

## RESEARCH ARTICLE

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# When ingroup identities “clash”: The influence of beliefs about incompatibilities between being a Christian and a drinker affect motivation to change drinking behaviour

Daniel Frings  | Ian P. Albery | Anne Kim

Centre for Addictive Behaviours Research,  
London South Bank University, London, UK

**Correspondence**

Daniel Frings, Centre for Addictive  
Behaviours Research, London South Bank  
University, 103 Borough Road, London, UK.  
Email: [fringsd@lsbu.ac.uk](mailto:fringsd@lsbu.ac.uk)

**Abstract**

Whilst research has demonstrated the influence of individual and social identities on drinking-related beliefs and behaviours, none evaluates how identities' incompatibilities are associated with mental health, current drinking status nor intentions, and motivations to change drinking behaviour. The current study explored how variability in incompatibilities between the social identities of being a drinker and a Christian related to mental health, alcohol use behaviour, and intentions to change drinking behaviour. A cross-sectional online survey (via a recruitment platform, Prolific) recruited  $n = 180$  US resident Christians who drank alcohol (56.4% male, 46.6% female, mean age = 37 years). Increased incompatibility between identities moderated the effect of current Christian identity on drinking change motivations—with the strongest links amongst those with the highest levels of incompatibility. A similar effect was also shown for increasing incompatibility between perceptions of the self as an individual and drinking behaviour (self/drinker incompatibility). The relationship between Christian identity on current drinking behaviour was also shown to be moderated by decreased Christian/drinker identity incompatibility but not self/drinker incompatibility.

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No relationships were identified for general mental well-being. The study highlights that differences in the protective role of religious identities likely depend on how they relate to others, and the key role of identity incompatibility.

#### KEYWORDS

Christian identity, drinker identity, identity incompatibilities, motivation to change

Social identities (the social categories with which we psychologically affiliate and see as part of our selves) have been identified as key determinants of the initiation of drinking behaviours, a move between nonproblematic and problematic drinking, a trigger to initiate treatment seeking and maintenance of recovery (Frings & Albery, 2021). The roles of identities associated with increased and decreased risk of alcohol misuse have been explored separately (Best et al., 2016; Buckingham, Frings, & Albery, 2013; DiBello, Miller, Young, Neighbors, & Lindgren, 2018; Frings & Albery, 2015; Lindgren et al., 2016), and differences in levels of identification related attitudes have been linked to factors such as quit efficacy and relapse rates (Buckingham et al., 2013; Dingle et al., 2019; Dingle, Stark, Cruwys, & Best, 2015). However, little work has explored how the relative incompatibilities between the various identities we hold relate to intentions to change behaviour. Within the Christian traditions, attitudes towards alcohol vary both formally and informally (see, for example, Groves, 2021) which provides a context in which to test how variations in incompatibilities between “being a drinker” and valued religion-based identities impact both mental health and motivation to change drinking behaviours.

## 1 | RELIGION AND ALCOHOL USE

While alcohol can play a part in religious ritual in various ways, and religions differ to the extent that alcohol consumption is a proscribed activity, existing literature portrays a general theme of religion serving as a protective factor for excessive alcohol consumption (Acheampong & Bahr, 1986; Bock, Cochran, & Beeghley, 1987; Miller, Davies, & Greenwald, 2000) including delaying or preventing alcohol use initiation and persistence (Lin, Hu, Barry, & Russell, 2020). For example, religiosity has been shown to be inversely associated with degree of alcohol consumption amongst adult and adolescent populations (Kendler, Gardner, & Prescott, 1997; Miller et al., 2000) and has also been linked to lower levels of problematic alcohol use and alcohol use disorder (Borders, Curran, Mattox, & Booth, 2010; Meyers, Brown, Grant, & Hasin, 2017). Other work, however, suggests rather contrasting evidence. In one study of a population of university students, religiosity was unrelated to AUD amongst drinkers (Ghandour, Karam, & Maalouf, 2009) whilst other evidence suggests a link between religiosity and alcohol use, but not alcohol misuse (Ellison, Bradshaw, Rote, Storch, & Trevino, 2008; Luczak et al., 2013).

