# Dynamics of Competitive Advantage and Consumer Perception in Social Marketing

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# Dynamics of Competitive Advantage and Consumer Perception in Social Marketing

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Chapter 2

# Addressing Healthcare On–Line Demand and Supply Relating to Mental Illness:
## Knowledge Sharing About Psychiatry and Psychoanalysis Through Social Networks in Italy and France

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## ABSTRACT

*The study presented in this chapter explores the influence of social networks in directing and shaping the supply of, and demand for, healthcare services – specifically systems and therapies for the treatment and rehabilitation of mental disorders. For this purpose, knowledge sharing and co-construction processes of social representations of psychoanalysis and psychiatry, the images of the relevant professionals (psychoanalysts and psychiatrists), and their social practices are investigated within*

*the social arenas provided by digital media 2.0, namely some of the most popular social networks. The authors collect a substantial corpus—a total of 6762 statements—of public, spontaneous conversations on Facebook, Twitter, and Yahoo! Answers. These are analyzed with the text clustering method of Descending Hierarchical Classification by means of the Alceste software. Thanks to the cross-national perspective of the study, they identify different psycho-social scenarios between the two national contexts (Italy and France) in which the social demand for health care and supply relating to mental illness has in recent decades been animated by the controversial debate on psychiatry, psychoanalysis, and the institutional practices with large impact on society and laypeople outside the circles of experts and professionals. Confirming their hypotheses, the results show specific strategies for the promotion by users involved in communicative processes in the social networks—under the relevant communicative constraints—of specific claims for the treatment and rehabilitation of mental disorders, and of the relative services in healthcare sectors.*

## INTRODUCTION

*Health is personal, something in which each of us is individually invested. We patients were scared of our health statuses, unprepared for hospital experiences, and lost in the confusion of healthcare, grasping at the information healthcare marketers pushed at us. No wonder the approach wasn't working – traditional marketing doesn't fit in healthcare (Boyer, 2011, p. 1).*

The study presented in this chapter explores the influence of social networks in directing and shaping the supply of, and demand for, healthcare services – specifically systems and therapies for the treatment and rehabilitation of mental disorders. For this purpose, knowledge sharing and co-construction of social representations of psychoanalysis and psychiatry, the images of the relevant professionals (psychoanalysts and psychiatrists) and their social practices are investigated among the members of some of the most popular social networks (de Rosa, 2011b, 2012b, 2013b) within the social arena provided by digital media 2.0.

This study is a part of the research project led by de Rosa (see 2011a, 2011b, 2012b; de Rosa & Fino, 2012; de Rosa, Bocci, & Fino, 2012a and b) entitled *Psychoanalysis, its Image and its Public. Fifty Years Later*, a cross-national – Italy and France – follow-up on the historic, seminal research on social psychology carried out by Moscovici (1961, 1976) on the level of penetration of psychoanalysis in French society – *Opera Prima* – which gave rise to the definition of the *social representa-*

*tions* construct and the relative research paradigm (Moscovici, 1984; 1986; 1988, 1989, 1991, 1994, 1995, 1997, 2000, 2001; Farr & Moscovici, 1984).

The follow-up is characterized by elements of continuity and seamless compatibility/replicability, but also of innovation and extension, compared to the first-wave research by Moscovici (1961, 1976). Even if divided along different lines, the research program implies a fundamental unity, as suggested by the adoption of a modelling and multi-method approach (de Rosa, 1987, 1990, 2002, 2012d, 2013a) to the integration of different constructs and studies.

In particular, the study presented in this chapter adopts an original approach intended to capture the dynamics of cultural and social changes defined by the growth of new social networks and their potential effect on transformations in social representations – i.e. a co-evolution of symbolic systems and social relations along two core contextual axes (Figure 1):

1. Changes in the communication systems.
2. Changes in the historical and ideological contexts.

Our study assumes both these changes in relation to the social actors (experts and lay people, as co-producers of social representations) and according to the triangular epistemological model (Subject-Object-Alter) orienting the theory of social representations (see Figure 2). In this way the triangular epistemological model makes it possible to go beyond the deterministic and obsolete vision implying a binary logic of influence segmented in the environment/individual dichotomy (from the context to subjects or from the subjects to the context).

On assuming that changes in the communication systems are significant for studying social representations, one sees that social networks implement specific

*Figure 1. Co-evolution of symbolic systems and social relations along two core contextual axes*
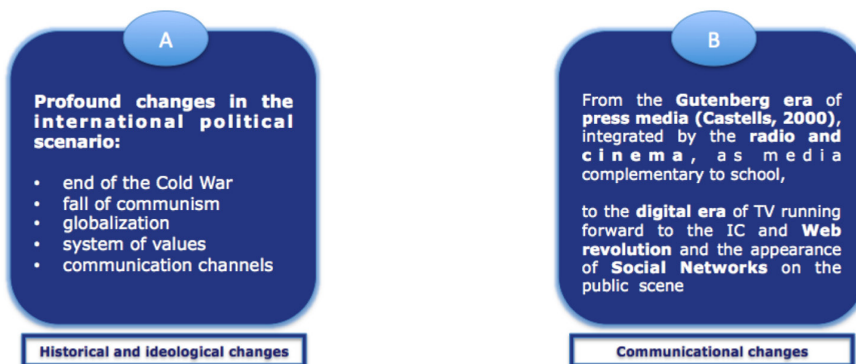
*Figure 2. Co-evolution of changes in the Epistemic Triangle*
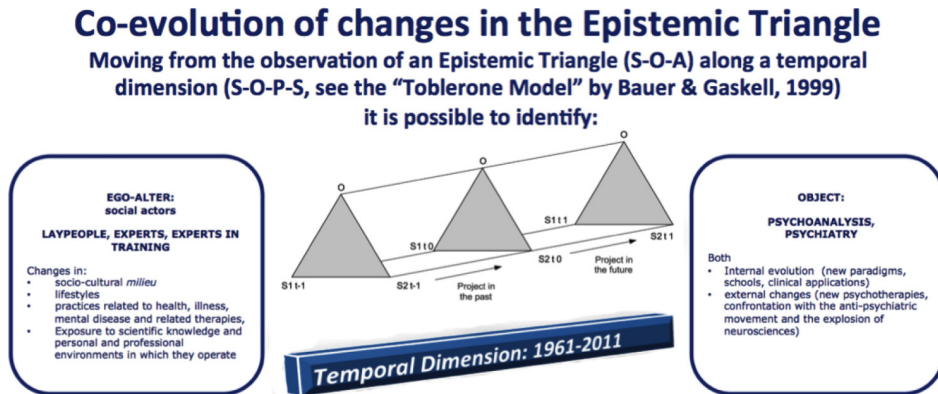


aggregative and communicative attributes differing considerably in regard to their members' patterns of affiliation and segmentation, constraints on the length of messages, and their semantic context and emotional expressiveness. These characteristics are determined by the type of affiliation and the social nature of the specific network. The networks examined were consequently selected for the purpose of investigating the differences that may emerge in the social representations co-constructed and/or transmitted in function of differences among the platforms.

Therefore, besides reproducing the "classic" format of the original research by Moscovici (1961, 1976), which consisted of a survey of the French population and the study of communication systems by means of analysis of the contents of the French press, our research program also considered the contents of spontaneous conversations on some of the most popular – and currently most widely-used – internet environments and social networks: *Facebook, Twitter* and *Yahoo! Answers*, in order to:

- Investigate the modalities of stratification of demand for (on the part of consumers) and supply of (on the part of institutions) healthcare services linked to the sphere of treatment and rehabilitation of mental health, as specifically defined by psycho-social scenarios identified from the reference national context and the relevant laws in force.
- Study and comment on the emerging representational field with respect to the objects of study: mental health and illness, psychoanalysis, psychiatry, as well as the images associated with professionals operating in the relative sectors, such as psychoanalysts and psychiatrists, with especial regard to the above-mentioned dynamics of stratification of supply and demand.

- Identify strategies for the promotion by users involved in communicative processes in the social media of specific claims for the treatment and rehabilitation of mental disorders, and of the relevant services in the healthcare sector.

- Analyse the communicative characteristics that emerge from conversational exchanges among users of the networks, especially in order to discover discourse patterns, starting from the constraints distinctive of each digital medium included in the analysis, and to select recurrent and significant patterns of content and structure.

