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What works to change identity? A rapid evidence assessment of interventions

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Abstract

This paper describes the results of a rapid evidence assessment that aimed to identify the characteristics and efficacy of interventions that aimed to or reportedly changed personal or social identity. Following a rapid but systematic search of the published, peer-reviewed research on identity change, 400 studies or reviews were screened for eligibility for inclusion in the review, and 22 were retained. The interventions and samples were diverse and studies came from a broad geographic area. The quality of the research varied, but the majority was assessed as carrying a low weight of evidence. Just under two-thirds of the studies were qualitative, and most explored, retrospectively, participants' perceptions of, or applied theoretical frameworks to, identity change sometime after an intervention. Quantitative studies provided little evidence of the effectiveness of interventions in changing identity. Qualitative studies most commonly applied and then supported the Social Identity Theory of Identity Change to explain perceived changes in identity. Implications for research are discussed.

1 | INTRODUCTION

Identity change has become a target for a variety of interventions, from those that aim to help people to stop smoking (e.g., Vangeli & West, 2012), to those that aim to help people live crime-free lives after release from prison (e.g., O'Sullivan et al., 2018). However, relatively little is known about the effectiveness of such efforts. This review sets out to take a rapid but systematic look at the research into interventions and identity change in order to inform the development and design of interventions for which this is an intended outcome.

1.1 | What is identity?

In a seminal work, Erikson (1968) suggested that the term identity has been used both to describe something so broad and self-evident that a definition is barely required and something so specific that its meaning is lost. Today, there still exist multiple definitions of identity, but there is broad consensus that it is both multifaceted and socially constructed. In a review and synthesis of key identity theories, Thoits and Virshup (1997) distinguished *personal identity*, which is based on how one differs from other people, emphasizing one's unique circumstances and individuality, and *social identities* which are based on identification with social groups, roles or categories. Parfit (1984) argued that personal identity is defined in part by psychological *continuity*, that is, one's sense of oneself ties together with their past, present, and anticipated future self/selves. Relatedly, narrative identity theorists stress the importance of psychological unity or the *coherence* of personal identity (Schechtman, 1996). Personal identity is defined in part then, by a sense of coherent wholeness and of permanence across the lifetime. Thoits and Virshup (1997) suggested that social identities could be both individual or collective: individual-level identities are based on identification with social roles, like mother or doctor, socio-demographic characteristics like race or gender, or personality traits like pessimist or extravert, while collective identities are based

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on membership of groups that emphasize shared beliefs, qualities, characteristics and actions (Thoits & Virshup, 1997).

1.2 | Why intervene with identity?

Increasingly interventions are targeting identity in order to help people change their behavior. Personal identity change is one of the key aims of therapeutic communities, based on the notion that this is integral to recovery from addiction (De Leon, 2000). An important marker of participants' *integration* of learning—the last phase of therapeutic community treatment when individuals leave the program and continue to demonstrate a change in thinking and behavior in their general life—is when both the individual and those close to them believe a change in personal identity has occurred. A shift in self-perception is thought to reflect an internalization of the learning from the program, and to be necessary for generalized and lasting behavior change. However, there has been relatively little exploration or exposition of the way in which therapeutic communities are thought to prompt identity change. Theory and research in this area commonly implicates other people, and more specifically, social interaction, as key to this process. De Leon (2000) describes the community itself as the therapeutic method of change, suggesting that this works in a number of ways, including (but not confined to): (i) being surrounded by and working with others who are similarly looking to change, which increases and maintains individual receptivity to identity change, (ii) taking on different social roles in the community, which offers a chance for learning and role identity change, and (iii) others provide feedback which deconstructs deceptive self-images and help build alternative imagined selves that are incompatible with the problem behavior (e.g., Debaere et al., 2017).

In addition, specific activities in therapeutic communities are designed to facilitate identity change. The *life story narrative* aims to help people to reconstruct a "spoiled identity" by reinterpreting their lifestyle to make sense of why they engaged in harmful behavior, and then reconstructing identity by providing credible reasons for recovery. Again, the process of reconstructing identity is conceived to be relational, in that the recovery narratives are facilitated and influenced by social interaction, which also facilitates greater social integration and social support (Irving, 2011). Similarly, 12-step programs that aim to help people recover from addiction, are thought to do so in part by helping people to build a new life narrative, which helps them to make sense of how they became to be addicted, and provides a route through which to construct a new, other-focused, identity (Alcoholics Anonymous, 2001). Another key part of 12-step programs is acknowledging the harm caused by addiction. Identity Shift Theory (Kearney & O'Sullivan, 2003) says that this should change identity by exposing a conflict of values, which causes distress. This distress then prompts a change in behavior, which leads to changes in identity (e.g., from addict to recovering addict). According to this theory, exposing and acknowledging harmful behavior caused by addiction should motivate a change in behavior, which should then lead to a shift in identity, which then leads to a more permanent behavior change.

Some programs targeted at children and young adults also aim to help shape identity in order to shape behavior. In England and Wales, the Youth Custody Service's (YCS) framework for resettlement of children leaving custody is based on the theory that to be effective, all aspects of resettlement into the community must facilitate and support a shift in identity, from one that supports offending behavior to an identity that promotes positive and active citizenship (Hazel et al., 2017). This is in line with research on adult desistance from crime, which suggests that a shift from a pro-offending to a pro-social identity distinguishes those who go on to live offense-free lives from those that continue to offend (e.g., Maruna, 2001). The theory of change underlying the YCS resettlement framework, and the broader adult desistance literature, implicate social roles and certain types of activity in the process of identity change. In particular, taking on roles and engaging in activities that encourage an 'other' focus, enable the individual to contribute to their community or wider society—*generative activities*—and which facilitate integration into the community, are cited as helping to build and support a positive, prosocial identity (e.g., LeBel et al., 2015).

Similarly, Positive Youth Development interventions focus on positive identity development as a key outcome, and use *transformative activities*—self-determined actions that address self-identified problems and meet self-selected goals—in order to facilitate the experience of mastery (Kurtines et al., 2008). Mastery is theorized to leads to changes in the way people see themselves. In a similar vein, psychosocial interventions for people with mental or physical health issues aim to improve psychological well-being by increasing *self-efficacy*, as a way of helping people to start to see themselves as more capable and in control of their lives, building psychological resources that will improve resilience. For example, reconstructing identity to take into account a chronic disease has been found to improve self-efficacy and well-being (e.g., Irvine et al., 2009). This is rooted in Self-Determination Theory, which suggests that experiential learning, choice-making, goal-setting, and support risk-taking strategies facilitate the development of greater self-efficacy, self-determination, and self-awareness (Ryan & Deci, 2000).