## 2 | RELIGION AND IDENTITY

Where protective factors are present, they may stem in part from the norms which a given religious community places around alcohol use. For instance, Chawla, Neighbors, Lewis, Lee, and Larimer (2007) found that personal attitudes and perceived injunctive norms mediated the relationship between importance of religion and alcohol use. Equally, variations in the proscriptive nature of Christian denominations appear to covary with the link between religiosity and alcohol consumption (Bock et al., 1987; Holt, Miller, Naimi, & Sui, 2006; Luczak et al., 2013). For example,

82.1% of Latter Day Saints (who proscribe alcohol) versus 19.9% of Lutherans (who do not) have been shown to declare abstinence (Michalak, Trocki, & Bond, 2007). Other work reinforces this variability with conservative Protestants (e.g. Methodists or Baptists) consuming less alcohol than Mainline Protestants or Catholics (Fischer, 2010; Patock-Peckham, Hutchinson, Cheong, & Nagoshi, 1998). Relatedly, it has also been shown that individuals' attitudes to alcohol and its consumption also align to a greater or lesser extent to that of their declared denomination (Hall, Meador, & Koenig, 2008). For many religions, including Christian denominations, alcohol use may be tolerated whilst problematic use discouraged. Groves (2021) suggests that this could be because alcohol misuse may be perceived as a manifestation of a spiritual problem or moral failing. Perhaps as a result, amongst individuals facing alcohol issues, Michalak et al. (2007) noted how religious engagement was linked with improved drinking habits and reduced alcohol use. That religious affiliations and engagements appear to be normatively based in relation to alcohol use (e.g. Nordfjærn, 2018; Russell, Yu, Thompson, Sussman, & Barry, 2020) points to the idea that the personal relevance of social norms and their impact on behaviour will vary as a function of identification with the social group which holds them (see Muhlack, Carter, Braunack-Mayer, Morfidis, & Elliott, 2018). In this way, it can be predicted that variability in the extent to which one perceives one's identity as being a "drinker" and as being a "Christian" as either compatible or incompatible.

### 3 | IDENTITY INCOMPATIBILITY AND ALCOHOL USE

Group members are motivated to remain normative to the groups they value in order to avoid being marginalised and/or ostracised, particularly when groups are normatively conservative around change (Asch, Solomon, & Guetzkow, 1951; Frings & Abrams, 2010; Pinto, Marques, Levine, & Abrams, 2010). However, when two valued social identities are held with opposing norms, being normative with one can lead to being unavoidably non-normative with the other. (e.g. when familial roles clash with societal ones, or occupational roles clash with shared belief systems). This incompatibility has been shown to reduce task performance (i.e. academic achievement amongst students who felt their ethnic identity was incompatible with being a student; Frings, Gleibs, and Ridley, 2019), more negative intergroup comparisons (Hutchison, Lubna, Goncalves-Portelinha, Kamali, & Khan, 2015) and dis-identification with one group in favour of another (Matschke & Fehr, 2017). In contrast, compatibility between identities has been linked to positive management of life transitions (Iyer, Jetten, Tsivrikos, Postmes, & Haslam, 2009). In terms of mental health, incompatible identities are associated with poor mental health outcomes, including, for example, depression amongst war veterans (Kreminski, Barry, & Platow, 2018; Smith & True, 2014) and suicidal behaviours amongst LGBT adults (Gibbs & Goldbach, 2015). However, such tension can be a positive driver for change—for instance, conflict between one's self-definition and the idea of being a "depressed person" has been linked with increased help-seeking (Farmer, Farrand, & O'Mahen, 2012).

Given the above, it is reasonable to predict that identity incompatibility between being "a drinker" and another valued identity may impact negatively on mental health, but may also act as a driver for a change in one's drinking behaviour. The latter could include conscious intention formation and subsequent behavioural enactment, and/or implicitly ("automatically"/ "subconsciously") initiated actions (see Frings & Albery, 2015, 2017 for a fuller discussion). It has been shown that incompatibility between the self as an individual and drinking as a behaviour (here referred to as self-drinker incompatibility) predicts both alcohol use and desire to change (e.g. Meca, Zamboanga, & Kubilus, 2020) but no research has directly addressed the role of incompatibilities in relevant social identities. Levels of incompatibility may (or may not) explain the variance observed in the link between religiosity and drinking behaviours shown in previous research to the extent that it should only be when one's identity as a drinker is seen to be incompatible with being a Christian that mental health negatively influenced and change intentions heightened. This may occur even if alcohol consumption only occurs periodically. This is in part as the recollection of drinking in the past and anticipative intentions to drink in the future are both cognitively and affectively experienced in a similar way to a current drinking event, (see Moss & Albery, 2009). Moreover, the meaning even a single drinking episode

may be dissonance generating if often thought about (see for a discussion of regret, for example, Cooke, Sniehotta, & Schüz, 2007). The inclusion of self-drinker incompatibility allows an examination of these processes at an individual and social identity levels independently.

