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Associations between social identity diversity, compatibility, and recovery capital amongst young people in substance use treatment

E. Mawson [a,*], D. Best [b,c], D.I. Lubman [c,d]

[a] The University of Melbourne, Melbourne, Australia
[b] Department of Law and Criminology, Sheffield Hallam University, Sheffield S10 2BP, United Kingdom
[c] Turning Point, 54-62 Gertrude St, Fitzroy, Victoria, Australia
[d] Eastern Health Clinical School, Monash University, Melbourne, Australia

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ABSTRACT

This study explored associations between group memberships and recovery capital amongst 20 young adults aged 18 to 21 years in residential alcohol and drug treatment.
Method: Participants completed an interviewer administered research interview based on measures of recovery capital and a social networks assessment mapping group memberships, group substance use, and relationships between groups.
Results: Higher personal and social recovery capital was associated with lower diversity of group memberships, a higher number of positive links between groups, and greater compatibility of lower substance-using groups with other groups in the network. Higher compatibility of heavier-using groups was also associated with having a higher number of negative, antagonistic ties between groups.
Conclusions: These findings indicate that it is higher compatibility of a lower substance-using social identity and lower-using group memberships that contributes to recovery capital. Further, positive ties between groups and lower diversity of group memberships appear to be key aspects in how multiple social identities that are held by young adults relate to personal and social recovery capital.

1. Introduction

Using a strengths-based approach, the construct of Recovery Capital considers the range of personal and social resources available to individuals at all stages of the pathway to wellbeing (Cloud & Granfield, 2001, 2008). Recovery capital is present to greater or lesser degrees in all people, and has relevance at all stages of recovery (Laudet & White, 2008; White & Cloud, 2008). Conceptually, recovery capital is drawn from personal attributes of the self (e.g., Personal recovery capital) and from attributes of the person's social environment (e.g., Social recovery capital). In the Assessment of Recovery Capital scale (Groshkova, Best, & White, 2013), personal recovery capital includes capacity for resilience when faced with challenges to recovery, coping with challenges of everyday life, and physical and psychological health. In contrast, social recovery capital emerges from social resources that can be used to support recovery goals, including social support, meaningful relations and a feeling of belonging, and social network support for recovery (Groshkova et al., 2013).

In line with the conceptual importance of social networks for social recovery capital, the addition of non-using and recovery peers and increases in the proportion of non-users in the network has been linked with improved treatment outcomes and reduced relapse risk from 1 to 10 years following treatment (Litt, Kadden, Kabela-Cormier, & Petry, 2009; Litt, Kadden, Tennen, & Kabela-Cormier, 2016; Longabaugh, Wirtz, Zweben, & Stout, 1998). Research into the mechanisms underlying social network effects in recovery suggest that social support specific to recovery (Longabaugh, Wirtz, Zywiak, & O'Malley, 2010; Longabaugh et al., 1998), and social reinforcement of the 'recovery identity' (Johansen, Brendryen, Darnell, & Wennesland, 2013; Kellogg, 1993; Radcliffe, 2011) provide meaning, hope and social validation of recovery. Further, social learning and modelling of recovery coping by others in recovery (Bandura, 2004), communication of norms favouring lower use, and sanctions for relapse (i.e. social control processes; Moos, 2008, 2011) provide the context in which recovery is learned alongside communication of social costs risked by a return to substance use.

More recently, the Social Identity Model of Recovery (SIMOR; Best et al., 2016) and the Social Identity Model of Cessation Maintenance (SIMCM; Frings & Albery, 2015) have drawn on Social Identity Theory (Tajfel & Turner, 1979) and Self-Categorisation Theories (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987) to propose that membership

* Corresponding author at: School of Psychological Sciences, University of Melbourne, Parkville, Victoria 3010, Australia.
E-mail address: emawson@student.unimelb.edu.au (E. Mawson).

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of groups formed around recovery - and perception of the self as a member of these groups - is key to accessing the benefits of social support for recovery. Crucially, the perceived relevance of social support is influenced by whether that support is seen as originating from one's own group members (Jones & Jetten, 2011; Vik, Grizzle, & Brown, 1992). Accordingly, both SIMOR and SIMCM propose that when a person in recovery is connected to a group that is defined by a shared experience of recovery - *and when the person is highly identified with and defined by this group membership* - then the support and resources provided by the recovery group will be more likely to guide responses to situations that may trigger relapse.

SIMOR builds on the earlier Social Identity Model of Identity Change (SIMIC), which proposes that life changes force change in identity that occurs alongside and through changes in social group memberships (Jetten & Pachana, 2012). Starting with the observation that most individuals hold multiple social identities (Deaux, Reid, Mizrahi, & Ethier, 1995) SIMIC proposes group memberships provide identity resources, with more group memberships providing a richer sense of self that is less vulnerable to the loss of any one group membership resulting from significant life change and reorientation of social connections (C. Haslam et al., 2008; Iyer & Jetten, 2011; Iyer, Jetten, Tsivrikos, Postmes, & Haslam, 2009; Jetten & Pachana, 2012). In SIMOR, the social identity model of identity change is adjusted to acknowledge that not all group memberships benefit health (Oyserman, Fryberg, & Yoder, 2007). Instead, growing identification with non-using groups – along with de-identification from substance-using groups – frames recovery as a socially-negotiated process of identity change linked to change in group memberships.

