Social Science & Medicine 140 (2015) 69–80

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Social network bridging potential and the use of complementary and alternative medicine in later life

Alyssa W. Goldman [a, *], Benjamin Cornwell [b]

[a] Department of Sociology, Cornell University, 333 Uris Hall, Ithaca, NY 14853, USA
[b] Department of Sociology, Cornell University, 342 Uris Hall, Ithaca, NY 14853, USA

ARTICLE INFO

Article history:
Received 25 April 2015
Received in revised form
12 June 2015
Accepted 5 July 2015
Available online 13 July 2015

Keywords:
Social networks
Complementary and alternative medicine
Aging
Health care

ABSTRACT

The use of complementary/alternative medicine (CAM) is typically modeled as a function of individual health beliefs, including changes in perceptions of conventional medicine, an orientation toward more holistic care, and increasing patient involvement in health care decision-making. Expanding on research that shows that health-related behavior is shaped by social networks, this paper examines the possibility that CAM usage is partly a function of individuals' social network structure. We argue that people are more likely to adopt CAM when they function as bridges between network members who are otherwise not (or poorly) connected to each other. This circumstance not only provides individuals with access to a wider range of information about treatment options, it also reduces the risk of sanctioning by network members if one deviates from conventional forms of treatment. We test this idea using data from the National Social Life, Health, and Aging Project (NSHAP), a nationally representative study of older Americans. Analyses of egocentric social network data show that older adults with bridging potential in their networks are significantly more likely to engage in a greater number of types of CAM. We close by discussing alternative explanations of these findings and their potential implications for research on CAM usage.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Complementary alternative medicine (CAM) encompasses a range of medical treatment approaches generally considered distinct from those used in conventional Western medicine. Chiropractic care, meditation, naturopathy, use of nutritional supplements, homeopathic products, and acupuncture are among CAM practices commonly and increasingly used by individuals seeking alternative means of maintaining general well-being, and/or treating specific health conditions. The prevalence of CAM usage as a supplement or substitution to conventional medicine in the United States has increased significantly over the past decade, with the relative proportion of individuals reporting use of at least one CAM practice increasing by nearly 48% between 2002 and 2012 (Clarke et al., 2015; Su and Li, 2011). Recent reports indicate that over $33 billion was spent on CAM products and practices in the U.S. in 2012 alone. And over two-thirds of the U.S. population is estimated to use at least one type of alternative medicine in their lifetime (Clarke et al., 2015; Kessler, 2001).

Dominant scholarly frameworks argue that CAM usage is largely driven by individuals' health belief systems concerning the efficacy of more holistic approaches to care, the quality of patient-provider interactions, and a general interest in seeking benefits from a wider perspective of treatment than what is typically offered by traditional allopathic medicine (Gale, 2014; Stratton and McGivern-Snofsky, 2008). Building on a growing body of work on the relationship between social relationships and health care utilization (Derose and Varda, 2009; Laporte et al., 2008; Perry and Pescosolido, 2010; Schafer, 2013; Uchino, 2009; Umberson and Montez, 2010; Wolff et al., 2012), we argue that non-conventional health care use can be understood partly as a function of individuals' social network structure. A large body of research shows that health-related behavior and health outcomes are shaped by the social influences and resources that are available to people through their social networks (Berkman et al., 2000; Christakis and Fowler, 2007; Perry and Pescosolido, 2015; Smith and Christakis, 2008; Umberson et al., 2010; Valente, 2010; York Cornwell and Waite, 2012). We expand this idea to the study of CAM by arguing that the internal structure of

* Corresponding author.
E-mail addresses: awg22@cornell.edu (A.W. Goldman), btc49@cornell.edu (B. Cornwell).

http://dx.doi.org/10.1016/j.socscimed.2015.07.003
0277-9536/© 2015 Elsevier Ltd. All rights reserved.

individuals' social networks shapes their exposure to and likelihood of adopting treatments that fall outside of conventional Western medicine. Specifically, we examine the possibility that the structural positions people occupy within a network affect their opportunities to learn about, evaluate, and utilize alternative therapies, and simultaneously shape their risk of facing sanctions for experimenting beyond the boundaries of conventional medical treatment.

We begin by reviewing existing research on the health and social contexts of CAM usage to suggest a number of reasons why occupying bridging positions within personal social networks may be associated with an increased likelihood of adopting alternative medicine. Using egocentric network data and respondent reports of CAM usage from Wave 1 of the National Social Life, Health, and Aging Project (NSHAP), we then develop a series of models that highlight the statistically significant relationship between occupying bridging positions within an egocentric network and CAM usage. We discuss the implications of these findings for understanding the role of network structure in health care utilization and decision-making in later life, particularly with regard to less traditional modes of treatment, and consider how these findings may reflect the potentially growing role of social networks in the changing environment of health care more broadly.