## 4 | AIMS AND HYPOTHESES

The current study examined how variability in incompatibilities between the social identities of being a drinker and of being a Christian relates to mental health, problem drinking, and intentions to change drinking behaviour. It was hypothesised that increased identity incompatibilities (both social and individual) would be associated with decreased mental well-being and increased problem drinking and intention to change scores. The paper also tested the hypotheses that the relationships between practicing Christian identity with mental health outcomes, problem drinking, and intentions to change would be moderated by (i) identity-based incompatibility and (ii) self-drinker incompatibility. It was predicted that a positive relationship between practicing Christian identity and both GAD7 scores and intentions to change would be largest when levels of incompatibility were high, and that a negative relationship between practicing Christian identity and AUDIT score will be largest when levels of incompatibility were high. These hypotheses were preregistered on the open science framework (OSF) prior to data collection (see *Procedure*).

## 5 | METHODS

### 5.1 | Participants

One hundred and ninety-five US-based participants were recruited via the Prolific ([www.prolific.co](http://www.prolific.co)) online research recruitment panel service. Fifteen respondents who indicated that they were not US residents, did not drink alcohol, were not Christian in religion and were less than 18 years old were excluded from further analysis, leaving a sample of 180 (mean age = 37.21, SD = 13.12, range = 19–78; 56.4% male, 46.6% female; mean AUDIT = 9.92, SD = 4.51, range = 4–34).

## 6 | DESIGN

A cross-sectional design was employed to measure levels of identification with being a Christian and being a drinker, incompatibilities at self and social identity levels, and alcohol-related harm and mental well-being (operationalised as generalised anxiety).

### 6.1 | Materials

#### 6.1.1 | Alcohol-related harm

The Alcohol Use Disorder Identification Test (AUDIT) was used to assess alcohol consumption behaviour (Saunders, Aasland, Babor, de la Fuente, & Grant, 1993). The AUDIT comprises eight questions on a five-point scale scored 0–4 (e.g. “How often do you have a drink containing alcohol?”) and two questions on a three-point scale scored 0, 2 and 4 (e.g. “Have you or someone you know been injured as a result of your drinking?”). The scale ranges from 0–40, with higher scores are indicative of ongoing alcohol-related harms. While the AUDIT is commonly used to screen for

alcohol use disorders (with varying cut-off points see Nadkarni et al. (2019) for a review of various schemes used), in the current study, we did not classify participants using this tool.

### 6.1.2 | Mental well-being

The 7-item Generalised Anxiety Disorder scale (Spitzer, Kroenke, Williams, & Löwe, 2006) was used to measure mental well-being. Participants are asked, “Over the last two weeks, how often have you been bothered by the following problems?” followed by items for “feeling nervous, anxious, or on edge”, “not being able to stop or control worrying”, “worrying too much about different things”, “trouble relaxing”, “being so restless that it's hard to sit still”, “becoming easily annoyed or irritable”, and “feeling afraid as if something awful might happen”. All items were scored on scales ranging from 1 (not at all), 2 (several days), 3 (more than half the days), and 4 (nearly every day). Cronbach's  $\alpha = .91$ .

### 6.1.3 | Religiosity

Religiosity was measured with the five item Centrality of Religiosity Scale (CRS-5, Huber & Huber, 2012). The items “How often do you think about religious issues?” and “How often do you experience situations in which you have the feelings that God or something divine intervenes in your life?” were anchored at 1 = never, 2 = rarely, 3 = occasionally, 4 = often, 5 = very often. The item “To what extent do you believe that God or something divine exists?” was anchored at 1 = not at all, 2 = not very much, 3 = moderately, 4 = quite a bit, 5 = very much so. “How often do you pray?” was anchored at 1 = several times a day, 2 = once a day, 3 = more than once a week, 4 = once a week, 5 = one or three times a month, 6 = a few times a year, 7 = less often, 8 = never. “How often do you take part in religious services?” was coded 1 = more than once a week, 2 = once a week, 3 = a few times a year, 4 = less often, 5 = never. The latter two items were reverse coded. Items were summed and higher scores indicate increased religiosity. Cronbach's  $\alpha = .82$ .