- Verify one of our hypotheses–among others–concerning psychoanalysts' negative attitude to their public presentations in the media as a part of the inward-looking stance of organized psychoanalysis leading to consideration of its perception by the general public as a "dying profession" (Hoffman, 2000). The perception concerning the decline of the psychoanalysis or its need to be radically renewed can be referred to multiple factors internal and external to its field, as emerges from the different perspectives in the controversial debate developed by the literature on the diffusion of psychoanalysis within and outside its professional community and academic circles (Mecacci, 2000; Hachet, 2006; Onfray, 2010; Roudinesco, 1993-1994/2009, 2010; see also de Rosa, 2011, 2012a and b). Whilst from an external perspective on science development the increasing hegemony of neurosciences, legitimised in 1990 by the proclamation of the "*Brain's Decade*" by the United States' Congress, has radically transformed mental health care in psychiatry and psychotherapy, contributing to some extent to the decline of psychoanalysis after fifty years of great popularity and/or its deep need to be renewed; from the internal perspective, the private nature of clinical psychoanalytic work – and the consequent ethical and privacy concerns strictly related to the deontological prescriptive attitudes anchored in the epistemological principles inspiring psychoanalytic theory and practice – often leads to distortion in the traditional press and media coverage and frequent disapproval from prominent and influential members of psychoanalytic organizations themselves about the nature of the media coverage for their scientific beliefs and practices (Hoffman, 2000). We therefore expected to find an ambivalence towards public appearances among psychoanalysts, substantially leading to intentional neglect in social networks – and, presumably, disapproval of social marketing – as compared with other contiguous fields (and the relative professional actors involved) in mental healthcare like psychiatry, psychotherapy, and psychology.

The multi-method research design guiding the wider research program is anchored in the *modelling approach (*de Rosa, 2013*) to* the *Social Representations Theory* (Moscovici, 1961, 1989; Farr & Moscovici, 1984; Jodelet, 1989; de Rosa,

1990, 1994, 2002). It has been integrated with a social marketing perspective on the evolution of healthcare programs, according to the birth and development of the so-called "Health 2.0" movement (Eysenbach, 2008) in the past decade. This assumes the centrality of social networking to the explicit modelling of relationships among people, forming a complex (and scale-free) network of relations, which, in turn, enables and facilitates collaborative filtering processes.

In what follows we present the theoretical framework underlying the empirical study, doing so against the background of both the *Social Representations* and the *Social Marketing* theories. In conclusion to the chapter, on considering the patterns observed in the communicative exchanges among users, we will describe the structure and content of the relative messages, the constraints imposed by each digital medium, and the possible influence (Subramani & Rajagopalan, 2003; Bansal & Voyers, 2000) exerted by the actors involved. At the same time we will describe new and sustainable digital marketing scenarios to be implemented in social networks intended to assist planning by professionals and institutions in the healthcare field, especially by means of treatment methods drawn from various scientific traditions, methodologies, and practices. This analysis will provide significant pointers with which to identify negotiated exchanges between the demand for information and the supply of interventions by social actors (such as citizens and institutions), often lost in the "Internet galaxy" (Castells, 2000).

# REPRESENTING THE SOCIAL WORLD:

## The Emerging Role of "Common Sense Theories" in the User-Generated Contents of Social Networks

A core element in the definition of social networks is inter-relationality among diverse social actors, such as individual private users and organizations. Waters (2009), for example, has shown that non-profit organizations tend to use social networks to rationalize their management functions, interact with volunteers and donors, and provide information on the programmes and services that they offer. Specific changes are therefore under way in how the social actors involved in this communication process use specific platforms and network services to develop relations with audiences that they regard as significant.

As already stressed elsewhere (de Rosa, 2011a, 2011b, 2012a, 2013b; de Rosa, Fino, & Bocci, 2012a, and b), the dynamic of these changes and their potential effect on transformations in social representations should be considered a possible co-evolution of symbolic systems and social relations within their socio-historical and communicative contexts.

In regard to the importance of evolution in the communication system through on-line exchanges, in the early 1990s Moscovici (1995, 1997) already advanced a proposal for the study of "cyber-representations" which was as interesting as it was anticipatory of the development of social networks, which has proved exponential over a very brief period of time:

*I was wondering how to conclude this long rambling on Internet for which you gave me the opportunity. It was a kind of holiday, a cathartic experience, after ending a book, which is so personal. Then I remembered a proposal made once – before I used the e-mail of Internet myself – to study precisely how common sense, the language exchanged, groups themselves are shaped in this cyber-communication. Finally, it would be a nice way of meeting and putting some ideas together. So the story will go on! (Moscovici, 1997, p. 7).*

In arguing the interest of studying digital networks as producers of social representations, Moscovici (1995) emphasizes the promising nature of the psycho-social phenomena in *statu nascendi*, anticipating the next "revolution" that ensued from the advent of online communication, with the consequent activities of sharing and co-constructing representations among the members of such networks.

In fact, as recently emphasised (de Rosa, 2011a, 2011b, 2011c, 2012b; Mazzara, 2008), the astonishing development of Internet environments and the exponential growth of social networks are delineating a scenario of the construction and exchange of information with a potential that has not yet been sufficiently explored, especially by social psychologists. Nonetheless, it becomes increasingly clear that the impact of technologies cannot be considered to be limited to the technological role of the Internet alone, or simply to the computer as a means to access the Web. Entire families of new electronic media are creating original communicative environments, and there is constant tension between the tendency towards convergence and integration and that towards specialization of content and functions, all of which produce effects that are profoundly reconfiguring the entire media system.

In particular, the reference scenario of digital social media, the virtual spaces introduced onto the global media scene since the Web 2.0 revolution (O'Reilly, 2005), requires – as the pre-condition for creation of the formal and semantic architecture of each network – a user-generated form of content structuring and selection which assumes an array of textual and multimedia solutions for communication among users, and contributes to shaping a global society based on networks (Castells, 1996, 2000, 2001; Castells, Fernandez-Ardevol, Qiu & Sey, 2007; Lévy, 1996, 1997, 2000, 2002; Garton, Haythornthwaite &Wellman,1999; Jankowski, 2002; Lievrouw & Livingstone 2002; Van Dijk, 1999; Tapscott & Williams, 2006; Knox, Savage & Harvey, 2006; Keen, 2007). Yet, as emphasised by Castells (1996), the:

*Convergence of social evolution and information technologies has created a new material basis for the performance of activities throughout the social structure. This material basis, built in networks, earmarks dominant social processes, thus shaping social structure itself (Castells, 1996, pp. 470-1).*

Research on new communicational phenomena finds fertile ground in the *social representations theory* (de Rosa, A. S. 2010, 2011b, 2012b), since the investigation of spontaneous conversations among members of social networks on which it is based is highly informative from an ecological and non-intrusive perspective in natural contexts (dealing with virtual and online environments). It is our conviction that a psycho-social approach, oriented to the investigation of semantic aspects (and not only the formal structure of relations among members), and intended to capture and analyse significant conversational scraps co-produced during the online interactions among members, makes it possible to go beyond the present sociological supremacy (influenced by mathematical and computer-science-based contributions) in the study of the structure and content of social networking (vs the so-called *Social Network analysis,* SNA) (Carrington, Scott & Wasserman, 2005; Corbisiero, 2007).

Yet research on social representations investigated via interpersonal exchanges on social networks may prove to be an even more interesting option, considering that interpersonal communication, and especially so-called "word of mouth", have been reported as the most influential sources available to participants (more than books, literature, movies, songs, Internet, press, etc.) in studies belonging to the *communication research* field (Bansal and Voyers, 2000).

However, we should clarify a controversial issue concerning the topic of our discussion: is there a unique definition of a social network? The answer comes from consideration of different versions and proposals in the literature: some authors stress that a key differentiator for such media is their user-generated content, distinguishing it from the content created by professionals journalists, broadcasters, or other paid content providers (Terry, 2009). Nonetheless, Boyd and Ellison (2007) have proposed that social networks sites are those:

*Web-based services that allow individuals to (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system. The nature and nomenclature of these connections may vary from site to site. (Boyd and Ellison, 2007, p. 2)*

According to Beer (2008), however, in attempting to define social networks, Boyd and Ellison carefully distinguish between "social networking sites" and "social network sites", considering the former phrase to be misleading, but referring to those

sites that allow and encourage the establishment of social networks among users as their primary goal. Moreover use of the phrase "social networking" should be avoided for two main reasons: first, because "networking" focuses on the function of establishing new relations among strangers; and second because, whilst networking activity can take place on many of those sites we properly consider as social networks, it is not the main or primary goal of most of them, nor does it represents a differentiation factor in the fragmented world of computer-mediated communication (CMC). As an alternative, Beer (2008) suggests replacing a generic view of these websites with an expression like "Web 2.0", which denotes the more generic phenomenon, and then fit specific categories into it, such as wikis, folksonomies, mashups and social networking sites.

