PUBLIC HEALTH • DIALOGUE • IDENTITY

When Facts Threaten Identity

Navigating difficult conversations in public health and beyond

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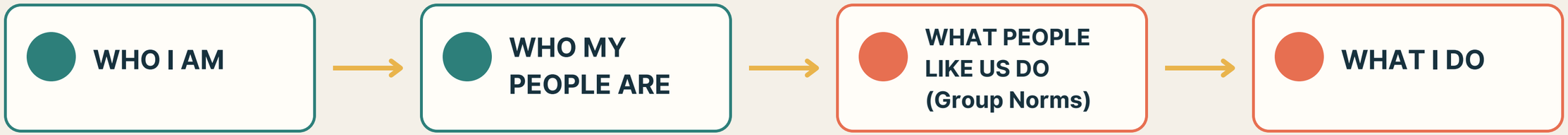
Identity is powerful.

A new identity can bring a group, a script, and a way of acting.

NOTIFICATION

BELONGING

Nothing external changed.
But a new possibility appeared.



Group Norms: Good students work hard. Good parents protect their kids. Tough people push through pain.

A conversation that has stopped moving

“What would changing my mind cost me?”



INFORMATION OFFERED



MEANING HEARD

THE CLAIM

“This action reduces risk.”

WHAT THE CLAIM
MEANS TO ME

“People like me are being judged.”

LACK OF INFO

DISTRUST

PRACTICAL BARRIER

IDENTITY CONFLICT

**Is this something I am being asked to do—
or something I am being asked to become?**

When doing becomes being



BEHAVIOR

I run 3× / week

SELF-CONCEPT

I’m a runner

BELONGING

People like us run

SOCIAL NORM

This is what we do

Which identity matters most in this situation?

Behavior-specific identity overlaps with roles, relationships and social identity.

What the research can tell us

A meaningful pattern with useful limits.

01

Identity is linked to health behavior.

The association is positive, modest, and stronger for health-related identities.

02

Context matters.

People may accept, reject, or redefine an identity depending on the setting.

03

Association is not causation.

A snapshot can show identity and behavior together; it cannot show which came first.

04

Attitudes ≠ intentions ≠ behavior.

What people say they believe or plan is not the same as what they do.

What can this evidence support—and what can’t it tell us?

Pooled analyses • Cruwys et al. (2026)

THREAT → BUFFERING → SOCIAL DIRECTION



IDENTITY THREAT

Threat can activate the body.

Identity threat was associated with greater acute cardiovascular reactivity.

g = 0.40 [0.179, 0.617]

42 effects • N = 1,432



IDENTITY SALIENCE

A valued identity can buffer stress.

Making a social identity salient was associated with lower stress biomarkers.

g = −0.28 [−0.544, −0.006]

20 effects • N = 487



BELONGING AND HEALTH

Belonging organizes behavior.

Group membership was associated with better longer-term health, while group norms can support or sustain harmful behavior.

