Aspects of identity and their influence on intentional behavior: Comparing effects for three health behaviors

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Abstract

This study examined the effects of dispositional aspects of identity on intentions and behavior in the context of the theory of planned behavior (TPB) for three health behaviors: exercise, dieting, and binge drinking. It was expected that personal and social identity orientations would predict intentions via the mediation of attitude/perceived behavioral control (PBC) and subjective norms, respectively. It was also hypothesized that aspects of identity will predict behavior directly, reflecting spontaneous, unplanned influences on behavioral engagement. Participants (N = 525) completed measures of personal and social identity in conjunction with measures of attitude, subjective norm, PBC, and intention from the TPB for the three behaviors. Structural equation models showed that personal identity influenced PBC for all three behaviors, affected attitude and subjective norms positively in the exercise sample, and influenced attitude and subjective norms negatively in the binge drinking sample. Social identity positively affected attitudes, subjective norms, and PBC in the binge drinking sample only. There were no direct effects of the identity constructs on intentions and behavior. Results are in keeping with the TPB and suggest that these identity aspects are influential in the decision-making process for these health behaviors.

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Keywords: Aspects of identity; Theory of planned behavior; Theoretical integration; Motivation

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1. Introduction

The theory of planned behavior (TPB, Ajzen, 1985) has emerged as an influential social cognitive model that aims to understand the processes leading to the performance of intentional behaviors. The theory posits that an individual’s intention to act is the most proximal predictor of behavior and reflects a person’s willingness to perform a given target behavior. Intention is hypothesized to be a function of three other belief-based components; attitude, subjective norm, and perceived behavioral control (PBC). A person’s attitude reflects his or her personal evaluation, positive or negative, regarding the target behavior. Subjective norms are an individual’s beliefs that significant others expect them to engage in or avoid the behavior. PBC is a summary of an individual’s beliefs that the target behavior is easy or difficult to perform and whether he or she has the personal resources to successfully engage in the behavior. Importantly, the effects of attitudes, subjective norms, and PBC on the target behavior are hypothesized to be completely mediated by intentions.

Empirical support exists for the hypothesized relationships among the TPB constructs and the theory has successfully accounted for variance in intentions and behavior in contexts like exercise (Hagger, Chatzisarantis, & Biddle, 2002), following a low-fat diet (Armitage & Conner, 1999), and binge drinking (Norman, Bennett, & Lewis, 1998). A recent meta-analytic review reported that the TPB accounted for 39% and 27% of the variance in intentions and behavior respectively in a wide cross-section of behaviors (Armitage & Conner, 2001). In addition, research has consistently supported prominent roles for attitudes and PBC in the prediction of intention, with a lesser role for subjective norms, and the mediation of the effects of these constructs on behavior by intentions (Armitage & Conner, 2001).

1.1. Dispositional influences in the TPB

Despite considerable success in predicting intentional behaviors, the TPB does not account for all the variance in social behavior and considerable variance remains unexplained (Armitage & Conner, 2001). Furthermore, recent research has indicated that attitudes, subjective norms, and PBC do not fully account for the effects of external variables on intentions and may be an inadequate account of the social processes that give rise to intentions. Ajzen (1985) suggests that the TPB be viewed as a flexible theoretical framework to explain the psychological influences on intentional behavior and further independent variables can be encompassed provided they increase the predictive validity of the theory.

Recent research seeking to augment the TPB to form a more comprehensive model of intentional behavior have focused on the role of trait-like, dispositional constructs such as personality. Contrary to Ajzen’s (1985) original theorizing, research has found that dispositional constructs such as conscientiousness influence behavior directly, independent of the intention construct but also via more indirect path mediated by the attitudes and intentions (Conner & Abraham, 2001). Conner and Abraham (2001) suggested that such direct effects may reflect unplanned, spontaneous processes leading to behavioral engagement. The direct effect may reflect people taking advantage of opportunities to engage in the behavior as they arise, while indirect routes encompass more reflective, deliberative paths to behavior. This is consistent with recent social psychological theories which incorporate “dual-route” models of social behavior (e.g., Hagger, Chatzisarantis, & Harris, 2006; Strack & Deutsch, 2004).
1.2. Aspects of identity and the TPB

Hagger and Chatzisarantis (in press) consider self-identity a set of enduring characteristics that people ascribe to themselves and exert independent effects on intentions in the TPB. Self-identity comprises a number of ‘self-images’ that lie on a continuum, with personalised self-schemata at one extreme and self-characteristics related to social categories at the other (Tajfel, 1981). Cheek and Briggs (1982) posited that people’s self-representations tend to be either associated with their social roles (‘social identity’; e.g., being company employee) or their more private conceptions of self (‘personal identity’; e.g., pursuing a career). These representations are relatively stable, trait-like self-descriptions that describe self-related individual differences in beliefs and goals (Leary, Wheeler, & Jenkins, 1986). While personal and social self-identities can be regarded as two separate dimensions, people may differ in the relative salience they assign to each type of identity (Cheek & Briggs, 1982).