Social prescribing is also based on the idea that intervening with people's identities can reap health benefits (Jetten et al., 2015). The Social Identity Model of Identity Change (SIMIC; Haslam et al., 2008; Jetten et al., 2014) suggests that social groups provide support, purpose, and a sense of shared identity that enable individuals to cope with challenges and transitions. For example, social groups have been used to improve the well-being of people diagnosed with life-changing conditions, on the basis that such groups can help individuals to form a new identity that incorporates the condition, providing identity continuity, and helping to mitigate the negative psychological impact of the diagnosis (Boeije et al., 2002). In addition, developing a shared social identity with others in a health-related mutual support group is thought to increase this identity acceptance and, in line with Self-Categorization Theory (Turner, 1985), increase behaviors that demonstrate belonging to this group, such as eating well, smoking cessation, or exercise (e.g., Kearney & O'Sullivan, 2003).

While there are myriad ways in which interventions have attempted to change identity, and various theories of identity change have been applied to explain how these might bring about this change,

there lacks an empirically based consensus on what works, how, why, with whom, and under what circumstances.

1.3 | The current study

The growing interest in changing identity as a target for interventions raises an important question about the efficacy of these efforts. This rapid evidence assessment (REA) seeks to review the best quality evidence on interventions that aim or report to intervene with identity in some way, asking:

1. What is the theory of change of interventions that aim to intervene with identity in some way?
2. What interventions demonstrate an impact on measures of identity and why do they work?
3. How and why do interventions that are perceived to have an impact on identity, work?

2 | METHOD

A rapid evidence assessment enables a structured and rigorous search and quality assessment of relevant evidence, but is not as exhaustive or extensive as a systematic review, and was chosen to enable a quick overview of the available evidence on the research questions by a small team.

2.1 | Search strategy

The search was conducted in October 2018, using the following databases: *CSA ProQuest* (ERIC, ASSIA, EconLit, NCJRS, PAIS international, PILOTS, Proquest—Sociology, Social Services), *EBSCO Academic* (Criminal Justice, PsycARTICLES, PsycINFO, SocINDEX), *The Cochrane Library* and *The Campbell Collaboration*. Medical databases were not used in the search, which means some relevant studies may have been missed. Hand searching of the references of eligible studies was used to identify any other papers meeting the eligibility requirements. The search used the following search terms, which were selected following a literature review on identity change: ("identity change" AND ("interven*" OR "program*" OR "treat*")). Figure 1 charts the search process, and its outcome.

2.2 | Assessment of quality

Each record was assessed for quality by the first author. A randomly selected subsample of half of the 22 studies was reviewed by an independent reviewer. Both sets of reviews agreed on the quality assessment. Primary quantitative studies had to reach at least 'Level 2' on the Maryland Scientific Methods Scale (MSMS; Farrington et al., 2002); that is, they had to measure the change in one group over at least two points in time, or use an untreated comparison group, controlling for or matching on variables to account for cross-sectional differences. Qualitative

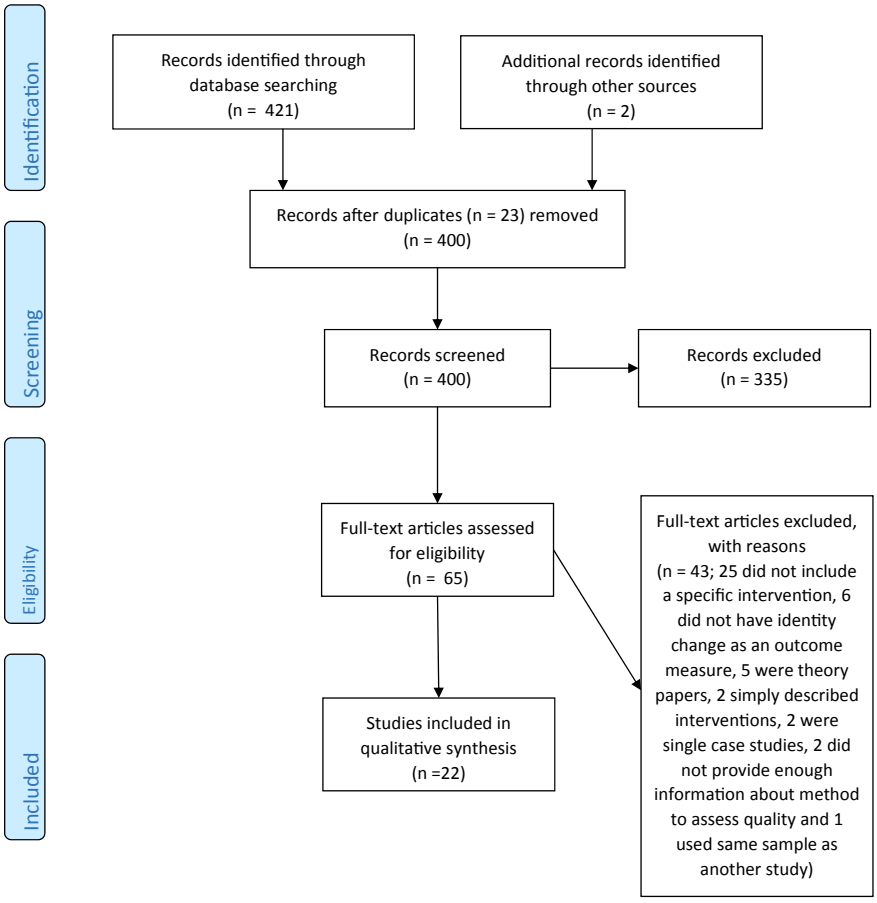

FIGURE 1 PRISMA flow chart [Color figure can be viewed at wileyonlinelibrary.com]

and review studies (systematic reviews, meta-analyses, and meta-syntheses) were assessed using the Evidence for Policy and Practice Information (EPPI) and Co-ordinating Centre Weight of Evidence assessment, which combines ratings of the quality of execution, design, and relevance of topic of the research to produce an overall rating of weight of evidence, as either low, medium, or high (Gough, 2007).

2.3 | Eligibility and exclusion criteria

To restrict the scope of the review to relatively recent interventions, only papers published in English in peer-reviewed academic journals between January 2000 and October 2018, were included in the search. Studies or reviews had to either examine the impact of a specified intervention on a specified measure of identity change, or to explore the association between an identified intervention and identity change, on participants aged 16 or over. Primary quantitative studies scoring level 1 on the MSMS were excluded from the review. With the exception of single case studies, which were removed from the sample, all eligible qualitative studies, regardless of methodology, were included. Studies that did not measure identity as an outcome, or did not examine the relationship between the intervention and identity change, were also excluded. The quantitative and qualitative elements of mixed methods studies were assessed separately for their eligibility for inclusion, meaning that if the quantitative element of a study did not reach at least level 2 of the MSMS, but the qualitative element described the relationship between the intervention(s) and identity change, only the qualitative element was retained in the review.

2.4 | Data synthesis

The review used a narrative synthesis to provide an overview of the characteristics of the evidence and the consistency and convergence of the results across studies.

2.4.1 | Data extraction

Data on a range of factors were extracted from each study or review, using a standardized form. This included information on the aim of the study, the sample size, the country in which the study took place, the intervention, the outcome measure, the findings, and more (see Appendix S1, and for a summary, Table 1).