We move beyond the emerging need for definition of a common dictionary among scholars functional to orienting the study of the new digital environments, which naturally relate to a rapidly changing and dynamic field. In fact, our main interest is to show how we applied *social representations theory* to *social marketing research* within the field of mental healthcare that explores spontaneous conversations among members of the social networks sites (de Rosa, 2011a).

The analysis of spontaneous content – dialogues, conversational exchanges, posts, etc. – exchanged via social networks has been a fundamental innovation with respect to Moscovici's seminal study, which started from the assumption that "they contribute to a decisive extent to the redefinition of boundaries [...] within which one-to-one interpersonal communication has given way to online interactive exchanges with one-to-many or many-to-many multiplying effects, supported by technology that allows ubiquitous connection" (de Rosa, 2011a, p. 54).

Models of generational identity-making have been elaborated especially in light of the sociological literature on the topic of the "Media and Generations": among other contributions see Aroldi (2011), Boccia Artieri (2011), Corsten (2011), Hardey (2011), Mortara (2011) and other contributions in Colombo and Fortunati, eds. (2011).

*(…) the whole web 2.0, seems to be a viable place where to observe if and how generational discourses emerge, and if they may arise around specific media-contents or media-topic able to trigger the reflexive process.*

*The reality of the web 2.0 represents a networked space where the generational "we sense" can be produced and observed. In social networks sites, inside the conversational reality of blogs, besides the video of everyday life posted on YouTube we can observe ourselves while we're telling our story and we can see the stories told by people that we "feel" like us. The experience is networked trough the friendship languages of Facebook or trough the references system of the blogosphere: the reflexivity and the networked practices come into resonance in the reality of world*

*wide web. Here even the forms of hetero-representation generated by media products – movie, tv fiction, anime, etc. - become an opportunity for self representation providing us the tools and the raw material for the production of new meaning in the UGC form: remix, mash up, etc. The media products are, in this sense, a background where generations and sharing of generational narratives made of conversations around them became possible. These networked practices (re-production, sharing, conversations) trigger mechanisms of reflexivity that link an individual with a collective reality, i.e. produce a "script" for the generational "we sense". (Boccia Artieri, 2011, p.110)*

In particular, our study considers some of the most popular social networks – *Facebook, Twitter and Yahoo! Answers* – exhibiting substantial aggregative and communicative differences reflected in their members' affiliation and segmentation modalities. Yet the social nature of each network determines specific communicational constraints, such as the allowed length of the message, the semantic context and the register of emotional expressivity (Ferraris, 2011; de Rosa, 2012a). Consequently, it is interesting from a psycho-social perspective to move beyond the mathematical and computer science approach of the Social Network Analysis SNA which studies the formal structure of networks (Corbisiero, 2007; Butts, 2008; Furht, 2010; Zhang, 2010).

We therefore decided to investigate all the differences in the representational field emerging from the analysis of texts extracted from such networks, our purpose being to study the communicative differences among the digital platforms.

The importance of these social networks is documented by the data on their ever-growing diffusion that we present next, and on the kinds of social relationships among their members. These two factors are sufficient to justify the focus of our study on such digital environments, which have already – partially – replaced the traditional public arenas, for instance, cafes or market places, considered by Moscovici (Farr & Moscovici, 1984) as social microcosms, real laboratories of current culture, in which the elaboration and exchange of information and representations take place, reproducing the metaphor of a "thinking society".

The past two decades have seen a structural transformation of the traditional communication channels whereby tele-communication is used to connect people physically distant from each other in a new pattern of "connected presence" (Licoppe & Smoreda, 2005; Castells, Fernandez-Ardevol, Qiu & Sey, 2007).

This transformation has led to the rise of the above-mentioned Web 2.0 era and the further growth, on the Internet landscape, of social network websites. Some fundamental data now reported, retrieved from different sources, testify to the fast and exponential growth of social networks, whose online presence has already overwhelmed that of adult websites and mail services.

*Facebook* was activated in 2004, and registered about 100 million users in less than 9 months. Launched by Harvard student Mark Zuckerberg, Facebook is a social networking service for content-sharing. Users can create profiles, and add photographs, lists of personal interests, and contact and personal information. Users can communicate with their contacts or other users by means of public or private messages, a personal noticeboard where text or multimedia content can be published, and an instant messaging service. It is also possible to create interest groups or "Like Pages", some of which are maintained by commercial and non-commercial organizations, agencies, or institutions. Facebook has many functionalities:

1.  Registration on the site is entirely free (Facebook earns revenues from advertising, including banners).
2.  *Facebook* registrants may choose to join one or more networks organized by city, place of work, school, and religion.
3.  Users can create profiles, which often contain photographs and lists of personal interests, exchange private or public messages, and join groups of friends (visibility of detailed data on profiles is limited to users of the same network or to confirmed friends).
4.  Users can post announcements which are visible only to users on the same network.
5.  Mobile connectivity is allowed, implying the possibility of loading content, receiving and responding to messages, sending and receiving pokes, writing on users' noticeboards using text messages, and navigating across the network.
6.  The "mini-feed", which shows the actions of users and their friends in a public timeline.
7.  The availability (since autumn 2008) of an API system that can be utilized to join external sites within the framework of the social network.

These data appear even more impressive if compared with the diffusion of traditional media, which was much slower in terms of growth in their relative audiences (television took 13 years to reach 50 million people, radio 38 years, iPod 3 years). At the time of writing – October 2012 – Facebook has reached 1 billion active users (Ortutay, 2012), more than half of them using it on a mobile device in more than 100 linguistic versions. According to a report by GoCreate Marketing (2010) in 2010 an average Facebook user spent 55 minutes on the website, 6.5 hours per week and 1.20 days per month. About 22 million users were recently reported to be from Italy (Osservatorio Social Media in Italia, 2012) and 24 million from France (Toutfacebook, 2012), Facebook being for both countries the most visited website on the Internet (Alexa Internet, 2012).

Furthermore, Facebook has very recently (October 2012, 23) launched Global Pages (presented in Figure 3), which is a streamlined solution to create a better experience for global businesses and their community on Facebook. Essentially, it creates a central hub enabling brands to have one global brand identity. Brands will be able to customize their Page's look and feel for each country or geographic region, while maintaining global metrics such as Likes, People Talking About This, and check-ins. Instead of the current multi-page model in which brands have created their own localized solutions, they will now be able to create local country-specific or regional versions of their pages that will sit within one central hub on Facebook, following a unified naming convention (retrieved from: http://www.edelmandigital. com/2012/10/23/facebook-launches-global-pages-for-brands/ on November 1, 2012).[1]

*Twitter* was activated in 2006, and it recorded an exponential growth from 50,000 users registered in 2007 to 500 million in 2012 (Dugan, 2012). Created by Jack Dorsey, Twitter is a free social network and micro-blogging service that gives its users a personal page that can be updated by means of text messages with a maximum length of 140 characters. The brief messages posted on Twitter can be labelled – or not – by using one or more *hashtags*, which are words or phrases preceded by the hash sign (#) with several words linked together (for example: "#companyname is my favourite kind of #beer"). In this way, users can search for the tag "companyname" or "beer" so as to obtain results targeted on their search. Hashtags can be used to follow a discussion among a number of users, encouraging conversation and further exchange. Updates are posted immediately, and are communicated instantaneously to anyone registered to receive them. The site offers users who add

*Figure 3. Facebook's global pages for brands*

updates the opportunity to share them with anyone, or to send them only to certain people. About 2-3 twitter accounts are activated every second, generating over 340 million tweets daily and handling over 1.6 billion search queries per day (the 80% via mobile phone). In Italy, there are about 2.1 million users (Venturini, 2012) vs 5.2 million in France (Semiocast, 2012).