Self-identity perceptions may affect intentional behavior by serving as a source of information when people make plans to act. As these representations are generalized and enduring, they would only provide a disposition or a tendency to act in a given way and their influence on intentional behavior may be superseded by situational factors. However, they would be expected to have a pervasive influence on intentions and behavior in a number of domains (Hagger & Chatzisarantis, in press). Therefore, it would be expected that generalized self-related constructs would affect behavior via the belief-based antecedents of intentions in the TPB.

Specifically, the outcome beliefs that underpin attitudes and control beliefs that underlie PBC are likely to be influenced by a tendency to rate personal outcomes and resources more highly. People with higher levels of personal identity are more likely to form positive attitudes toward, and develop personal beliefs of control over, a given behavior. In contrast, those who tend to be oriented towards social aspects of identity will be more likely to rate significant others’ beliefs highly when forming intentions. Social identity is therefore likely to be implicated in the formation of subjective norms. It is therefore hypothesized that the two aspects of identity relevant to decision-making, personal and social identity, will have indirect effects on intentions and behavior via the mediation of the attitude/PBC and subjective norm constructs respectively. These hypotheses will be tested in three health-related behaviors; exercise, dieting, and binge drinking.

Alternatively, personal and social identity may affect behavior directly. These aspects of identity have been found to be important direct influences on behavioral choice (e.g., Leary et al., 1986) and health behavior (e.g., Leary & Jones, 1993). Given that these aspects of identity are dispositional constructs, they are likely to represent more impulsive, unplanned routes to behavioral engagement (Strack & Deutsch, 2004) such as the routes identified by other researchers including dispositional constructs in the TPB (e.g., Conner & Abraham, 2001; Hagger et al., 2006). It is expected in the present study that aspects of identity will influence behavior directly, reflecting a spontaneous route, as well as a more deliberative route via the mediation of the TPB constructs. In the case of the spontaneous route, intentions are not implicated in behavioral engagement. Intentions do not mediate the effect of aspects of identity on behavior and are therefore not influential in the process by which aspects of identity affect behavior. This may reflect occasions where individuals tend to engage in behavior because it is consistent with their sense of identity, but they form no plan to do so. The deliberative route involves intention and a consideration of personal tendencies as well as situational beliefs when making decisions to act.
Finally, it is expected that the hypothesized pattern of effects among the TPB constructs will be supported. Specifically, intention will be the most proximal predictor of behavior and will mediate the effects of attitudes, subjective norms, and PBC on behavior.

2. Method

2.1. Participants and design

Participants were students from two Universities in the United Kingdom. Participants from both Universities ($N = 525$; 300 women, 225 men; $M_{\text{age}} = 22.83$, $SD = 6.50$) completed study measures for two health-related behaviors: dieting and binge drinking. A sub-sample ($N = 202$; 99 women, 103 men; $M_{\text{age}} = 21.49$, $SD = 2.14$) also completed measures for exercise behavior. Participants were informed they were taking part in a survey on ‘health habits’ prior to completing the study measures. Participants were given a standardized set of instructions prior to completing the questionnaire that included definitions of each target behavior. Physical activity was defined as vigorous physical activities using large muscle groups of a sustained nature, dieting as any modification of the diet for the purpose of maintaining a healthy body weight, and binge drinking as heavy drinking consuming $10\ U$ for men and $7\ U$ for women in a single session.\footnote{Complete definitions for the target behaviors are available on request from the first author.} Two weeks after completing the questionnaire participants’ self-reported their exercise, dieting, and binge drinking behavior.

