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Social network activation: The role of health discussion partners in recovery from mental illness

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A B S T R A C T

In response to health problems, individuals may strategically activate their social network ties to help manage crisis and uncertainty. While it is well-established that social relationships provide a crucial safety net, little is known about who is chosen to help during an episode of illness. Guided by the Network Episode Model, two aspects of consulting others in the face of mental illness are considered. First, we ask who activates ties, and what kinds of ties and networks they attempt to leverage for discussing health matters. Second, we ask about the utility of activating health-focused network ties. Specifically, we examine the consequences of network activation at time of entry into treatment for individuals' quality of life, social satisfaction, ability to perform social roles, and mental health functioning nearly one year later. Using interview data from the longitudinal Indianapolis Network Mental Health Study (INMHS, $N = 171$), we focus on a sample of new patients with serious mental illness and a group with less severe disorders who are experiencing their first contact with the mental health treatment system. Three findings stand out. First, our results reveal the nature of agency in illness response. Whether under a rational choice or habitus logic, individuals appear to evaluate support needs, identifying the best possible matches among a larger group of potential health discussants. These include members of the core network and those with prior mental health experiences. Second, selective activation processes have implications for recovery. Those who secure adequate network resources report better outcomes than those who injudiciously activate network ties. Individuals who activate weaker relationships and those who are unsupportive of medical care experience poorer functioning, limited success in fulfilling social roles, and lower social satisfaction and quality of life later on. Third, the evidence suggests that social networks matter above and beyond the influence of any particular individual or relationship. People whose networks can be characterized as having a pro-medical culture report better recovery outcomes.

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Introduction

Research and theory on social relationships, whether network structures or social support, stand among the strongest social science contributions to the understanding of the distribution, experience, and outcomes of illness (House, Landis, & Umberson, 1988; Pescosolido & Levy, 2002; Smith & Christakis, 2008). In this literature, social interaction is framed, often implicitly, as a central mechanism linking social networks and health. Resources critical for preventing or recovering from illness flow through health discussion networks: advice, information, emotional support, affirmation and belonging, and attitudes about how to define and respond to health problems (Abbott, Bettger, Hanlon, & Hirschman, 2012; Schafer, 2013). Yet, the utility of social network resources depends on successful activation of ties that can provide access to relevant information or support (Lin, 1999). Consequently, who is mobilized through tie activation (i.e. communications about support needs, beliefs and behaviors, and decision-making) represents a critical moment in response to life's challenges (Hurlbert, Haines, & Beggs, 2000; Perry & Pescosolido, 2010; Pescosolido, 1992).

However, we know relatively little about which individuals are included in discussion networks and whether the profile of activated ties affects outcomes. Here, we address these gaps, focusing on social network activation in the early illness career. The Network Episode Model (Pescosolido, 1991, 1992, 2006; Pescosolido, Brooks-Gardner, & Lubell, 1998) provides the theoretical platform to develop research questions about tie activation and health

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outcomes. The Indianapolis Network Mental Health Study provides the necessary longitudinal and hierarchical data to empirically examine them. We ask (1) how do characteristics of individuals, relationships, and networks shape which ties are activated during the early stages of an illness episode? And (2) do the properties of ties activated at the point of initial entry into treatment influence recovery outcomes nearly one year later?

Theoretical background

Social networks and the response to illness onset

While the contention that "others" form a critical part of how individuals understand and respond to illness represents an early line of inquiry in social science (e.g., Friedson, 1970, Kadushin, 1966), the Network Episode Model (NEM) explicitly theorized the role of social networks. In contrast to more static and individualistic models, the NEM sees health and illness behaviors as an embedded social process that creates an illness career. This dynamic conceptualization reflects the variety of fluid pathways that individuals and their social networks follow in response to illness (Pescosolido et al., 1998). Under these basic assumptions informal (i.e., personal or lay) and formal (i.e., professional) social networks are activated because health problems, particularly as they are more severe, exceed individuals' personal capacity for coping (Bury, 1982; Carpentier, Lesage, & White, 1999; Wellman, 2000).

Tie activation is not necessarily a rational decision-making process. Rather, the culture of a network provides the context for activation, and the beliefs, values, and attitudes flowing through networks can either facilitate or inhibit health discussion. Contemporary work in medical sociology has increasingly incorporated cultural theory, emphasizing the importance of cultural capital and habitus in health behaviors and decision-making (Bourdieu, 1984; Kleinman, 2004; Nichter, 2008; Singh-Manoux & Marmot, 2005). At the same time, there has been growing recognition of the link between social networks and culture, meaning, and social reproduction (Emirbayer & Goodwin, 1994; Lizardo, 2006; Pachucki & Breiger, 2010).