3 | RESULTS

3.1 | Literature search

Four hundred twenty-one records were identified through the database searches, while hand searching of the references of the records led to a further two potentially eligible studies (Figure 1). Twenty-three of the records were duplicates. The titles and abstracts of the remaining 400 papers were screened for potential eligibility, and of those, 65 full-texts were assessed for relevance to the research question. Forty-three studies were excluded at this stage; the most common reason was that the study did not examine a specific intervention, rather examined some aspect of identity or identity change. The second most common was the lack of an outcome measure of identity. Twenty-two studies were retained for review.

3.2 | Description of studies

Table 1 provides a description of the characteristics of the studies included. The search identified 22 studies that met the inclusion criteria, covering a wide range of interventions. Four of the studies looked at the impact of mutual help groups on identity (one smoking cessation group, two at three different 12-step programs—Narcotics Anonymous, Cocaine Anonymous, and Debtors Anonymous—and one at a mental health group, GROW). Three studies examined identity change in therapeutic communities for people with drug addiction, and two at a specific exercise (the life story narrative), one as part of a therapeutic community for people with drug problems, and one for people with aphasia. Other intervention studies comprised intergroup encounters for Jewish and Palestinian youth, a community-based health and first aid peer-education program for prisoners, a community-based residential program for female sex workers, a residential life skills course for people with physical disabilities, international study, group-based cognitive behavioral therapy for people with Multiple Sclerosis, self-talk as part of a physical exercise intervention for older people who had suffered a fall, a virtual reality game for science students, systemic couples therapy and a positive youth development program for teenagers with complex problems and multiple problem behaviors. A systematic review examined 12 qualitative or mixed methods studies of environmental enhancement and conservation activities and identity change. In addition, a meta-synthesis of qualitative research reviewed 16 studies examining the role of family support in identity reconstruction following a diagnosis of Multiple Sclerosis.

Only one of the studies (Kitchell et al., 2000) was published in the first half of the eighteen-year time period in which the search spanned. The remaining 21 studies were all published from 2009 on, and over half (14/22 studies) were published after 2013, suggesting a recent growing interest in identity as a target for intervention.

The countries in which the studies took place were widespread but were mainly in the Western hemisphere. Five of the primary studies were conducted on interventions in the U.S., three in the U.K., two in Australia, two in Belgium, two in Ireland, one in Italy, one in Germany, one in Israel, one (on an international study) included participants in Hong Kong, Mozambique, Malaysia, China, Taiwan, Macau, Korea, Singapore, and Kenya. The meta-synthesis of qualitative research did not provide information on the location of the interventions in the studies included. Twelve of the 19 studies in the systematic review of environmental enhancement activities were

TABLE 1 Description of the studies included in the review ($n = 22$)

Authors	Country	Sample	Intervention	Theoretical basis	Aim	Design and methods	Findings	Quality rating
Ahmad and Reid (2016)	Canada	25 couples of South Asian origin seeking couples therapy	Systemic-constructivist couple therapy	Increases in identification with a relationship that is co-constructed will be inclusive of individuals' cultural values and ideals, will improve couples' ability to work together and find fulfillment in their marriage	To examine the role of "couple identity" as a mediator of treatment outcome (relationship adjustment)	Quantitative—Pre- and post-intervention questionnaires and interviews which were coded for couple identity using "we-ness" scale	Relationship adjustment improved from the first to the last session of therapy. Around two-thirds of the couples demonstrated reliable change following treatment. "We-ness", or couple identity, accounted for the effect of time on each of the self-report measures of relationship adjustment	MSMS 2
Barker et al. (2014)	No information	16 qualitative studies on people diagnosed with Multiple Sclerosis (M.S.)	Family support (defined as involvement with an individual of a group of people related by blood, marriage, civil partnership or cohabitation)	Social Identity Model of Identity Change	To investigate identity reconstruction in people newly diagnosed with Multiple Sclerosis, and to determine whether the Social Identity Model of Identity Change helps explain the establishment of new identities	Qualitative—Meta-synthesis of qualitative research	Three themes were identified across the 16 studies: (1) The family as a secure base for identity reconstruction—seven studies found family identity was strengthened following MS diagnosis, (2) Problems encountered with living with MS include social withdrawal, the effects of losing or reducing work and dependency tensions, all of which could be buffered by family support, (3) Coping strategies were influenced by family support and increasing family identity can bring the family group together and if coping strategies are aligned with that of the family group, this can lead to more adaptive strategies that enable people to integrate MS into their identity	EPPI weight of evidence: Medium
Corsten et al. (2015).	Germany	27 Patients diagnosed with aphasia recruited from rehabilitation units and aphasia support groups	Biographic-narrative intervention	Generation of life narratives through interactions with social others, a shared 'sense making', in which language is the primary tool, creates identity and a coherence that provides people with unity, purpose and meaning	To evaluate an adapted interdisciplinary biographic-narrative intervention for impact on health-related quality of life and mood, as well as to gain a deeper understanding of identity development processes in people with aphasia	Qualitative analysis of transcripts of interviews with patients 1 week post-treatment	Four identity-related themes were identified by the researchers: (1) agency—participants described an increased sense of competence as a result of being encouraged to set goals and prioritize, and through successful communication in the biographical narrative interviews, (2) control—by comparing themselves to group members with worse language deficits, participants perceived the sense of control, and conversely, upward social comparison provided motivation and hope for coping better in the future, (3) disease concept—chronic diseases often lead to a deficit saturated self, while the intervention enabled participants to focus on what they could do, and reduced stigmatization by increasing social contact with people in the same position, (4) doing things—the intervention encouraged participants to try new things or do things they hadn't done since becoming unwell, increasing a sense of independence and social participation	EPPI weight of evidence: Low

(Continues)

TABLE 1 (Continued)

