

think so because the hatred occurs in the unconscious mind. This circular reasoning has received much criticism, but belief in the unconscious still persists.

As another example, educators often assume that people wish to express themselves, and when a student is reluctant to participate in class or in a discussion, the student is suffering from social fears, sometimes called communication apprehension. Actually, many persons simply do not talk as much as others.

As a third example, a received view in persuasive communication assumes that messages cause attitude change, attitude change creates behavioral intentions, and behavior intentions create behavior. This model is usually demonstrated by elaborate measurement and complicated structural statistics. Examination of the effect sizes of these models strains belief in these causal chains. Many times a person's behavior is quite different from his or her attitudes. Health communication research shows again and again that many gaps exist between what people know they should do and what they actually do. For example, a recent study of pregnant Appalachian women showed that they knew that smoking might injure their fetus, but they continued to smoke in spite of the knowledge.

Communication theorists need to be careful in constructing what they think a useful theory might be and carefully view their reasons for accepting one point or another. The received view is seductive and persuasive. However, it can lead to serious errors of judgment.

Robert Bostrom

See also Attitude Theory; Empiricism; Epistemology; Health Communication Theories; Inquiry Processes; Persuasion and Social Influence Theories; Social and Communicative Anxiety

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REASONED ACTION THEORY

The theory of reasoned action (TRA or ToRA) is a widely used and strongly supported persuasion theory developed by Martin Fishbein and Icek Ajzen to identify components that predict behavior. TRA proposes a causal model of the cognitive processes leading to behavioral decisions. In contrast to many theories of behavior change, TRA can be used to guide the content of persuasive messages or interventions. TRA has been applied to a wide range of topics, from condom use to recycling, exercise to substance use. This entry summarizes TRA and an important extension of this work known as the theory of planned behavior.

Scope

TRA was developed to explain influences on behaviors that involve conscious decision making. It specifically excludes behaviors that are impulsive, habitual, or scripted. TRA would not be used, for example, to explain a frequent traveler's getting through airport security. Instead, the theory has been effectively applied to behaviors such as smoking and blood donation, over which the person has some choice. Although a noted limitation of the theory, its focus on voluntary behaviors is practical when targeting behavioral change in interventions.

Components

The ultimate outcome of TRA is prediction of behavior. The model predicts behavior based on seven causal variables—behavioral intention, attitude, subjective norm, belief strength, evaluation, normative belief, and motivation to comply. This section defines each of these and shows how

together they predict behavior. We begin with behavioral intention.

Behavioral intentions—a person's plans, motivations or desires—are the most immediate predictor of one's behavior. For example, people are unlikely to exercise if they do not intend to work out. The intention to exercise itself may be predicted by prior planning such as bringing gym clothes or buying a gym membership. Of course, motivation can be lost and a plan can be dropped. When one is invited out for dinner, a good intention to go to the gym can be quickly abandoned. Thus, intentions are subject to change. Consequently, the intention component provides a good target for behavioral change campaigns because these can influence a person's intentions to perform a voluntary action such as using condoms or getting prostate or breast cancer screenings.

Intentions are not independent, but result from underlying attitudes and subjective norms. An attitude is a general orientation toward a behavior based on a variety of beliefs and evaluations. For example, if one strongly believes that unprotected sex can cause pregnancy and does not want to have a baby, this person will probably have a behavioral intention to use contraceptives. Specifically, an attitude is determined by identifying a set of relevant beliefs, measuring the strength, or certainty, of these beliefs, and measuring their evaluation as well. Once these steps are taken, the researcher

sums these measures together, resulting in an attitude measurement.

Attitudes are specific to performing a particular behavior (e.g., smoking), not some attitude object (e.g., cigarettes). To determine an attitude, belief strength and evaluation are empirically weighted for a specific behavior and group before they are added together. These relative weights are discovered through surveys of individuals in the target audience about a behavior. The importance of attitudes, as determined through surveys, is helpful in designing intervention campaigns to address the component that best predicts behavioral intentions. Attitudes, however, are only one of the variables that determine intentions. The second, which also must be determined by a survey, is subjective norms.

Subjective norms are the social component of behavioral intentions. Subjective norms are composed of normative beliefs (i.e., the view of others regarding the behaviors) and motivation to comply (i.e., pressure to please others regarding the behavior). Subjective norms and motivation to comply are relative, as a person may be more influenced by one group than by another. For example, in regard to condom use, a partner's normative beliefs may outweigh parental normative beliefs.

These variables—behavior, behavioral intention, attitude, belief strength, evaluation, subjective norm, normative belief, and motivation to comply—are summarized in the following table:

Table 1 The Reasoned Action Process

| | | | |
|--|---|--|--|
| Someone starts the behavior of exercise because... | She or he has the behavioral intention to walk 30 minutes a day 3 times a week because... | (1) She or he has a positive attitude about exercise based on... | (1) His or her strong belief that exercise improves one's health and reduces weight. |
| | | | (2) His or her evaluation of being healthy as very important. |
| | | AND | |
| | | (2) She or he holds the subjective norm that others value exercise based on... | (1) Her or his friends' normative belief that exercise is healthy and helps reduce weight. |
| | | | (2) His or her motivation to comply with her friend's beliefs. |

Thus persuasive messages could affect behavior by providing information designed to build belief, evaluation, perception of norms, and motivations to comply with those norms.

Critiques

Despite TRA's popularity, a number of critiques have been proffered. One of the major questions regarding the TRA is the sufficiency of attitudes and subjective norms to explain behavioral intentions (and behaviors). Several variables besides attitudes and norms have been proposed, especially prior behavior. Some have questioned why intention is needed in the model if it is so highly correlated with behavior. Others have critiqued the conceptual and operational separation of attitudes and subjective norms, which have been strongly correlated in studies. Researchers have also questioned effect sizes of TRA studies, or how much variance in behavior can be explained by these variables. (TRA actually performs extremely well, especially considering poor measurement.) Finally, the TRA has been criticized for the narrow range of behaviors to which it is applied, and this led to the development of the theory of planned behavior.

Theory of Planned Behavior

Ajzen presented the theory of planned behavior to expand the predictive model to behaviors not under volitional control. The theory of planned behavior is very similar to TRA, with the addition of a component called perceived behavioral control (PBC) to predict both behavioral intention and behaviors. PBC is a person's perception of how easy or difficult it is to perform a particular behavior. It is a function of one's beliefs about control and one's perceived power. For example, in assessing skin cancer prevention, PBC might reflect how people perceive sunscreen in terms of cost, ease of application, and messiness.

Conclusion

TRA is one of the most flexible and widely utilized theories of behavior change across a variety of fields including communication, social psychology, and public health. The theory has been generative of research, although there are several questions

that could be addressed. Considerable evidence supports both TRA and the theory of planned behavior. The theory provides very specific information about how to develop the content of a campaign to target a specific population, the most useful application of the theory.

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See also Attitude Theory; Persuasion and Social Influence Theories

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RECEPTION THEORIES

See Audience Theories; International Communication Theories; Interpretive Communities Theory; Sense-Making

RELATIONAL COMMUNICATION THEORY

This entry provides an overview of a set of theories that offer a communication-based approach for understanding interpersonal relationships. These theories focus on how individuals interrelate with others through the process of communication and how different patterns of behavior and