Social inclusion and the role of psychologists

Paul Hutchison & Emily Ewens

Chapter to appear in Liamputtong, P. (Ed.) (in press). *Handbook of social inclusion: Research and practices in health and social sciences*. Springer.

Paul Hutchison

School of Social Sciences – Psychology, London Metropolitan University, 166-220 Holloway Road, London, N7 8DB, United Kingdom

e-mail: p.hutchison@londonmet.ac.uk

Emily Ewens

School of Social Sciences – Psychology, London Metropolitan University, 166-220 Holloway Road, London, N7 8DB, United Kingdom

e-mail: eme0176@londonmet.ac.uk

Abstract

This chapter provides an overview of theory and research on the psychology of social inclusion and exclusion, and, in particular, the impact that being socially included or excluded can have on physical health and psychological well-being. It is not an exhaustive overview, nor is it intended to be. Instead, discussion is limited to two recent and inter-related lines of theory and research with demonstrated potential to inform policy and practice. The chapter begins with an overview of a series of laboratory-based experiments showing how even a relatively trivial and short-lived experience of social exclusion can have a profound negative impact on psychological functioning and well-being. The focus then shifts to an

emerging body of social psychological research demonstrating the positive psychological and health-related consequences of belonging to, identifying with, and feeling included in important and valued social groups. This is followed by a discussion of some practical implications arising from these and other lines of social psychological theory and research for strategies aimed at mitigating the potentially harmful effects of social exclusion and harnessing the potentially beneficial effects of social inclusion.

Keywords: social inclusion, social exclusion, rejection, group identification, social identity, multiple group memberships

1. Introduction

It is widely recognized that social relationships can have a profound impact on health and well-being. Baumeister and Leary (1995) proposed that people have a fundamental need to develop and maintain positive social relationships in order to prosper and survive and that failure to satisfy this need can have undesirable consequences for physical health and psychological well-being. Support for this assumption comes from a considerable body of research examining the causes, consequences and correlates of social exclusion and related phenomenon, such as rejection, ostracism, marginalization, devaluation and discrimination (Abrams, Hogg, & Marques, 2005; Smart Richman & Leary, 2009). For present purposes, however, the focus is limited to two inter-related lines of theory and research with demonstrated potential to inform policy and practice. Reflecting this, the chapter is organized into three main sections. The first section focuses on the psychology of social exclusion and explains how researchers have developed a variety of innovative paradigms to examine the effects of being socially excluded or rejected on the thoughts, feelings, behaviors, and well-being of excluded individuals. This research shows how even a relatively trivial and short-

lived experience of social exclusion can have a profound negative impact on psychological functioning and well-being (e.g., Williams, 2009). The second section focuses on an emerging body of theory and research examining the positive psychological and health-related consequences of belonging to, identifying with, and feeling included in important and valued social groups. This research suggests that group memberships – and the social identities that people derive from them (Tajfel & Turner, 1979) – may afford certain benefits over and above those investigated in research on social exclusion, with the potential to protect and enhance physical health and psychological well-being (e.g., Jetten et al., 2017). The final section focuses on some practical implications arising from these and other lines of social psychological theory and research for strategies aimed at mitigating the potentially harmful effects of social exclusion and harnessing the potentially beneficial effects of social inclusion.

2. The psychology of social exclusion

An important first step in understanding and addressing the problem of social exclusion is to understand the psychological impact that this negative experience can have on the socially excluded. To this end, researchers have developed a variety of laboratory-based paradigms to make participants feel socially excluded or rejected in different ways. Studies using these paradigms have provided valuable insights into the acute negative impact that even a relatively trivial and short-lived experience of social exclusion can have on the thoughts, feelings, behaviors, and well-being of excluded individuals.

2.1 Social exclusion in the laboratory

One of the most widely used exclusion paradigms is the ball toss paradigm (Williams, 2009), in which after initially being included in a seemingly spontaneous ball toss game with other participants in a waiting room (actually confederates told to respond in a particular way), the genuine participant does not receive the ball again while the other players continue to toss the

ball to each other; participants in a social inclusion condition continue to receive the ball. Cyberball is an online version of the ball toss paradigm in which participants are initially included in a virtual ball toss game with other ostensible participants (actually computerized players programed to respond in a particular way), after which the genuine participant is excluded or included in the same way as in the original ball toss paradigm. Other paradigms involve telling participants that other people no longer want them in their group, that after a 'get acquainted' session no one wanted to work with them, that others previously identified by the participant as their close friends chose to communicate with each other but not with them, that few people 'liked' their profile in an internet chatroom, and that results from a personality test revealed that the participant faced a future alone devoid of any meaningful or lasting social relationships (see Williams, 2009).

At face value, the exclusion manipulations in these paradigms may seem trivial and far removed from the more substantive and enduring exclusions that some individuals and groups face in their everyday lives (Abrams, Christian, & Gordon, 2007). Nevertheless, numerous studies and meta-analyses confirm that even such minor and temporary exclusion experiences can have a profound negative impact on the thoughts, feelings, behaviors and well-being of excluded individuals, with effect sizes comparable to or greater than those observed in laboratory studies of other social psychological phenomena (e.g., Gerber & Wheeler, 2009; Hartgerink, van Beest, Wicherts, & Williams, 2015; Williams, 2009).