2.2. Measures\footnote{For brevity, only sample items from the dieting context are given. A complete set of measures are available from the first author.}

2.2.1. The theory of planned behavior

Measures of the theory of planned behavior constructs were developed from the standardized guidelines given by Ajzen (1991). Behavioral intentions were measured by four items using six-point Likert-type scales (e.g., “I intend to watch my diet over the next fortnight”). The measure of attitudes comprised a common statement: “For me, watching my diet in the next fortnight is...” Responses to this statement were made on four six-point semantic differential scales with endpoints reflecting the affective (happy–sad), instrumental (satisfying–unsatisfying and useful–useless), and moral (good–bad) components of attitude. Subjective norms were assessed by four items with endpoints extremely false (1) and extremely true (6) (e.g., “Most people who are important to me would want me to watch my diet over the next fortnight”). Perceived behavioral control (PBC) was assessed using four items on six-point Likert-type scales (e.g., “How much personal control do you think you have watching your diet over the next fortnight?”) with scale endpoints no control at all (1) and complete control (7).

2.2.2. Aspects of identity

The personal (10 items) and social (7 items) identity scales from Cheek’s (1989). Aspects of Identity Questionnaire (AIQ) were used to measure the dispositional aspects of identity constructs.
Participants were asked to respond to a series of statements relating to personal (e.g., “My personal values and moral standards”; “My personal goals and hopes for the future”) and social (e.g., “My popularity with other people”; “The ways in which other people react to what I say and do”) aspects of identity. These were measured on five-point Likert-type scales with endpoints not important to my sense of who I am (1) and extremely important to my sense of who I am (5).

2.2.3. Self-reported behavior

Self-reported exercise, dieting, and binge drinking behavior was measured two weeks after participants completed the initial study measures. Participants rated their two-week behavioral frequency on two items (e.g., “In the course of the past two weeks, how often have you engaged in dieting behaviors?”) using six-point Likert scales with scale endpoints never (1) and everyday (6). The concurrent and criterion validity of the self-report measures have been confirmed against more comprehensive, accepted measures such as heart rate monitoring (Cale, 1994), food diaries (Hagger & Chatzisarantis, 2005), and diary self-reports of alcohol intake (Alcohol Research Group, 2005).

2.3. Data analysis

Data were analysed using covariance structure analysis. This approach advocates initially estimating a confirmatory factor analytic (CFA) or measurement model that tests the hypothesis that questionnaire items for each scale are adequately explained by an unobserved or latent variable. Assuming the measurement model meets goodness-of-fit criteria, the hypothesized relationships among the study variables are tested in a structural equation model (SEM). In this model, unidirectional paths representing the hypothesized network of relations among the aspects of identity and TPB constructs are set as free parameters. This model was conducted separately for the exercise, dieting, and binge drinking behaviors.

The comparative fit index (CFI), the non-normed fit index (NNFI), and the root mean square error of approximation (RMSEA) were used to evaluate model fit. Values approaching .95 for the CFI and NNFI and less than .05 for the RMSEA are generally considered indicative of acceptable model fit (Hu & Bentler, 1999). In addition, we also scrutinized the solution estimates of the estimated models, namely, the factor loadings, factor correlations, and composite reliability coefficients ($\rho_c$) for a more comprehensive evaluation of the models.

3. Results

3.1. Preliminary analyses

The measurement CFA models incorporated seven latent factors indicated by the questionnaire items pertaining to each scale: personal identity, social identity, attitudes, subjective norms, PBC, intention, and self-reported behavior (see Fig. 1). Goodness-of-fit statistics for the CFA models were acceptable for each behavior (Table 1). Standardized factor loadings indicated that all of the factors were adequately represented with all but one of the loadings exceeding the
Fig. 1. Hypothesized confirmatory factor analysis model. [Note. $\lambda =$ Standardized factor loading; $x =$ Latent factor indicator; $\phi =$ covariance between latent factors; $\delta =$ Error variance of latent factor indicator.]
Correlations among the latent constructs were all significantly different from unity supporting their discriminant validity (Bagozzi & Kimmel, 1995). In addition, composite reliability estimates ($\rho_c$) for the latent factors were above the recommended .70 criterion.

### 3.2. Structural equation models

Given the robust fit of the measurement CFA models, hypothesized relations among the study variables were tested in a series of SEMs. The hypothesized model is depicted in Fig. 2 and goodness-of-fit statistics for the models for each behavior are given in Table 1. The fit indexes of the models met multiple criteria for goodness-of-fit. Standardized path coefficients for the SEMs are given in Table 2. Personal identity significantly influenced attitudes and PBC in the exercise and binge drinking contexts as hypothesized. The effects for binge drinking were negative. Personal identity also affected subjective norms in these two contexts, an unexpected finding. Personal identity also had a significant influence on PBC in the dieting context, but did not influence attitudes or subjective norms. Social identity had a significant effect on subjective norms in the binge drinking context but not in the exercise or dieting contexts. Interestingly, social identity significantly affected attitudes and PBC in the binge drinking context.

