

REVIEW ARTICLE

An Identity-Based Approach to Polarization and Public Health

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ABSTRACT

A growing literature identifies political polarization as a risk factor adversely shaping public health outcomes. We propose that this relationship can be understood through theories of group processes and behavioral decision-making. To explain the effects of polarization on public health, we review and integrate classic models from these traditions. Guided by this framework, we review evidence suggesting that identity-based motives can shape people's attitudes toward health behaviors, social norms about the behavior, and the perceived ability to control the behavior. This integrative review helps explain divergent patterns of health behaviors across political groups but can also generalize to explain group influences on health behaviors more broadly. We argue that to fully understand the role of social contexts in shaping human health, it is critical to investigate how group identification shapes people's actions.

1 | Introduction

In 2024, an international survey of experts from academia, business, government, and civil society organizations reported that polarization was one of the biggest global risks facing humanity in the immediate future (World Economic Forum 2024). These concerns are substantiated by rising partisan polarization in the United States (Finkel et al. 2020) and many other countries around the world (Carothers and O'Donohue 2019). These risks appear to be particularly pronounced in the domain of public health. For instance, one study calculated excess death rates to be 76% higher among registered Republicans than registered Democrats in the United States during the COVID-19 pandemic, with this gap reaching 153% following the rollout of COVID vaccines (Wallace et al. 2022). This trend reveals the powerful relationship between partisanship and public health.

Responding to such trends, scholars from a range of disciplines have given increasing attention to the effects of polarization on public health (Fraser et al. 2022; Gadarian et al. 2022;

Oberlander 2024; Van Bavel et al. 2023; Van Bavel, Pretus, et al. 2024). To help provide theoretical framing to guide this growing literature, we explain how this relationship may arise from more basic processes of social identification and behavioral decision-making. Specifically, we argue that identification with partisan groups can shape health outcomes by shaping people's health behaviors—especially under conditions of polarization. While focused on partisan groups, our review also discusses how identification with groups more broadly shapes health behavior.

To explain how these patterns occur, our review integrates and builds on two classic lines of social psychological theorizing: the Theory of Reasoned Action/Planned Behavior (Ajzen 2020; Fishbein and Ajzen 1975), which articulates the processes by which people choose to take actions, and Social Identity Theory (Tajfel and Turner 1979), which articulates the psychological bases and consequences of identification with groups. We first discuss and integrate these perspectives, before applying core insights from these traditions to understanding how

identification with social groups may shape health behavior. We then outline opportunities for future research at this intersection and the implications for the health of individuals and society.

2 | Theoretical Overview

2.1 | Theory of Planned Behavior

Classic psychological theories such as the *Theory of Reasoned Action* and its later extension, the *Theory of Planned Behavior* (see Figure 1B, Ajzen 1991; Fishbein and Ajzen 1975, 2010), offer a useful framework for understanding health behavior and the role of social identity. Their core premise is that behaviors are best predicted by behavioral intentions, which are shaped by three key factors. (1) *Attitudes toward the behavior* include both the perceived value of the behavior's outcome (instrumental attitudes; e.g., "Will receiving the flu vaccine benefit my health?") and the anticipated experience of performing the behavior (experiential attitudes; e.g., "Will the vaccination hurt?"). (2) *Subjective social norms* comprise the individual's beliefs about what behaviors important others expect or desire them to do (injunctive norms; e.g., "Will my friends judge me if I don't get vaccinated?") and what those others are doing themselves (descriptive norms, e.g., "The majority of my congregation got the flu vaccination"). (3) *Perceived behavioral control* refers to the individual's perception of how feasible it is to execute the behavior successfully. This includes perceptions of potential facilitators and barriers such as available resources and skills (e.g., "Do I have time to go to the vaccination center?"). Once a behavioral intention is formed, the likelihood that the behavior will be carried out also depends on the individual's actual behavioral control.

Each of these three determinants of behavior are formed on the basis of a different set of salient beliefs. Attitudes are determined by a set of *behavioral beliefs*; beliefs about properties and consequences of the behavior in question. Social norms are determined by *normative beliefs*; beliefs about the level of approval or disapproval others might have if one performed the behavior. Finally, perceived behavioral control is determined by

control beliefs; beliefs about the potential obstacles that may impede the voluntary completion of the act.