Whilst SIMOR emphasises the social context of recovery, SIMCM emphasises cognitive mediators of recovery maintenance. SIMCM suggests several implicit and explicit processes in the association between social groups, identity, and maintenance of recovery (Frings, Melichar, & Albery, 2016). Greater preference for recovery self-help group memberships over past using-group memberships has been linked to recovery self-efficacy (Buckingham, Frings, & Albery, 2013). Further, stronger *implicit* identification as a 'drinker' – indicative of greater accessibility of the drinker identity and faster processing of alcohol-related cues – has been linked to higher alcohol consumption (Frings et al., 2016). Finally, greater importance attributed to group sanctions for relapse by people who are highly identified with their recovery group suggests that social identity is an important contributor to the effectiveness of social controls for protecting against relapse (Frings & Albery, in press; Moos, 2011).

1.1. Integrating social network and social identity approaches to recovery

Both social network analyses and social identity approaches articulate ways in which social networks impact on substance use and recovery. In social identity approaches, social network effects are framed at a group level in line with the proposition that group memberships – rather than the aggregate effect of individual network members – guides group members (Turner et al., 1987). In contrast, social network analysis focuses on structural aspects of networks of *individuals*, including the extent to which individuals share connections to others, position and status within the network, and how the number and strength of positive or negative ties between network members contributes to the stability of the network over time (Easley & Kleinberg, 2010).

Despite the focus of both social network and social identity traditions on how people are informed by their social contexts, the two bodies of literature have remained relatively separated and there has been little work to integrate the two approaches. Kobus (2003) emphasised the need to integrate social network and social identity approaches to further understanding of how social environments are associated with substance use and recovery at structural and psychological levels of analysis. Further, Kobus (2003) called for the mapping of the social networks to facilitate greater integration of social approaches to examining substance use, including integration of social network and social identity approaches.

Such an approach promises a novel framework for understanding how the structure of the network *at the group level* is associated with identity (Iyer, Jetten, & Tsivrikos, 2008). A social identity framework further enriches this by providing a theoretical model for understanding how group-level features of the network inform the psychological context in which recovery and identity change is negotiated and linked to recovery capital.

1.2. Multiple group memberships and ties between network members

Adults seek to maintain a sense of self-consistency with, and equilibrium between, groups when they belong to groups that hold diverging norms and values. Turner-Zwinkels, Postmes, and van Zomeren (2015), reported that people attempted to use a hierarchy when attempting to 'harmonise' value conflicts between groups that differed in how self-defining and important they were to identity. In the context of substance use, Verkooijen, de Vries, and Nielsen (2007) reported that adolescents rated their substance use as in line with the substance use of their group memberships when all the groups they belonged engaged in that same level of substance use (i.e., all low or all high). However, when they belonged to groups who differed in their perceived substance use – for example where one group engaged in high use and another engaged in low use – adolescents rated their own substance use as between the groups, suggesting an attempt to find a balance between competing group norms. In each study, identity, values and behaviour were contextualised by multiple group memberships and efforts to decrease identity dissonance stemming from groups that were incompatible on one or more dimensions.

Finally, the quality of relationships between groups sets the social climate in which change is negotiated (Iyer et al., 2008). Understanding the determinants of intergroup relations has been a central theme in social identity theory, with cognitive and affective information on groups and group relations factored into the content of social identities (Iyer et al., 2008; Mackie, Smith, & Ray, 2008). How group memberships are understood and represented as an identity network, the diversity and compatibility of groups in the existing network, and the compatibility of new groups with the existing network each influence whether a social group change represents a break in self-concept that is detrimental to wellbeing (Iyer et al., 2008). Further, it is unclear how the compatibility of groups that differ in substance use is associated with recovery capital despite the theoretical need to change social group memberships to support changes in health behaviour (Best et al., 2016; Oyserman et al., 2007).

1.3. The current study

Social relationships are of high importance in young people (Arnett, 2005), and are linked to differences in young people's patterns of alcohol and drug use in social settings (Duff, 2005; Verkooijen et al., 2007). In an alcohol and drug treatment setting, Vik et al. (1992) found that the effectiveness of social support for supporting treatment was moderated by the perceived similarity of the social network to the self, implicating social identity processes in the recovery capital of young people.

The current paper presents further analyses of a previously reported pilot study examining group substance use, social identity and recovery capital amongst young adults in residential alcohol and drug treatment (Mawson, Best, Beckwith, Dingle, & Lubman, 2015). The study identified that higher group substance use was associated with recovery capital, with higher identification and importance of lower-substance using groups associated with higher environmental quality of life and trending to an association with higher social recovery capital ($p < 0.10$). In contrast, greater importance attached to heavier-using