this problem, Michalos and Kahlke (2008) conducted multivariate analyses in a sample of 1,027 households in British Columbia to measure the impact of a total of 66 kinds of arts-related activities on perceived quality of life, assessed with seven different scales, including general health. The results were somewhat astonishing: the arts-related activities and the corresponding satisfaction contributed very little to people's perceived quality of life. The authors stated that their results may seem incredible, especially to arts enthusiasts, but one should keep in mind the initial condition, "in the context of all our predictors", and the qualifier "relatively". Under such conditions, even the self-reported household income, which is usually regarded as a relatively objective indicator, contributed very little (Michalos and Kahlke 2008). In respect of our theme, it is interesting to observe that satisfaction obtained from singing in solitude, from reading books, and from listening to music was significantly and positively correlated with, at least, some of the seven variables of perceived well-being.

In a cross-sectional survey carried out for Arts Council England, Joy Windsor (2005) made a key finding that, when several socio-demographic variables (age, gender, education, SES, marital status, ethnic group, and region) were controlled for, participation in arts and cultural activities was associated with self-rated health. In her survey, the respondents who reported themselves to engage in any of the following activities: attendance at non-performing arts, participation in dance

activities, attendance at performing arts or culture, and accessing arts recorded on CDs, mini discs or tapes, were more likely to report better health, when controlling for socio-demographic variables. In contrast, access to the arts through radio, TV, videos or DVDs, and through Internet was not significantly associated with self-rated health, when controlling for the above-mentioned arts and cultural activities, and socio-demographic variables. The multiple regression model that included all variables explained 15% of variation in self-rated health (Windsor 2005).

Interestingly, the number of attendances was not more important than attendance *per se*, that is, whether or not someone attended at all (Windsor 2005). This survey was one of the first to study the access to the arts through the modern audiovisual media and via Internet and the related effects on health. When each type of engagement was studied separately, listening to or watching arts programs through radio, TV, video or DVD were related to better self-rated health (Windsor 2005). The results are promising from the point of view of broadcasting arts and culture programs in order to promote health and well-being. They also open new avenues for the use of Internet to access arts and culture.

A population study conducted in a random sample of 1,244 US residents confirmed the association between cultural activity and self-reported health. The sample was drawn from the General Social Survey (GSS) in 1998 and data were collected through in-person interviews. The results showed that the more attendances at cultural events people reported, the better their health was (Wilkinson et al. 2007).

Naturally, cross-sectional studies cannot solve the problem of causality: It is quite possible that being in good health increases an individual's ability to engage in arts and cultural activities and to visit cultural events. The cross-sectional studies, however, confirm the previous findings based on a series of longitudinal population surveys published by a Swedish research group (Bygren et al. 1996, Konlaan et al. 2000, Johansson et al. 2001). In fact, the US study was specifically carried out to investigate if similar positive associations between the attendance at cultural activities and well-being exist both in the United States and in Sweden, two countries representing different cultures and populations.

With the exception of the first survival study (Bygren et al.1996), in which singing in a choir and making music had no independent effect on survival, all other survival studies published by the Swedish research group, including the retest study (Wilkinson et al. 2007), deal with the passive participation. Presumably, the active cultural participation, that is, being creative and producing art, has stronger social participatory connotations (Bourdieu 1979/1984) that may make it a more relevant proxy of social capital (Hyyppä 2007a), even though all art events and cultural activities are supposed to be social by nature (Upright 2004).

Cultural Participation, Public Space and Social Capital

Cultural participation and public space can be linked with social capital, and they can be seen as elements of the general lifestyle, called here the "basic culture". A broader view over culture includes also other aspects of social life and lifestyle that can be related to social capital. For instance, the constructed environment and social

capital have been shown to be associated: persons living in walkable, mixed neighborhoods in the USA have higher levels of individual-level social capital. These people are more likely to know their neighbors, to be socially engaged and trust others (Leyden 2003).

Also, public spaces, such as public libraries are proposed to create social capital, or *vice versa*, social capital can create public spaces. The potential significance of public libraries for social capital has emerged in preliminary reports (Goulding 2004, Vårheim 2007). The public library has been found to provide a physical and social focus for civic engagement (Goulding 2004). Furthermore, the observations suggest that the universal access aspect of the public library makes it suitable for creating social capital. The universalistic and open status of the public library makes it an excellent arena for the creation of weak ties. Since the public library is open for everybody, it can act as a bridge across diversities and create social trust (Vårheim 2007).