Beliefs are not the only factor shaping the predictors of ones' behavioral intentions. The relevant beliefs are each weighted to determine attitudes, subjective norms, and perceived behavioral control.¹ Attitudes are determined as a sum of the relevant behavioral beliefs times their *evaluation*. For instance, two people may both expect that getting vaccinated will protect against the risk of some disease (same behavioral belief) but differ in how important this belief is in determining their attitude toward the behavior (different evaluation). Subjective norms are determined by normative beliefs and the *motivation to comply* with the norm (e.g., people may expect similar levels of social rewards for engaging in a behavior but differ in how much these rewards matter to them). Finally, perceived behavioral control is determined by control beliefs and the *perceived power* of the controlling factor (e.g., people may anticipate that a healthy behavior costs the same amount of money, but differ in how much they expect this cost to prevent them from completing the behavior).

To summarize, the Theory of Planned Behavior proposes that behaviors are determined by behavioral intentions. These intentions, in turn, are determined by a set of beliefs (behavioral, control, and normative beliefs), each weighted according to a distinct factor (evaluations, motivations to comply, perceived power). The model also assumes that determinants of behavioral intentions are interrelated (e.g., perceiving a behavior as normative may elicit positive attitudes toward it), though a full discussion of these relationships is beyond the scope of this review.

Critically, we propose that partisan and other social identities shape behaviors by affecting the beliefs and weights that underlie the three determinants of behavioral intentions.

2.2 | The Identity-Based Model of Belief

To understand how identities shape health behaviors, we turn to the Identity-Based Model of Belief. In line with social cognitive

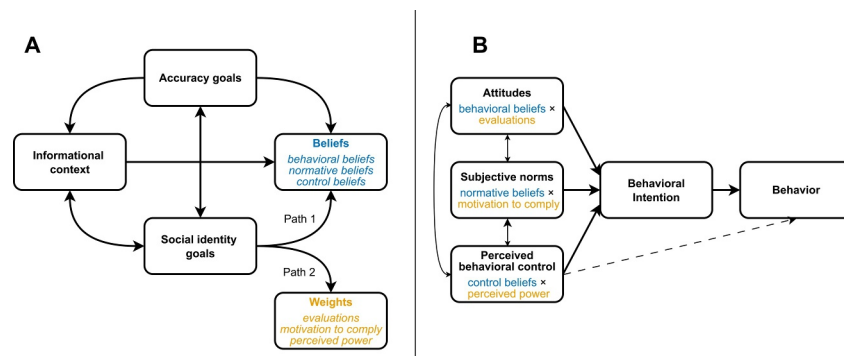


FIGURE 1 | Review of foundational models. Panel A depicts an adapted version of the Identity-based Model of Belief (Van Bavel and Pereira 2018, Van Bavel et al. 2024) which posits that beliefs are shaped by different motives such as accuracy goals and social identity goals which are sometimes misaligned, in addition to the broader informational context. Panel B depicts the Theory of Planned Behavior (Ajzen 1991) which proposes that behavior is best predicted by behavioral intentions which are determined by attitudes, subjective social norms, and perceived behavioral control, each of which are defined in terms of a weighted-sum of relevant beliefs. Belief constructs shared across panels are depicted in blue; weights are shown in orange.

accounts of belief formation, the model proposes that beliefs are partially determined by *directional motivations*—motives to arrive at a prespecified conclusion or outcome (e.g., Ditto and Lopez 1992; Kruglanski 1990; Kunda 1990). People may be motivated to reach a given conclusion for many different reasons. Our focus here is on motivations to reach conclusions that uphold one's social identity, such as membership in a political party. The Identity-based Model of Belief (Van Bavel et al. 2024; Van Bavel and Pereira 2018, Figure 1A), proposes that directional motivations coming from people's social identities can shape their beliefs (path 1). Being part of social groups fulfills several core goals, such as the need to belong (Baumeister and Leary 1995), to feel distinctive (Brewer 2007), and to acquire security and material resources (Campbell 1965). As such, social identities shape human cognition, driving reasoning, attention, and memory toward conclusions that are aligned with the norms and goals of one's in-group.

Identity-based motives can bolster or undercut accuracy motives—humans' inclinations to think in service of arriving at the correct conclusion. When the two are at odds, the beliefs that people arrive at can be determined by the relative strength of the motivations in either direction. Thus, for instance, members of vaccine-hesitant networks or online communities (Rathje, Roozenbeek, Traberg, et al. 2022) may be motivated to reject arguments in favor of vaccination, due to motives to uphold their identity as a member of the group or reject the beliefs of an out-group.