Importantly, there were no significant main effects of personal or social identity on intention and behavior, so the hypothesis of a more impulsive or spontaneous route had to be rejected. However, there were significant total effects of personal identity on intentions for all three behaviors (exercise $\beta = .236$, $p < .01$; dieting $\beta = .120$, $p < .01$; binge drinking $\beta = -.131$, $p < .01$). In addition, there was a significant total effect of social identity on intention ($\beta = .208$, $p < .01$) in the binge drinking context. These results indicate that the effects of the identity constructs on intentions were indirect via the TPB constructs.

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### Table 1

<table>
<thead>
<tr>
<th>Model</th>
<th>SB-$\chi^2$</th>
<th>df</th>
<th>CFI</th>
<th>NNFI</th>
<th>RMSEA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exercise</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement CFA model</td>
<td>721.188**</td>
<td>539</td>
<td>.931</td>
<td>.924</td>
<td>.041</td>
</tr>
<tr>
<td>Structural equation model</td>
<td>722.107**</td>
<td>541</td>
<td>.931</td>
<td>.924</td>
<td>.041</td>
</tr>
<tr>
<td><strong>Dieting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement CFA model</td>
<td>1093.569**</td>
<td>539</td>
<td>.932</td>
<td>.925</td>
<td>.044</td>
</tr>
<tr>
<td>Structural equation model</td>
<td>1094.461**</td>
<td>541</td>
<td>.932</td>
<td>.926</td>
<td>.044</td>
</tr>
<tr>
<td><strong>Binge Drinking</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement CFA model</td>
<td>982.606**</td>
<td>539</td>
<td>.957</td>
<td>.952</td>
<td>.040</td>
</tr>
<tr>
<td>Structural equation model</td>
<td>996.228**</td>
<td>541</td>
<td>.956</td>
<td>.951</td>
<td>.040</td>
</tr>
</tbody>
</table>

*Note.* CFA = Confirmatory factor analysis; SB-$\chi^2$ = Sattora-Bentler scaled chi-square; df = model degrees of freedom; CFI = comparative fit index; NNFI = non-normed fit index; RMSEA = root-mean squared error of approximation.

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3 Standardized factor loadings, factor correlations, and composite reliabilities from the CFA models are available from the first author.
Fig. 2. Hypothesized structural equation model of the theory of planned behavior augmented to include personal and social aspects of identity. [Note. $\gamma$ = Structural paths among exogenous (independent) latent factors; $\beta$ = Structural paths among endogenous (dependent) latent factors; $\zeta$ Error variance (disturbance) of latent factor. Note. Covariances among disturbance terms for the attitudes, subjective norm, and perceived behavioral control ($\zeta_{\text{cov}}$) not shown.]
Attitudes and PBC significantly predicted intentions in all three behavioral contexts in accordance with TPB. There was also a significant effect of subjective norms on intentions but only in the dieting and binge drinking contexts. Overall, the model accounted for 66.9%, 67.4%, and 78.1% of the variance in intentions in the exercise, dieting, and binge drinking contexts respectively. Finally, there were significant direct effects of intentions on behavior in all three behavioral contexts. There was a small direct effect of PBC on behavior in the binge drinking context only. There were no other significant predictors of behavior and the model explained 64.5%, 66.1%, and 52.8% of the variance in exercise, dieting, and binge drinking, respectively.

4. Discussion

The present study provided some support for the processes by which aspects of identity influenced intentions and behavior. Significant effects of personal identity on attitudes and PBC were found in the exercise and binge drinking contexts. This is congruent with theory which suggests that people draw from their personal evaluation of their self when making decisions to act. Contrary to hypotheses, personal identity also influenced subjective norms for these behaviors. It was originally anticipated that personal aspects of identity would be incompatible with social pressures because these reflect beliefs that are more consistent with the social self. Social identity only

Table 2
Standardized parameter estimates for the structural equation model of the theory of planned behavior model augmented to include aspects of identity for exercise, dieting, and binge drinking