### 6.1.4 | Social identity

Social identity as a Christian and as a drinker was measured using the identity centrality subscale from (Leach et al., 2008). For each identity, items comprised; “I often think about the fact that I am a [practicing Christian/Drinker]”, “The fact that I am a [practicing Christian/Drinker] is an important part of my identity”, “Being a [practicing Christian/Drinker] is an important part of how I see myself”. Responses were captured on seven-point scales anchored at 1 (not at all) and 7 (very much). Cronbach's  $\alpha$  for practicing Christian and drinker identities were  $\alpha = .96$  and  $.85$ , respectively.

### 6.1.5 | Social identity incompatibility

Incompatibility directly linked to drinker and Christian social identities was measured using the identity incompatibility scale (Frings et al., 2019). These were presented on seven-point Likert type scales anchored at 1 (not at all) and 7 (very much). The items comprised; “Being a practicing Christian means there are practical difficulties that get in the way of me being a drinker”, “Being a practicing Christian puts demands on my time which may make it difficult to be a drinker”, “It is difficult to balance the practical demands of being a practicing Christian and being a drinker”, “As a practicing Christian, being a drinker is not encouraged”, “Sometimes my friends

and family don't understand why, as a practicing Christian, I want to be a drinker", "I worry that the values of being a practicing Christian are incompatible with my identity as a drinker", and "I worry that what makes me a drinker is incompatible with what makes me a practicing Christian". In Frings et al. (2019), these items were divided in two subscales (identity and practical incompatibility). In the current study, factor analysis revealed only one factor with an eigenvalue  $>1$ , so the scales were collapsed. Full scale Cronbach  $\alpha = .92$ . Higher scores indicate greater levels of incompatibility.

### 6.1.6 | Self-drinking (in)compatibility

The compatibility scale of the Drinking Identity Management Scale (DIMS; Meca et al., 2020) was used to measure self-drinking compatibility (i.e. compatibility between "self as an individual" and drinking). This comprised three items on scales anchored at 1 (strongly agree) and 5 (strongly disagree). The items comprised; "Drinking is compatible with what I am doing in other areas of my life", "Drinking and alcohol are compatible with how I see myself" and "Drinking and alcohol are compatible with aspects of my life that are important to me (e.g. family, religion, social relations, etc.)". Scores were reversed before analysis so higher values indicate greater incompatibility. Cronbach's  $\alpha = .91$ .

*Intention to change drinking behaviour* was measured using the intention to change subscale of the motivation to change questionnaire (De Jonge, Barelds, Schippers, & Schaap, 2009). The scale comprises 18 items such as "I am really working hard to change my drinking habits.", "I will feel better about myself if I change my drinking habits.", "It might be worth changing my drinking habits". Responses were marked on five-point scales anchored at 1 (Strongly disagree) and 5 (Strongly agree). Cronbach's  $\alpha = .95$ .

### 6.1.7 | Demographics

Age, gender, ethnicity, and Christian denomination (free text) were recorded.

### 6.1.8 | Post questionnaire screening

Participants were asked to confirm that they were a US Resident, fluent in English, Christian in religion, drink alcohol, and were over 18 years of age.

## 6.2 | Procedure

Participants were recruited via an online recruitment platform ([www.prolific.co](http://www.prolific.co)), which screened for US citizens, who were fluent in English, Christian in religion, drank alcohol, and were over 18 years of age. Participants completed the questionnaires in the order presented above.<sup>1</sup>

## 6.3 | Ethics and preregistration

Ethical review oversight of this research was provided by London South Bank University (application number ETH2021-0123). The hypotheses, measures, and analysis plan were pre-registered on the Open Science Framework (OSF: <https://osf.io/fhn5p/>).

## 7 | RESULTS

### 7.1 | Analysis plan

As per our pre-registration, bootstrapped correlational analysis and moderation analysis were conducted to account for possible skew and heteroscedasticity in data (Cribari-Neto & Zarkos, 1999). Descriptive statistics are shown in Table 1.

### 7.2 | Correlations

Zero-order correlations (Pearson's  $r$ , see Table 1) revealed that Christian identification was significantly positively related to drinker identification and social identity incompatibility. Drinker identity was significantly positively correlated with social and self-drinker-identity incompatibility, intention to change, and AUDIT score. Social identity incompatibility was significantly positively correlated with intention to change scores and AUDIT scores whilst intention to change scores were also significantly positively correlated with AUDIT scores. No associations between GAD scores and any identity measures were shown (all  $ps > .05$ ) and, as such, no further inferential analyses were undertaken between these variables.

