Addictive Behaviors 44 (2015) 35–42

Contents lists available at ScienceDirect

Addictive Behaviors

The Social Identity Model of Cessation Maintenance: Formulation and initial evidence

Daniel Frings *, Ian P. Albery

Department of Psychology, London South Bank University, UK

HIGHLIGHTS

- Social identity and social cognitive concepts explain variance in treatment failure.
- Social identity processes include efficacy, esteem, norms and social control.
- Social cognitive concepts including complexity, familiarity and accessibility
- The Social Identity Model of Cessation Maintenance integrates these approaches.
- SIMCM can be used to understand addiction-identities and inform practitioners.

ARTICLE INFO

Available online 30 October 2014

Keywords:
Addiction
Identity
Social
Automaticity
Implicit
Recovery

ABSTRACT

Introduction: Group therapy can be highly influential in helping addicts (individuals presenting with problematic addictive behaviors) achieve and maintain cessation. The efficacy of such groups can be understood by the effects they have on members' social identity and also through associated group processes. The current paper introduces the Social Identity Model of Cessation Maintenance (SIMCM).
Methods: The SIMCM outlines how a number of processes (including self/collective efficacy and esteem, normative structure and social support and control) may affect cessation maintenance. It also provides a framework to make predictions about how automatic and/or implicit processes influence the activation of addiction relevant identities through cognitive accessibility and complexity in particular.
Results: A review of initial empirical evidence supporting some of the key specified relationships is provided, along with potential applications in therapy settings.
Conclusions: Insights into how SIMCM could be generalized beyond treatment contexts and avenues for future research are outlined.

1. The Social Identity Model of Cessation Maintenance: formulation and initial evidence

How can social identity-based research be useful in understanding how recovering addicts (individuals attempting to overcome problematic addictive behaviors) may or may not maintain cessation or have greater control of their addictive behavior(s)? Answering this question will contribute to our understanding of both cessation maintenance and also relapse. It will also guide future research and inform practitioners' treatment design. In this paper we evaluate current approaches, theories and evidence from a social identity perspective which address this issue and introduce the Social Identity Model of Cessation Maintenance (SIMCM) as a testable framework within which to predict variance in recovery outcomes following group therapy. SIMCM provides a theoretical model which explains differences in addicts' health outcomes (including relapse and treatment attrition) by integrating perspectives derived from the clinical literature, social identity theory and social cognitive theory. We define addictive behaviors broadly as problematic habitual and appetitive either substance or non-substance based. We define cessation as any point where a recovering addict ceases the behavior with a view not to begin again, and cessation maintenance as the period following this, which could (but does not always) continue indefinitely. We define group therapy to include peer led groups, therapeutic communities, residential programs and also clinical out-patient group work (see Substance Abuse & Mental Health Services Administration: Center for Substance Abuse Treatment, 2005).

At the core of the SIMCM model is evidence that social identities (i.e., identities based on perceived membership of the self and others in various groups, see Tajfel & Turner, 1979) shape the way we view and interact with our environments. Codes of normative behavior, re-

* Corresponding author at: Department of Psychology, London South Bank University, 102 Borough Road, London SE1 OAA, UK.
E-mail address: fringsd@lsbu.ac.uk (D. Frings).

http://dx.doi.org/10.1016/j.addbeh.2014.10.023
0306-4603/

interpretation of environmental cues and increased social support may mean that engagement with group therapy strengthens a positive identity (e.g., as a recovering addict) and reduces the negative impact of pre-existing, 'using addict' identities. The SIMCM model advances our understanding of *how* social identities impact behavior by focusing also on the delineation of those cognitive processes that operate in an automated as opposed to a more deliberative fashion. Finally, SIMCM argues that the constructs which constitute our social identities can be made more accessible and complex through group therapy.

Addicts face a number of psychological barriers to remaining free from their addictive behavior. These include low levels of self-esteem (feelings of self-worth and value) which can affect motivation and will-power in any cessation attempt and decreased self-efficacy (the feeling that one cannot achieve the goals set and be an effective agency in one's environment, see Schwarzer, 1992). In addition to these challenges, addicts may also be embedded in social settings which feature the behavior of other addicts, reinforcing low self-efficacy and maladaptive beliefs and providing a social reality facilitating ongoing addictive patterns (see Marlatt & George, 1984). To encourage abstinence or controlled behavior changes in the psychological profile of addicts (underpinned by thinking processes) may provide sources of self-esteem, self-efficacy and facilitate the adjustment of belief sets. One mechanism that addicts can utilize to achieve this realignment may involve an understanding of the importance of one's own social identities in predicting ongoing behavior. As well as drawing on qualitative literature documenting patients' experiences, the SIMCM uses evidence from social identity and social cognitive approaches to reflect on processes that may underpin these effects.