<table>
<thead>
<tr>
<th>Path</th>
<th>Parameter estimate</th>
<th>Exercise</th>
<th>Dieting</th>
<th>Binge drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal identity → attitude (γ5,1)</td>
<td>.193*</td>
<td>.099</td>
<td>−.122**</td>
<td></td>
</tr>
<tr>
<td>Personal identity → subjective Norm (γ4,1)</td>
<td>.436**</td>
<td>.066</td>
<td>−.218**</td>
<td></td>
</tr>
<tr>
<td>Personal identity → perceived behavioral control (γ3,1)</td>
<td>.407**</td>
<td>.363**</td>
<td>−.314**</td>
<td></td>
</tr>
<tr>
<td>Personal identity → intention (β6,1)</td>
<td>−.095</td>
<td>−.007</td>
<td>.032</td>
<td></td>
</tr>
<tr>
<td>Personal identity → behavior (β7,1)</td>
<td>−.132</td>
<td>−.077</td>
<td>.003</td>
<td></td>
</tr>
<tr>
<td>Social identity → attitude (γ5,2)</td>
<td>.125</td>
<td>.052</td>
<td>.194**</td>
<td></td>
</tr>
<tr>
<td>Social identity → subjective Norm (γ4,2)</td>
<td>−.014</td>
<td>.072</td>
<td>.201**</td>
<td></td>
</tr>
<tr>
<td>Social identity → perceived behavioral control (γ3,2)</td>
<td>.036</td>
<td>−.117</td>
<td>.187**</td>
<td></td>
</tr>
<tr>
<td>Social identity → intention (β6,2)</td>
<td>−.024</td>
<td>.019</td>
<td>.017</td>
<td></td>
</tr>
<tr>
<td>Social identity → behavior (β7,2)</td>
<td>.105</td>
<td>.015</td>
<td>.007</td>
<td></td>
</tr>
<tr>
<td>Attitude → intention (β6,5)</td>
<td>.146*</td>
<td>.584**</td>
<td>.587**</td>
<td></td>
</tr>
<tr>
<td>Subjective norms → intention (β6,4)</td>
<td>−.037</td>
<td>.270**</td>
<td>.324**</td>
<td></td>
</tr>
<tr>
<td>Perceived behavioral control → intention (β6,3)</td>
<td>.785**</td>
<td>.141**</td>
<td>.067*</td>
<td></td>
</tr>
<tr>
<td>Intention → behavior (β7,6)</td>
<td>.816**</td>
<td>.787**</td>
<td>.668**</td>
<td></td>
</tr>
<tr>
<td>Perceived behavioral control → behavior (β7,3)</td>
<td>−.123</td>
<td>.078</td>
<td>.119*</td>
<td></td>
</tr>
</tbody>
</table>

R² Intention | .669** | .674** | .781** |
R² Behavior | .645** | .661** | .528** |

Note. γ = Structural paths among exogenous (independent) latent factors; β = Structural paths among endogenous (dependent) latent factors.

* p < .05.
** p < .01.
affected PBC in the dieting behavioral context which was also unexpected. Social identity only significantly affected subjective norms for binge drinking. This is an important finding because binge drinking is frequently carried out in social situations, and, as such, is expected to be relevant to social aspects of the self. Contrary to hypotheses, social identity also affected attitudes and PBC in the binge drinking context. Interestingly, the effects of personal identity on the TPB constructs for binge drinking were negative while the effects of social identity were positive, reinforcing the notion that binge drinking is congruent with social rather than personal considerations of the self.

Significant total effects for personal identity on intentions were found in all three contexts and social identity had a significant total effect on intentions for binge drinking. These overall effects indicated that these dispositional constructs contribute to the decision-making process in the TPB. It also shows that the proximal determinants of decision-making are affected by these dispositional variables rather than the dispositions resulting directly in behavioral engagement. In other words, the decision-making variables are necessary to translate personal and social beliefs about the self into behavior. In contrast, the alternative hypothesis of a spontaneous route to behavioral engagement was rejected. The hypothesized relationships among the TPB constructs was supported in all three behavioral contexts although the relative contribution of attitudes, subjective norms, and PBC constructs to the formation of intention varied across the behavioral contexts.

Present results are consistent with previous research that has incorporated dispositional constructs into the framework of the TPB (e.g., Conner & Abraham, 2001). The present study illustrated that aspects of identity, particularly personal identity, affected intentions in the three health behaviors studied here indirectly through the proximal predictors of intention. While such indirect routes were supported in previous studies that have examined the effects of ‘big five’ personality constructs within the TPB, it was also found that the TPB constructs did not completely account for the influence of personality traits like conscientiousness on behavior (Conner & Abraham, 2001). Present findings suggest that there is no ‘dual route’ for the effects of the dispositional identity constructs on behavior. This means that people that rate their personal identity highly are likely to form positive attitudes and expectations of control regarding future behavioral engagement. Since aspects of identity are dispositional in nature, they are also likely to predict behavior in numerous contexts as with the effect of personal identity on PBC across the three contexts in the present study.

