Social connections and identity transitions

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Structure

1. The importance of connections
2. The role of social capital
3. The social identity model of belonging
4. Testing and mapping the model
5. Preliminary findings
6. Next steps
1. THE IMPORTANCE OF CONNECTIONS
Social networks and quality of life

- Holt-Lunstad et al (2010): meta-analysis: “individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships” (p.14)
- Participation in groups is associated with less psychological distress (Ellaway and MacIntyre, 2007)
- Volunteering is associated with reduced mortality (Ayalon, 2008) and higher levels of reported wellbeing (Morrow-Howell et al, 2003)
Meta analysis: comparative odds of decreased mortality

Social Relationships: Overall findings from this meta-analysis

Social Relationships: High vs. low social support contrasted

Social Relationships: Complex measures of social integration

Smoking < 15 cigarettes daily

Smoking Cessation: Cease vs. Continue smoking among patients with CHD

Alcohol Consumption: Abstinence vs. Excessive drinking (> 6 drinks/day)

Flu Vaccine: Pneumococcal vaccination in adults (for pneumonia mortality)

Cardiac Rehabilitation (exercise) for patients with CHD

Physical Activity (controlling for adiposity)

BMI: Lean vs. obese

Drug Treatment for Hypertension (vs. controls) in populations > 59 years

Air Pollution: Low vs. high

The relative value of social support/social integration

Source: Holt-Lundstad et al. 2010
Based on the Canadian General Social Survey

Stronger social networks are associated with higher life satisfaction

But this is mediated by more frequent use of the social support network, when there is greater trust of people you live and work with and when people feel a sense of belonging in their communities
A person’s odds of becoming obese increased by 57% if they had a friend who became obese, with a lower risk rate for friends of friends, lower again at three degrees of separation.

No discernible effect at further levels of remove.

Smoking cessation by a spouse decreased a person’s chances of smoking by 67%, while smoking cessation by a friend decreased the chances by 36%. The average risk of smoking at one degree of separation (i.e., smoking by a friend) was 61% higher, 29% higher at two degrees of separation and 11% higher at three degrees of separation.
While MMT clients in the study typically had a small social network (mean = 2.6), but strong functional support.

Number of cigarettes was positively associated to the number of smokers in the social network.

Quitting smoking self-efficacy in this group was negatively associated with partner smoking.
Line = a relationship between two people

Node = a person

more embedded = central

less embedded = periphery

“embedded”: the degree to which a person is connected within a network
Terms

- **Contagion:**
  what flows across ties
  (germs, money, violence, fashions, organs, happiness, obesity, etc.)

- **Connection:**
  who is connected to whom
  (ties to family, friends, co-workers, etc.)

- **Homophily:**
  the tendency to associate with people who resemble ourselves
  ("love of being alike")
The Obesity “Epidemic”

Your Friends’ Friends Can Make You Fat

Photos by Colin Rose and Sherrie G
The Obesity “Epidemic”

- 66% of Americans are overweight or obese
- From 1990 to 2000, the percentage of obese people in the USA increased from 21% to 33%

Green Node: nonobese
Yellow Node: obese (size of circle is proportional to BMI)

1975

1990
TRADITIONAL SCOTTISH LUNCH
Identifying and changing social networks

Q. Who do you spend your time with in a typical week?

Positive Pro-Recovery people IN

Negative Anti-Recovery people OUT
2. SOCIAL CAPITAL AND RECOVERY CAPITAL
1. Bonding: trusting and cooperative relationships between members of a network who share an aspect of social identity
2. Bridging: relations of respect and mutuality between people who know they are not alike in some respect
3. Linking: norms of respect and development of trusting relationships between people interacting across explicit formal or institutionalised power barriers
Granfield and Cloud (2008) define recovery capital as “the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems”.

Best and Laudet (2010)

- Personal Recovery Capital
- Social Recovery Capital
- Collective Recovery Capital
Recovery studies in Birmingham and Glasgow (Best et al, 2011a; Best et al, 2011b)

- More time spent with other people in recovery
- More time in the last week spent:
  - Childcare
  - Engaging in community groups
  - Volunteering
  - Education or training
  - Employment
Social and mental health benefits of choir singing for disadvantaged adults

- Reclink community choir engagement at baseline, 6 and 12 months - 21 IPA interviews
- PERSONAL IMPACT: positive emotions, emotion regulation, spiritual impact, identity
- SOCIAL IMPACT: connectedness with choir, with audience, with community
- FUNCTIONAL IMPACT: health, employment capacity, routine and structure

Dingle, Brander, Ballantyne & Baker (2012)
Dingle et al (2012): Personal, social and functional growth

Diagram:

- Personal Impact:
  - Positive emotions
  - Emotional Regulation
  - Negative Emotions/Experiences
  - Finding a Voice
  - Spiritual impact
  - Self-Perception/Accomplishment
  - Confidence
  - Singing ability