Extending the model, we propose here that identity-based motives can shape the weights people place on their beliefs when determining behavior. That is, identity-based concerns shape the evaluations of behavioral beliefs, the motivation to comply with norms, and the perceived power of controlling factors (path 2), ultimately affecting health behaviors.

2.3 | Summary

Here, we review the literature on the three key determinants of behaviors: attitudes, norms, and perceived behavioral control. We discuss how social identity concerns affects the beliefs and corresponding weights that shape each of these behavioral determinants. Our review covers the effects of partisan identity on health behaviors, as in the context of the COVID-19 pandemic (Van Bavel et al. 2023; Van Bavel, Pretus, et al. 2024). We also discuss the effects of other social identities to underscore the generalizability of these processes outside the political domain.

3 | Attitudes

3.1 | Behavioral Beliefs

As reviewed above, the Identity-based Model of Belief proposes that people's beliefs are shaped by their accuracy and identity-based motivations, and that the two motives can be aligned or compete against each other in shaping the value of a belief (Van Bavel et al. 2024; Van Bavel and Pereira 2018). There are certain

situations in which people may be less motivated by accuracy and more motivated by identity-based concerns. For instance, someone who shares news online with like-minded partisans may sometimes prioritize believing news that fits their group's values and beliefs rather than whether the news is accurate; they prioritize fitting in with their in-group and receiving a positive reaction from their peers over accuracy (Van Bavel et al. 2021).

Supporting this theoretical model, experimental evidence has found that making identity and accuracy concerns salient can causally shape belief and information sharing behavior (Rathje et al. 2023). For instance, making accuracy motives salient—either via providing financial incentives for accuracy, or by emphasizing a social norm around accuracy and the reputational costs of inaccuracy—improved partisan's ability to discern between true and false news (Rathje et al. 2023). On the flip side, making social identity motivations salient—by prompting people to think about whether a headline would be liked by their politically like-minded peers—reduced accuracy and led people to report intentions to share more politically-congruent headlines.

Accuracy and social identity concerns are not always at odds, however. For example, journalists and scientists generally have social identities that are aligned with accuracy: fitting in and gaining social status in these groups often requires accurate decisions and expressions (Van Bavel and Pereira 2018). Furthermore, while people tend to trust messages from their in-group (Marks et al. 2019; Reinerio et al. 2024), they may do this because of both accuracy and identity-related goals. For instance, they may think that in-group messengers are simply more accurate (Zhang and Rand 2023). Alternatively, they may be motivated to conform with their in-group because of the social costs of not doing so (Lawson et al. 2023).

There is a debate about the extent to which partisan bias reflects truly motivated reasoning, as opposed to cold, rational inferential processes. For instance, Bayesian belief updating models propose that people update their beliefs as a function of their prior beliefs and the evidence at hand (Gerber and Green 1999; Tappin et al. 2020). According to these models, partisan bias arises simply because partisans hold different prior beliefs and see different evidence, without processing this information in a motivated manner. Indeed, some argue that belief polarization (whereby two people see the same piece of evidence and update their beliefs in opposite directions) can arise through purely Bayesian, rather than socially motivated, processes (Jern et al. 2014). It is often hard to isolate the role of motivations versus differing prior beliefs without experimentally manipulating motivations (Rathje et al. 2023). The Identity-based Model of Belief emphasizes that while accuracy and social goals shape belief, one's broader informational context—such as exposure to certain ideas—shapes belief as well (Van Bavel, Rathje, et al. 2024). Additionally, one's informational context can shape one's goals: being in an environment that prizes conformity (e.g., a political rally) versus one that prizes accuracy (e.g., a trivia competition) will shape how people search for information and form beliefs. In turn, one's goals can influence their informational context (e.g., which news outlets they follow and read). Thus cognitive *and* motivational processes play a role in shaping beliefs and behavior.

This framework for understanding the effects of partisanship on beliefs can help explain partisans' health behavior. During the COVID-19 pandemic, health beliefs and behaviors in the U.S. became polarized along identity lines (Stroebe et al. 2021; Van Bavel et al. 2023). Some of this polarization can be explained by partisans being in online “echo chambers” and receiving strikingly different information about COVID-19 (Rathje, He, et al. 2022). One randomized controlled trial found that incentivizing frequent Fox News watchers to watch CNN for one month changed participants' beliefs about a number of topics—such as how President Donald Trump was handling the COVID-19 pandemic (Broockman and Kalla 2025). This illustrates the causal role of one's informational context.