### 7.3 | Moderation analysis predicting intention to change drinking behaviour

To test the hypothesis that the relationships between practicing Christian identity and intention to change and AUDIT score would be moderated by (i) social identity-based incompatibility and (ii) self-drinker incompatibility, moderation analyses were conducted using the Hayes PROCESS macro (V4.3.1, Hayes, 2017, model 1). Separate analyses were conducted for social identity incompatibility and self-identity incompatibility (as per our protocol to avoid expected multicollinearity effects) for both intentions to change and AUDIT scores. Five thousand bootstrap samples were taken, and 95% confidence intervals are reported. See Table 2 for full model details.

#### 7.3.1 | Social identity incompatibility and intention to change drinking

For Christian identity moderated by social identity incompatibility, higher levels of identity were linked to decreased intentions to change. There was no main effect of identity. However, a significant Christian ID  $\times$  social identity

**TABLE 1** Descriptive statistics and zero-order correlations between variables

	M (SD)	1	2	3	4	5	6	7
1. Christian identification	4.01 (1.98)	-	.22**	.42**	-.11	.21	-.12	.07
2. Drinker identification	2.06 (1.34)		-	.49**	-.23**	.50**	.07	.40**
3. Social identity incompatibility	2.37 (1.38)			-	0.8	.48**	.09	.29**
4. Self/drinker incompatibility	3.19 (1.17)				-	.03	.10	-.03
5. Intention to change	2.20 (0.92)					-	.09	.57**
6. GAD7	11.80 (4.66)						-	.18
7. AUDIT	9.92 (4.51)							-

Note: Bootstrapped correlations with  $n = 1,000$  samples.

\*\* $p < .01$ .

**TABLE 2** Model statistics for moderation analysis predicting drinking change intentions

Predictor/moderator model	Effect	Path coefficient (SE)	t	95% CI s
Model 1: Christian identity versus social identity incompatibility	Christian ID	-0.17 (0.26)	2.74	-0.28, -0.04
	Social identity incompatibility	-0.10 (0.60)	0.77	-0.37, 0.16
	Christian ID X social identity incompatibility	0.09 (0.13)	3.37	0.04, 0.14
Model 2: Christian identity versus self /drinker incompatibility	Christian ID	-0.15 (0.9)	1.57	-0.33, 0.04
	Self "drinker" identity incompatibility	-0.28 (0.13)	2.21	-0.55, -0.31
	Christian ID X self "drinker" identity incompatibility	0.08 (0.28)	2.83	0.02, 0.14

Note: Overall model statistics: Model 1:  $R^2 = .28$ ,  $F(3,176) = 22.83$ ,  $p < .001$ ; Model 2:  $R^2 = .09$ ,  $F(3, 176) = 5.71$ ,  $p < .001$ .

**TABLE 3** Model statistics for moderation analysis predicting AUDIT scores

Predictor/moderator model	Effect	Path coefficient (SE)	t	95% CI s
Model 1: Christian identity and social identity incompatibility	Christian ID	-0.11 (0.20)	0.07	-0.40, 0.37
	Social identity incompatibility	0.62 (0.29)	2.15	0.05, 1.18
	Christian ID x social identity incompatibility	0.36 (0.14)	2.48	0.07, 0.64
Model 2: Christian identity and self/drinker incompatibility	Christian ID	0.09 (0.17)	0.53	-0.24, 0.42
	Self "drinker" identity incompatibility	-0.40 (0.29)	1.36	-0.98, -0.18
	Christian ID x self "drinker" identity incompatibility	0.12 (0.14)	0.85	-0.16, 0.40

Note: Overall model statistics: Model 1:  $R^2 = .09$ ,  $F(3,176) = 6.31$ ,  $p < .001$ ; Model 2:  $R^2 = .01$ ,  $F(3, 176) = 0.88$ ,  $p = .45$ .