Very few empirical studies have been carried out on the effects of the public library on population health and well-being. In Japan, epidemiologists showed that a wide range of socio-economic factors, including the public library activity, are associated with all-cause mortality (Fukuda et al. 2004). The researchers examined the association between age-adjusted mortality rates and a total of one hundred indicators related to socio-economic factors, including the number of borrowed books per population, the number of books in library, the ratio of book budget per total expenditure and the ratio registered users of library. It turned out that higher education was negatively and strongly associated with both female and male mortality rates. However, the index related to the public library activity was independent of educational level, and even after controlling for the effects of other socio-economic factors, it was associated with lower mortality in both genders. This long-term epidemiological survey is interesting from the social capital point of view, although the authors did not expressly mention this approach in their report (Fukuda et al. 2004). In the light of the proposed link between public spaces and social capital, viz. between the public library and bridging social capital, the Japanese observations about the public library activity and mortality rates can be interpreted from the social participation perspective.

Cultural Experiences in Therapeutic Use

The impact of cultural experiences on health has been studied in various therapeutic contexts, but the results are mostly based on small-scale and uncontrolled cross-sectional studies. The few empirical studies on the therapeutical effects of cultural experiences unfortunately lack controlling for and discussing the social relations as a possible (co)factor. While most of the therapeutical studies are out the scope of this book, there are some aspects that are worth mentioning here. For instance, music has always formed a part of healing systems in human culture. Music is used therapeutically within health services provided for dementia patients and handicapped

children. Also, offering more music lessons at school seems to affect the students' health and to reduce stress hormone levels. Several speculative reports have been published on the relationship between choral singing and health, but no critical empirical studies have yet been published or they have not supported the original hypothesis of a beneficial effect. Theater, drama and dance may reduce children's risk behavior and improve their linguistic abilities. Narrating, writing and reading, either individually or in a group, may improve health. Cultural experience is included in several new therapy forms, for example, phototherapy.

The Swedish National Institute of Public Health has published a comprehensive review "Kultur för hälsa" (Culture for Health) about the importance of cultural experiences and participation for health. Published in Swedish, it is equipped with an English summary and a very helpful list of references (up to the year 2004) for the readers interested in learning more about the significance of the practicing of and participation in cultural activities for health (Statens folkhälsoinstitut 2005).

Cultural Attendance and Survival

The Swedish long-term follow-up surveys mentioned previously in this chapter were the first to show that culture attendance, reading books, making music, or singing in a choir are independent determinants for survival (Bygren et al. 1996). The first report covered cultural activities in a cohort of 12,000 Swedes, aged 16–74, who were interviewed in 1982–1983 for the annual survey of living conditions. Three cultural activity indices were constructed for further analyses. The cultural events attendance index was constructed from questions about attending cinema, theater, concert or live music, museum, art exhibition, sermon, or sports events as a spectator. The second independent index was constructed from the questions about reading books or periodicals, and the third index from questions about the frequency of playing music or singing in a choir. The cohort was followed up until the end of 1991 in order to investigate the possible influence of cultural attendance on survival. For the final analyses, a total of 7,004 respondents from the original sample were tracked with help of the Swedish personal identification number and data obtained from the nationwide mortality register. Risk of death (or survival) was estimated using the proportional Cox hazard models. Of the confounding control variables, age, gender, smoking, income, chronic disease, and exercise had an influence on survival in the expected direction. Social contacts, which were covered by one question about weekly contacts with a near friend outside the family, showed no significant risk for mortality. After adjusting for the above-mentioned health-related confounders, the participants with infrequent attendance at cultural events showed significantly higher mortality, as compared with the participants attending abundantly cultural events. The authors concluded that people attending often cultural events are likely to live longer than those who attend seldom (Bygren et al. 1996).

To confirm the somewhat astonishing findings, the researchers followed up the same Swedish cohort for 14 years (Konlaan et al. 2001). In this study, the outcome

measure was survival until the end of 1996, by when 1,500 persons of the cohort had deceased. The study confirmed the previous observations, but it also added unexpected new information. After adjusting for reading books or periodicals, and for music making, as well as for several health-related confounders, the people who rarely visited cultural events showed a significantly higher risk for death than those visiting cultural events frequently. There were also interesting differences between various types of cultural events. Infrequent visitors to museums had a 42% higher risk for death, followed by infrequent concert (29%), cinema (20%), and art exhibition (14%) visitors. In contrast, visits to theater, church or sports events as spectator showed no associations with mortality (survival). Hence, the conclusion from these cohort surveys is that attending cinema or concerts and visits to museums and art exhibitions keeps you alive longer. The following question remains: If some cultural activities are beneficial for survival, why aren't some others?