*Yahoo! Answers* is a community-driven question-and-answer (Q&A) site launched by Yahoo! in July 2005, with 250 million users throughout the world and exceeding 500 million threads (Adamic, Zhang, Bakshy, & Ackerman, 2008). Estimations regarding Italy and France report 17 and 7.5 million users respectively (9.8% of the total traffic of the website). Although *Yahoo! Answers* was described and promoted as an information site, its real nature is a matter of debate even among its employees: the lack of effective content filtering and the fact that its intrinsic characteristics lend it to the exchange of conversation and interaction among its users, position it principally as a social network, which explains the enormous global spread of the site in recent years. Its fundamental feature is to spread and share knowledge by users. It allows users to send questions and receive answers on almost any subject. The writer of a question may choose the best answer or let the user community decide by voting. By means of a system of stars, it is also possible to show interest levels in a question and contribute to making it more accessible by other users. Answers may be selected according to their value by a "thumbs up" or "thumbs down" symbol.

Hence, the importance of social networks is related not only to the so-called *snowball effect*, i.e. its incremental diffusion among users, but also to the kind of social relationships established, and most of all to the "familiarity" effect generating "trust" under the occurrence of the *small world phenomenon* (thanks to the creation and development of connections among friends). According to Markovà (2009), in everyday communication, the dimension of trust/distrust can be considered a "thema", i.e. a fundamental, relational/oppositional category, a sort of basic requirement for the production and negotiation of information by users in the case of social networks. All social relations, both asymmetrical or defined by professional (i.e. doctor-patient) or commercial roles (seller-buyer) and symmetrical (friends, lovers), including those aimed at sharing knowledge, require a fundamental assumption of trust. In social networks, according to the social and cultural nature of the relevant contexts, we can consider such theme as naturally crucial.

Strictly related to the study of communication systems in-forming (i.e. giving a form to) mutual online relations based on trust is understanding the extent to which the so-called *network society* is re-defining – when not replacing – traditional communication both in and among scientific, epistemic and social communities meeting not only just in cafes but on online platforms as social network websites.

In recent decades, sociologists dealing with science have already stressed the upcoming evolution in communication types and styles towards the affirmation of a

model of "Science 2.0" (in analogy with the revolution of the Web from 1.0 to 2.0). The configuration of contemporary science is, in fact, marked by new processes of knowledge transformation and elaboration that have deeply contributed to changing the landscape of scientific communities, so that Nowotny, Scott and Gibbons (2001) argued that it is difficult to draw a distinction between contemporary science and society. Hence there is a sort of "social distribution of expertise" in an integrated science-society system in which the authority of knowledge cannot be taken for granted but must be constantly proved in a new public "agora" where the formulation of problems and the negotiation of solutions does not pertain to the institutional agencies of the past – national governments, industries, academia – but are collectively constructed in a dialogue between scientists and laypeople.

Nevertheless, the so-called Science 1.0 paradigm seemed to maintain an attitude of superiority towards the mass media, which it considered bad ambassadors of important ideas towards the public, a sort of "dirty mirror" reflecting a distorted image of science and scientific research, and where communication to laypeople was simply labelled as "divulgation". Science 2.0 and the social actors involved, instead, consider media and the new social online environments to be crucial subjects (Bucchi, 2010) to include on the agenda of scientific research and communication.

Within this theoretical framework one wonders whether it is possible to map symbolic relations among the users of social networks (de Rosa, 2011b) in order to identify multiple channels (including social networks besides the traditional one) through which knowledge about and support on healthcare-related issues can be addressed and provided. The study presented in this chapter is an attempt to answer this question, starting from analysis of spontaneous conversations among users on the topic of mental health and illness, and the relative systems of healthcare rehabilitation therapies and support, assuming that the activity of knowledge sharing and negotiation in the public arena of social networks is central to definition and implementation of new, potential social marketing scenarios in the relevant field.

## "Health 2.0": The Role of Social Networks in Reshaping the Healthcare Global Market

In the preface to *Marketing Social Change*, Andreasen (1995) defines social marketing as:

*The application of proven concepts and techniques drawn from the commercial sector to promote changes in diverse socially important behaviours such as drug use, smoking, sexual behaviour... This marketing approach has an immense potential to affect major social problems if we can only learn how to harness its power (Andreasen, 1995, p. X).*

Accordingly, communication channels for health information have changed greatly in recent years. The one-way dissemination of information has given way to a multimodal transactional model of communication (Douglas Evans, 2006). Social marketers face challenges such as increased numbers and types of health issues competing for the public's attention, limitations on people's time, and increased numbers and types of communication channels, including the Internet (Backer, Rogers & Sonory, 1992) and social networks. Similar to their growing importance in other industries, social media are therefore playing an increasingly prominent role in healthcare, becoming a significant presence and transforming it in the process. As recently argued:

*Using social media in healthcare 'is about changing the locus of control to the patient' and altering the relationships between care givers and care receivers. In this view, patient portals, EHR platforms, blogs, video chat, and 'tweets' won't merely substitute for many one-on-one encounters with providers, but will also allow for richer engagement and deeper doctor-patient relationships (Hawn, 2009, p. 368).*

Because both consumers and clinicians are using social networks, healthcare organizations have an opportunity to leverage their influence across multiple audiences, "in an era when the marketers are faced with the challenge of getting their message heard by consumers who are hard to find and even harder to influence" (Kulshrestha & Kapoor, 2011, p. 162).

Moreover, patients are increasingly using social networks to track their health conditions and care: recent studies show that 55% of Americans surveyed obtain information about a therapy or condition online (Keckley & Hoffman, 2010), and a study by Meis (2009) reported that 36% of Americans want to see what other consumers think about medication or treatment, 34% use social media, and 46% use healthcare portals.

Industry organizations are able to interact with the members of these online communities[2] and to collect and take advantage of "real world" data sets to inform new treatments and care pathways. For example, hospitals are using social networks for promotional purposes and to assess consumer experiences with their organizations, as well as drug rehabilitation centres, public health organizations and mental health outpatients clinics. Data show that already in the 2010 more than 700 of the U.S.' 5000 hospitals had a social media and social networking presence to enhance their ability to market services and communicate with stakeholders (Bennett, 2010).

Social networks are clearly becoming more important for healthcare providers (Freshid, 2010), and the Web has proved to be a platform for people with shared health concerns. It contributes to producing and disseminating health information that is more relevant to consumers, who consider it as playing a core role in their

personal search for health information, thus supporting the development of what is known as "Health 2.0" (Michigan Health & Hospital Association, 2010).

In this scenario, according to Pate and Ross (2011a), the question is not whether an organization will engage in social media, but when, to what extent, and for what purposes it will do so: to seek, contact, and engage with healthcare stakeholders, market and brand services, manage and develop public relations, keep crisis management/communications, perform professional training and recruitment, seek and solicit research subjects, etc., i.e. to develop resources with which to understand the manner in which people are increasingly spending their time and address healthcare decisions.

Exploration of the above-mentioned engagement by organizations and users in social networks and the definition of the assets identifying the Health 2.0 dimension were the core prerequisites of our study, whose structure, methodology and results will be presented in the next sections.

## Methodological Input from our Empirical Contribution

As regards the objects of social representation investigated, we focused on the image of mental health and illness shared by the users of social networks and emerging from the text corpus of spontaneous conversations collected. This analysis was supported by a further investigation of two fundamental disciplines in the same field, i.e. psychoanalysis and psychiatry, and the representation of the relevant professional figures involved, such as the psychoanalyst and the psychiatrist, adopting a view centred on interrelated systems of representations vs single objects of analysis.

The text data collection required the creation, testing, and implementation of an *ad hoc* methodology based on the identification of public, spontaneous conversational exchanges among subscribers to the social networks' websites, within a specific time span and semantically related to the objects of analysis. This methodology entailed the use of *Google Advanced Search* to collect a corpus of conversations over a one-year period (from March 2010 to March 2011) responding to specific predefined parameters relative to the research objects and identified by the preliminary selection of a set of keywords ("mental health", "mental illness", "psychoanalysis", "psychiatry", "psychoanalyst", "psychiatrist", declined in both their singular and plural forms).

Although this methodology did not allow us to explore private conversations among users in protected environments on the social networks studied, it proved highly efficient in providing spontaneous text corpora of public conversations, given our interest in studying the creation and sharing of social representations of mental health in the "social arena" (de Rosa, 2013a) of new digital media through the use of an ecological and non-intrusive approach.