Despite these consistent effects there were some interesting contrasts across the behaviors in the present study; (a) personal identity affected subjective norms as well as attitude and PBC in the exercise and binge drinking contexts, (b) the effects of personal identity on the TPB constructs were negative in the binge drinking context but positive in the exercise and dieting contexts, and (c) social identity not only had a pervasive effect on all of the TPB constructs in the binge drinking context, but affected both the personal (attitude and PBC) as well as social (subjective norm) proximal predictors of intentions.

Focusing first on the effects of personal identity on subjective norms, it seems that this effect is in contrast to hypothesized social effects in the theory. Ajzen (1985) originally suggested that the attitudes, subjective norms, and PBC reflect theoretically and empirically distinct constructs. Research has confirmed that this distinction can be made at the global measurement level (e.g., Hagger & Chatzisarantis, 2005) and beliefs level (e.g., Trafimow & Fishbein, 1995). However, correlations among these constructs are usually significant suggesting that there is some commonality...
in the beliefs that underpin them. Furthermore, subjective norms are normally conceptualized as evaluations of significant others’ beliefs and therefore may not encompass all aspects of social influence or partially overlap with attitudes. Subjective norms may therefore incorporate aspects of personal beliefs regarding significant others’ influences on behavior and may be influenced by personal aspects of identity.

On the matter of the different direction of influence for personal identity on the TPB constructs across behaviors, it seems that personal identity leads to the formation of increased attitudes, subjective norms, and PBC in exercise and PBC in dieting. In contrast, it seems that lower levels of personal identity lead to the formation of the TPB constructs in binge drinking. Binge drinking may not be consistent with dispositions relating to personal identity. Individuals who rate their personal identity highly are likely to have low expectations regarding future binge drinking behavior. This is because attitudes, subjective norms, and PBC toward engaging binge drinking are not congruent with personal identity as individuals are likely to be aware of the adverse personal health effects relating to binge drinking.

In contrast, attitudes, subjective norms, and PBC are positively affected by social identity in a binge drinking context. This is probably because binge drinking is a salient group norm for young people in social contexts (Norman et al., 1998). Social identity theory (Tajfel, 1981) states that a person’s sense of self or self-concept is inextricably linked with the norms of the in-group which suggests that social identity considerations are likely to influence normatively-endorsed behavior. Therefore, individuals are motivated to conform to group norms in order to maintain their sense of self. It is for this reason that social identity is an important source of information for individuals forming expectations regarding future binge drinking behavior. In contrast, social identity was not a pervasive influence on attitudes, PBC, and subjective norms in the exercise and dieting constructs because these behaviors tend to be more personal.

4.1. Conclusions, limitations, and recommendations for future research

The present research provides further information regarding the psychological processes that underpin health behavior. Importantly, it lends support to the commonly held assumption that generalized, trait-like dispositions such as the aspects of identity affect behavior, but only do so through their effect on the TPB variables. There are two limitations that restrict the generalizability of the current findings. First, the study was conducted with undergraduate student participants. While exercise, dieting, and binge drinking are relevant to health in this population, findings from such a relatively homogenous group may not generalize well to the wider population. Further replication of this augmented TPB model in the general population is warranted. Second, although the present study adopted a prospective design, these data are correlational in nature and future studies should replicate these findings experimentally. A possible study may examine how modal salient beliefs for each behavior are related to the aspects of identity studied here in the context of the TPB. Finally, these behaviors represent only a small sub-set of health behaviors. Future research should replicate this model in other behavioral contexts to arrive at converging evidence for the effects of identity considerations on intentional behavior.

In conclusion, the present research provides researchers with additional information on the dispositional influences on decisions to engage in health-related behaviors. This is important because
it serves to illustrate that such influences are completely mediated by the immediate decision-making constructs in the TPB, namely attitudes, subjective norms, and PBC in accordance with Ajzen’s (1985) theorizing. This means that those interested in intervening would do well to affect the attitude and PBC constructs when attempting to change specific health behaviors in the short term, but should be mindful of the fact that these constructs are also influenced by dispositional self-related constructs. These relatively stable aspects of identity may be more difficult to change but could have effects that are generalizable to a number of contexts.

References