2.2 Psychological and emotional responses to social exclusion

In the majority of studies using these paradigms, excluded participants report feeling more negative emotions (e.g., sadness, anger, disappointment, shame) and less positive emotions (e.g., happiness, contentment, pride, satisfaction), as compared to included participants (Gerber & Wheeler, 2009; Hartgerink et al., 2015). These emotional responses emerge even when participants are excluded by others whose acceptance should not matter (e.g., members

of a despised outgroup: Gonsalkorale & Williams, 2007) and when being excluded is more financially rewarding than being included (van Beest & Williams, 2006). The effects emerge when the exclusion occurs face-to-face or remotely (e.g., online, via smart phones, in Internet chat rooms), when participants are excluded by a computer rather than other people, and even when participants are told in advance that the computer is programed to respond in a particular way. Despite these factors which could reasonably be expected to mitigate the effects of the exclusion experience, the immediate impact on the mood of excluded participants is acute and universally negative (Williams, 2009).

Being excluded is also painful – and more than metaphorically so. Research using neuroimaging equipment has identified parallels between the 'social pain' experienced during social exclusion and the experience of physical pain. For example, Eisenberger, Lieberman, and Williams (2003) used functional magnetic resonance imaging (*f* MRI) to examine the neural correlates of social exclusion (using the Cyberball paradigm) and found that the same neural regions of the brain that are activated during the experience of physical pain – the dorsal anterior cingulate cortex (dACC) and the anterior insula (AI) – are also activated during social exclusion. Moreover, those participants who showed more neural activity during social exclusion also reported more psychological distress. This concurs with research showing that sensitivity to physical pain correlates with sensitivity to social pain (Eisenberger, Jarcho, Lieberman, & Naliboff, 2006) and with pharmacological studies showing that some pain-relieving drugs (e.g., acetaminophen) have similar neural effects on the pain experienced during social exclusion as they do on physical pain (DeWall et al., 2010).

Social exclusion also threatens essential psychological needs, although the number and relative importance of each need remains disputed. Smart Richman and Leary (2009) proposed that social exclusion threatens only one essential need – the need to belong

(Baumeister & Leary, 1995) – and that other needs investigated in social exclusion research are merely markers of this more fundamental need. On the other hand, Williams (2009) argued that social exclusion (and ostracism in particular) threatens not only the need to belong but also the need for self-esteem, the need for control, and the need for a meaningful existence. Whether these needs are independent constructs or markers of a more general need to belong is beyond the scope of this chapter. Of more importance for present purposes is the considerable evidence that being socially excluded or rejected is associated with significant reductions in self-reported belongingness, self-esteem, control and meaningful existence. These effects are robust and appear to bypass any rational thought processes that could reasonably be expected to mitigate the aversive impact of the exclusion or rejection experience (Williams, 2009; see Gerber & Wheeler, 2009, for contrary evidence).

2.3 Behavioral responses to social exclusion

The behaviors that follow these initial reactions vary considerably and appear to be underpinned by different motives. Some responses are pro-social and appear to be motivated by a desire to re-establish inclusion. For example, relative to included participants, excluded participants work harder on group tasks (Williams & Sommer, 1997), attend more to social information (Pickett, Gardner, & Knowles, 2004), and unconsciously mimic others – an established marker of social attraction (Lakin, Chartrand, & Arkin, 2008). Williams (2009) proposed that pro-social behaviors are more likely when belongingness or self-esteem needs are threatened because such behaviors have the potential to facilitate re-inclusion. Similarly, Smart Richman and Leary (2009) proposed that pro-social behaviors are more likely when the perceived cost of being excluded is high, when the relationship or group from which the individual is excluded is valued, and when there is a strong expectation of re-inclusion.

In contrast, some responses are more anti-social and appear to be motivated by a desire to dominate or provoke others rather than to re-establish inclusion. Indeed, excluded

individuals often respond with hostility and aggression, even towards innocent others. This includes giving more negative evaluations of job candidates (Twenge, Baumeister, Tice, & Stucke, 2001, Studies 1 & 2), subjecting others to louder blasts of unpleasant noise (Twenge et al., 2001, Study 4), and allocating more hot sauce to someone with an ostensible aversion to spicy food (Warburton, Williams, & Cairns, 2006). Social exclusion has also been implicated in incidents of extreme mass violence. An analysis of school shootings in the United States confirmed that in 13 of the 15 cases examined, the perpetrator had been excluded or rejected prior to the event (Leary, Kowalski, Smith, & Phillips, 2003). Williams (2009) proposed that anti-social and aggressive behaviors are more likely when control or meaningful existence needs are threatened because such behaviors provide excluded individuals with opportunities to regain a sense of control and/or to force others to acknowledge their existence. Smart Richman and Leary (2009) proposed that such responses are more likely when the exclusion experience is perceived as unjust and when alternative sources of inclusion are perceived to exist.

Other responses are more passive and appear to reflect a sense of resignation and learned helplessness rather than an attempt to restore threatened needs. Some people withdraw from situations where the potential for further exclusion is perceived to exist, whereas others avoid social contact completely. Such responses are more likely when the exclusion is chronic and previous attempts to cope have failed (Smart Richman & Leary, 2009; Williams, 2009). In such situations, the psychological resources required to replenish threatened needs may become depleted, resulting in passive resignation and feelings of alienation and despair. Consistent with this reasoning, Riva, Montali, Wirth, Curioni, and Williams (2016) found that people with chronic experiences of social exclusion reported higher levels of alienation, depression, helplessness, and unworthiness, as compared to people with chronic pain, chronic hypertension, chronic kidney disease, and healthy

participants. Moreover, the debilitating effects of chronic exclusion were mediated by depleted psychological needs. Thus, chronic social exclusion appears to reduce the motivation and ability to replenish essential psychological needs, which can have dire consequences for health and well-being. These findings are important considering that, in real life, social exclusion is usually more pervasive and enduring than the short-term and relatively trivial exclusion manipulations used in laboratory studies, from which participants can easily recover (Williams, 2009). Nevertheless, the findings concur with the laboratory evidence and suggest that psychological interventions aimed at helping excluded individuals to maintain or restore essential needs may go some way towards alleviating the potentially harmful effects of being socially excluded or rejected (Timeo, Riva, & Paladino, 2019).