Using the Alceste software (v. 2.0), we applied a *Descending Hierarchical Classification* (Reinert, 1986, 1993) to the data corpus. This method "quantifies" a text by extracting the most significant, underlying semantic structures, so that the differences in vocabulary refer to the different representations shared. The theoretical postulate of the program assumes that the subject-enunciator coordinates the representation of the environment with the representation that he/she has of him/herself. In turn, the emerging "point of view" of the subject represents a relevant conscious position depending on the consistent "lexical world", which is an unconscious, implicit structure considered as the track of the world defined by the subject-enunciator (Reinert, 1993).

Technically speaking, the preparation of the corpus implies the use of a specific syntax, leading to the creation of a file from the original .html to .txt format. Each statement enunciated by the subjects is classified by the identification of active variables (Table 1). *Alceste* examines the formal structure of the text by using an inductive, and not probabilistic, approach. The individual making the statement is supposed to coordinate the representation of the environment that he or she has arrived at with the representation that he or she has of himself or herself. Accordingly, for our interpretation and discussion of the obtained results, we will consider both the level of dictionaries associated by the program with the classes identified, and that of *Elementary Context Units* (ECU), i.e. statements consisting of around 100-800 characters and representing the semantic base unit of the discourse.

Differentiation into classes is achieved through application of a descending hierarchical classification which proceeds from the preliminary sub-division into two classes applied by default to interruption of the sequence once the limit implied by the clustering algorithm has been reached. The output consists of the division of the corpus into different classes, including a list of the most co-occurring words (organized by Chi$^2$, a measure of the relative contribution by each lexeme to the respective class). It is measured by comparing the number of ECU including a word in the same class and the number of ECU including it in the whole text corpus (see Reinert, 1986), and ECU expressing the "lexical worlds" articulating and organizing themselves into a coherent system, as stated by Reinert (1993).

## Some Empirical Findings

In this section, we present the results obtained for each of the networks included in the analysis and by national context. We introduce the classes extracted by application of the descending hierarchical analysis on the text corpus collected in order to identify different mental healthcare social marketing scenarios, the aim being to define new sustainable strategies which enable healthcare providers efficiently to

*Table 1. Active variables and their modalities selected in the analysis*

*Active variables and their modalities selected in the analysis*

| Active Variables | Modalities | | |
|---|---|---|---|
| | Facebook | Twitter | Yahoo! Answers |
| Year | 2010 | 2010 | 2010 |
| | 2011 | 2011 | 2011 |
| Country | Italy | Italy | Italy |
| | France | France | France |
| Web environment | Profile | Tweet | Best answer |
| | Like Page | | Ordinary answer |
| | Group | | |
| Sexual gender | Man | Man | Man |
| | Woman | Woman | Woman |
| | Not available | Not available | Not available |
| Level of expertise | [a] | [a] | Frequent (level 5-7) |
| | | | Occasional (1-4) |
| Hashtag | [a] | As reported in Tweets | [a] |
| Keywords [b] | Mental health | Mental health | Mental health |
| | Mental illness | Mental illness | Mental illness |
| | Psychoanalysis | Psychoanalysis | Psychoanalysis |
| | Psychoanalyst | Psychoanalyst | Psychoanalyst |
| | Psychiatry | Psychiatry | Psychiatry |
| | Psychiatrist | Psychiatrist | Psychiatrist |

Notes:

a Information not available for this social network
b The keywords included in this table have been translated from the original language into Italian ("salute mentale", "malattia mentale", "psicoanalisi", "psiconalista", "psichiatria", "psichiatra") and French ("santé mentale, maladie mentale, psychanalyse, psychanalyste, psychiatrie, psychiatre").

capture the social media users' needs and to exploit those conversational spaces for the establishment of new forms of healthcare supply.

Approximately 15,000 .html files were collected and analysed. The *Alceste* program identified the emergence of six classes for the Italian context and five for the French one. However, our comments will focus on classes II, III, IV and V extracted from the Italian corpus and classes II, III, IV and V from the French one, since these proved most relevant to the purposes of the present study. In Table 2, we report the descriptive statistics regarding the results: the number of Initial Context Units (ICU), i.e. the number of text portions originally included in the analysis, the number of words included in the analysis, and the occurrences actually analysed, whose percentage proved to be, in both cases, higher than 30%, which is the reference cutting point indicated in the literature (Matteucci & Tomasetto, 2002).

Descriptive statistics In what follows we present the structural and thematic categories identified through detailed discussion on the classes obtained. We must

*Table 2. Results from the descending hierarchical analysis: descriptive statistics*

*Results from the Descending Hierarchical Analysis: Descriptive statistics*

| Descriptive statistics | Italy | France |
|---|---|---|
| Initial Context Units | 4827 | 1935 |
| Words | 6869 | 1395 |
| Occurrences [a] | 68.42% | 48.18% |

*Note* [a:] Included in the analysis out of the total text corpus

specify that all lexemes and ECU in this chapter were translated from Italian and French to English to meet its international readers' interest.

## Facebook: A Conversational Place to Exist-Disseminating Expert Information and Promoting Local Aid Agencies

This first category is the product of analysis of the Italian classes IV and V and the French class IV. Among the illustrative variables included in analysis, in fact, there emerged a prevalence of conversations extracted from the Social Network *Facebook* (Chi$^2$ 505.68, 378.95, 26.39, respectively).

The Italian Class IV exhibits higher Chi$^2$ corresponding to the following illustrative variables: Social Network: *Facebook* (505.68), keyword: *Mental Illness* (7.69), Web environment: *Like Pages* (503.65). It is thus clear that the conversations investigated were mostly extracted from *Facebook* Like Pages, which we expected to be characterised by a higher presence of experts and agencies discussing and promoting their work and services in the field of mental health.

In particular, the analysis of lexemes shows that this class seems to focus on the image of Psychiatry (91.01) relative to the fundamental field of mental illness (Chi$^2$ 7.69). Most of the conversational exchanges derived from Like Pages, as implemented in *Facebook* website's internal structure. *Facebook* customers can create "Like Pages", which allow fans of an individual, organization, product, service, or concept to join a *Facebook* fan club. Like Pages look and behave much like a user's personal private profile, with some significant differences. Profiles are integrated with *Facebook*'s advertising system, allowing owners easily to advertise to other *Facebook*'s users. Owners can send updates to their fans which show up on their home pages. They also have access to insights and analytics of their fan base.

In this class, we also found a significant occurrence of lexemes related to mental pathology, such as *mental disorders*, (411.25), *syndromes*, (124.19), *symptoms* (124.19), and a particular emphasis on the *use* (156.53) of *narcotic substances* (172.56) and *drugs* (136.5). Such expressions all seem to refer to the common field of

*pathological* (198.06) *behaviour* (297.73). The semantic dimensions defined by the ECU extracted gave support to such results. For example, in ECU no. 33 one reads:

*130. The term, anyway, is quite raw and doesn't get the complexity of perception, an increase of meaning attributed to familiar objects, imagining with eyes closed, visions in a subjective space and kinaesthetic distortions induced by a substance like LSD. Also, if the hallucinations are defined as failures of the sense of reality rather than as vivid and bizarre sensory impressions, these drugs are rarely hallucinogenic.*

In this case, it is clear that the speaking user does not use lay language; rather, she/he uses psychiatric terms for symptoms like 'kinaesthetic distortions', 'hallucinations', referring to an expert knowledge about the matter being discussed, i.e. the effects deriving from the use of drugs and, specifically, narcotic substances like LSD.

One can further read:

*41. In regard to the relations and implications for therapy of understanding the importance of disorders like sexual dysfunctions in depression, it is worth mentioning that these phenomena present higher incidences among patients taking psychotropic drugs. The clinical picture is further complicated by the fact that these dysfunctions are often kept hidden. The depressive manifestations are among the most common causes of medical consultation, because mood disorders are ubiquitous in mental pathology. However, most people suffering from depression are not willing to be treated, with the result that less than one third of these patients come under the doctor's observation.*

Experts or institutions belonging to the field of mental health-illness who work online on social networks are likely to contribute to discussions on the topic of mental disorders in order first to promote their expertise and, consequently, their work and activities, and then to provide primary support to those who might resort to the Internet to find such information and support.