The same Swedish cohort was resorted to by the same researchers once more and again with promising results (Johansson et al. 2001). In this survey, the purpose was to assess if changes in the habits of attending cultural events predict self-rated health. Participants who were interviewed for their cultural activities in 1982–1983 were re-interviewed using the same questionnaire in 1990–1991 including an assessment of self-rated health. In the first, cross-sectional study, low frequency of cultural attendance (adjusting for gender, age and longitudinal effect of age, and the above-mentioned confounding factors) showed an excess risk (OR 1.61) for poor self-rated health. The second analysis showed that those whose cultural activities changed from the first occasion (1982–1983) to the second occasion (1990–1991) also showed changes in their self-rated health. The participants who were culturally active at both interviews with time interval of 8 years formed the reference group. Those who changed from being inactive to very active appeared to achieve the same level of risk for self-rated health as the reference group by the time of the re-interview, although the confidence interval of risk was wide (OR 0.84; CI 0.60–1.17). Those who were inactive at both interviews had 65% worse self-rated health than those belonging to the reference group, and the risk for poor health was equal among those who had reduced their attendance at cultural events between the interviews and those who were inactive at both interviews. Assuming that cultural attendance has a causal effect on health, the effect seems to be transient. In other words, cultural stimulation appears to be a transitory resource that requires fresh supply to remain beneficial for one's health.

Causality Issues Regarding Cultural Capital and Health

The authors of the above-mentioned surveys have not taken into consideration the possible effects of social capital that were discussed in the beginning of this chapter. The authors did not find any independent association, albeit only one question covered closed social contacts or social support. Hence, it may be too early to argue that attendance at cultural events *per se* has beneficial effects on survival, without taking

into account (individual-level) social capital that is latently included in all cultural participation. However, the Swedish surveys were well-controlled, and what is important, they were adjusted for long-lasting diseases and other health-related factors that are known to strongly influence on one's health and survival. Adjusting for several conventional health-related factors, the authors were able to show a strong link between cultural activity and survival. But still, is the relation causal?

Not even prospective epidemiological surveys are always sufficient to establish causality between two propositions in spite of time interval. The Swedish researchers have missed certain important confounders, of which body mass, marital status, employment status, and health-behaviors (such as alcohol use and dietary habits) belong to the standard tools of prospective epidemiological studies. Also, the Swedish long-term surveys measured only few forms of cultural attendance, representing a minor part of the multidimensional cultural life. Going to the cinema seems to prolong survival but visiting the theater does not. Why? Could it mean that attending to cinema includes more "salutary social spices" than attending to theater? Is it possible that the missed confounders (e.g., social status, alcohol use) explain the difference between cinema and theater attendances, and furthermore, modify their impact on survival? It is highly probable that not all cultural activities are beneficial for health and survival; some can even be detrimental to health. Finally, to prove causality from cultural activities to health and survival, one should conduct an empirical experiment in which a large number of subjects are treated with culture attendance and compared to controls with placebo attendance. Such a study may be impossible, so in epidemiological research, we must abide to repeating prospective cohort surveys with additional confounders.

Recently, Bygren and his co-workers conducted a randomized controlled trial to study the effect of cultural attendance on self-rated health (Bygren et al. 2009a). Members of local government officers' union within the health services were invited to take part in the experiment, in which they were asked to engage in arts and cultural occasions (films, concerts, art exhibition visits, or singing in a choir) once a week for 8 weeks. Participants ($N = 101$) were randomized into 51 cases (49 women and 2 men) and 50 controls (45 women and 5 men). According to the results, arts and cultural stimulations improved perceived physical health, social functioning and vitality (assessed with the SF-36 questionnaire), whereas mental health, episodic memory, or saliva cortisol and immunoglobulin levels did not differ from controls. There are limitations in the design of this study that impede generalization and application of findings. Most of the participants were healthy female secretaries, and they were not blinded, but aware of the aims of the experiment. Although this case-control study revealed some significant health effects of cultural attendance during 8 weeks, the causal biological pathways from cultural attendance to health remained unidentified.