1.1. Theoretical perspectives on 'groups'

Johnson and Johnson (1987) argue that groups consist of two or more people who recognize themselves as being part of a group and who interact and influence one another. These interactions are guided by a set of normative rules and structures. In addition, groups must have common fate; i.e., they should be working interdependently and/or striving to achieve a common goal. A key aspect of being a group (and therefore developing a social identity) is having a feeling of *entitativity* — the sense that a collection of individuals have common fate, similarity, salience and boundedness such that they can be seen as a single coherent entity (Campbell, 1958). In addition to this, Self-Categorisation Theory (SCT; see Turner, Hogg, Oakes, Reicher, & Wetherell, 1987, outlined below) argues that as groups define themselves in reference to other groups an 'out-group' must be available to provide comparison and a sense of group identity.

Groups also provide the opportunity for *social identity* as described by social identity theory (SIT; see Tajfel & Turner, 1979) and SCT. SIT assumes that people pursue a positive self-concept. It also postulates that our identities are sometimes based on intra-personal definitions, sometimes on intergroup definitions and sometimes fall between these extremes. When individuals perceive themselves as a member of a group (a cognitive process described by SCT, see below) they can draw on comparisons between their own (in-group) and others (out-groups) to provide positive differentiation and hence a positive self-concept.

These effects have been observed in both 'minimal' experimentally generated groups and in the real world. For instance, Tajfel (1978) observed that categorizing participants on an arbitrary basis led to them showing positive discrimination towards in-group members. SIT recognizes that when evaluating real life groups, participants can also emphasize elements of their groups which allow for positive differentiations between in-groups and out-groups. When group identities are negatively valenced group members will attempt to leave the group if possible. If such social mobility is impossible group members will engage in social creativity strategies to generate positive differentiation from an out-group (by emphasizing positive aspects of the current group or by finding a more advantageous comparison group) (Tajfel & Turner, 1979).

Whilst SIT describes the motivational component of social identities, SCT details their cognitive underpinnings. When a group level identity is relevant to the context, a group prototype is generated by comparing group members in one's own (in-group) and other groups (out-groups). A prototype is constructed which maximizes difference between the in-group and the out-group whilst minimizing differences between in-group members (see the meta-contrast principle, e.g., Oakes, 1987). Turner et al. (1987) argued that when people define themselves at a group level they also see themselves as interchangeable with other in-group members. The particular group identity that is activated is defined by a number of factors including chronic and situational accessibility and normative and structural fit (Oakes, Haslam, & Turner, 1994). Aspects of the identity which provide a meaningful and positive comparison are emphasized more than those which do not. This also leads to an overestimation of intergroup differences whilst underestimating intragroup differences to maximize the ratio of inter/intragroup differences (e.g. Mullen & Hu, 1989). Importantly, an individual who is prototypical against one comparator out-group may be less so when a different comparator group is present.

2. Social identity, groups and general health

Group memberships and social connections can have beneficial health outcomes. For instance, amongst male residents of a residential elderly care home, participation in a weekly social group increased cognitive function and life satisfaction (Gleibs et al., 2011). Social identities can also provide support in stressful situations. In a simulated prison environment Haslam (2006) and Haslam and Reicher (2006) shows that levels of identification amongst 'prisoners' increased over time, and levels of depression and physiological stress decreased. Amongst both bomb disposal experts and bar staff, feelings of occupational identity have been observed as having links to increased perceived social support and decreased stress (Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005). Social identities can also guide positive health choices. Tarrant (2005 cited Tarrant, Hagger, & Farrow, 2011) shows that making salient identities linked with unhealthy or health lifestyles (e.g., being a student vs. national identity) led to respectively decreased or increased behavioral intentions to behave healthily and attitudes about health issues (see also Tarrant & Butler, 2011). Such effects can include moderating levels of non-problem drinking habits (e.g., Goode, Balzarini, & Smith, 2014).

A number of processes are thought to underlie these positive effects. A group's attitudinal/behavioral norms delineate the correct way to behave (Abrams & Hogg, 199). Typically in-group members are sources of influence to a greater extent than out-group members (e.g., Latané, 1981). Such in-group members also potentially provide a source of emotional and practical support. For instance, contextualizing stressful experience can reduce their negative impact (Kellezi, Reicher, & Cassidy, 2009) and disclosing and discussing health problems can reduce both psychological and physiological responses to stressor(s) (Jones, Jetten, Haslam, & Williams, 2012).

3. Social connections, identity and addiction cessation maintenance

What roles could identities linked to active addiction (and recovery) play in cessation maintenance? Recently, qualitative and mixed methods work have explored identity and its role in addiction. Identity seems to play a part in continuation of use, decisions to cease and cessation maintenance. Rødner's (2005) analysis of the interviews of current drug users in Stockholm highlighted the importance of identity (as users who feel in or out of control) in their understanding of their own behavior, their relationship with society and usage. McIntosh and McKeganey (2000) report interviewees' observations that identity (especially a desire to change one's identity) was pivotal in decisions to cease or maintain use (see also Gueta and Addad (2013)). Best et al. (2010, 2012) report drug users highlighting the importance of peer support groups in recovery and prior social connections as a cause of relapse (see also Best, Gow,