incompatibility interaction was present. Conditional effects analysis revealed that when social identity incompatibility was low, there was no significant relationship between identity and intention to change ( $b = -.06$ ,  $t = 1.54$ ,  $p = .13$ , 95% CIs [-0.14, 0.025]). When levels of incompatibility were around the mean, no relationship was present ( $b < .02$ ,  $t = 0.35$ ,  $p = .72$ , 95% CIs [-0.05, 0.08]). However, when social identity incompatibility was high there was a significant positive relationship between Christian identity and intention to change, ( $b = .21$ ,  $t = 3.04$ ,  $p = 0.003$ , 95% CIs [0.07, 0.34]). In summary, it is only when identity incompatibility was high that higher levels of identity as a Christian were related higher intentions to change.<sup>2</sup>

### 7.3.2 | Social identity incompatibility and problem drinking

There was no main effect of Christian identity on AUDIT score, but the Christian identity x social incompatibility interaction was significant. Conditional effects analysis revealed that when social identity incompatibility was low, there was a significant relationship between identity and AUDIT score ( $b = -.52$ ,  $t = 2.30$ ,  $p = .03$ , 95% CIs [-0.951, -0.073]). No relationships were identified when incompatibility was either average ( $b = -.20$ ,  $t = 1.10$ ,  $p = .27$ , 95% CIs [-0.558, 0.158]) or high ( $b = .65$ ,  $t = 1.68$ ,  $p = .09$ , 95% CIs [-0.110, 1.404]). It is when identity incompatibility is low that higher levels of Christian identity are associated with decreased AUDIT scores (see Table 3).



### 7.3.3 | Self-drinker identity incompatibility and intention to change drinking

For Christian ID moderated by self-drinker incompatibility, intention to change was not related to Christian identity but was negatively related to personal incompatibility of identity. However, the Christian ID x self-drinker identity incompatibility interaction was significant. Conditional effect analysis showed no relationship between identity and intention to change when self-incompatibility was low ( $b = 0.01$ ,  $t = 0.25$ ,  $p = .80$ , 95% CIs [-0.08, 0.10]), but positive (and increasing) positive relationships when self-incompatibility was at the mean ( $b = 0.09$ ,  $t = 2.69$ ,  $p = .01$ , 95% CIs [0.02, 0.16]) or high ( $b = 0.22$ ,  $t = 4.06$ ,  $p < .001$ , 95% CIs [0.12, 0.33]). In summary, there was no direct link between Christian identity and intention to change when self/drinker incompatibility was low, but a positive relationship emerged and was strengthened as self-drinker incompatibility increased.<sup>3</sup>

### 7.3.4 | Self-drinker identity incompatibility and problem drinking

No significant main or interaction effects were shown.

## 8 | DISCUSSION

No work has examined how experienced incompatibilities (both socially and individually based) between existing identities relate to (a) mental well-being, (b) problematic drinking behaviour, and (c) motivation to change one's drinking (see Frings & Albery, 2021). To this end, self-reported drinker and Christian-based identities were utilised to study how observed incompatibilities predict levels of mental health, problematic drinking behaviour, and motivational intentions to change drinking behaviours. It was predicted that increasing incompatibilities between being a Christian and being a drinker would be associated with decreased mental well-being and AUDIT scores and increased intention to change behaviour. Initial zero order analyses showed that increasing identities as being either a Christian or drinker was associated with increasing reported social identity incompatibility but that only drinker identification was associated with increasing AUDIT scores. In terms of intention to change one's drinking, only drinker identity was found to be associated (Christian identification was not shown to be related to change intention). Social identity incompatibility was shown to correlate significantly and positively with intention to change one's drinking behaviour. In other words, individuals who perceived their Christian identity to be "at odds" with their drinking identity were more likely to report an increasing intention to change their drinking habits. Confirming previous findings, drinking behaviour (measured via AUDIT scores) were shown to be associated with increased identification as a drinker (see Cummins, Lindgren, & De Houwer, 2020; Frings, Melichar, & Albery, 2016; Hertel, Peterson, & Lindgren, 2019), increased social identity incompatibility between being a Christian and a drinker (but not self "as drinker" incompatibility), and increased intention to change drinking practices.

While these correlations are interesting in and of themselves, the current study was primarily focussed on how holding a Christian identity might influence whether one is motivated to change drinking behaviour, mental well-being, and problem drinking as a function of how this Christian identity is incompatible with that of a being a drinker. It was specifically hypothesised that a positive relationship between Christian identity and both motivations to change and mental well-being would be moderated by levels of incompatibility with one's drinking identity experienced both *socially* (in terms of a direct social comparison between being a Christian and a being a drinker) and also as a function of incompatibility between the perception of oneself as an *individual* and being a drinker. It was also hypothesised that a negative relationship between practicing Christian identity and AUDIT score will be largest when levels of incompatibility were high.