Networks may be conduits of health-related cultural capital, including the ability to identify symptoms of illness, recognize a need for formal and informal support, and help secure access to health and social services. Networks that possess these types of health capital are probably more likely to be activated for medical advice and health discussion than those perceived as unknowledgeable or unhelpful. Likewise, individuals develop a health habitus – or an orientation toward illness, help-seeking, medical professionals, and health services – through socialization and interaction with social networks (Lo & Stacey, 2008). The degree to which a person activates both informal and formal support in response to illness onset is probably determined in part by this habitus, which shapes unconscious beliefs about courses of action that are possible and appropriate. Thus, tie activation reflects individual agency operating within the constraints of habitus, network culture, and accessible resources.

Whether done as a rational choice, as a pathway of coercion or resistance, or even in a haphazard fashion (Pescosolido et al., 1998), the linked process of tie activation represents a strategy for coping with crisis. That is, as individuals face unfamiliar challenges, periods of elevated support needs, and fundamental disruptions of identity and role performance that accompany illness, social networks become critical (Abbott et al., 2012; Lively & Smith, 2011). Individuals manage, or are managed, through health problems by lay and professional network ties who may recognize, define, or dismiss symptoms; recommend or provide health services; offer emotional or instrumental support; or attempt to regulate health behaviors, appointments, and medication compliance.

In the NEM, these interactions are theorized to have consequences – both good and bad. Social networks and illness careers form mutually dependent and reflexive pathways. Illness episodes influence social network dynamics, shaping the structure, function, and content of personal and professional communities over time. In turn, health problems are defined and treatment decisions are made in and with activated networks, influencing the trajectory of the illness career. Health discussion networks may or may not transmit pro-health care attitudes, provide information about how to obtain services, and improve access to services by helping initiate contact with the treatment system. In some cases, attempts to activate network members through discussion of mental health experiences or requests for support may be met with rejection or indifference. Further, disclosing health problems to others who are empathetic and supportive can provide emotional and instrumental supports *or* can elicit stigmatizing reactions, particularly in mental illness (Link, Mirotznik, & Cullen, 1991; Pescosolido et al., 2010; Wahl, 2012). The response of activated networks in the face of illness is hypothesized to have an important influence on recovery, and empirical research has provided reasonable evidence to support this link (Gallant, 2003; Pescosolido et al., 1998; Thoits, 2011).

Shopping network boutiques: tie activation for mental health problems

The functional specificity hypothesis (Cutrona & Russell, 1990; Penning, 1990; Simons, 1983–1984) posits that individuals engage in goal-directed social interaction to access different types of social resources through personal community networks. According to Wellman and Wortley (1990), most of our social ties are "boutiques" rather than "general stores," and whether consciously or not we "shop" to obtain goods and services that we need. In other words, people tend to activate a given tie for only one or a few specialized functions rather than relying on one person to fulfill all support needs. A particular type of relationship or person may be effective for one kind of task or problem, but not another (Sandefur & Laumann, 1998).

In short, the functional specificity hypothesis emphasizes the *fit* between the problem or support need at hand and the skills, information, resources, and accessibility of individual ties embedded within network structures and cultures (Karp, 2001; Perry, 2012; Pescosolido et al., 1998). People can selectively draw on their diverse network resources, activating ties that are most likely to be useful for a particular purpose (Hurlbert et al., 2000; Perry & Pescosolido, 2012; Wellman & Wortley, 1990). This selective activation of ties during an acute health crisis represents a potentially influential but largely overlooked coping mechanism (Pescosolido, 1991, 1992; Wellman, 2000; Wellman & Wortley, 1989). Only very recently have targeted discussions on topics such as health services utilization, compliance, behaviors, and beliefs been linked empirically to health outcomes (Abbott et al., 2012; Perry & Pescosolido, 2010; Schafer, 2013; York Cornwell & Waite, 2012). Yet, the extent to which individuals with health problems are able to secure access – through activation of certain ties but not others – to information, treatment options, or support that facilitate recovery may, in part, explain why social network characteristics matter for wellbeing.

In the case of mental illness in particular, onset is characterized by acute crisis and many serious problems and stressful events which may be more or less controllable (e.g., contacts with law enforcement, medication side effects, stigma; Carpentier et al., 1999; Sharfstein, 2009). Consequently, the onset of serious mental illness has been said to initiate a "network crisis" (Lipton,

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