Authors	Country	Sample	Intervention	Theoretical basis	Aim	Design and methods	Findings	Quality rating
Debaere et al. (2017)	Belgium	10 former residents of a therapeutic community for addiction	Therapeutic Community (TC) for people with substance use problems	Lacanian identity formation/change; the self is constructed through social interaction	To explore the perspectives of former residents of therapeutic communities on how the TC intervened with any identity-related problems, and the process of change	Qualitative—retrospective using interviews and focus groups to elicit reflections on TC participation and identity change	The participants reported that prior to entering the TC they felt disconnected from others, but that the TC experiences connected them to others, partly through adherence to TC law. They also described becoming more aware, as a result of feedback and therapy in the TC, of deceptive self-images, which enabled the shedding of these image	EPPI weight of evidence: Low
Dingle et al. (2014)	Australia	At outset, 132 people with drug and/or alcohol addiction, 60 followed-up into the community, majority self-referred	Therapeutic community (TC) for people with substance use problems	Social Identity Model of Identity Change	To examine whether participants' identity changes from that of a substance user to a recovery identity during their time in a therapeutic community, whether changes in these identities are related to substance use and well-being	Quantitative—Prospective longitudinal study	Identity scores at the start of the TC indicated moderate ratings of identity as a substance user, which decreased significantly over time, and high ratings of identity as a member of the TC which increased significantly over time. 95.1% of participants rated their "recovery" identity as high at the point of exiting the TC. As recovery identity ratings went up, user identity ratings went down while in the TC, but deteriorated at the 6-month follow-up. Social identity change predicted life satisfaction and substance use at follow up	MSMS 2
Eichas et al. (2010)	U.S.	178 "At risk" youth (14–18 year olds) in urban "alternative" high schools, for children with multiple and complex problems	Positive youth development program; Changing Lives	"Transformative" activities, while solving short-term problems, lead to the experience of mastery, which leads to changes in the way people see themselves, and identity. Mastery experiences promote the consolidation of positive identity	To test whether the intervention had a direct, moderated, or mediated effect on personal expressiveness, and reduced internalising behavior	Quantitative—pre- and post-intervention questionnaires compared participants with similar (but not matched) group on outcomes and potential mediators and moderators	The intervention mediated increases in personal expressiveness and reductions in internalizing behavior. The change over time in the level of identity resolution was moderated by ethnicity. Level of identity resolution did not mediate change over time in either personal expressiveness or internalizing behavior	MSMS 2
Finn et al. (2009)	Australia	All 21 mutual help groups in one region of Australia were observed for 2 x sessions, 3 observed weekly for 6 months, and 2 for 3 months. Observation of 24 GROW leader training meetings and 4 weekend meetings. Interviews with 20 volunteer GROW members and 4 GROW staff	Mutual help group for mental health problems—GROW	Social Identity Model of Identity Change	Examination of how a self-help group, GROW, impacts on psychological well-being including change in self-perception	Qualitative *bricoleur* approach used as study findings were to inform theory development, investigating the processes through which change occurs in mutual help groups	GROW members described a meaningful shift in their identity as a result of improvements in coping and interpersonal skills, and an increase in self-esteem and confidence. This was down to both feeling accepted by, and having a sense of *belonging* to, the group, which reduced isolation and stigma, *feeling useful*, by helping others which provided a sense of purpose, as well as a sense of *personal value*, facilitated by acceptance by, and helping, others. Identity transformation was seen as the process through which people stopped seeing themselves as problems who needed help, and started seeing themselves as people who could learn how to solve problems and help others	EPPI weight of evidence: Medium

(Continues)

TABLE 1 (Continued)

Authors	Country	Sample	Intervention	Theoretical basis	Aim	Design and methods	Findings	Quality rating
Foster and Shah (2016)	U.S.	16 high school students	Land Science, an immersive video game in which players role-play as an urban planning intern	The Dynamic Systems Model of Role Identity, which suggests identity exploration occurs through exploration of ontological and epistemological beliefs, action possibilities, purpose goals and self-perception, and definitions of self	To look at how the game changes players' knowledge (science and game knowledge and knowledge of strategies), thinking (personal and game goals), how they see themselves and what expect of themselves, what they care about and want to become (e.g., motivation, interest, sense of self)	Qualitative—analysis of pre- and post-intervention interviews, in-game work, and chat archives	Land Science led to gains in participants' knowledge and game/technical literacy for urban science and scientific modeling, and to identify with the role of an urban science intern. No evidence of impact on personal relevance or value assigned to urban science	EPPI weight of evidence: Low
Goethals et al. (2017)	Belgium	155 substance using adults who entered one of four therapeutic communities (TCs) in North Belgium in two-year period (40% of whom were referred by the judge). Sixty-seven were followed up for full 10 months	Therapeutic Community (TC) for people with substance use problems	"Community as method", using social learning and self-help methods to bring about change in thinking and behavior	To investigate the association between time in treatment and participants' perceptions of the treatment process in therapeutic communities for addictions. To assess whether changes in perceptions of treatment are linked to specific client characteristics	Quantitative—longitudinal study; questionnaires administered at 1, 4, and 10 months into treatment	On average, an increase in Dimension of Change Instrument (DCI) scores, taken to denote the change in personal identity, was seen over time. Participants who demonstrated above-average levels of psychological distress during treatment reported lower scores on Introspection and Self-Management over time. Authors suggest that this means high-level distress may impact negatively on the ability to reflect on the self and to control one's behavior	MSMS: Level 2
Graziano et al. (2014)	Italy	82 people with confirmed diagnosis of Multiple Sclerosis aged between 20 and 65 with mild to moderate disability, absence of clinically significant cognitive or severe psychiatric deficits or significant relational difficulties	Group-based cognitive-behavioral therapy	A chronic disease is thought to present a break in people's sense of identity's continuity and coherence. Reconstructing identity to take into account the chronic disease should improve self-efficacy and therefore well-being	To test whether a group-based cognitive-behavioral intervention was more effective than a control condition in improving quality of life, depression, and psychological well-being for people with multiple sclerosis. It was hypothesized that any improvements over time would be mediated by changes in identity, namely a sense of coherence, identity motives, and self-efficacy	Quantitative—randomized control trial	Depression, sense of coherence, psychological well-being, and identity did not change over time for either the control or intervention groups. The intervention group showed a higher quality of life over time than the control group. Psychological well-being increased over time for the men but not the women in the intervention group	MSMS: Level 5, but underpowered
Hayes (2010)	U.S.	46 Debtors Anonymous group members from 9 groups from 7 U.S. states	Debtors Anonymous—self-help group	Labeling theory; identity change is precipitated by recognition of a problem. Self-help groups encourage self-labeling as "deviant" without attached stigma, which motivates identity change	To examine the process of identity change among a sample of people attending Debtors Anonymous	Qualitative—retrospective accounts of how identity changed as a result of engagement with DA, plus analysis of online material about the groups	Participants felt labeling played a role in identity change. Self-labeling requires more than one episode of "social" labeling (labeling by others), but can "plant the seed" which may later lead to acceptance of the label. Often social labeling served to confirm what the individual already knew or suspected to be true about themselves, and led to increases in self-awareness that led to acceptance of the label	EPPI weight of evidence: Low

(Continues)

TABLE 1 (Continued)