2. Understanding complementary alternative medicine (CAM) usage

While the reported prevalence of CAM usage varies among surveys – using different definitions and measures – the Centers for Disease Control and Prevention (CDC) finds that 38% of U.S. adults have used at least one CAM practice sometime during the past 12 months (Clarke et al., 2015). This rate has increased steadily since the 1990s (Tindle et al., 2005). Women and non-Hispanics comprise the majority of CAM users, as do those with higher levels of education and higher income earners (Zhang et al., 2015). Older adults specifically represent a key segment of CAM consumers, with estimated use ranging from 44% (Barnes, Bloom and Nahin, 2008) to nearly 60% (Cheung et al., 2007) of adults over age 50. Indeed, chronic conditions such as arthritis, cancer, and chronic pain that often prompt CAM usage in the general population occur at higher rates among older adults.

A considerable body of work has attempted to understand the adoption of CAM by consumers. This work acknowledges a number of medically and sociologically relevant factors that shape individuals' decisions to use alternative medicine. Much empirical research cites dissatisfaction with conventional practitioners as a primary impetus behind CAM usage, attributed largely to frustrations with treatment efficacy and impersonal doctor–patient relationships (Palinkas and Kabongo, 2000; Vincent and Frunham, 1996). More recently, emphasis has shifted toward recognizing belief systems and values over general dissatisfaction with conventional medicine in motivating CAM usage. Holistic approaches to health care, individualism, autonomy, and control over health decision-making, have emerged as central ideologies that drive individuals to pursue alternative treatments (Astin, 1998; Bishop et al., 2007; O'Callaghan and Jordan, 2003). The holistic paradigms that underlie CAM practices are recognized and valued aspects of these therapies, often contrasted with allopathic medicine's more fragmented and specialized structure of clinical care. As individuals assume increasingly active roles in their own health care, the demand for integrative approaches increases (McCaffrey et al., 2007; McKinlay and Marceau, 2008). Among older adults especially, for whom autonomy and independence are important makers of successful aging (Bland, 1999; Cornwell, 2011; Secker et al., 2003), CAM usage may contribute to a sense of active involvement around health care decision-making in later life.

In addition to demographic and attitudinal predictors, contextual considerations suggest that CAM usage may be further understood as a social context phenomenon. The ambiguity associated with the effectiveness and normative acceptability of alternative medicine, for example, sets the stage for social relations to play a critical role in resolving uncertainty around utilization decisions surrounding CAM adoption. Unlike the established sequence of educational training and accreditation that regulates mainstream medicine, CAM is less professionally unified and lacks the stringent set of requirements and degrees that heuristically legitimize the conventional health care system. Likewise, the mechanisms that explain the efficacy of many CAM treatments are not well understood. Gaps in scientific evidence lead to questions around the benefits and risks of these therapies, sustained in part by a relatively underdeveloped research infrastructure (Ernst, 2004; Kelner et al., 2003). In the absence of more traditional cues around expertise and legitimacy, CAM users rely more on personal experiences and information from knowledgeable others in their social networks to support the use of and evaluate alternative treatments (Pedersen and Baarts, 2010; Van der Schee and Groenewegen, 2010). Legitimacy is user-constructed by laypersons as opposed to institutionally constructed by a well-established authorization process.

2.1. The role of social networks

Following these observations, examining individuals' social networks presents a promising avenue for understanding CAM usage. In addition to providing emotional and instrumental support around health care (Thoits, 2010), having strong network ties and discussing health with network members is associated with better recovery from mental illness (Perry and Pescosolido, 2015), management of chronic conditions (Vassilev et al., 2014), diagnosis and control of hypertension (York Cornwell and Waite, 2012), and a wide variety of other health outcomes (e.g., Perry and Pescosolido 2010). This research provides strong evidence that people's health-related behaviors and decisions are shaped by the opinions and behaviors of their closest contacts. Social network members also serve to monitor health behavior, enforce social norms around health practices and decision-making, provide emotional and instrumental support around health care utilization, and facilitate individuals' sense of personal control over their health (Umberson, 1992; Umberson et al., 2010).

Given the ambiguity surrounding the effectiveness of CAM, it is likely that the information-providing and norm-enforcing functions of social networks play a role in individuals' decisions to experiment with or adopt these forms of treatment. Indeed, prior work has found that health information seeking behavior is the strongest predictor of CAM usage among older adults (Arcury et al., 2015). Individuals actively draw on health professionals, family, friends, and other social network resources in evaluating potential benefits of CAM (Balneaves, 2008). With regard to norms, individuals' beliefs around whether or not family and friends approve of CAM are also predictive of CAM usage (O'Connor and White, 2009), as is relatives' discouragement or skepticism of alternative treatments (Molassiotis et al., 2005). Among those with chronic conditions, dialogue with trusted others is a critically informative aspect of decisions to pursue CAM (Evans et al., 2007). In the case of cancer, significant others assume especially important and multifaceted roles in shaping their partner's disposition toward CAM, both in encouraging and dissuading adoption of alternative treatments (Ohlén et al., 2006). For otherwise healthy individuals, CAM usage is largely attributed to interactions with and referrals from friends and co-workers (Palinkas and Kabongo, 2000).

Collectively, these findings suggest that social ties function in a number of important ways to influence CAM usage, from fostering general exposure to providing concrete support and recommendations. But despite the fact that research has uncovered a number of

Download English Version:

https://daneshyari.com/en/article/7331988

Download Persian Version:

https://daneshyari.com/article/7331988

Daneshyari.com