3. The psychology of social inclusion

The studies described above vividly demonstrate the effects of being socially excluded or rejected on the thoughts, feelings, behaviors, and well-being of excluded individuals. Yet on their own, such studies provide little insight into the psychology of social inclusion beyond demonstrating that it is less aversive than being socially excluded – social inclusion in the majority of laboratory studies is merely the control against which social exclusion is compared. In recent years, however, there has been increased interest in the psychological and health-related benefits of belonging to, identifying with, and feeling included in important and valued social groups (e.g., friendship groups, support groups, work groups, recreation groups). Research in this domain suggests that group memberships and the social identities associated with them (Tajfel & Turner, 1979) may confer certain benefits over and above those investigated in research on social exclusion, with the potential to protect and enhance physical health and psychological well-being (e.g., Jetten et al., 2017).

3.1 Group identification, health and well-being

People with positive social relationships have healthier and longer lives – an assumption that has gained considerable empirical support in recent years. Indeed, a meta-analysis of 148 studies and over 300,000 participants found that positive social relationships reduce the risk of mortality to the same extent as quitting smoking, whereas having inadequate social relationships is a greater mortality risk than factors such obesity, hypertension, excessive alcohol consumption, and lack of exercise (Holt-Lunstad, Smith, & Layton, 2010). These findings concur with an increasing body of research examining links between social group memberships and different aspects of health and wellbeing. Much of this research is informed by the social identity approach – a family of social psychological theories which together explain the processes through which people come to define themselves and others as group members, rather than unique individuals (Tajfel & Turner, 1979; Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). A key premise of the social identity approach is that contextually salient group memberships are internalized as social identities, which then become the primary determinant of how people perceive themselves and relate to others. Although this approach was developed to explain the origins of intergroup discrimination (Tajfel & Turner, 1979), research informed by social identity theorizing has increasingly focused on the positive personal benefits of belonging to, identifying with, and feeling included in social groups. Of most importance to present purposes is evidence that group memberships and the social identities that people derive from them have the potential to buffer the negative effects of challenging life events and protect and enhance physical health and psychological well-being (e.g., Jetten et al., 2017).

The protective potential of group memberships is evident in numerous studies showing that group identification (i.e., the subjective sense of attachment to a group and commonality with its members) predicts a host of desirable outcomes in people facing various health-related life challenges. For example, Cruwys et al. (2014) found that

identification with a community recreation group and a psychotherapy group predicted recovery from depression. Along similar lines, Hutchison, Cox and Frings (2018) found that identification with a mutual-aid fellowship group predicted important recovery-related outcomes in problem gamblers (e.g., recovery self-efficacy and reduced risk of relapse). Group identification has also been shown to reduce stress among patients recovering from heart surgery (Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005) and stroke (Haslam et al., 2008), and to reduce depression and destructive behaviors in children and adolescents (Bizumic, Reynolds, Turner, Bromhead, & Subasic, 2009). Moreover, a meta-analysis of research examining the relationship between group identification and health in organizational contexts found that stronger workgroup and organizational identification were associated with better health (Steffens et al., 2016). These findings are consistent with the suggestion that group memberships and social identities provide an important psychological resource that people can draw on in times of need (Jetten et al., 2017).

Other research informed by the social identity approach suggests that group identification may help to shield people from the potentially harmful consequences of belonging to a devalued, stigmatized, marginalized, or socially excluded group. The rejection-identification model (Branscombe, Schmitt, & Harvey, 1999) proposes that group-based rejection (i.e., pervasive discrimination, devaluation or exclusion based on the target's group membership) harms well-being but also increases group identification, which serves to attenuate the negative effects of group-based rejection on well-being. This pattern has been observed in studies with, for example, African Americans (Branscombe et al., 1999), obese people (Magallares, Morales, & Rubio, 2014), and older adults (Garstka, Schmitt, Branscombe, & Hummert, 2004). In all of these studies, group-based rejection was associated with increased group identification, which suppressed the negative effect of rejection on wellbeing. Thus, despite the pervasive devaluation and discrimination that members of

marginalized and socially excluded groups often experience, well-being can be restored by feeling included in and identifying with the group in question.

3.2 Multiple group memberships, health and well-being

To the extent that group memberships and social identities have the potential to protect and enhance health and well-being, as the preceding evidence suggests, it follows that having more group memberships should be more conducive to positive health and well-being than having few group memberships. In other words, if group memberships and the social identities associated with them provide an important psychological resource that aids coping in challenging situations (Jetten et al., 2017), then people with more group memberships should have more access to this resource than those with few group memberships, and so should be better equipped to cope.

Consistent with this reasoning, several recent studies have found a positive relationship between the number of self-conceptually important group memberships reported and different indicators of health and well-being among people facing different health-related challenges. This pattern has been observed in, for example, people recovering from acquired brain injury (Kinsella, Muldoon, Fortune & Haslam, 2018) and depression (Sani, Madhok, Norbury, Dugard, & Wakefield, 2015). A similar pattern has been observed in refugees adapting to life in a new country (Smeekes, Verkuyten, Çelebi, Acartürk, & Onkun, 2017) and residents of a homeless accommodation service (Walter, Jetten, Dingle, Parsell, & Johnstone, 2016). Moreover, a longitudinal study of older adults entering retirement found that those who had two group memberships before retirement had a 2% risk of mortality in the first six years of retirement if they maintained their group memberships, a 5% risk if they lost one group membership, and a 12% risk if they lost both group memberships. In addition, for every group membership that was lost on entering retirement, the retiree's quality of life six years later was approximately 10% lower (Steffens, Cruwys, Haslam, Jetten, & Haslam,

2016). These findings are consistent with the idea that the more group memberships a person has, the more psychological resources they have access to and can draw on in challenging situations, and the better able they are to cope (Jetten et al., 2017).