The Italian Class V is instead based on the following illustrative variables: Social Network: *Facebook* (378.95), keyword: *Psychiatry* (247.64), Web environment: *Like Pages* (354.32), presenting a structure similar to the previously discussed Class IV.

Analysis of the semantic dimension defined by the lexemes showed the prevalence of terms related to *psychiatry* (530.94), understood as a traditional domain of *healthcare* (672.72) declined in terms of both *hospitalization* (365.58) and *medical* (200.38) *services* (480.44), *territorial* (254.14) and *local* (201.84) assistance and aid provided to patients. Among the ECU extracted is the following:

*1269. The possibility provided by the web to monitor the social institutions located and active in the local district. For further information contact the administrative secretariat of the Cognitive Therapy Association, Tel. 06XXXXXXX, Fax 06XXXXXXX, mailto: XXXXXXX @XXXX.it.[3]*

It is clear that users are trying to promote activities via the Web, and no doubt these users are mostly organizations or institutions working on *Facebook*. In this case, a service is offered by posting specific contacts to which to refer in case of need. Of interest is the constant discussion of and reference to local services vs. global or more general topics, indicating the actual purpose of promoting services to users considered as real laypeople in search of aid and information in the "real" world.

Yet we find:

*1499. Public action is no longer aimed at social control over patients' minds, but at promotion of mental health and the prevention of mental disorders, moving the fundamental mission of aid agencies from hospitalization to the local planning of therapeutic projects for re-socialization, with an increase in interventions involving the families and social networks of patients.*

A controversial issue on the Italian healthcare agenda is discussed: the centrality of *socialization vs social control* in defining and structuring projects aimed at mental healthcare success introduced by enactment of the so-called "Basaglia Law" (1978), whose main outcome was the closure of mental asylums and the introduction of new forms of social rehabilitation of mental disorders (see de Rosa & Bocci, 2013a, 2013b forthcoming; de Rosa, Bocci, & Pereira, 2012).

The French Class IV depicts a similar situation defined by the following variables: Social Network: *Facebook* (26.39), a) keyword: *Psychiatry* (110.96), b) Keyword: *Psychotropic drugs* (41.76), Web environment: *Like Pages* (23.16).

The lexemes that most identify this class refer to the *treatment* (500.48) of *mental disorders* (728.61), in particular *depression* (266.71), which seems to assume centrality in the landscape of mental illness in this local context, as identified by specific *symptoms* (340.38), helping a fundamental activity such as clinical *diagnosis* (253.34), leading to the prescription of *anti-depressants* (144.88) and supported by the scientific authority of the *psychiatrist* (170.74).

A first difference from the Italian context is apparent: the assertion of the psychiatrist's authority in the diagnostic process and the need for psychotropic drugs in the case of mental disorders, as illustrated by the following ECU:

*2177. There are several personality disorders. It is estimated that nearly 10% of the population may suffer, to varying degrees, from the personality disorder known*

*as 'borderline'. People who suffer from this are too rarely properly diagnosed and treated by pharmacologic intervention.*

In particular, the support provided by substances is stressed in the case of depression, the main disorder discussed:

*412. St. John's wort is effective as an antidepressant for patients with mild to moderate depression, but not when depression is serious. The action mechanism is the inhibition of serotonin reuptake.*

It seems that in France, as well as in Italy, *Facebook* is a conversational forum where aid agencies and psychiatric and mental healthcare institutions and professionals can promote their activity by providing and disseminating expert knowledge via the Web, thereby engaging in online marketing to help people better identify their problems and choose the right remedy available in the "real" world that they experience every day.

From this viewpoint, being on social networks is becoming more important because the magnitude of the phenomenon means that the numbers of users and conversational exchanges increase hour by hour, thus affirming the Web's central importance in managing and promoting healthcare supply.

Nevertheless, healthcare demand is changing in this different communicative and social scenario. *Word of mouth* and traditional press or media promotion no longer seem sufficient to obtain such demand and address specific needs and requests for intervention by laypeople. The Web – and in particular the social networks – are places in which laypeople search for information in thematic Like Pages where they can find experts – or users embodying the relevant expertise – who answer their questions in real time and furnish better understanding of issues that were entirely managed by experts in the recent past and not available to the lay public.

Today, a social marketing campaign for healthcare agencies and professionals must enable them to monitor, increase and support their presence on *Facebook*. In fact, as stressed by Lacy (2012), the advantages offered by *Facebook* include the reduction of overhead costs and a strong correlation between engagement and sale, i.e. a direct link between, on the one hand, the quality of the contents provided, presence on thematic channels of interest, and increase in the total number of "Likes", views, impressions, clicks, and on the other, the chances of being directly assumed by an increasingly informed public of users as a social and institutional agent to which they can refer.

## (In)forming, Updating, Tweeting

This category is defined by the Italian Class III and the French Class II, with a prevalence of discussions and contributions deriving from the texts extracted from the Social Network *Twitter* (respectively: 3580.83 and 33.09).

As previously mentioned, we included hashtags in the list of illustrative variables involved in the analysis of Twitter conversations. Hashtags are words or phrases prefixed with the symbol #, a community-driven convention for adding inline context and metadata to tweets (Messina, 2010). We used hashtags as additional information with which to identify structure and content underlying the text analysed in our study.

The Italian Class III is delimited by the following illustrative variables: Social Network: *Twitter* (3580.83), keyword: *Mental health* (2603.18), a) hashtag: *salute-ment* (mental health, 103.66), b) hashtag: *salute* (health, 27.03), c) hashtag: *DSM* (*Diagnostic and Statistical Manual of Mental Disorders*, 2.91).

This class refers to *disorders* (411.25) and *behaviours* (297.73) that can be considered *pathological* (198.06) because they emerge through specific *symptoms* (197.15) in *individuals'* (190.63) everyday experience; and in many cases, the *use* (156.53) of *drugs* (136.5) seems to encourage the emergence of such symptoms, as indicated by the most significant lexemes obtained by our descending hierarchical analysis.

ECU no. 3673 promotes an event called "World Mental Health Day" in order to stimulate voluntary donations from users:

*3673. Send a mms to make a donation for the World Mental Health Day.*

Yet ECU no. 3097 reports a potential change in Turkey's law on mental rehabilitation and psychiatric treatment, citing the Italian Law inspired by the psychiatrist Basaglia, who worked in the psychiatric asylums of the city of Trieste:

*3097: mental health, Turkey is inspired by Trieste*

Then in ECU no. 3455 a user asks:

*3455. Do you know what could badly affect my already compromised mental health?*

*Twitter* acts as a prompt and a conversation starter: the conversations usually move to hall talk, emails, or saved-up offline discussions. There is a fair amount of links in posts to blogs, news, videos, etc., that sometimes lead to real discussions.

In the above cases, we find users involved in sharing and promoting information about mental health events and issues. This activity requires participation in specific

contexts, or asking potential followers about mental health issues. In fact, agencies find that *Twitter* is an excellent tool for promotion if they become involved in the on-going dialogue. *Twitter* is not the place for one-off announcements; rather, it requires the effort that comes with relationship building.

In the case of mental health, it seems that *Twitter* can be considered a fundamental platform on which to inform users about the main activities of aid agencies and to update them with relevant news, attempting to create a long-term relationship based on trust, transparency and value. This dissemination of information is supported by the use of hashtags, whose selection may attract different publics, as in the case reporting "DSM": It is clear that indexing this phrase can be translated into a specific strategy to attract and involve expert users vs laypeople, or at least users interested in this topic. Thus established is a contact for sharing and negotiating news, information and opinions through further links to blogs, newspapers' websites etc.

The French Class II is instead defined by the following, emerging variables: Social Network: *Twitter* (33.09), a) keyword: *Psychoanalysis* (87.15), b) keyword: *Psychiatry* (87.15) and hashtag: not available or reported.

The analysis of lexemes shows the centrality of institutions for the study of and training in disciplines related to mental *health* (196.32), such as *university* (206.65), and specifically *psychology* (211.35) and *psychoanalysis* (192.21), with especial emphasis on the achievement of a higher education *diploma* (117.17) leading to exercise of a profession in the relevant field. Furthermore, it is not by chance that we find words like *France* (117.48) and *Paris* (165.88), referring to the actual locations of such training institutions and *associations* (261.79).

