

Commentary on Hankonen N, Kinnunen M, Absetz P, Jallinoja P. Why do people high in self-control eat more healthily? Social cognitions as mediators. *Ann Behav Med.* 2014; 47: 242-248.

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Trait self-control, an individual's capacity to override impulses, suppress urges, and resist temptations, has been shown to be related to numerous adaptive outcomes [1], including participation in health behaviors [2,3]. In their recent article, Hankonen, Kinnunen, Absetz, and Jallinoja [4] demonstrated that trait self-control predicted healthy-eating behaviors mediated by social-cognitive variables from the health action process approach. I commend Hankonen et al. for demonstrating these mediation effects; their results corroborate key effects in my recent model on the multiple pathways by which trait self-control relates to behavior [1] (Fig. 1). I would like to take this opportunity to highlight some additional interpretations and possible extensions of Hankonen et al.'s work.

I agree with Hankonen et al.'s interpretation that the direct and mediated effects of trait self-control on healthy eating reflect more impulsive and reasoned effects, respectively; I identified both relationships in my model [1] (Fig 1., paths 1 and 2). These pathways are consistent with generalized models that propose automatic vs. deliberative reflective routes to behavior [5]. In my model, I propose that a further process by which trait self-control affects behavior is by moderating the intention-behavior relationship (Fig. 1, path 3). This process was untested in Hankonen et al.'s research. Given the importance attached to resolving the intention-behavior 'gap' in health psychology [6], this is a critical pathway. Consistent with multiple theories of self-control, individuals with higher trait self-control are not only more likely to form intentions to engage in health-related behavior, but are more likely to possess sufficient self-control resources to enact them. They will have greater propensity to engage in the structured planning and reasoned decision-making required to convert their intentions into action. Empirical support is needed to corroborate this moderation hypothesis and the proposal that self-control exerts its effects on health behavior through multiple routes.

Hankonen and colleagues also indicate that trait self-control is less feasible as a target for intervention because it is a stable, dispositional construct and the social-cognitive

variables that mediate its effects are eminently more manipulable and ripe for intervention. I concur with this position to some extent; this has been a general view expressed with regard to personality constructs as predictors of health behavior. However, it is important to note that while traits may not be direct targets for intervention, they may be a means to identify ‘at risk’ groups and those that require interventions specifically tailored to their particular psychological profile. The moderating effect of trait self-control on intention-behavior relations may permit the identification of individuals with low self-control who would likely have problems converting their ‘good’ intentions into behavior, so-called ‘inclined abstainers’. Practitioners aiming to promote health behavior in that group would do well to introduce interventions that assist them in enacting their intentions such as implementation intentions [6] or boosting self-control capacity through training [7]. I hope these points will contribute to the ongoing theoretical debate on, and empirical enquiry into, self-control as a key predictor of health behavior and the processes by which its effects are exerted.

References

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Figure caption.

Fig. 1. Conceptual model outlining three key pathways by which trait self-control predicts health behavior: a direct effect, an indirect effect mediated by intention, and an interactive effect in which trait self-control moderates the relationship between intention and health behavior.