4. Why do group memberships protect and enhance health and well-being?

There is now considerable evidence that belonging to, identifying with, and feeling included in important and valued social groups affords certain psychological benefits for people facing various types of health-related life challenges (Jetten et al., 2017). However, relatively less is known about the psychological processes or mechanisms through which group memberships and social identities protect health and well-being. Several lines of research have attempted to address this gap by identifying factors that mediate the positive effects of group memberships and group identification on physical health and psychological well-being.

One line of research suggests that group memberships and group identification may be conducive to positive health and well-being because they provide a basis for individuals to receive, or feel that they can receive, social support. Indeed, there is now considerable evidence that the feeling of being socially supported mediates the positive effect that group identification has on health and well-being (Haslam et al., 2005) and that social support is more effective if the provider and recipient have a shared identity (Frisch, Häusser, van Dick, & Mojzisch, 2014). Group identification also provides an opportunity for people to offer support to others, which can be as, or even more, beneficial to the provider as it is to the recipient. For example, Hutchison et al. (2018) found that the relationship between group identification and important recovery-related outcomes in people attending Gamblers Anonymous was mediated by the provision of social support to others but not its receipt. These studies suggest that belonging to, identifying with, and feeling included in important and valued social groups may be protective of health and well-being in part because it

provides the opportunity to not only receive social support but also to provide support to others, which can be mutually beneficial for both parties.

Other research suggests that group memberships may protect or enhance health and well-being because the social identities they afford have the potential to satisfy the same psychological needs that are harmed by social exclusion and rejection experiences (Williams, 2009). In particular, identifying with and feeling included in important and valued social groups allows people to feel a sense of connectedness and belonging, to feel good about themselves and enhance their self-esteem, to feel competent and in control of their environment, and to have a sense of purpose, continuity, and meaning in life (e.g., Baumeister & Leary, 1995; Jetten & Hutchison, 2011; Jetten et al., 2017). Along these lines, Greenaway et al. (2016) found that gaining a new group identity (or losing an existing one) was associated with an increased (decreased) sense of belongingness, self-esteem, control, and meaningful existence. Moreover, needs satisfaction mediated the effect of gaining (or losing) a group identity on depression. In other words, gaining a new group identity satisfies essential psychological needs and indirectly decreases depression, whereas losing an existing group identity diminishes the same psychological needs and indirectly increases depression. This suggests that strategies aimed at helping people to cope with the potentially harmful effects of social exclusion or rejection should focus on the individual's ability to maintain existing group memberships and gain new group memberships, both of which have the potential to preserve and replenish essential psychological needs, and protect and enhance health and well-being (Greenaway et al., 2016).

5. Implications for practice

The preceding evidence vividly demonstrates how even a brief experience of social exclusion can have an acute negative impact on psychological functioning and well-being, and how belonging to, identifying with, and feeling included in important and valued social groups can

protect and enhance health and well-being. However, it is only recently that researchers have started to attend to and empirically assess how findings from these different lines of theory and research might be applied, with the aim of informing policy and practice (Jetten, Haslam, Haslam, & Dingle, 2014; Timeo et al., 2019). Thus, the final section of this chapter considers some practical implications that follow from these different lines of social psychological theory and research, for strategies aimed at mitigating the potentially harmful effects of social exclusion and harnessing the potentially beneficial effects of social inclusion.

5.1 Replenishing threatened needs

Despite the considerable body of research demonstrating the acute negative impact of being socially excluded or rejected, few studies have assessed the efficacy of strategies aimed at helping excluded individuals to cope with the negative experience. What is clear from existing research, however, is that even a very brief episode of social exclusion can threaten essential psychological needs and motivate coping responses aimed at their replenishment (e.g., Williams, 2009). This suggests that strategies aimed at helping excluded individuals to maintain or restore essential psychological needs may go some way towards alleviating the potentially harmful consequences of being socially excluded or rejected.

Timeo et al. (2019) identified several strategies with demonstrated potential to maintain or replenishing essential psychological needs and offset the harmful effects of being socially excluded or rejected. For example, focusing on existing positive relationships and social bonds can help to restore a sense of belongingness (McConnell, Brown, Shoda, Stayton, & Martin, 2011), while also helping excluded individuals to detach from the immediate exclusion experience and evaluate it in its broader context, thus minimizing its harmful effects (Timeo et al., 2019). Similar outcomes may be achieved by attending to a social surrogate – i.e., something (e.g., religion or nature) or someone (e.g., a community leader or media figure) that evokes a sense of connection or belonging – which has also been

shown to attenuate the effect of social exclusion on aggression (Poon, Teng, Wong, & Chen, 2016). Self-esteem may be restored through self-affirmation – e.g., reminding oneself or being reminded of one's positive attributes or values (Steele, 1988). Derogating the exclusion source and diminishing their relational value may also help to protect self-esteem (Timeo et al., 2019) but may inadvertently decrease the likelihood of re-inclusion (Smart Richman & Leary, 2009). Threatened control needs may be restored by providing opportunities for excluded individuals to gain a sense of control in a domain unrelated to the exclusion experience (Warburton et al., 2006). Finally, merely attending to the excluded individual and acknowledging their presence can help to restore a sense of meaningful existence – even negative attention appears to be more beneficial than no attention (Williams, 2009).

