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Building addiction recovery capital through online participation in a recovery community



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ABSTRACT

Rationale: This study examines how online participation in a community of recovery contributes to personal journeys of recovery. It investigates whether recovery capital building – as indicated by increased levels and quality of online social interactions – and markers of positive identity development predict retention in a recovery program designed around fostering community involvement for early stage recovery addicts.

Hypotheses: It was predicted that online participation on the group's Facebook page and positive identity development are associated to retention in the program.

Methods: To map how participants interact online, social network analysis (SNA) based on naturally occurring online data ($N = 609$) on the Facebook page of a recovery community was conducted. Computerised linguistic analyses evaluated sentiment of the textual data (capturing social identity markers). Linear regression analyses evaluated whether indicators of recovery capital predict program retention. To illustrate the findings in the context of the specific recovery community, presented are two case studies of key participants who moved from the periphery to the centre of the social network. By conducting in-depth interviews with these participants, personal experiences of engagement in the online community of group members who have undergone the most significant changes since joining the community are explored.

Results: Retention in the program was determined by a) the number of comment 'likes' and all 'likes' received on the Facebook page; b) position in the social network (degree of centrality); and c) linguistic content around group identity and achievement.

Conclusion: Positive online interactions between members of recovery communities support the recovery process through helping participants to develop recovery capital that binds them to groups supportive of positive change.

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“... the longer people are on the Internet, the more likely they are to use the Internet to engage in social-capital-building activities” (Kavanaugh and Patterson, 2001, p. 507)

1. Introduction

1.1. Building recovery capital through social networks

Traditional (offline) social networks are now recognised as helping make recovery more sustainable (White and Kelly, 2010) by providing people with opportunities to develop their recovery capital, i.e., “the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance misuse cessation” (Cloud and Granfield, 2008, p. 1972). Recovery capital can be developed through several avenues: a) building social capital through developing and strengthening links with both group members (other people in recovery) and outgroup members

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(reaching out to the broader community), referred to as bonding and bridging capital respectively; and b) building community and cultural capital (Best and Laudet, 2010; Groshkova et al., 2013). Based on the work of Putnam (2001), the concept of social capital has become a key theoretical framework around support and resources and has been applied to addiction recovery populations (Cloud and Granfield, 2008). The accumulation of greater recovery capital is considered a marker of recovery progress and a predictor of sustained recovery, therefore taking the form of a currency for measurement in recovery research (Groshkova et al., 2013).

Being part of many supportive social networks of addiction recovery was shown to have positive effects on wellbeing (Jetten et al., 2012; Litt et al., 2009; Longabaugh et al., 1998, 2010). The aim of the current study is to extend this evidence by examining the role of supportive *online social networks* in helping people in recovery. It is proposed that online social networks can assist recovery by helping build *recovery capital* at the same time supporting the development of a positive identity. A positive identity can, in turn, further support efforts to maintain a drug-free lifestyle.

1.2. *Social identity in recovery*

While it is known that supportive social networks are beneficial for recovery and help the development of recovery capital, theoretical resources from social psychology are applied to understand the underlying processes, especially Social Identity Theory (SIT, Turner et al., 1987; Turner, 1982). Increased recognition of the importance of developing positive social identities in the recovery process stems from the SIT proposition that group membership is fundamental to understanding adherence to the norms and values of social groups. In particular, identification and engagement with valued groups shape individuals' behaviour through a desire to be a part of the group. As a result, aspiring members will increasingly adhere to group norms and values. Applied to health, these ideas lead to developing a 'social cure' approach (Jetten et al., 2012) in which group belonging is beneficial, not only because it provides access to emotional support and practical assistance from other group members, but also because it has a direct (positive) influence on behaviour. The benefits of belonging to one or more groups are translated into positive effects on health and wellbeing (Cruwys et al., 2013, 2014; Haslam et al., 2014).

