SOCIAL COGNITION MODELS AND FOOD CHOICE

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There are a large number of social psychological models that have been applied to food choice. The primary models that have been applied in this area are the Theory of Reasoned Action (TRA; Ajzen & Fishbein, 1980), along with its successor the Theory of Planned Behaviour (TPB; Ajzen, 1991).

Within the TRA, the predictor of behaviour is a conscious intention to perform the behaviour, and intention is predicted by attitude and subjective norms (perceived social pressure). These components are predicted in turn by beliefs, beliefs about the outcome of the behaviour in the case of attitudes, and beliefs about the wishes of specific other groups in the case of subjective norm. The TPB extends this model to bring in a component of perceived behavioural control that predicts intention and also can have a direct impact on behaviour. As with attitude and subjective norm, perceived behavioural control also is predicted by beliefs.

There have been many studies on food choice using the TPB, mainly related to fat intake, fruit and vegetable consumption, and "healthy eating" (Conner & Armitage, 2002, 2006), although some studies have examined the determinants of energy intake (Armitage & Conner, 2001; Baranowski et al., 2003); the TPB also has been used in behaviour change programmes (see Hardeman et al. 2002, for a review). In general, there is relatively good prediction of intention by the components of attitudes, subjective norm, and perceived behavioural control, generally with attitude being the dominant predictor. However, when we look at the prediction of actual behaviour, the degree of prediction tends to be lower. Although relatively clearly defined behaviours such as fruit and vegetable consumption are predicted reasonably well by the TPB variables (32% of the variance in behaviours; Povey et al., 2000), for more global dietary behaviours such as fat intake, the prediction of behaviour tends to be lower; for example, Armitage and Conner (1999) found only 18 percent of the variance in fat intake to be accounted for by the TPB variables. One potential reason for this is may be that the number of ways of achieving a well-defined goal such as fruit and vegetable consumption is limited, whereas there are far more ways in which it is possible to achieve more diffuse goals such as fat intake or energy intake (Conner and Armitage, 2006).

One criticism of the TPB is its emphasis on the rational and cognitive influences on behaviour and that it does not adequately capture the affective component of many behaviours. Given the highly affective nature of food consumption, this is clearly a problem in applying the TPB to food choice. This has been addressed in several ways, including attempts to split the attitude measure into separate affective and cognitive components. In such cases, it is generally the affective component of attitude, rather than the cognitive component, that is the stronger predictor of intention, although the discriminant validity of these separate attitude components is often not high. A second method has been to assess sensory liking of foods, along with asking questions to assess the components of the TPB (e.g., Lahteenmaki & Tuorila, 1998). In such cases, ratings of liking are generally highly predictive of choice.

Although cognitive/rational models such as the TPB can predict the performance of a behaviour, in many cases very frequently performed behaviours (including those related to food choice) are more habitual. In such cases, the original reasons for adopting the behaviour may have been forgotten and the performance of the behaviour may be more automatic (Verplanken & Aarts, 1999). This makes changing such behaviours more difficult than those behaviours where people are more likely to think about the rational pros and cons of performing the behaviour.

A further issue with the application of social cognition models is that for many health behaviours, people do not hold simple attitudes that performing the behaviour is either good or bad but rather have a more complex set of beliefs and attitudes, which reflect a degree of ambivalence (Shepherd, 2001; Maio et al., 2007). Ambivalence refers to holding both strong positive and strong negative beliefs simultaneously and this is likely to be common in many food contexts. Thus, people both like the short-term sensory pleasure from consuming certain foods while simultaneously having negative beliefs and attitudes regarding their impact on long-term health. In the context of food choice, it has been shown that ambivalence acts as a moderator of the relationship between attitudes and intention and between attitudes and behaviour (Sparks et al., 2001; Conner et al., 2002, 2003). Those higher in ambivalence show less consistency between their attitudes and the behaviour and, therefore, might present more difficulties in terms of interventions targeted at changing particular beliefs.

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