

Model Answer

(NB; facts, figures and references given here are NOT accurate!)

Scenario 1

Bill is a 45 year old investment banker who drinks on average one bottle of whiskey per week and has done this for the last 5 years. He has recently had a number of health scares, including finding scarring on his liver and a diagnosis of high blood pressure. Bill has been strongly advised he needs to stop drinking in order to keep his liver functioning and reduce his blood pressure. He has tried to stop drinking in the past when his daughter was born and again when his wife threatened to leave. However both attempts were unsuccessful as he was unable to control his urge to drink when he was feeling stressed and wanting to unwind. Bill has now given up all attempt to quit or reduce his drinking habits as his previous unsuccessful attempts have made him feel like a failure. Bill feels like he is managing his high blood pressure successfully through medication so doesn't feel like he is at risk of stroke or heart attack.

- 1) Using the Theory of Planned Behaviour and supporting empirical evidence provide an explanation for Bill's current lack of motivation to quit drinking.

1. The Theory of Planned Behaviour (TPB; Azjen & Fishbein, 1985) provides an appropriate social cognitive framework for understanding why Bill has stopped trying to give up alcohol. Within the TPB, the construct of Perceived Behavioural Control is considered an important predictor of somebody's intention to engage in a pre-planned behaviour, accounting for between 25 and 33% of the variance explained in studies exploring the extent to which this variable explains behaviours (Hallowell et al., 2001; Coleman, 1993). In Bill's context, this model would therefore suggest that one of the main reasons why Bill no longer attempts to reduce his drinking is because he has low levels of perceived behavioural control due to his failed previous failed attempts to give up. In other words, having failed to reduce his alcohol consumption in the past, Bill does not feel he has any personal control over his drinking,

perhaps because he also has low levels of internal locus of control (Rotter, 1993) which means he is less likely to be proactive in making lifestyle choices. If Bill were to make a greater plan of action in relation to his attempts to reduce drinking structured around implementation intentions (Gollwitzer, 1983) this could have increased the likelihood of successful behaviour change (i.e, reduced alcohol consumption). Interestingly, however, the fact that Bill has faith that his medication for his high blood pressure is successful suggests that he may consider himself having good levels of perceived behavioural control over managing the risks of having a stroke or heart attack (possibly linked to high levels of external locus of control). Additionally, in accordance with the TPB it is also possible that Bill does not feel like he has the social support required to help him reduce his drinking if his wife threatened to leave him; this would reflect an interesting conflict between the construct of subjective norm, intentions and behaviours, as although Bill is likely to believe that his wife is disapproving about his drinking, his motivation to comply with this may be low if for example his wife has already left him. Finally, it also appears that Bill is not demonstrating any perceptions of anticipated regret at the potential outcomes of his continued drinking, which would also suggest according to the model that this would lead to less intention to reduce his drinking behaviours.