Authors	Country	Sample	Intervention	Theoretical basis	Aim	Design and methods	Findings	Quality rating
Husk et al. (2016)	12/19 studies included identity outcome. Of these, 7 from U.K., 4 from Australia, 1 from Canada	12/19 studies evaluating the impact of Environmental Enhancement and Conservation Activities; total *n* of 373, for those which included sample size	Environmental Enhancement and Conservation Activities (EECA)	Exposure to and contact with nature has a positive impact on health and well-being.	To determine whether environmental enhancement and conservation activities impact on adult health and well-being	Systematic review	The authors' thematic analysis of the qualitative studies (k = 9, *n* = 371, although one study didn't report participant numbers), indicated that participants felt EECAs impacted on personal/social identity. 5/9 qualitative studies and one of the mixed methods studies described EECAs as impacting on personal and social identity. In one study, using a probation sample, participants talked about being able to make a direct contribution to society through the EECA "it's nice feeling part of society again", rebuilding self-worth and engaging with members of the public, and through meaningful and collaborative activities. Two studies indicated that EECAs facilitated the development and maintenance of an environmentalist identity. In another study, volunteering to do the EECAs provided a means to achieve status and self-worth following retirement. "Through engaging with meaningful activities that were seen to be valuable socially and environmentally, individuals had access to resources (personal, social and cultural), which allowed them to develop more positive identities"	EPPI weight of evidence: Medium
Irving (2011)	U.K.	3 ex-Heroin users, at least 4 months drug-free, taking part in a Therapeutic Community	Life story narrative in Therapeutic Community (TC) for people with substance use problems	Life story narratives help people to reconstruct a "spoiled identity" by reinterpreting their lifestyle to make sense of why they became (in this case) drug or alcohol addicted, and then reconstructing identity by providing credible reasons for recovery	To explore how life story narratives may be used as a tool for identity reconstruction in a therapeutic community for people with problems with drug and alcohol use	Qualitative—case studies	Writing and talking about one's life story enables a renegotiation of the past and reconstruction of identity. The narratives enable people to identify unhappiness with the way things have gone in the past, and provide a justification for change. Writing a narrative involves "editing", consciously making choices about what to include and exclude from the story, which enables reconstruction of an improved identity. Capturing negative emotional events on paper enables a degree of mental dissociation. Life story narratives facilitate heightened self-awareness, and the reassertion of personal agency over life, which the author argues are prerequisites for identity change	EPPI weight of evidence: Low

(Continues)

TABLE 1 (Continued)

Authors	Country	Sample	Intervention	Theoretical basis	Aim	Design and methods	Findings	Quality rating
Kitchell et al. (2000)	U.S.	14 people who belong to one of two citizen environmental groups, HazTrak and Global Action Plan for the Earth, plus observation of 14 group meetings	Storytelling	Social Identity Model of Identity Change	To examine the use of storytelling as a tool for mediating identity change and facilitating behavior change	Qualitative—interviews and observations	Stories focus on past experiences relevant to the group (in this case, environmental battles or actions), helping construct or reaffirm an environmental identity. The story pattern comprises the description of experiences, awareness of environmental damage, and adoption of an environmental identity. Stories lead to a commitment to act in a way that is in accordance with an environmental identity	EPPI weight of evidence: Low
Marsh (2011)	Ireland	5 people who formerly persistently offended and were addicted to drugs, but who had remained crime free for at least 10 years	12-step programs (Narcotics Anonymous and Cocaine Anonymous)	Social Identity Model of Identity Change	To examine the intersection of the script facilitating internal change in those who are recovering from drug addiction and that which facilitates such changes in those who are desisting from offending	Qualitative—retrospective interviews	The researcher indicated that all five participants had developed new identities, and that this was precipitated by a sense of desperation as a result of mental and physical collapse, and by accepting the presence of a higher power which provided a sense of purpose and identity. Creating a coherent narrative that explained past behavior and reconciled this with the present and future by engaging in reparative action, was also a feature of participants' narratives. Helping others was cited as a means to make amends, or to provide a sense of meaning and worth, as well as a marker of change	EPPI weight of evidence: Low
McPherson et al. (2018)	Canada	14 people with physical disabilities who had completed the intervention five years prior to the study	Residential Immersive Life Skills program	Self-determination theory: Experiential learning, choice-making, goal-setting, and support risk-taking strategies facilitate the development of greater self-efficacy, self-determination, and self-awareness	To understand the subjective experiences of alumni of the residential immersive life skills program	Qualitative—phenomenological approach; interviews with intervention alumni	Half of the participants described identity change as a result of RILS, six did not and one said it did not change his/her identity. For those who felt their identity had changed through participation, the researchers indicate that this as because the program enabled participants to integrate the way they were perceived by others with their self-view, to become more accepting of their own disability identity. The sense of community that the program provided helped people to feel accepted and promoted peer support. Moving to an advocacy role was cited as important in one case	EPPI weight of evidence: Low

(Continues)

TABLE 1 (Continued)

Authors	Country	Sample	Intervention	Theoretical basis	Aim	Design and methods	Findings	Quality rating
Ng et al. (2018)	Hong Kong, Mozambique Malaysia, China, Taiwan, Macau, Korea, Singapore, Kenya	15 international students	Spending a study year abroad	Social Identity Model of Identity Change	Examination of the relevance of the Social Identity Model of Identity Change (SIMIC) for the transitions faced by international students	Qualitative—interviews following a transition to a new country	Thematic analysis provided support for the relevance of the SIMIC's social identity gain (gaining new social identities) and maintenance (maintaining existing social identities) pathways in the transition to living in a new country and identified a number of associated factors that acted either as facilitators (e.g., host family that supported community integration) or barriers (e.g., experiencing culture shock) to social identity change	EPPI weight of evidence: Medium
Oliver et al. (2016)	U.K.	6 older people living in the community who had suffered a fall	Self-talk during a physical exercise intervention	Cognitive Evaluation Theory; if events are interpreted in a way that results in a sense of freedom, autonomy, and mastery, these will facilitate an integrated and endorsed identity. Self-talk mediates the relationship between social messages and change in self-concept, driving changes in how we see ourselves	To examine the role of self-talk in the process of identity change during the initial ten weeks of an exercise referral falls prevention program	Mixed methods—case study approach	There was no change in physical identity activity over the first ten weeks of the intervention; participants scored highly on this measure to begin with, so possible ceiling effect. Informational self-talk increased over the 6-week assessment period. Low levels of controlling self-talk at the outset for all participants remained low. Not sufficiently large sample on which to do any mediational analysis to determine impact of self-talk category on physical activity identity. Qualitative data suggests that this changed over time from amotivational, competence-undermining phrases to more informational, supportive phrases. Move from a rejection of the physical self to an accepted, more positive physical state which is less fragmented, more confident and agentic	MSMS: Level 2, EPPI weight of evidence: Low
Oselin (2009)	U.S.	8 Women who had formerly engaged in prostitution, 6 of whom were diverted by the courts, 2 self-referred	Prostitution Rehabilitation Program: residential treatment	Not specified	To examine identity transformation among women attending the Prostitution Rehabilitation Program	Qualitative—ethnographic approach using observation and interviews	Analysis suggests women went through three phases of identity transition; an adjustment period of 4–5 months characterized by resistant talk (resistance to the control strategies of the program), expression of shame and remorse, a secondary phase which lasts around a year and is characterized by changed talk but resistant behavior or resistant talk but changed behavior. The final phase sees both changed talk and behavior that coheres with a new, 'non-deviant' identity. The last phase was associated with a rejection of the 'prostitute' identity. The author suggests that the total control imposed on new residents provides them with something to resist, and that as control is gradually removed, women more willingly conform to the program's identity of a sober, (legally) working citizen	EPPI weight of evidence: Low

(Continues)

TABLE 1 (Continued)