Critically, in addition to people's informational contexts, tradeoffs between motivational states can shape beliefs. In the case of health, accuracy motivations may be particularly salient, because the cost of not having accurate information may be one's well-being or life. For instance, in August 2021, the partisan gaps in COVID-19 vaccination rates was 37% among adults aged 18–29 (74% Democrats, 37% Republicans) but only 15% among older adults aged 65+ (93% Democrats, 78% Republicans; Tyson and Pasquini 2024). Older adults, for whom COVID-19 posed significantly greater health risks, were likely far more motivated to reach accurate conclusions about vaccination and its effects, closing the partisan gap. Still, the partisan gap did not fully close among older adults, suggesting that identity-based motivations can shape health behaviors even in high-cost health decisions.

3.2 | Evaluations

In the Theory of Planned Behavior, attitudes equal the sum of the interaction between beliefs about specific behaviors and the evaluations (positive or negative) of their consequences. We argue that social identity shapes not only the behavioral beliefs, but those evaluations too. That is, even if individuals of different partisan identities hold the same beliefs (e.g., that vaccines reduce the spread of COVID) their evaluations of the consequences can differ (e.g., some may believe that the virus is not that dangerous or that there are greater benefits to other strategies like herd immunity through infection across the population; Kiviniemi et al. 2022). Or, if partisans hold different beliefs, the presence of different evaluations can amplify the effects of these differences on attitudes.

The link between identity-based motivations and evaluations of health behaviors has been understudied relative to the effects of such motivations on beliefs. However, there is some causal evidence that social identity concerns can shape evaluations as well. For instance, hedonic evaluations (tasting, liking) of foods are greater when these foods are associated with salient in-groups (Hackel et al. 2018; Robinson and Higgs 2012). Further, some social identities may come to be defined by negative evaluations of health behaviors, such as people who personally identify as part of the “anti-vaccine” community (Motta et al. 2023).

Overall, our analysis suggests that differential evaluations are a potential pathway linking social identity motives with health

behavior. However, more work is needed to fully test this prediction and the relative contribution of this pathway-independent from behavioral beliefs.

4 | Subjective Norms

4.1 | Normative Beliefs

Social groups show measurable variation in their normative standards of behavior. For instance, during the early days of the COVID-19 pandemic in the U.S., counties that leaned Republican versus Democrat (i.e., voted for Donald Trump over Hillary Clinton in the 2016 election) showed a 14% reduction in physical distancing measures—one of the primary, evidence-based preventative health measures recommended by public health experts at the beginning of the pandemic (Gollwitzer et al. 2020). Such partisan differences in COVID-19-related health behavior were replicated for actions like masking and vaccinations as the pandemic progressed (Van Bavel, Gadarian, et al. 2024). Further, across European nations, membership in political parties with strong anti-corruption agendas show preferential adoption of alternative medical practices (e.g., homeopathy, acupuncture; Valtonen et al. 2023). To the extent people track such differences in normative standards of behaviors across group lines, they will acquire different normative beliefs.

In addition to this relatively straightforward, accuracy-driven process by which people acquire normative beliefs, the Identity-based Model of Belief predicts that people's normative beliefs, like all beliefs, may also be shaped by social motives. That is, motives to view one's own group positively may result in estimations that a behavior is generally more normative than it actually is. This motivated estimation of norms likely has boundary conditions. For instance, people may not be motivated to think of a behavior typically associated with their in-group (e.g., vaccination among Democrats) as being prevalent among a polarized out-group (Republicans). Overall, while support for this proposal awaits empirical testing, it highlights a novel prediction from our analysis of a way in which identity-based motivations may shape health behavior.

4.2 | Motivations to Comply

Social identities can also shape people's motivation to comply—or not—with various normative beliefs about health behaviors. For instance, work on college students' health behaviors finds that identification with ones' peers predicts the relationship between their behavioral intentions and the norms among their peers across a range of health-related behaviors, including junk food intake (J. Liu et al. 2019; Stok et al. 2014), binge drinking (Johnston and White 2003), and smoking (Paek and Gunther 2007). That is, the normative expectations of closely identified peers are more likely to shape behavioral intentions than the norms of more distal peers.