A recent Swedish non-peer reviewed survey published by an investigator, who is independent of the above-mentioned research group, sheds some light on the following dilemmas: Are all cultural activities healthy? Which is first, cultural activity or health and well-being? Answers were drawn from a nationally representative sample of adult Swedes ($N = 3{,}400$) who participated in repeated surveys of living

conditions and self-rated health (von Otter 2008). A clear association between cultural activities and self-rated health was confirmed in the first, cross-sectional part of the study. A dose-related association was also found: the higher the number of attendances at cultural events and activities, the better the self-rated health. However, this 9-year follow-up study did not completely confirm the earlier findings (Johansson et al. 2001). The current survey showed no significant alteration of self-rated health among participants with changed attendance patterns and cultural activities. In other words, those who changed from being inactive in 1991 to being active in 2000 did not achieve a better level of self-rated health during the follow-up period. Only those participants who had reduced their theater visits and dancing activity reported worse health at the end of the follow-up period (von Otter 2008). In fact, the results all together favor the idea that people adjust their cultural activity according to their health status, rather than that their health status would change according to their cultural activity.

The second part of the follow-up study (von Otter 2008) was based on the Stockholm Birth Cohort Study, including all children born in 1953 and residing in Stockholm in 1963. Children were interviewed for their cultural activities (listening to music, visiting the cinema, and reading books) at the age of 12 years, and of them, 14,000 participants were followed up, using data obtained from the national morbidity and mortality registers, until the year 2002. The results showed, for example, that those who had in childhood read books frequently had in the middle-age a lower risk for psychiatric disorders and better survival. In this respect, it is interesting that another recent study shows that, although the act of reading on a frequent basis may have social ramifications, being predominantly solitary in nature, it nonetheless predicts lower mortality among 70+ men, but not among 70+ women (Jacobs et al. 2008). In contrast to the positive effect of reading, the children who visited more frequently the cinema had higher morbidity and mortality later in life (von Otter 2008).

A very recent, 18-year longitudinal survey conducted in Finland reported that engagement in cultural activities was independently associated with reduced deaths from external causes among initially healthy full-time industrial employees ($N = 7{,}545$, 5,864 men and 1,681 women) who are participating in an ongoing prospective cohort study, Still Working (Väänänen et al. 2009). After adjustment for socio-demographic factors, biological factors, work stress, and social factors, high engagement in cultural activities was associated with decreased all-cause mortality (hazard ration with 95% confidence intervals: 0.71, 0.57–0.88) and mortality from external causes (0.46, 0.24–0.90). High engagement in cultural activities was also associated with a reduced risk of cardiovascular mortality, when adjusting for socio-demographic factors and work stress (0.68, 0.43–0.95). No associations were found with cancer mortality, alcohol-related mortality, or mortality from other causes. Adjustment for behavioral covariates had a modest effect on the association with all-cause mortality and mortality from external causes. The association between cultural activities and all-cause mortality was largely attributable to the robust link between cultural activities and the reduction in deaths from external causes. Interestingly, shared cultural activities were more closely linked to external

mortality, whereas solitary cultural activities were related to all-cause mortality. The power of engagement in socially shared cultural activities to predict external causes of mortality attenuated to become non-significant after adjustment for socio-economic status and behavioral risk factors. Even after controlling for all health-related factors that were assessed at baseline (including demographic and socio-economic factors, smoking, physical inactivity, work stress, binge drinking, diabetes and hypertension) engagement in solitary cultural or intellectual activities was still significantly associated with all-cause mortality (0.80, 0.64–0.98) (Väänänen et al. 2009). Gender differences, stability of cultural activities, or the role of social capital were not analyzed in this male dominated longitudinal survey, but even with these limitations, it points to the importance of social relations or, could we say, social capital? for population health outcomes.

In contrast to the Finnish survey, an association between cultural attendance and cancer mortality was found in a randomly selected, cancer-free cohort of Swedish adults aged 25–74 years ($N = 9{,}011$) that was formed in 1990–1991 and followed up to 31 December 2003. After controlling for age, sex, chronic conditions, disposable income, educational attainment, smoking status, leisure time physical activity, and urban/non-urban residency, rare and moderate attendees were 3.23 (1.60–6.52) and 2.92 (1.52–5.62) times, respectively, more likely to die of cancer during the follow-up period than frequent attendees. However, the effect was observed only among residents of urban areas (Bygren et al. 2009b).

The above discussed studies and their results show how difficult it is to prove the assumed links between cultural activity and population health, even by means of well-controlled longitudinal surveys. If there are links, they are very complicated and context-related. This brings us back to Bourdieu's (1979/1984) interpretation, which underlines the social nature of cultural activities. Cultural attendance and events are socially-related, and cultural experiences are gained in interaction with other people. Consequently, if attending cultural events, making art, visiting museums, and the multitude of other forms of cultural participation have causal and positive influences on population health, such influences may depend on the social nature of cultural capital, which has either been totally missed or not been measured or controlled for in the handful of epidemiological surveys in existence up to date.