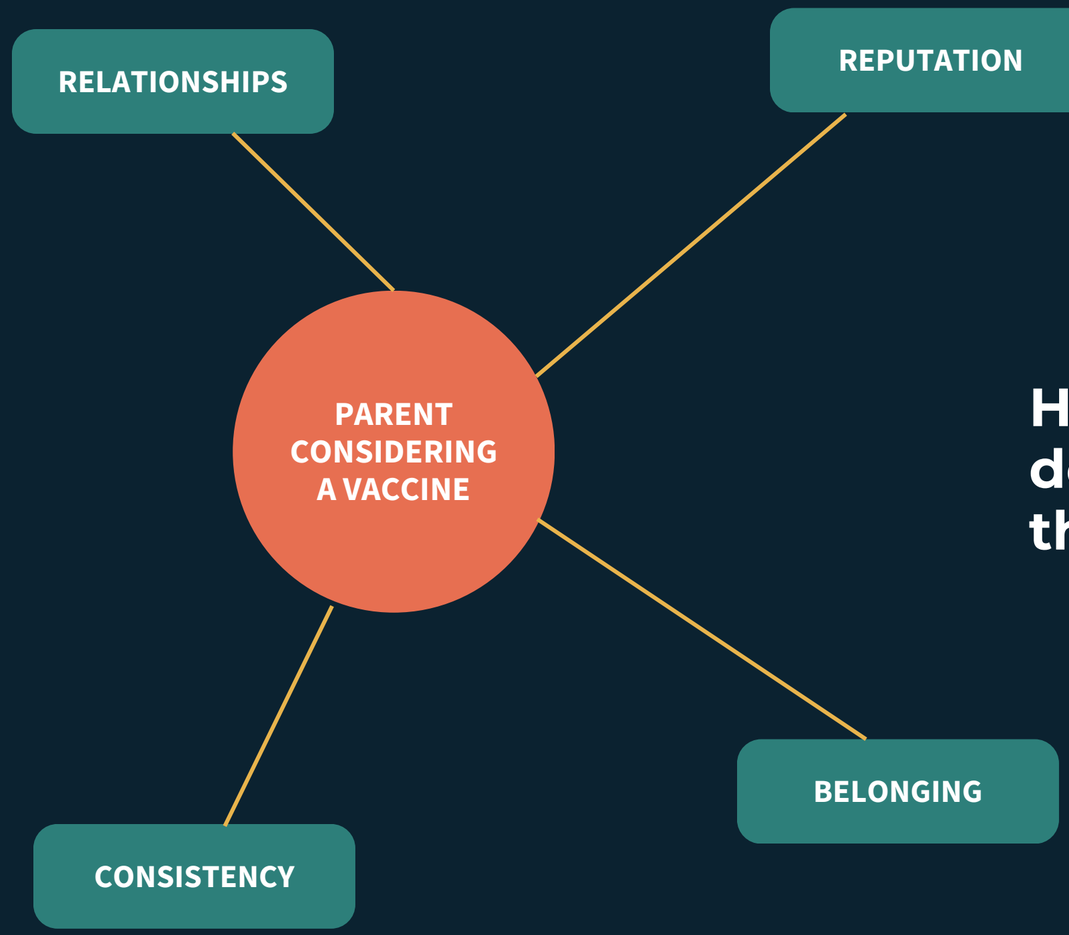
OR = 0.59 [0.385, 0.891]

8 effects • N = 27,985

Separate pooled analyses show patterns, not what every individual will experience.

What does belonging organize—for better or worse?

What reconsideration might cost



How can someone reconsider a health decision without experiencing it as the loss of that which they deeply value?

Our own identities enter the room

What am I defending?

Clarifying risk

Protecting relationship

Helping safer action

Proving credibility

“The recommendation changed as evidence developed.”

SCIENTIST • INSPECTOR • NURSE • EDUCATOR

Keeping correction in the conversation

01
ASK ABOUT THE CONCERN

What worries you most?

02
LISTEN FOR MEANING

What have you heard?

03
OFFER A CLEAR EXPLANATION

Name the evidence

04
INVITE A NEXT STEP

What feels possible?

Correct the facts. Keep the door open. Backfire is not the default.

The same concern. A different opening.

“You must trust the science.”

Confrontation closes the frame.

“What is your biggest concern about this vaccine?”

Curiosity reveals meaning — and practical barriers.

ORGANIZATIONAL RESPONSIBILITY MATTERS, TOO

“My family has done it this way for years. I don’t want to be treated like we are irresponsible.”

What matters to you here?

FAMILY LOYALTY • COMPETENCE • TRADITION

“I hear that your family’s experience matters to you. What feels most important for me to understand?”

What progress can look like



The real worry is named

The correction is understood

A barrier is addressed

What is one next step that feels possible from here?

Progress ≠ public confession or immediate reversal



Returning to the other chair

Make reconsideration possible.

How can I make it possible for this person to reconsider without making them feel they must surrender their identity?

Facts remain essential. Our work is to help people find a way to use them.

Where in your work do you hear a factual question that also carries a concern about identity or belonging?



References + evidence notes

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Interpretive limits

Associations do not establish causality. Pooled effects vary by design, population and operationalization. The identity framework offered here is a practical lens, vs. a diagnostic claim.

FACTS + MEANING + ROOM TO RECONSIDER