These examples suggest that strategies aimed at replenishing essential human needs may go some way towards attenuating the negative psychological impact of being socially excluded or rejected (Timeo et al., 2019). However, a potential problem with trying to replenish threatened needs in a piecemeal way is that strategies with the potential to satisfy one need may inadvertently threaten other essential needs. For example, while dominating and being aggressive to others may help to replenish an individual's sense of control or meaningful existence, doing so will inevitably reduce the likelihood of re-inclusion, thereby undermining their sense of belongingness and/or self-esteem. Likewise, conciliatory and servile responses to an exclusion experience may help to re-establish inclusion and restore a sense of belongingness but may inadvertently undermine the excluded individual's need for control, self-esteem, and/or meaningful existence. Thus, it is important to consider how attempts to replenish one need may unintentionally jeopardize other essential needs (Gerber & Wheeler, 2009).

Related to this, a recent meta-analysis of 88 studies found that where it is not possible to simultaneously restore different need states, excluded individuals will prioritize

replenishing their control needs over other needs (Gerber & Wheeler, 2009). Given that attempts to replenish depleted control needs may inadvertently undermine the likelihood of re-inclusion, it is easy to see how social exclusion can become a self-perpetuating process (Hutchison, Christian, & Abrams, 2007). Thus, future research should consider how excluded individuals might be able to restore threatened psychological needs without unintentionally compromising other needs. For example, it may be possible to encourage excluded individuals to appreciate the sense of belonging, self-esteem, control, and meaningfulness that forming and maintaining positive social relationships affords (Gerber & Wheeler, 2009; Greenaway et al., 2016).

5.2 Group identification-building interventions

Other approaches build on findings from the emerging body of research informed by the social identity approach demonstrating the psychological and health-related benefits of belonging to, identifying with, and feeling included in important and valued social groups (e.g., Jetten et al., 2017). Group identification-building interventions typically involve participants engaging in collective activities in order to foster a sense of connectedness and group identification with the aim of helping them to cope with different health-related challenges. Such interventions might involve, for example, participating in group decision making, leisure activities, collective reminiscence, or group-based therapy programs (Steffens et al., 2019). A common finding in studies examining the efficacy of such interventions is that participants assigned to group-based treatments that effectively develop or increase group identification show greater improvements in health and well-being than those assigned to individual-based treatments or control conditions (for a meta-analytic review, see Steffens et al., 2019).

An example of a group identity-building intervention was reported by Knight, Haslam and Haslam (2010) who found that older adults who were encouraged to make group

decisions about the design of a shared living space in a care home reported increased identification with care staff and each other and improved well-being over a four month period, relative to residents on a different floor who did not collectively design their living space. Moreover, care staff reported that residents in the intervention condition were happier and healthier than those in the control condition (i.e., those who did not participate in group-decision making about their living space). Along similar lines, Haslam et al. (2014) found that older adults in care settings who participated in group reminiscence sessions reported more positive well-being than those assigned to individual reminiscence and control conditions. These findings concur with those from a review of interventions for reducing social isolation and loneliness (Cattan, White, Bond, and Learmouth, 2005). Of the 10 interventions that proved to be effective, nine were group-based interventions, whereas six of the eight most ineffective interventions were one-to-one interventions. Moreover, a meta-analysis of 27 group identification-building intervention studies found that simply belonging to different groups protects health and well-being, but the benefits are more acute in people with stronger group identification (Steffens et al., 2019). Thus, interventions that facilitate the development of meaningful and valued group memberships and strong group identifications can protect and enhance health well-being – a finding that has implications for policy and practice (Jetten et al., 2014).

There is also evidence that merely thinking about one's group memberships can help people to cope in psychologically and physically challenging situations. Along these lines, Jones and Jetten (2011) asked participants to reflect on one, three or five important group memberships (thus increasing the salience of the associated social identities) before completing a cold pressor task – a test of extreme physical endurance in which the time that an arm or hand is submerged in a container of iced water is recorded. Participants who reflected on five group memberships prior to the test were able to keep their arm submerged

for roughly twice as long as those who reflected on only one group membership and marginally longer than those who reflected on three group memberships. These findings are important considering that the majority of studies examining the benefits of having a large social group network are correlational or longitudinal, making it difficult to draw firm conclusions about causality and to rule out potential third variable effects. In contrast, the experimental findings reported by Jones and Jetten (2011) suggest that group memberships may have a *causal* and *additive* effect on the ability to cope with extreme psychological and physical challenges. To this extent, the findings provide further support for the idea that group memberships and the social identities associated with them provide an important psychological resource that people can draw on in times of need (Jetten et al., 2017). Finding that merely thinking about one's group memberships can help people to cope in stressful and challenging situations has clear implications for strategies or interventions aimed at protecting or enhancing physical health and psychological well-being (Jetten et al., 2014).

It is important to note, however, that not all group memberships are likely to have the same beneficial effects – some group memberships may actually harm rather than enhance health and wellbeing. This may be the case when the group in question has norms that promote unhealthy choices – e.g., where excessive alcohol consumption, drug abuse, or consumption of junk food is the norm. In such situations, belonging to, identifying with and feeling included in the group in question may afford certain psychological benefits but could ultimately undermine rather than enhance positive health and well-being (Jetten et al., 2017). Thus, it is important to carefully consider the norms of the group in question and their potential to promote positive health and well-being, otherwise social identification-building interventions may be counter-productive (Steffens et al., 2019).