In terms of social identity incompatibility, our results showed that (a) increased Christian identity significantly related to greater drinking change intention only amongst those with high comparative social identity incompatibility, (b) that there was a trend for those with lower identity incompatibility but increased level of Christian identity to report decreased change intentions, (c) that Christian identity significantly related to AUDIT score amongst those with low comparative social identity incompatibility, and (d) that social incompatibility did not moderate the relationship between Christian identity and mental well-being.

In terms of the significant moderating impact of social incompatibilities on the relationship between identity and motivation to change drinking practices, these results confirm the important role of multiple comparative identities in intention formation, a predictor of self-protective behaviours (Beckwith et al., 2019; Haslam et al., 2019; Sani, Madhok, Norbury, Dugard, & Wakefield, 2015). Our evidence extends this idea of the operation of multiples identities in addictive behaviour by focussing on the effect of perceived (in)compatibility between valued identities. Our data suggest that people with an enhanced identity as a Christian who do not perceive this identity to be incompatible with their drinker identity may be also less likely to intend to change their drinking behaviour, whilst those with increased perceived incompatibility do. This highlights that whilst identifying as a Christian itself is related to a decrease in self-protective drinking intentions, this effect is “altered” once it is considered how incompatible this identity is with that of the social identity of being a drinker. It appears that perceiving increasing levels of identity incompatibly serves to reverse the relationship between one’s Christian identity and change motivations. So, for those who hold the multiple identities of being a Christian and being a drinker, how compatible these identities are is fundamental in judgements around drinking-related change intentions.

In terms of the moderating effect of social incompatibilities on the relationship between Christian identity and problematic drinking (i.e. AUDIT score), the findings suggest that a negative relationship between Christian identity and AUDIT score was shown but only in people who perceive low compatibility between being a Christian and being a drinker. In other words, when little incompatibility is perceived, increased Christian identity is related to decreased AUDIT score. This shows that increased compatibility may operate as a protective mechanism in predicting whether an individual engages in more harmful drinking behaviour. That a relationship between Christian identity per se and AUDIT score was not shown but that a moderated relationship was highlights the importance of considering how people view themselves and their identities in relation to other ingroup members.

Together, these results show that perceived incompatibilities between one’s Christian and drinker identities may act as a protective mechanism against the excessive drinking and enable adaptive intentions to change these practices. One possible interpretation of this is that, amongst Christians who also drink, perceived incompatibility may influence problem recognition and subsequently adaptive intentions (Morris, Albery, Heather, & Moss, 2020; Morris, Albery, Moss, and Heather (2021) for discussion of general problem recognition effects).

Previous work has argued that the effects of increasing incompatibility, which may be experienced as a psychological discomfort (Aronson, Blanton, & Cooper, 1995), between multiple identities can result in disidentification for one or other of the identities (de Vreeze, Matschke, & Cress, 2018). This disidentification process is conceptualised as an attempt to “distance” oneself from ingroup norms to remove the discomfort experienced as a result of any threat to one’s “primary” identity (Blondé, Easterbrook, Harris, Girandola, & Khalafian, 2022). Importantly, however, disidentification does not mean that an individual no longer identifies as a member of an ingroup (i.e. abandonment) but is more concerned the development of a more negative relationship with the group (Becker, Tausch, Spears, & Christ, 2011). In other words, an individual will still identify as a group member but in a more negative way. In terms of the present study, it could be suggested that reports of increased intentions to change drinking practices represents an attempt to, in effect, reaffirm one’s identity as Christian by *developing or changing* one’s understanding of oneself as a drinker and *not* abandoning their drinker identity per se.

For the moderating effect of self/drinker incompatibility (the incompatibility of between one’s individual sense of self and the social identity of being a drinker) on the relationship between Christian identity and change intentions, AUDIT scores and mental well-being score no effects were observed. However, for drinking change intentions levels self/drinker incompatibilities were shown to moderate the effect of Christian identity. In this model, increased

Christian identity predicted increased change intentions when self-drinker incompatibility was either average or high. That this mirrors, in general, the finding shown when individuals were asked to relate their Christian identity directly to their drinker identity to highlight potentially perceived incompatibility shows that both levels of a group-based (social) identity formulation and a personal identity formulation influences the relationship between their Christian identity and the likelihood of being motivated to change current drinking practices. Having said this, since social identity measures were completed prior to self-drinking identity measures, there is the possibility that individuals still had “in mind” any incompatibilities triggered and carried over by completing these prior to self-drinking incompatibility. Further work is required to test this alternative methodological interpretation.