Authors	Country	Sample	Intervention	Theoretical basis	Aim	Design and methods	Findings	Quality rating
O'Sullivan et al. (2018)	Ireland	11 adult male prisoners who had taken part in the program	Community-based Health and First Aid Program (peer education)	Generative activities enable prisoners to embrace the "wounded healer" identity; to use their experiences and wrongdoings to help others, as well as providing an opportunity to get reinforcement for the positive changes to their identity	To capture the experiences and reflections of volunteers on a peer-to-peer prison program, with a view to understanding how this impacted on their "desistance mechanisms"	Qualitative—retrospective interviews with participants	Participants believe the program facilitates identity reconstruction, "the program gave me a new perspective of myself and what I could change, as in my thinking", "I found my true self". Nine of the eleven participants described a perceived shift to a more prosocial identity as a result of involvement in the program. Participants also describe getting a sense of agency as a result of driving the activities of the intervention, feeling proud that they could give something back and be a constructive and productive member of their community. Many viewed their offending behavior as an asset to the role, in line with the wounded healer identity, renegotiating their behavior as meritorious rather than stigmatizing. Researchers also indicated that the program helped participants to generate social bonds, specifically a non-offending, prosocial network, and to get social recognition and reinforcement for prosocial behavior/identity	EPPI weight of evidence: Low
Ross (2014)	Israel	73 adult Jewish and Israeli participants in two different intergroup encounter interventions, which they attended as teenagers	Peace Child and Sadaka Reut: Intergroup encounter programs	Contact hypothesis and Social Identity Model of Identity Change	Examination of how intergroup contact can create the conditions for identity change	Qualitative—retrospective narrative interviews	The interventions bring about identity change through "identity expansion", encouraging individuals to see themselves as part of a broader social group to which both Jewish and Palestinian citizens belong, "we are all human". However, the intervention (Sadaka Reut only) also resulted in greater in-group identification for some participants, accentuating differences between the two social groups. Some participants expressed identity ambiguity, while 21 were classed as having undergone "identity transformation", which moves beyond identity expansion to "a way of being in the world in which one is aware of and able to articulate interconnections between various economic, political and social issues". The findings suggest that intergroup encounters are more likely to result in identity accentuation in minority groups. Following the conditions of successful intergroup contact was associated with identity change. Engaging in encounters and returning to one's own community in between appeared more successful in facilitating identity change than intensive encounters away from one's home community	EPPI weight of evidence: Medium

(Continues)

TABLE 1 (Continued)

Authors	Country	Sample	Intervention	Theoretical basis	Aim	Design and methods	Findings	Quality rating
Vangeli and West (2012)	U.K.	10 people who had stopped smoking for 12 months following participation in a smoking cessation group	Smoking Cessation group	Social Identity Model of Identity Change and PRIME theory of motivation, based on Identity Shift theory, which says that identity shift occurs as a result of value conflict as a result of increasing distress caused by one's behavior. This prompts a change in behavior, which leads to changes in identity	To examine how a smokers' sense of identity changes following smoking cessation	Qualitative—phenomenological approach, using retrospective interviews	Group members indicated that stopping smoking was a collective effort, motivated by attachment to other group members (suggestive of a shared social identity built on smoking cessation). A sense of responsibility to other group members was also described as a motive to remain abstinent. The quotes from participants indicate negative appraisals of the smoker identity and more positive appraisals of the non-smoker	EPPI weight of evidence: Low

Abbreviations: EPPI, Evidence for policy and practice information; MSMS, Maryland Scientific Methods Scale.

included in the qualitative research review which looked at identity as an outcome. Of these, seven were from the U.K., four from Australia, and one from Canada.

The quality of the studies varied. The strongest study was a Cochrane systematic review, followed by a meta-synthesis of qualitative research; however, the quality of the research included in the latter was not assessed in the review, making it difficult to determine how much weight to give the findings. There were five primary quantitative evaluations, of which four were level 2 on the MSMS, and one a level 5 (a randomized control trial). There was one mixed-methods study, which was rated MSMS level 2, and EPPI weight of evidence medium. The majority of the studies (14/22) were primary qualitative research, exploring people's perceptions of identity change following an intervention. Of these, 11 were assessed as a "low" weight of evidence, using the EPPI criteria, while the remaining three were rated as "medium".

3.3 | RQ1: What is the theory of change of interventions that aim to intervene with identity in some way?

Most commonly, interventions were based on the Social Identity Model of Identity Change (seven interventions), one of these pairing this with the contact hypothesis (Ross, 2014), another with PRIME theory of motivation (Vangeli & West, 2012). The second most common theory of change was that of shared sense-making as a means of creating a coherent personal narrative and shaping identity, which was the basis of both the life story narratives and the 12-step Narcotics and Cocaine Anonymous groups (Corsten et al., 2015; Marsh, 2011). Other interventions were based on different identity theories or single factors hypothesized to make a difference through unspecified theoretical pathways. These comprised: Lacanian Identity change (Debaere et al., 2017), Dynamic Systems Model of Role Identity (Foster & Shah, 2016), Labelling Theory (Hayes, 2010), Self-determination Theory (McPherson et al., 2018), Cognitive Evaluation Theory (Oliver et al., 2016), nature as promoting psychological health (Husk et al., 2016), couple identity (Ahmad & Reid, 2016), mastery through transformative activity (Eichas et al., 2010), Community as Method (Goethals et al., 2017), self-efficacy (Graziano et al., 2014) and generative activity (O'Sullivan et al., 2018).

3.4 | RQ 2: What interventions demonstrate an impact on measures of identity, and why do they work?

The five quantitative investigations of interventions' impact on identity provided a mixed picture about the potential of the intentional intervention to change identity. In part, this was because identity was operationalized in different ways in all of the studies, making it hard to compare interventions or to synthesize the

findings of this research. Four studies aimed to capture aspects of personal identity (e.g., the extent to which identity was coherent, Eichas et al., 2010 and Graziano et al., 2014; personal expressiveness, Eichas et al., 2010; that being in a relationship was part of, and coherent with, their unique identity, Ahmad & Reid, 2016; or processes thought to be associated with personal identity change, in particular introspection, self-management, attitude to self, commitment to behavior change, problem recognition, and social network, Goethals et al., 2017), while one explicitly measured social identity (e.g., whether people defined themselves in part by the membership of a like-minded group who shared core values; i.e., a therapeutic community member, Dingle et al., 2014).

Using a pre-existing coding scheme (Reid et al., 2006), Ahmad and Reid (2016) coded participants' dialogue to get a measure of "we-ness", or couple identity, in the first and last couples' therapy sessions. Dingle et al. (2014) measured social identity in therapeutic community participants at up to six different times during and after treatment, using the Social Identification Scale, a four-item self-report questionnaire (Doosje et al., 1995). Pre- and post-completion of the Positive Youth Development program, Eichas et al. (2010) used the 10-item Informational Style subscale of the Identity Style Inventory (Berzonsky, 1989), a 39-item self-report questionnaire, to measure the degree to which people had a diffused or unified identity, as well as the Identity Resolution subscale of Erikson's Psychosocial Stage Inventory (Rosenthal et al., 1981) to measure identity confusion or the resolution of an identity crisis. This study also used as its primary outcome a measure of positive identity development—the six-item personal expressiveness subscale of the Personal Expressiveness Activities Questionnaire (Waterman, 1995)—which asks about the degree to which respondents associate program activities with personal long-term life goals. Graziano et al. (2014) used the Identity Motives Scale (Manzi et al., 2010), a 12-item self-report measure that asks respondents about their expectations of their future selves, as well as the Sense of Coherence scale (Barni & Tagliabue, 2005), prior to, immediately after and then again, six months after, cognitive behavioral therapy for people diagnosed with Multiple Sclerosis. Goethals et al. (2017) administered the Dimensions of Change Index (DCI; Orlando et al., 2006) at three points during and after engagement in therapeutic communities (TCs). The DCI self-change subscale was used to measure processes theoretically associated with identity change in TCs.