Similarly, while group identification may help to alleviate some of the negative psychological consequences of belonging to a devalued and socially excluded group

(Branscombe et al., 1999), it may also reduce the likelihood of gaining acceptance from wider society, thus entrenching rather than alleviating the group's devalued and excluded status (Hutchison, Lubna, Goncalves-Portelinha, Kamali, & Khan, 2015). Thus, future research should consider how members of devalued and socially excluded groups might reap the benefits of identifying with and feeling included in their minority group without further compromising their potential inclusion in or their experience of acceptance from the majority. One approach with demonstrated potential to avoid this situation involves the development of dual identifications – i.e., identification with both the minority group and the majority group (e.g., British-Muslim) – thus allowing members of devalued and socially excluded groups to maintain their distinctive minority group identity (and the benefits that this affords) while also enhancing the likelihood that they will be accepted by the majority. Indeed, a meta-analysis of studies with ethnic minority group members found that while both ethnic and national identifications were independently linked to positive health-related outcomes (e.g., psychological and sociocultural adjustment), the combination of both identities was more beneficial than either identity alone (Nguyen & Benet-Martinez, 2013). Thus, future research should investigate whether the development of dual identifications might have similar positive outcomes for members of other devalued and socially excluded groups, with the aim of increasing their inclusion in wider society and protecting their health and wellbeing.

Moreover, it remains to be seen if the ability to cope with different life challenges that having multiple group memberships apparently affords extends to coping with the harmful effects of being socially excluded or rejected. As previously discussed, group identification has the potential to satisfy important psychological needs (Greenaway et al., 2016) – the same psychological needs that are threatened by social exclusion or rejection experiences (Williams, 2009). This suggests that individuals with large social group networks may be better equipped to cope with being socially excluded or rejected than those with fewer group

memberships – not least, because they have other group memberships to fall back on. However, in a test of this hypothesis, Ewens (2020) found that having multiple group memberships was associated with *lower* needs satisfaction following an experimental manipulation of social exclusion and *higher* needs satisfaction following social inclusion. One interpretation of this counterintuitive finding is that for people whose ability to cope with life challenges relies especially, or only, on their ability to forge and maintain multiple group memberships, even a relatively trivial and short-lived exclusion experience can pose a potent psychological threat. However, it is important to note that this study focused on the number of group memberships reported but not their subjective importance or value. This is important in light of evidence that the potential of multiple group memberships to protect and enhance health and well-being depends on the extent to which the group memberships in question are compatible with each other, important to the person, and positive (Jetten et al., 2017). Thus, further research is required to better understand when and why multiple group memberships might undermine rather than enhance the ability to cope with the negative consequences of being socially excluded or rejected.

6. Conclusion and Future Directions

This chapter has provided an overview of two inter-related lines of theory and research on the psychology of social inclusion and exclusion, and, in particular, the impact that being socially included or excluded can have on physical health and psychological well-being. While considerable attention has been devoted to understanding the social structural, institutional, and economic factors associated with social inclusion and exclusion (e.g., Abrams et al., 2007), it is only in recent years that researchers – and to a lesser extent, policy makers – have started to consider the social psychological processes and mechanisms at work. An important point is that, to some extent, social exclusion is liable to be a natural product of the human need to forge and maintain social relationships (Baumeister & Leary, 1995). Social

relationships necessarily include people, but by definition they inevitably exclude other people (Hutchison et al., 2007). This suggests that attending to how people develop and maintain social relationships may be an important complement to the more familiar macro-level approaches to understanding both social inclusion and exclusion. This is not to say that social inclusion and exclusion can only be understood, or should only be addressed, at a social psychological level. Indeed, social inclusion and exclusion are multidimensional phenomena encompassing a variety of interconnected processes and problems, requiring different levels of analysis and interventions (Abrams et al., 2005). Nevertheless, whereas changes in macro-level factors associated with social inclusion and exclusion can be relatively difficult and slow to achieve, social psychological processes may be more malleable and responsive to appropriate interventions aimed at mitigating the potentially harmful effects of social exclusion and harnessing the potentially beneficial effects of social inclusion (e.g., Steffens et al., 2019; Timeo et al., 2019).

Finally, in highlighting the important health-related benefits that group memberships and social identities can afford, the research reviewed in this chapter has important implications for psychologists and practitioners more generally. In particular, the research suggests that the development and maintenance of positive social relationships and meaningful group memberships should be an integral part of any initiative or treatment plan aimed at helping people to cope with stressful life events and health-related challenges (Jetten et al, 2014). This may be especially important for individuals whose circumstances prevent them from accessing their usual sources of support, such as those forced to self-isolate during the covid-19 pandemic. In such situations, the psychologist's role might involve helping people to identify and maintain existing group memberships and/or initiate new group memberships with the potential to satisfy essential psychological needs, provide social, emotional and informational support, and protect and enhance health and wellbeing. For

some psychologists and practitioners, this may involve a (perhaps radical) departure from the treatment plans they are more familiar with and used to implementing. Nevertheless, the accumulated evidence suggests that strategies that facilitate the development and maintenance of positive social relationships and meaningful group memberships will be more effective than those that do not (Jetten et al., 2014). Thus, psychologists, practitioners and policy makers may benefit from the literature reviewed in this chapter and the subsequent work it inspires.

References

Abrams, D., Christian, J. N., & Gordon, N. (Eds.). (2007). *The multidisciplinary handbook of social exclusion research.* London: Wiley.

Abrams, D., Hogg, M. A., and Marques, J. M. (Eds.). (2005). *The social psychology of inclusion and exclusion.* New York and Hove: Psychology Press.