A related issue that develops from this understanding is the extent to which asking people to make incompatibility judgements based on statements that initially identify one identity to be compared against a second identity (e.g. “Being a practicing Christian means there are practical difficulties that get in the way of me being a drinker”), may mean that the focal identity is likely to be more cognitive salient. This then begs the question as to whether this saliency is fundamental in the manifestation of any inconsistencies derived and that this directly influences the moderating impact of increased versus decreased incompatibility. In our work, whether positioning the statements in terms of “being a drinker” as the emphasis and as such create saliency for that aspect of the comparison remains an open question. Future work should examine these possibilities.

In addition, the effect of saliency of identity per se as an active component in terms of the operation of an incompatibility process is as yet unclear, as are the effects of context which may make the operation of multiple identities more or less active in situ. In the same way that identities are more or less salient or active in situ as a result of self-categorisation effects (Chang, Jetten, Cruwys, & Haslam, 2017; Turner, Oakes, Haslam, & McGarty, 2016), do perceived incompatibilities act similarly? For example, are the incompatibilities experienced, and how these influence the relationship between one's Christian identity and drinking behaviour, more or less fundamental when the context of behaviour is having a drink with “like minded” friends at home as opposed to in a bar or pub. That previous work has shown that context is related to drinking-related beliefs (Christiansen, Townsend, Knibb, & Field, 2017; Johnson, Albery, Moss, & Frings, 2021) and that the operation of social identities in alcohol-related contexts, in particular, has not been examined, points to the need to explore these types of questions.

One implication of these findings concerns the mechanisms through which identity change can potentially facilitate the likelihood of (a) potential problem recognition and (b) intention formation processes. The argument is that creating and utilising identity incompatibility could be one such mechanism to facilitate, at least, increased change motivations and intentions. Whether this manifests itself in terms of behaviour per se is an open question requiring causal examination. For example, future work needs to address (a) whether enhanced incompatibility moderates the relationship between a pre-existing identity (in this case being a Christian) and *actual* behaviour change, and (b) on this basis whether the manipulation of incompatibility can be useful in changing on-going behaviour post behavioural intention. This approach would mirror current practices in intervention techniques such as motivational interviewing, which operate in part by generating dissonance between current behaviours and both important values and desired future states (Hettinga, Steele, & Miller, 2005; Rollnick, Butler, Kinnersley, Gregory, & Mash, 2010; Rubak, Sandbæk, Lauritzen, & Christensen, 2005).

In summary, these results provide evidence that the relationship between Christian identity and (a) intentions to change drinking practices and (b) problematic drinking behaviour is moderated by perceived social incompatibilities between being a Christian relative to being a drinker. In addition, self-drinking identity incompatibility was shown to moderate the relationship between Christian identity and change intentions. Together, this highlights that both increasing social and self-defining incompatibilities are important for strengthening the relationship between Christian identity and motivations to change one's drinking. In the case of social identity incompatibilities, this is also when one considers current drinking problematic. Our results also highlight that none of identification measures were related to GAD scores suggesting that neither one's core identity as a Christian and as a drinker nor relative incompatibilities influences general well-being. This shows that the effect of perceived incompatibilities appears to be context specific and context dependent.

## CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in Open Science Framework (OSF) at <https://osf.io/fhn5p/>.

## ORCID

Daniel Frings  <https://orcid.org/0000-0002-0183-9516>

## ENDNOTES

- <sup>1</sup> For self-drinking compatibility and intention to change drinking behaviours, the full scales were administered, but only the relevant subscales (reported here) analysed.
- <sup>2</sup> Pre-planned sensitivity analysis replacing Christian identity with drinker identity as a predictor revealed positive relationships between both drinker identity and incompatibility with intention to change, but no significant interaction. Full output is available on the OSF site.
- <sup>3</sup> Pre-registered sensitivity analysis replacing Christian identity with drinker identity as a predictor revealed a significant interaction between drinker identity and self-incompatibility, with significant positive relationships between drinker identity and intention to change at all levels of self-incompatibility, increasing in size as incompatibility increased. Full output is available on the OSF site.

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