Two studies found an impact of an intervention on identity or identity change processes. The first examined a "positive youth development program"—the Changing Lives Program (CLP)—which aims to promote "positive identity development" (Eichas et al., 2010). Through participation in weekly 45 min to hour long group sessions facilitated by a group facilitator, a co-facilitator, and one or two assistants over the course of 8–12 weeks, adolescents who took part were encouraged to identify short-term problems they wanted to address, and to engage in self-directed activities that would give them a sense of mastery over that problem. In contrast to adolescents in a control condition, participants in the CLP improved significantly over treatment on a measure of positive identity development, as measured by personal expressiveness (Eichas et al., 2010). Second, a longitudinal study of change in processes theoretically linked to identity change found that the longer people engaged in one of four traditional, long-term (9–12 months), therapeutic communities for addictions, the more change they demonstrated (Goethals et al., 2017). This study found that those people reporting increased levels of personal distress during treatment deteriorated in their introspection and self-management, suggesting that psychological distress may inhibit the ability to examine oneself and manage behavior, which is thought to be key to identity change. Two studies indicated that identity change mediated the impact of treatment on other outcomes (relationship adjustment following seven 1-hr, weekly, sessions of systemic couples therapy, Ahmad & Reid, 2016); drug use and psychological well-being following 3- to 6-month-long engagement in a therapeutic community, Dingle et al., 2014). The strongest evidence, from the randomized control trial, however, was of no change over time in identity motives or coherence following group cognitive-behavioral treatment for people diagnosed with Multiple Sclerosis, although the small sample size ($N = 82$) means the analyses were likely to have been underpowered (Graziano et al., 2014). Participants in this intervention attended five 2-hr-long group sessions, run by a psychologist, over a period of six months, focusing on identity, goal setting, self-efficacy, and emotion management.

3.5 | RQ 3: How and why do interventions that are perceived to have an impact on identity, work?

The results of the 17 studies reporting qualitative findings (14 qualitative, one mixed methods, a systematic review, and a meta-synthesis of qualitative research) are described with reference to the factors each identified as relevant to the process of identity change in participants who had engaged in an intervention (Table 2). There was remarkable consistency in the language and terminology used to describe those factors implicated as relevant to participants' identity change, enabling synthesis across studies. To test the reliability of categorization, a second, independent reviewer coded the factors relevant to identity change identified in each study. Where there was disagreement between coders, this was discussed and a final categorization was agreed.

3.6 | Developing connections/relationships/sense of belonging

Over two-thirds (12/17) of the studies reporting qualitative findings suggested that identity change was linked to social networks, either through developing connections or relationships with others, or through a sense of belonging to a social group. This was the most common theme across the studies included in the review.

TABLE 2 Qualitative studies implicating different factors in process of identity change following intervention

Studies/themes	Developing connections/ relationships/belonging	Getting sense of purpose or meaning	Increase in self-awareness or problem acceptance	Increase in self-efficacy/ agency	Behavior change/ commitment to act	Reductions in stigma	Access to resources (psychological, social, practical)	Rejection of counter-normative identity
Barker et al. (2014)	+	−	−	−	−	+	+	−
Corsten et al. (2015)	+	−	−	+	+	+	−	−
Debaere et al. (2017)	+	−	+	−	−	−	−	−
Finn et al. (2009)	+	+	−	−	+	+	−	−
Foster and Shah (2016)	−	+	−	−	−	−	−	−
Hayes (2010)	−	−	+	−	−	−	−	−
Husk et al. (2016)	+	+	−	+	−	−	+	−
Irving (2011)	−	−	+	+	−	−	−	−
Kitchell et al. (2000)	+	+	−	−	+	−	−	−
Marsh (2011)	−	+	+	+	+	+	−	−
McPherson et al. (2018)	+	−	+	+	+	+	+	−
Ng et al. (2018)	+	−	−	−	+	−	−	−
Oliver et al. (2016)	−	−	−	−	+	−	−	−
Oselin (2009)	+	−	−	+	+	+	+	+
O'Sullivan et al. (2018)	+	+	−	+	+	+	−	−
Ross (2014)	+	−	−	−	−	−	−	−
Vangeli and West (2012)	+	−	−	−	−	−	−	+

Nine studies explicitly referred to membership of social groups as generating shared, social identities (Barker et al., 2014; Finn et al., 2009; Husk et al., 2016; Kitchell et al., 2000; Marsh, 2011; Ng et al. 2018; Oselin, 2009; Ross, 2014; Vangeli & West, 2012). For example, Finn et al. (2009) found that GROW, a mutual help group for people with mental health problems, was perceived by group members from 21 different groups to provide a sense of belonging, and consolidated a new social identity by encouraging, providing opportunities for, and reinforcing, actions that adhered to the values of the group, specifically mutual helping and taking on leadership or expert roles. Similarly, in an analysis of the function of story-telling in two environmentalist groups, Kitchell et al. (2000) concluded that stories of environmental action served not only to share knowledge and exchange ideas, but also as a way to reaffirm a shared "environmentalist" identity among the 14 people interviewed, and in observations of group meetings. A systematic review of nine qualitative studies examining the impact of environmental enhancement and conservation activities, also suggested that social contact was an important part of the perceived positive effect of these activities, facilitating a sense of being trusted, being part of a wider community, and developing positive social identities based on meaningful and collaborative activities with others with whom participants shared core values (Husk et al., 2016). In addition, Vangeli and West (2012) suggested that an important function of a smoking cessation group was that it helped participants to take on a transient "team stop smoker" identity, an identity shared with others in the group, and consolidated through bonding activities and an explicit common goal to quit smoking. The 10 participants described the team identity as an important motivator, particularly for those with a limited intrinsic motivation for smoking cessation, which helped them transition to an "ex-smoker" or "non-smoker" identity.

The themes of parity of status, collaboration, and explicit shared goals as a feature of interventions that promoted new social identities, was also evident in a study of intergroup encounters between Jewish and Palestinian Youth. Interviews with 73 adults who, as young people had engaged in organized intergroup activities suggested, in line with the Contact Hypothesis (Allport, 1954), that these were more effective in moving people from a narrow "in group" identity toward a broader social identity that transcends ethno-nationality, when these encounters were structured, ensured participants had equal status and worked collaboratively toward a common goal (Ross, 2014).