This approach was applied to addiction recovery in the Social Identity Model of Recovery (SIMOR, Best et al., 2016), which proposes that recovery is associated with transitioning from the more excluded group membership of 'using groups' to groups that are supportive of recovery; this transition includes a shift to more positive values, beliefs, attitudes, and ultimately behaviours. In this model, the transition from active addiction to recovery is a staged process that takes place over time and through exposure to recovery groups at a time of disenchantment with addiction lifestyles (with the ensuing dissonance between addiction group membership and other valued life goals such as relationships and parenting). Such dissonant experiences can loosen the bonds to groups involved in addictive behaviours and support a gradual transition to engagement with recovery groups. These ideas are consistent with findings from the Alcoholics Anonymous literature where the importance of facilitating positive changes in social networks through a move to health-promoting social networks has been well recognised (Kaskutas et al., 2002; Kelly et al., 2009, 2012).

1.3. *The role of online social interactions in recovery*

As new technologies enable a variety of ways of communication, the ways in which social support in recovery is delivered and

received has expanded to include online modes (Moorhead et al., 2013; White and Dorman, 2001). From a social interaction point of view, there are both advantages and limitations in using new technologies for communication. The access to social support is facilitated through online communication which is particularly useful in cases of social, geographical, and mobility-related isolation (Rodham et al., 2009; Savic et al., 2013). However, despite some evidence of similar outcomes (Shahab and McEwen, 2009), it is still debated whether the quality of social support received online is comparable with its face-to-face alternatives (Chung, 2013; Finfgeld, 2000). The ability to interact online with people facing similar issues regardless of their physical proximity promotes the creation of significantly broader, borderless 'online communities of support' that can include not only those people recovering from addiction, but also their supporters and advocates. Therefore, these communities have the potential not only to support individual change, but also social change either as an alternative to or a supplement to face-to-face support networks. As online social interactions become more common across all groups in society, more evidence of significant health benefits linked to online engagement is emerging. For example, recent research by Hobbs et al. (2016) based on a large US dataset (i.e., 12 million social media profiles) suggests that people who are well integrated in online social networks such as Facebook are likely to have lower mortality rates.

As in many other areas of research, the use of technology in accessing support in recovery has also opened new possibilities in terms of how we collect data in the field of addiction recovery. The recognition that recovery is a dynamic and long-term process goes hand in hand with more dynamic ways of approaching research which the emergence of new technologies make possible. Shneiderman (2008) asserted in 'Science 2.0' that "traditional scientific methods need to be expanded to deal with complex issues that arise as social systems meet technological innovation" (p. 1349). In the current study, the use of more traditional scientific methods such as social network analysis and conducting in-depth interviews is complemented by approaches designed to capture the rich and dynamic context of online interactions in the addiction recovery field (such as computerised linguistic analyses that can be applied to large textual datasets). These methods permitted hypothesis tests from SIT and, more specifically, from the Social Identity Model of Recovery. Hypotheses are derived by mapping changes in belonging and engagement in recovery-supportive groups as captured by linguistic style and network location, and by examining these indicators against retention in a recovery community as a recovery outcome.

1.4. *Context of research*

The focus of the study is on a specific program in the UK, Jobs, Friends and Houses (JFH), a recovery initiative that incorporates social engagement and identity change supported by an overarching process of building recovery capital. JFH is a social enterprise that engages addicts in early recovery in apprenticeships in building professions while working on the renovation and construction of recovery housing in the north of England town of Blackpool. Participants in the program are actively involved in employment and training and are provided with recovery housing; as a part of a lifestyle change program, many of them also attend recovery mutual aid group meetings. The program illustrates particularly well some key SIT principles as a highly visible and attractive 'ready-made' positive social identity change is enabled (Best et al., 2016). This positive social identity is constructed around work and the re-invigoration of a deprived community that has resulted in a strong sense of engagement and bonding among program participants and staff members (Best, 2016). Individuals

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