Promoting training agencies and courses seems to be an important prerogative in the field of health and, specifically, mental healthcare. Everyday viral promotion of initiatives related to training appears to be a tool with which to contact potential customers, not only users interested in online and offline training but, given the distinctive nature of the topic, potential patients who may need online and real-time support on mental health stress or emotional-related issues to be provided by the same agencies, as shown by the following ECU:

*4050. Training in the areas of personal development, group and/or psychotherapy and psychology.*

Nevertheless, Twitter's platform proves to be a strategic tool for self-promotion by professionals in search of potential customers, since Twitter's open nature provides a space for dialogue and public visibility on the Internet, so that people involved in the original conversation can contribute (Lalonde, 2011).

It is likely to be configured as a backchannel to facilitate real-time conversations between participants (Reinhardt, Ebner, Beham, Costa, & Luckmann, 2009), and our results suggest that healthcare agencies and professionals are increasing their presence on Twitter mostly in order to disseminate information on their activities and to attract potential trainees and customers through the promotion of training or learning courses on specific mental healthcare relevant disciplines.

## Listening, Helping, Discussing Online: Mutual Aid and Support on Yahoo! Answers

The main contributions to this category come from the Italian Class II and the French Class III. It is identified by a high value of Chi$^2$ related to the Social Network *Yahoo! Answers* (1309.65 and 793.41, respectively).

*Yahoo! Answers* has implemented a point system through which it is possible to indicate how active a user has been on the site. Users also receive ten points for contributing to the *Best Answer,* which is selected by the question's asker or voted on by the community. Given these premises, we added to our analysis the relevant illustrative variables referring to the user's expertise level (occasional vs frequent) and to the kind of answers provided (ordinary vs Best Answer).

The Italian Class II is characterised by the following variables: keyword: *Psychiatry* (733.51), type of answer: *ordinary* (835.34), users' expertise level: *occasional* (792.30).

Inspection of the lexemes obtained shows that the communication register moves to words such as *suggestion* (260.43) and *help* (258.26) related to the domain of mutual support and the request for aid by users. Nevertheless, users discuss the image and the role of the *psychiatrist* (194.35), and her/his power to prescribe *pharmacological* remedies (194.35), since in Italy only this professional figure is authorised to do so (having first been trained as a medical doctor) whilst psychologists, psychotherapists and psychoanalysts are not, unless they are also medical doctors. Finally, the most important psychological *problem* (70.24) mentioned is *anxiety* (86.54), for which there is a call for intervention by a *specialist* (79.72).

It seems that psychological problems and disorders like anxiety or abstinence due to drug addiction are contextualized in a sort of "*mutual aid context*", in which users try to share and negotiate information according to different levels of familiarization with expert knowledge, to support the questioning user and encourage the latter to identify different remedies or professional aid, as illustrated in ECU no. 5018:

*5018. You can even start suspending the therapy in the morning or afternoon. And then take ten instead of fifteen. Your body will need time to re-accustom itself to its drugless state. It'll be a little difficult because you'll feel nervous and anxious, but*

*you'll see that you will feel clean in time. I was able to overcome anxiety by making myself think about positive things and telling myself that it was nothing much, only anxiety.*

However, suggestions about a specific specialist to consult are provided:

*5020. You do NOT need to contact the psychiatrist to stop, because you'd be put on alternative drugs without them really helping, and you'd never get through it. You need first to talk to your DOCTOR. And if you want, it's very helpful to talk with a PSYCHOLOGIST, since a psychologist can't prescribe medicines, but can listen to you and guide you "out of the tunnel", in short you're very determined, but a psychologist may help you deal more serenely with the thing, helping you avoid anxiety due to abstinence.*

The French Class III is seemingly defined by the following variables: keyword: *Psychiatrist* (146.52), type of answer: *ordinary* (793.41), users' expertise level: *frequent* (606.85).

The lexemes mostly identifying this class refer to the figure of the *psy* (303.64), the need for *courage* (184.24) and *confidence* (136.24) to understand and respond to problems, as well as the need for *help* (48.83) in accurately choosing whom to *consult* (59.39). It is for this reason that a dynamic of *questioning* (80.35) and *supporting* (169.9) among users is central to the definition of this class representative of the social and communicative nature of *Yahoo! Answers*.

Here we find a significant call for contributions by users to understanding and clarifying the complex and multi-faceted world of the mental healthcare professions: the French slang word "psy" is an effective and succinct way to express a single profile comprising many and differentiated professionals (psychologist, psychoanalyst, psychiatrist, etc.), as shown in ECU no. 549:

*549. The psy is bringing out all demons, which is healing, but it isn't as fast as one would like. In all cases you should continue only if you feel it is providing something. Otherwise, as I've already said in another answer, change!*

We find a further specification of how a "good psy" should behave:

*501. A good therapist shouldn't draw conclusions, but should instead guide you in formulating them by yourself. A therapist should not judge.*

In this class, the topic of aid is expressed through the discuss among users of specific remedies for emotional, mental issues or problems that they might experience in their lives, for which they search and/or provide support in online conversations on *Yahoo! Answers'* platform:

*562. If you know your problem, look for support or adequate help. It may be a friend, a coach, a sexologist. In other words it should be somebody matching your needs. If you are with people you can't feel comfortable with, it'll be more difficult. Meet a friend, ask him to help you understand your problem or move towards a solution.*

Question and answer websites are becoming increasingly popular because they implement social networking functionalities allowing subscribers not only to obtain rapid answers on topics or specific problems of interest but also to be in progressive connection and establish online networks and relationships. Users on these sites can upload their questions on any topic or theme that they want to investigate, and other advanced users are able to share experiences and knowledge. All questions and answers are then stored within the site, so that those who do not wish to participate can still use the site to search for topics of interest and answers to questions asked by other users.

Hence, *Yahoo! Answers* can prove to be an important, strategic tool to stimulate conversations on specific topics and consequently gain greater visibility on the Web. Applying this strategy requires knowing market niches of interest and engaging in a discussion in which the expertise considered will provide aid and support, enabling interested users to search through relevant topics directly from the search bar on the *Yahoo! Answers'* website or browse through the various categories available.

## Some Points of Interest for Web-Marketing Strategies Through Social Networks

In this study we have analysed text contents freely shared and negotiated by experts and lay-users in the contemporary arena of social networks, as illustrated in Figure 4.

Our content analysis of free conversations among French and Italian members of three different social networks (*Facebook, Twitter* and *Yahoo! Answer*) has shown the variety of communicative patterns that shape the dynamics of on-line demand and supply to cope with mental illness. The members of the social networks examined shared/exchanged knowledge about psychiatry, psychoanalysis, their professionals and therapeutic practices, also creating space for a sort of "mutual aid context" spontaneously or instrumentally offered by other lay members (who may have suffered from mental problems), experts (psychiatrists, psychotherapists, psychologists), or professional associations.

*Figure 4. Graphic illustration of the exploratory analysis on social networks*



Furthermore, we have found empirical evidence supporting our hypothesis that a specific attitude against public presentations may be a core part of the inward-looking stance of organized psychoanalysis (Hoffman, 2000; see also de Rosa, 2011a, 2012b; Onfray, 2010). This often leads to ambivalence in regard to public appearances by psychoanalysts, substantially to intentional neglect in social networks – and, presumably, disapproval of social marketing – if compared with other contiguous fields and related professional actors in mental healthcare like psychiatry/ists, psychotherapy/ists, and psychology/ists.

In fact, as shown by Table 3, the frequencies recorded for cited agencies and professionals through descriptive analysis of our data showed a larger amount of citations for public mental healthcare hospitals and centres (50% and 49%, for the Italian "centri di salute mentale" and the French "hôpitaux" for mental health re-habilitation, respectively), non-profit mental healthcare institutions and agencies engaged in the assessment and rehabilitation of mental disorders (18.2% and 9.3% for the Italian and French national contexts, respectively), psychiatric (9.8% and 7.9%), psychotherapeutic (5.3% and 8.6%), and psychological (3%, and 7.9%) associations and centres; agencies providing legal support related to mental healthcare issues (2.3% and 2.9%); humanitarian entities (5.3% and 0.7%); agencies for LGBT rights (5.3% and 2.1%). These data are significant compared with the lower prevalence of citations of psychoanalytic institutions (0.8% and 5%) especially in the Italian context. Moreover, the data on citations of professionals in the relevant fields, with a lower frequency of citations of psychoanalysts (11.8% and 9.1%) compared with psychia-trists (35.3% and 45.5%), psychotherapists (35.5% and 27,3%) and psychologists (17.6% and 18.2%), are consistent with the above-mentioned hypothesis (Table 3).