There is also some evidence that different kinds of identification may compete with one another to shape motivations to comply

with different normative beliefs. For instance, while descriptions of local norms shaped Americans' intentions to wear masks during the COVID-19 pandemic, these effects were stronger among Independents than among Democrats or Republicans (Lipsitz et al. 2024). One explanation for this pattern is that people identified with a political group were motivated to comply more with their in-group norms, undermining the motivation to comply with norms from other sources (i.e., strangers in one's local community). Independents did not have such strong countervailing partisan motivations, enhancing the motivational force of normative information from their local community.

In addition to shaping people's motivation to comply with recommended behaviors, social identities may shape normative standards of communication and information processing. People who are highly identified with a far-right political group in Spain and the U.S. were more likely to share misinformation than center-right voters, especially when the misinformation was related to sacred values (e.g., immigration). However, they were also unlikely to comply with fact checks from experts (Pretus et al. 2023). Instead, fact checks seem to be most effective when they reveal normative information (i.e., that fellow in-group members find the information misleading; Pretus et al. 2024). Indeed, this normative intervention was roughly five times more effective in reducing the spread of misinformation as a popular accuracy nudge intervention that was identity-neutral. While such processes have not been studied in the health domain, one implication would be that social identities can also shape the norms surrounding what health information people take up and share with others.

4.3 | Possibility of Intervention

The present discussion opens up two points to consider when designing normative interventions to encourage healthy behaviors. First, to the extent that people's subjective normative beliefs underestimate objective norms of behavior, informational interventions, such as providing descriptive norms, should enhance the performance of those behaviors. Indeed, studies have found that providing people with descriptive norms around mask wearing (Carey et al. 2023) and vaccination (Moehring et al. 2023) increases performance of those actions. Similarly, learning that prominent ingroup members support vaccination can increase behavioral intentions among partisans (Pink et al. 2021).

Second, the provision of relevant group norms alone is not enough. For norms-based interventions to work, the norm must pertain to a relevant group, such as a group with which one closely identifies (e.g., Pretus et al. 2024). Further, the norms should ideally not compete with strong countervailing motives to comply with a different set of norms (i.e., the norms of one's party rather than one's local community).

The Social Identity Approach offers one way out of this conundrum. Because identities should motivate thought and behavior to the extent they are salient (Turner et al. 1987, 1994), making a superordinate, cross-cutting identity salient should

reduce the motivational effects of subordinate identities. For instance, in the context of partisanship, an intervention that makes a common national identity salient reduces patterns of partisan animosity (a "Common National Identity" intervention; Voelkel et al. 2023). Motivational manipulations such as these may help bolster the effects of normative interventions, such as providing national norms around various health behaviors.

5 | Perceived Behavioral Control

Finally, in addition to attitudes and normative beliefs, social identities may also shape perceived behavioral control—people's appraisal of the facilitators and barriers that determine whether an intention can be enacted. Within the framework of the Theory of Planned Behavior, perceived behavioral control is calculated from specific *control beliefs* and the *perceived power* of each factor. For instance, an individual considering a new exercise regimen might assess their available time (a control belief) and the degree to which that time constraint truly impacts their ability to exercise (perceived power).

Across various domains, perceived behavioral control demonstrates a distinct and substantial contribution to behavioral choices. It accounts for approximately 39% of the variance in intentions and 27% in behavior (Armitage and Conner 2001), indicating its powerful influence, as both a direct predictor of intention and a moderator of the intention-behavior link. As a direct predictor, it shows that people who feel capable of mastering challenges form stronger intentions to follow through on a behavior. As a moderator, it can either enhance or inhibit the intention-behavior link. When individuals believe they can successfully perform a behavior, their stated intentions are far more likely to translate into actual action. Conversely, low perceived behavioral control can create a detrimental "intention-behavior gap", where even strong intentions fail to lead to action (Hagger et al. 2022). This highlights that perceived behavioral control is not a passive belief but a critical leverage point for interventions aimed at promoting health behaviors. While the connection between social identity and perceived behavioral control is a relatively underexplored area, we argue that, like other evaluative beliefs, it is shaped by social identity concerns.