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, *117*, 497-529. doi:10.1037/0033-2909.117.3.497

Bizumic, B., Reynolds, K. J., Turner, J. C., Bromhead, D., & Subasic, E. (2009). Abstract. *Applied Psychology*, *58*(1), 171-192. doi: 10.1111/j.1464-0597.2008.00387.x

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/10.1037/0022-3514.77.1.35

Cattan, M., White, M., Bond, J., & Learmouth, A. (2002). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and Society*, 25, 41-67. doi:10.1017/S0144686X04002594

Cruwys, T., Haslam, S. A., Dingle, G. A., Jetten, J., Hornsey, M. J., Chong, E. M. D., & Oei, T. P. S. (2014). Feeling connected again: Interventions that increase social identification reduce depression symptoms in community and clinical settings. *Journal of Affective Disorders, 159,* 139-146. http://dx. doi.org/10.1016/j.jad.2014.02.019

DeWall, C. N., MacDonald, G., Webster, G. D., Masten, C., Baumeister, R. F., Powell, C., … Eisenberger, N. (2010). Tylenol reduces social pain: Behavioral and neural evidence. *Psychological Science, 21*, 931-937. doi:10.1177/0956797610374741

Eisenberger, N. I., Jarcho, J. M., Lieberman, M. D., & Naliboff, B. D. (2006). An experimental study of shared sensitivity to physical pain and social rejection. *Pain*, *126*(1-3), 132-138.

Eisenberger, N. I., Lieberman, M. D., & Williams, K. D. (2003). Does rejection hurt? An fMRI study of social exclusion. *Science*, *302*(5643), 290-292. doi:10.1126/science.1089134

Ewens, E. (2020). *Does having multiple group memberships moderate the effect of ostracism on needs satisfaction?* (Unpublished thesis). London Metropolitan University, United Kingdom.

Frisch, J. U., Häusser, J. A., van Dick, R., & Mojzisch, A. (2014). Making support work: The interplay between social support and social identity. *Journal of Experimental Social Psychology*, *55*, 154-161. https://doi.org/10.1016/j.jesp.2014.06.009

Garstka, T. A., Schmitt, M. T., Branscombe, N. R., & Hummert, M. L. (2004). How young and older adults differ in their responses to perceived age discrimination. *Psychology and Aging*, *19*(2), 326-223. doi:10.1037/0882-7974.19.2.326

Gerber, J., & Wheeler, L. (2009). On being rejected: A meta-analysis of experimental research on rejection. *Perspectives on Psychological Science*, *4*(5), 468-488. https://doi.org/10.1111/j.1745-6924.2009.01158.x

Gonsalkorale, K., & Williams, K. D. (2007). The KKK won't let me play: Ostracism even by a despised outgroup hurts. *European Journal of Social Psychology*, *37*(6), 1176-1186. doi: 10.1002/ejsp.392

Greenaway, K. H., Cruwys, T., Haslam, S. A., & Jetten, J. (2016). Social identities promote well-being because they satisfy global psychological needs. *European Journal of Social Psychology*, *46*(3), 294-307. http://dx.doi.org/10.1002/ejsp.2169

Hartgerink, C. H., Van Beest, I., Wicherts, J. M., & Williams, K. D. (2015). The ordinal effects of ostracism: A meta-analysis of 120 Cyberball studies. *PLoS ONE 10*(5): e0127002. https://doi.org/10.1371/journal.pone.0127002.

Haslam, C., Holme, A., Haslam, S. A., Iyer, A., Jetten, J., & Williams, W. H. (2008). Maintaining group memberships: Social identity continuity predicts well-being after stroke. *Neuropsychological Rehabilitation, 18*(5-6), 671-691. doi:10.1080/09602010701643449

Haslam, S. A., O'Brien, A., Jetten, J., Vormedal, K., & Penna, S. (2005). Taking the strain: Social identity, social support, and the experience of stress. *British Journal of Social Psychology, 44*(3), 355–370. https://doi.org/10.1348/ 014466605X37468

Haslam, C., Haslam, S. A., Ysseldyk, R., McCloskey, L. G., Pfisterer, K., & Brown, S. G. (2014). Social identification moderates cognitive health and well-being following story- and song-based reminiscence. *Aging and Mental Health*, *18*(4), 425-434. http://dx.doi.org/10.1080/13607863.2013.845871

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

Hutchison, P., Christian, J. N., & Abrams, D. (2007). The social psychology of exclusion. In D. Abrams, J. N. Christian, & N. Gordon (Eds.), *The multidisciplinary handbook of social exclusion research* (pp. 29-58). London: Wiley.

Hutchison, P., Cox, S., & Frings, D. (2018). Helping you helps me: Giving and receiving social support in recovery groups for problem gamblers. *Group Dynamics: Theory, Research, and Practice, 22*, 187-199. doi:10.1037/gdn0000090

Hutchison, P., Lubna, S. A., Goncalves-Portelinha, I., Kamali, P., & Khan, N. (2015). Group-based rejection, national identification, and British Muslims' attitudes toward non-Muslims. *Journal of Applied Social Psychology, 45*, 330-344. doi:10.1111/jasp.12299

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

Jetten, J., Haslam, C., Haslam, S. A., Dingle, G., & Jones, J. M. (2014). How groups affect our health and well-being: The path from theory to policy. *Social Issues and Policy Review*, *8*(1), 103-130. doi:10.1111/sipr.12003

Jetten, J., & Hutchison, P. (2011). When groups have a lot to lose: Historical continuity enhances resistance to a merger. *European Journal of Social Psychology*, *41*(3), 335-343. doi:10.1002/ejsp.779

Jones, J. M., & Jetten, J. (2011). Recovering from strain and enduring pain: Multiple group memberships promote resilience in the face of physical challenges. *Social Psychological and Personality Science*, *2*(3), 239-244. doi:10.1177/1948550610386806

Kinsella, E. L., Muldoon, O. T., Fortune, D. G., & Haslam, C. (2020). Collective influences on individual functioning: Multiple group memberships, self-regulation, and depression after acquired brain injury. *Neuropsychological Rehabilitation*, *30*(6), 1059-1073. https://doi.org/10.1080/09602011.2018.1546194

Knight, C., Haslam, S. A., & Haslam, C. (2010). In home or at home? How collective decision making in a new care facility enhances social interaction and wellbeing amongst older adults. *Ageing and Society*, *30*(8), 1393-1418. doi:10.1017/S0144686X10000656

Lakin, J., Chartrand, T. L. & Arkin, R. (2008) I am too just like you: Nonconscious mimicry as an automatic behavioral response to social exclusion. *Psychological Science, 19*, 816-22. doi:10.1111/j.1467-9280.2008.02162.x

Leary, M. R., Kowalski, R. M., Smith, L., & Phillips, S. (2003). Teasing, rejection, and violence: Case studies of the school shootings. *Aggressive Behavior, 29,* 202-214. doi:10.1002/ab.10061

Magallares, A., Morales J. F., & Rubio, M. A. (2014). Group identification, discrimination and psychological health in an obese sample. *International Journal of Psychology and Psychological Therapy, 14*, 421-431.