However, we found another interesting cross-national difference (Figure 5). We observed, solely in the French context, the promotion of centres and associations providing rehabilitation or support for both the perpetrators and victims of anti-

*Table 3. Agencies and professional actors involved in mental healthcare cited in the three social networks under analysis: distribution of frequencies in %*

*Agencies and professional actors involved in mental healthcare cited in the three social networks under analysis: distribution of frequencies in %*

| Kind of service/s provided | Italy | | France | |
| --- | --- | --- | --- | --- |
| | Institutes/ groups/ associations | Professionals | Institutes/ groups/ associations | Professionals |
| Psychoanalysis | 0.8% | 11.8% | 5% | 9.1% |
| Psychiatry | 9.8% | 35.3% | 7.9% | 45.5% |
| Psychotherapy | 5.3% | 35.3% | 8.6% | 27.3% |
| Psychology | 3% | 17.6% | 7.9% | 18.2% |
| Mental Health Assessment & Rehabilitation (non-profit agencies) | 18.2% | | 9.3% | |
| Legal support (related to mental healthcare issues) agencies | 2.3% | | 2.9% | |
| Public hospitals (Public Mental Health Centre – Italy Psychiatric Hospital – France) | 50% | | 49.3% | |
| Humanitarian entities | 5.3% | | 0.7% | |
| Agencies for LGBT rights | 5.3% | | 2.1% | |
| Prevention, rehabilitation or support for authors or victims of anti-social behaviors | | | 6.4% | |

*Figure 5. Cross-national thematic analysis*
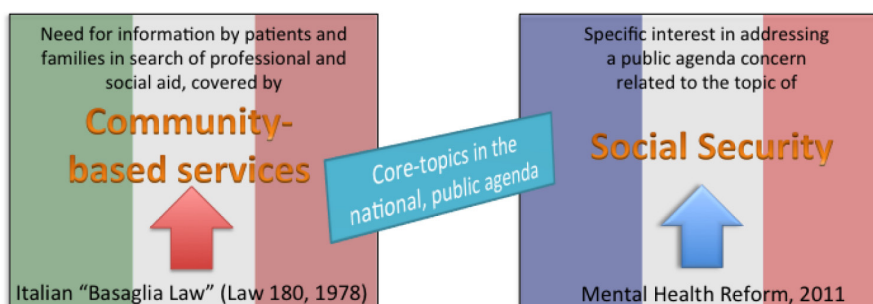
social behaviour. These data testify to a specific interest in addressing a public agenda concern related to the topic of social security – as documented by our analysis presented elsewhere (de Rosa, Fino, & Bocci, 2012) – discussed in traditional and new online media since the approval of the 2011 reform of the French mental health care system. By contrast, in the Italian context we observed greater interest in the work of non-profit agencies, because the effects of the so-called "Basaglia Law"[4] seem still prominent in the national debate on mental healthcare with the consequent need for information to be given to patients and families in search of professional and social aid, which is often furnished by community-based services, including non-profit organizations for acute in-patient care.

Given the applied importance of the trend emerging from the empirical findings illustrated in this chapter, at least four points can be considered from both the standpoint of aid agencies, as increasingly important in defining and shaping effective healthcare social marketing strategies and ensuring visibility in the competing social arena of the digital world, and from that of users:

- **Being on the Web:** Even if this may appear trivial, it is not. Being on the Web is the first step in acquiring credit and being recognized and, moreover, searching for and being "searchable" by other users or potential customers.
- **Managing and Updating Web Presence:** Simply subscribing to social networks is not enough: updating and providing everyday support and information is unavoidable, especially for agencies and professionals interested in promoting and disseminating information about activities or events. An old and not updated page on *Facebook* or, even worse, users' questions left unanswered, or topics promoted by users or followers in which participation is not active, may lead to discredit and 'low-fi' reputation.
- **Carefully Choosing and Defining Contents to Post:** The quality and originality of content are crucial, and the participation and involvement of other users enriches the discussion and disseminates information throughout the Web. This is the main reward for the effort made.
- **Carefully Choosing the Target:** Providing a well-recognizable and defined image and content on social network pages is the prerequisite for attracting and cultivating potential niches of interest.

On the other hand, the users should be aware of these strategic tools if they are to be able to retrieve significant and valuable information, so that they are not easy targets to be cynically exploited in name of their recovery needs by therapists or associations in search of potential customers.

Although most agencies by now have a presence on social networks, however, recent statistics show that greater effort is still necessary to make their Web visibility higher and better defined (Lacy, 2012). Running promotions to gain more followers on *Twitter*, inviting donations of a certain amount of money to a charity once the account reaches a particular milestone, or involving *Facebook*'s users in discussion on relevant topics on a Like Page, are all "under-definition" strategies that may help in defining and implementing a social marketing strategic plan.

Since having a Web presence is no longer an option, mental healthcare agencies are challenged to reach potential customers using the power of the Internet. Nevertheless, they should integrate as many different sources of web empowerment as possible in order to reach as many users as they can. Social networks enable this feature to be cheaply acquired and managed, so that their use is today obligatory for every agency and professional seeking to place themselves strategically on the market. Even though the best long-term strategy consists in posting promotional or informative information, the ultimate goal should be to induce followers or fans to share posts with their friends and/or contacts (Lacy, 2012) and contribute to "contagion" of the information provided, but respecting ethical issues and scientific quality standards.

We are aware that our study is restricted to the nature of the data itself: text contents of spontaneous conversations on some of the most popular – and currently most widely used – Internet environments and social networks: *Facebook, Twitter* and *Yahoo! Answers.* Our empirical research design does not envisage any further steps to measure (or at least detect) the influence of the dynamics of on-line health care demand and supply in the real life sphere of actions pursued by the members of the three social networks. More ambitious research programs could adopt a longitudinal design aimed at following over time:

1. Whether, how and to what extent the users have modified their practices/actions/behavioural strategies on the basis of the knowledge acquired/shared through the social networks.
2. What impact has been exerted by the communicative strategies adopted by the aid agencies, also in relation to the different social networks environments characterised by various communicative constraints.

Further research should certainly also extend the analysis from textual materials to multimedia communicative channels, whose impact seems decisive in social networking and marketing campaigns, although our results suggest that the quality and originality of text content in social networks contribute to differentiating the impact of the presence of the social actors involved.

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The structure of this chapter reflects the different roles of its three authors:

*Annamaria de Rosa* is responsible for the overall research programme and its interrelated research lines (field study, analysis of traditional media and social networks) and for the conception of this chapter, in which a selection of the research results based on social networks has been presented and jointly discussed with Emanuele Fino.

*Emanuele Fino* has collaborated on coordination of the human resources employed for the data collection, the data analysis, and discussion of the results presented in this chapter with Annamaria de Rosa.

*Elena Bocci* has assisted with statistical analysis of the data.

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## ENDNOTES

[1]   It is interesting that the first two posts on the online announcement of Global Pages, specifically drew attention to the potential interest of this new brand system in the field of health care: The first post on October 24 by Bobby Rettew stated: "I am pretty excited about this movement with Facebook. But here is my question...do you think Facebook will build a similar approach to benefit an organization like a major medical center/hospital.
One of the biggest challenges we face with large health systems, like the one I work with...it is a "global brand" in its relative reference." (Retrieved on line from: http://www.edelmandigital.com/2012/10/23/facebook-launches-global-pages-for-brands/ on November 1, 2012).

[2]   About motivations to participate in Online Communities see – among others – Lampe, Wash, Velasquez, Ozkaya (2011).

[3]   Detailed information about Tel, Fax and Mail address – explicitly mentioned in the selected ECU – has been deliberately obscured here.

[4]   The Basaglia Law (Law 180) (Italian: Legge Basaglia, Legge 180) is the Italian Mental Health Act of 1978, which reformed the psychiatric system in Italy. It contained directives for the closure of all psychiatric hospitals and their gradual replacement with a range of community-based services, including settings for acute in-patient care. The Basaglia Law is the basis of Italian mental health legislation. Since its approval, psychiatric hospitals have been gradually dismantled. The Law has had worldwide impact because other counties have adopted the Italian model.