When a health-promoting behavior is aligned with one's identity, control beliefs are modified such that perceived facilitators are magnified and barriers are downplayed. For instance, research on community walking groups found that stronger identification with the group increased participants' perceived behavioral control over weekly exercise. This effect remained even when accounting for objective constraints like time or physical ability, indicating that the group identity itself empowered individuals to feel more capable. This enhanced perceived behavioral control, in turn, mediated the link to higher well-being (Greenaway et al. 2015). Similarly, when healthy eating aligns with valued social identities, such as being an "ethical eater" or an "athlete", people overestimate the influence of facilitators such as recipe knowledge. This in turn, leads to higher perceived behavioral control and, consequently,

greater adherence to dietary guidelines, such as increased fruit and vegetable intake, illustrating how group identity can serve as a powerful facilitator for health-promoting actions (Blanchard et al. 2009).

On the other hand, when one's social identity is at odds with a health-promoting behavior, people may feel less able to control the behavior. For instance, one study found that as students' identification with a peer group increased, their perceived behavioral control over binge drinking decreased. Similarly, as the importance of drinking to the group's identity increased, students' perceived behavioral control also decreased (Willis et al. 2020). Thus, when a behavior is central to a group's identity, individuals may perceive an increase in social pressure to conform, leading to a diminished sense of personal control.

Broader factors associated with group membership also shape perceived behavioral control. Research across various lifestyle interventions consistently highlights social support, role-modeling by in-group members, and identity-congruent messaging as perceived facilitators (Deslippe et al. 2023). Social stigma associated with a behavior or group norms that oppose it can also inflate perceived barriers, making the behavior seem more difficult or even impossible to enact.

Perceived behavioral control can be recalibrated through accuracy motives. When accuracy motives are foregrounded, people seek credible information about true facilitators and obstacles, realigning perceived power with reality. For example, providing information about vaccine efficacy, granular data on clinic locations, and an evidence-based plan consistently promotes vaccine uptake (Davis et al. 2022; Leventhal et al. 1965). Similarly, detailed information and planning interventions promote healthier diets, an effect fully mediated by perceived behavioral control (Kreausukon et al. 2012).

Identity and accuracy goals may also come into conflict when shaping perceived behavioral control. During the COVID-19 pandemic, those who felt a strong general sense of personal control perceived lower personal infection risk and reported greater agency over preventative behaviors such as mask wearing and self-isolation as well as vaccine uptake (Globig et al. 2022; C.-C. Liu et al. 2024). In contrast, the direction of those behaviors was shaped by partisan identity, which colored judgments of collective risk and the legitimacy of distancing

mandates (Gadarian et al. 2022; Van Bavel et al. 2023). In other words, identical supplies of masks and identical guidance were construed as either readily actionable facilitators or near-insurmountable barriers depending on which motive—identity preservation or epistemic accuracy—prevailed.

In sum, perceived behavioral control is not merely a rational checklist of available resources: it is a malleable construct whose control-belief inputs are weighted by the same identity and epistemic motives that shape attitudes and norms. Health interventions that (i) anchor capability messages in valued identities, (ii) supply high-quality evidence to align perceived power with real-world constraints, and (iii) realign social and accuracy goals can strengthen perceived behavioral control and therefore improve adherence to health behaviors such as exercise regimens, dietary targets, and vaccination schedules.

6 | Implications for Interventions

Our review of the literature highlights how social identities may be linked with health behaviors by shaping people's attitudes, subjective norms, and perceived behavioral control. We propose that health practitioners and policymakers seeking to encourage a given health behavior should identify which of these determinant(s) poses a barrier and tailor interventions accordingly. Critically, effective strategies should either *harness* social identity motives to encourage healthy behaviors, or, if this is not possible, *circumvent* the motives that undermine harmful behaviors. We turn now to discuss ways these approaches can be applied to each of the three major determinants of behavior and summarize these strategies (Table 1 provides an overview of possible strategies, split by the relevant behavioral determinant).

Republicans are more likely to believe misinformation about vaccines than Democrats (Motta 2021) leading to negative attitudes. One strategy may be to leverage the motivating force of social identities to correct misbeliefs by providing corrections from trusted in group members (e.g., other members of the same political party; Pretus et al. 2024). However, if false beliefs (e.g., that vaccines cause autism) are too strongly entrenched and difficult to correct because they are linked to strong partisan identity motives, a better strategy to enhance vaccine attitudes might be to “bypass” such beliefs. Rather than correcting these

TABLE 1 | Identity-based interventions to encourage health behaviors.