McConnell, A. R., Brown, C. M., Shoda, T. M., Stayton, L. E., & Martin, C. E. (2011). Friends with benefits: on the positive consequences of pet ownership. *Journal of personality and social psychology*, *101*(6), 1239-1252. doi:10.1037/a0024506

Nguyen, A. M. D., & Benet-Martínez, V. (2013). Biculturalism and adjustment: A meta-analysis. *Journal of Cross-Cultural Psychology*, *44*(1), 122-159. doi:10.1177/0022022111435097

Pickett, C. L., Gardner, W. L., & Knowles, M. (2004). Getting a cue: The need to belong and enhanced sensitivity to social cues. *Personality and Social Psychology Bulletin*, *30*(9), 1095-1107. doi:10.1177/0146167203262085

Poon, K. T., Teng, F., Wong, W. Y., & Chen, Z. (2016). When nature heals: Nature exposure moderates the relationship between ostracism and aggression. *Journal of Environmental Psychology*, *48*, 159-168. doi:10.1016/j.chb.2015.12.032

Riva, P., Montali, L., Wirth, J. H., Curioni, S., & Williams, K. D. (2017). Chronic social exclusion and evidence for the resignation stage: An empirical investigation. *Journal of Social and Personal Relationships*, *34*(4), 541-564. doi:10.1177/0265407516644348

Sani, F., Madhok, V., Norbury, M., Dugard, P., & Wakefield, J. R. (2015). Greater number of group identifications is associated with lower odds of being depressed: evidence from a Scottish community sample. *Social Psychiatry and Psychiatric Epidemiology*, *50*(9), 1389-1397. https://doi.org/10.1007/s00127-015-1076-4

Smart Richman, L., & Leary, M. R. (2009). Reactions to discrimination, stigmatization, ostracism, and other forms of interpersonal rejection: a multimotive model. *Psychological Review*, *116*(2), 365-383. doi:10.1037/a0015250

Smeekes, A., Verkuyten, M., Çelebi, E., Acartürk, C., & Onkun, S. (2017). Social identity continuity and mental health among Syrian refugees in Turkey. *Social Psychiatry and Psychiatric Epidemiology*, *52*(10), 1317-1324. https://doi.org/10.1007/s00127-017-1424-7

Steele, C. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 21, pp. 181-227). San Diego, CA: Academic Press.

Steffens, N. K., Cruwys, T., Haslam, C., Jetten, J., & Haslam, S. A. (2016). Social group memberships in retirement are associated with reduced risk of premature death: Evidence from a longitudinal cohort study. *BMJ open, 6*, e010164, doi: 10.1136/bmjopen-2015-010164

Steffens, N.K., LaRue, C.J., Haslam, C., Walter, Z.C., Cruwys, T., Munt, K.A., … Tarrant, M. (2019). Social identification-building interventions to improve health: A systematic

review and meta-analysis. *Health Psychology Review*, 1-28. doi:10.1080/17437199.2019.1669481

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 144-167). Cole: Brooks.

Timeo, S., Riva, P., & Paladino, M. P. (2019). Dealing with social exclusion: An analysis of psychological strategies. In S. C. Rudert, R. Greifeneder & K. D. Williams (Eds.), *Current directions in ostracism, social exclusion and rejection research* (pp. 665-81). London: Routledge.

Turner, J. C., Hogg, M. A., Oakes, P. J., Reicher, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford: Blackwell.

Twenge, J. M., Baumeister, R. F., Tice, D. M., & Stucke, T. S. (2001). If you can't join them, beat them: effects of social exclusion on aggressive behavior. *Journal of Personality and Social Psychology*, *81*(6), 1058-1069. doi:10.1037//0022-3514.81.6.1058

van Beest, I., & Williams, K. D. (2006). When inclusion costs and ostracism pays, ostracism still hurts. *Journal of Personality and Social Psychology*, *91*(5), 918-928. doi: 10.1037/0022-3514.91.5.918

Walter, Z. C., Jetten, J., Dingle, G. A., Parsell, C., & Johnstone, M. (2016). Two pathways through adversity: Predicting well-being and housing outcomes among homeless service users. *British Journal of Social Psychology*, *55*, 357-374. doi:10.1111/bjso.12127

Warburton, W.A., Williams, K.D., & Cairns, D.R. (2006). When ostracism leads to aggression: The moderating effects of control deprivation. *Journal of Experimental Social Psychology 42*, 213-220. https://doi.org/10.1016/j.jesp.2005.03.005

Williams, K. D. (2009). Ostracism: A temporal need-threat model. *Advances in experimental social psychology* (Vol. 41, pp. 275-314). New York, NY: Academic Press. doi: 10.1016/S0065-2601(08)00406-1

Williams, K. D., & Sommer, K. L. (1997). Social ostracism by coworkers: Does rejection lead to loafing or compensation? *Personality and Social Psychology Bulletin, 23*: 693-706. doi:10.1177/0146167297237003