- Social Impact:
  - Connectedness with the audience
  - Connectedness within the choir
  - Social functioning
  - Connectedness with the community

- Functional Outcomes:
  - Health
  - Employment capacity
  - Routine/Structure

Time:
- Time 1 (early days)
- Time 2 (6 months)
- Time 3 (12 months)
Landale and Best (2012)

- Sporting Chance for treatment-resistant offenders: mechanisms for change:
  - Positive Identity including a sense of Self-Efficacy
  - Physical health and wellbeing
  - Positive social networks
  - Role models and social learning
  - Sense of hope and positive vision of the future
3. SOCIAL IDENTITY MODEL
Social Identity Model

- Based on social identity theory (Tajfel and Turner, 1979) and self-categorisation theory (Turner et al, 1987) and designed originally to explain prejudice and discrimination.

- It is a theory of social relationships that is grounded in a social model of how you see yourself.

- Based on the idea that the sense of self consists of both personal and social identity.
There are contexts in which we define ourselves in terms of one or more social identities (football, academic prejudices ... Recovery!)

To the extent that group membership is salient, it provides the basis for self-categorisation whereby the group becomes ‘self’
Social Identity Model (3)

- Social relationships are not only affiliations and friendships, they help to shape who we are and what is reasonable for us to do.
- Social identities help us make sense of who we are (football, city of origin) and so afford us a sense of purpose and meaning (Dingle et al, 2012).
- Social identities (football, religious groups, gangs) provide the foundations for networks of shared meanings and activity that bind people together.
Social Identity Model (4)

- Social identities therefore can also influence our sense of wellbeing...
- Generally the sense of being part of something bigger and better has a positive impact on self-esteem
- Being a member of a valued group will generally be beneficial to health
- BUT some groups can impeded wellbeing when that group is negatively defined or stigmatised
SIM for recovery research

- Longabaugh et al (2010): Transition from a group supportive of drinking to a group supportive of recovery
- Landale and Best (2012); Dingle et al (2012): and it has an impact on social and cultural capital!!
4. TESTING AND MAPPING THE MODEL
Perceived similarity to using or non-using group members influences the effect of social support on recovery from AOD problems.

Impact of social support and perceived similarity on the percentage of adolescents remaining abstinent three months following discharge.

Identity Change in Therapeutic Communities

Sample survey items

I see myself as a member of the therapeutic community

I am pleased to be a member of the therapeutic community

I have strong ties with other members of the therapeutic community

I identify with other members of the therapeutic community

Social Identities as a Mechanism of Recovery

Hypothesised Process

- **Individual**
  - Personal Identity

- **Social Identities**
  - Groups
  - Social Network

Identity Change
- Continuity
- Compatibility
- Perceived similarity

- **Recovery community**
- **AOD using social networks**

Higher Recovery capital
- Increase in shared identity
- Addition of abstinent / recovering peers
- Access recovery-specific support from peers
- Increased opportunity for abstinent activities
- Modelling of recovery coping & efficacy

Lower Recovery capital
- Little sense of shared social identity
- No change in social network composition
- Ineffective recovery-specific support
- Less generation of meaningful abstinent activities
INSTRUMENTS

- Assessment of Recovery Capital (ARC)
- Important People and Activities (IPA)
- Exeter Identity Transition Scale (ExITS)
- Social identity mapping
What are we trying to do?

- Link the evidence from MATCH and COMBINE using the existing measure
- Link this to social identity change measures
- And create a new technique for mapping social networks
- Creating an engaging visualisation task that clients and clinicians can work around
5. IMPLEMENTING THE MODEL
Utilisation of mapping as a social transition process

- Changing social networks is critical to sustaining recovery change – Longabaugh et al (2010)
- This cannot involve reductions in the size of the social network
- Increasing awareness of social network effects is key for workers and for clients
Social network mapping task 1

Key:
- **Active user**
- **Social user**
- **Non-user**
- **In recovery**
- **Group**

Size indicates importance of group

- **Strong link**
- **Weak link**

**Friend group 1**

**Friend group 2**

**Friend group 3**

**Immediate family**

**Extended family**

**Using family member**

**Religious group 1**

**Alanon**

**You**
Young person in supported accommodation #1
Young person in supported accommodation #2
Preliminary findings from YSAS

- Group connectedness linked to both personal ($r=0.68$, $p<0.01$) and social recovery capital ($r=0.61$, $p<0.01$)
- AOD using status of groups inversely linked to personal ($r=-0.50$, $p<0.05$) and social ($r=-0.47$, $p<0.05$)
- Recovery capital also linked to quality of life
6. NEXT STEPS
Recovery-oriented practice

- Inspire hope and belief
- Assertive linkage
- ABCD and community connection
- Care and recovery coordination
- Aftercare and visibility
Linking network mapping and ABCD

- Identify assets in personal networks
- Utilise existing resources and champions
- Supplement with community assets
- Build positive social norms and identities
- Personalise asset mapping at the community level
THANK YOU

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