Determinant	Barrier	Example interventions
Attitudes	False beliefs about a behavior may lead to negative attitudes	Provide corrections from trusted group members (Pretus et al. 2024) Provide alternate information about the health behavior (Granados Samayoa and Albarracín 2025)
Subjective norms	In group norms discourage behavior	Encourage influential group members to encourage behavior (Pink et al. 2021) Appeal to other group identities where behavior is prevalent (Moehring et al. 2023)
Perceived behavioral control	Behavior feels subjectively difficult to accomplish	Connect individual with a group dedicated to the behavior (Greenaway et al. 2015) Reframe behavior in terms of existing identities (Blanchard et al. 2009)

beliefs, practitioners can try and provide other information (e.g., about the benefits of vaccines) to improve attitudes toward vaccines (Granados Samayoa and Albarracín 2025).

Group norms can pose another barrier to the uptake of health behaviors. To harness the power of identities, influential members of a group (e.g., political elites in partisan groups) can endorse the healthy behavior (Pink et al. 2021). Alternatively, such normative barriers can be circumvented by giving people normative information from another group they are a part of. For instance, information about local country-level vaccination rates can increase vaccine uptake (Moehring et al. 2023). Thus, focusing on national or local identities can offer one way of avoiding the influence of other norms, such as those from one's partisan group.

Finally, because identities are a powerful motivating force shaping behavior, they can be harnessed to make people feel like health behaviors are within their control. This can be accomplished by embedding people in new groups like community walking groups (Greenaway et al. 2015) or reframing behaviors in ways that appeal to existing identities (Blanchard et al. 2009).

7 | Future Directions

This review also reveals a few important directions for future research to build on. We organize these future directions moving left to right across the constructs charted in Figure 1.

First, there remains considerable challenges in identifying the extent to which differences in beliefs between members of different social groups reflect socially motivated cognition, as opposed to non-motivated, accuracy-oriented information processing based on different prior beliefs and in different informational environments. A related concern involves disentangling the motivational effects of ideology, such as a conservative/liberal worldview, from those of partisan identity, like identifying with the Republican/Democratic party. In practice, these factors are often strongly correlated (Blanchard et al. 2009). Future work can directly manipulate specific motivational states (see, e.g., Rathje et al. 2023) to examine their causal role in shaping health behaviors.

Second, more work is needed to identify whether social identity concerns shape the relevant determinants of behavior through beliefs or their corresponding weights. For instance, partisan identities may shape attitudes toward a healthy behavior by shaping people's beliefs about the behavior (e.g., leading partisans to misperceive the likelihood of vaccine side effects) or the way partisans evaluate these beliefs (e.g., leading partisans to worry more about adverse side effects than preventative health benefits). The two processes are likely correlated in real life, but disentangling their relative contribution may help inform the design of health interventions.

Finally, more research is needed to examine the relative contributions of the different pathways by which social identity can

shape health behaviors. Prior research has largely focused on the link between social identity and attitudes (and the corresponding behavioral beliefs), but there is room for more work exploring how identity shapes subjective norms and behavioral control. Assessing the magnitude of these relative contributions can again help inform targets for future intervention work.

8 | Conclusion

The human species is fundamentally adapted to group living, and so, according to a large and growing body of research, social connection is integral to human health and well-being (Jetten et al. 2012; Jetten et al. 2017). Beyond these direct health benefits of belonging, our review captures how identifying with a social group can shape people's beliefs and values, leading them to act in ways that have important consequences for their health and well-being. From the rise of vaccine hesitancy to the success of smoking cessation programs, identity plays a critical role in public health.

The role of social identity is particularly pronounced in the context of polarized societies, when two groups are highly identified and in direct opposition. This can provide a powerful motive to align with in group members and distrust outgroup members. We explain how these identity dynamics impact health through shaping attitudes, normative beliefs, and perceived behavioral control. These dynamics can help explain a wide range of health behavior in the political domain, as well as many other domains where social identity is salient.

We urge the growth of an interdisciplinary science of social identity and health. Critically, this should include a rigorous analysis of the positive and negative effects of identity and public health issues ranging from the loneliness epidemic to the COVID-19 pandemic. Our research suggests that social psychologists and other scholars who study the science of identity have a critical role to play in understanding and supporting health policy (Ruggeri et al. 2024; Van Bavel et al. 2020). The power of our social relationships, norms, and collective behavior should be a fundamental aspect of public health scholarship and education.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

Endnotes

¹ See Ajzen (1991) Equations 1–3 for a formal treatment.

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