Interviews with eight women engaged in the Prostitute Rehabilitation Program, indicated that the creation of a shared social identity among participants acted as a means of informal social control (Oselin, 2009). Similarly, interviews with 10 former residents of a therapeutic community for people with drug or alcohol problems, indicated that it was through acceptance of, and adherence to, the rules of the therapeutic community (TC law), a common set of standards for behavior, that they felt a sense of community and belonging, which encouraged hope for, and persistence in attempts to, change (Debaere et al., 2017). O'Sullivan et al. (2018) also found that the creation of social bonds was one of the ways in which the Community-Based Health and First Aid Program (CBHFA) helped to motivate participants to move to a non-criminal identity. As in the Prostitution Rehabilitation Program, the social relationships participants formed during the community-based health program were predicated on adoption of a prosocial identity, and were perceived to be at risk if participants behaved in a way that deviated from that identity. The social bonds formed on the CBHFA were also perceived to provide an opportunity for a new life through a new, prosocial network and community (O'Sullivan et al., 2018).

The sense of belonging and social acceptance derived from peer support was reported to be an important feature of interventions for people with physical disabilities. Twenty-seven participants in biographic interventions for people with aphasia reported gaining a sense of community from getting together with similar others as well as a perception that they were "normal" in this context, suggesting some impact on self-view (Corsten et al., 2015). This has similarities with the accounts of 17 people with physical disabilities who had attended as youth, one of three residential immersive life skills (RILS) courses. Participants in RILS described feeling a sense of belonging as a result of being part of a group of people experiencing similar issues, which contrasted with the isolation many had felt prior to attending (McPherson et al., 2018). McPherson et al. (2018) report that this facilitated in participants much needed social support and a sense of acceptance and connectedness.

Finally, two studies suggested that strengthening existing social identities could help buffer against the perceived threats, and facilitate acceptance, of new identities. Analysis of 15 international students' experiences of studying abroad found that maintaining existing social identities, by having frequent and quality contact with family members and friends, alongside adopting new social identities facilitated by activities and resources that enabled integration in the local community in the host country, helped with successful adjustment to this life change (Ng et al. 2018). Maintaining existing social identities was thought to provide a buffer against threats to well-being posed by moving away from home into a country with unfamiliar customs and culture, and no established support networks, and to enable students to develop additional social identities based on the new community they had moved into. The same process was identified in a meta-synthesis of qualitative research on the role of family support for people with a diagnosis of Mutiple Sclerosis (MS), which also concluded that increased social activity (after an initial period of withdrawal following diagnosis), including the use of support groups, and family support, were associated with successful or adaptive integration of MS into participants' identity and stronger family identities, which helped people to cope with their diagnosis (Barker et al., 2014).

3.7 | Behavior change or a commitment to act

The next most common theme, found in nine of the 17 papers, was the role of behavior change or a least a commitment to behave differently, in facilitating shifts in, or maintaining a new, identity.

Both studies that explored the narratives of men who had served time in prison suggested that engagement in activities that enabled them to give back to society in some way, or to use their mistakes to enable others to learn (other-focused, generative activity), helped to reduce the weight of the stigma these men carried with them, by encouraging them to adopt a new, "helper" or "wounded healer" identity (Marsh, 2011; O'Sullivan et al., 2018). Similarly, the mutual help group GROW was perceived to help people with mental health problems to think of themselves differently in part by providing opportunities and means through which to support others in the group, changing people's perceptions of themselves as failures, to people who could add value and from whom others could learn (Finn et al., 2009). In a study of participation in environmental groups, Kitchell et al. (2000) suggested that telling stories about environmental actions or intended actions helped to reaffirm and consolidate an environmentalist identity.

Providing or encouraging people to identify, and commit to, opportunities to act in different ways, or to do new things, was an important feature of both the Residential Immersive Life Skills program for young people with physical disabilities and the biographic narrative intervention for people with aphasia. In both programs people were encouraged, or given opportunities, to engage in meaningful activities that provided a sense of independence, which participants said helped to shift, positively, the way they saw themselves (Corsten et al., 2015; McPherson et al., 2018) Similarly, a physical activity intervention for older people who had recently suffered a fall was perceived by participants to have led to a view of the self as more competent and able, as they were behaving in ways that they had previously thought they would not be able to, which provided tangible evidence that challenged a more negative self-view (Oliver et al., 2016). A study of international students' experience during a year abroad also indicated that engaging in new behaviors, such as financial planning, food shopping, and doing their own laundry facilitated a shift in students' view of themselves to more adult and capable (Ng et al. 2018).

Oselin (2009) indicated that the women in the Prostitution Rehabilitation Program went through phases in moving from a prostitute to non-prostitute identity. During transition, women were observed to express prosocial attitudes in line with the program, but to break rules or behave in ways that were incongruent with those attitudes. Conversely, at other times during this phase participants expressed antisocial or anti-program sentiments, but abided by the rules and behaved in ways that were in line with a more prosocial identity. Oselin (2009) argued that successful transition to a non-prostitute identity was signified by changes in both talk and behavior, and that the program enabled this shift in part by teaching women new ways to speak and act.

3.8 | Increasing self-efficacy/agency

Seven of the 17 studies identified an increasing sense of self-efficacy or control over one's life and behavior, as associated with a positive change in how people viewed themselves. In the Residential Immersive Life Skills program, increasing levels of self-efficacy through the experience of mastery over everyday tasks were perceived to be linked to a more positive view of the self as more independent and capable, enabling individuals to identify their strengths (McPherson et al., 2018). Similarly, the agency was one of the four themes identified by people with aphasia as a consequence of engagement in a biographic narrative intervention (Corsten et al., 2015). According to participants, increasing skills in prioritization and communication, plus the recall of past competence in different areas of life through the telling of one's life story, helped to improve their perceptions of their abilities, and the degree to which they felt they could have control over their lives. This helped to move people away from a "deficit-saturated" identity (Corsten et al., 2015), to one in which people saw themselves as having agency and strength. Irving (2011) suggested that life story narratives helped the three people in his study who had all been dependent on drugs or alcohol to contrast the sense of powerlessness and lack of control they felt while using substances, to the agency and control over the future that they enjoyed now that they were sober and engaged in treatment in a therapeutic community. Marsh (2011), who interviewed five people with convictions who had not committed a crime for at least 10 years and who had attended Narcotics or Cocaine Anonymous groups, reported that it was working to help others dependent on drugs in these meetings (step 12), that facilitated a sense of efficacy and agency.

Husk et al. (2016) noted that in some of the studies that formed part of their systematic review, environmental enhancement and conservation activities had the effect of making participants feel that they were having a valuable impact on nature, which developed or consolidated their "environmentalist" identity. Similarly, O'Sullivan et al. (2018) reported that nine of the 11 people in prison who took part in a community-based peer-education health and first aid program felt that participation had led to a change in self-perception, and that this was partly a result of an increasing sense of agency, which helped them to feel more confident in their ability to live a crime-free life, and to have a greater sense of control over their futures.

In contrast to the other interventions in the review, the Prostitution Rehabilitation Program intentionally took away agency from its participants, imposing severe restrictions on their freedom, in order to provoke resistance and a desire for autonomy (Oselin, 2009). This did not work for all women in the program, however, some of whom rejected the restrictions and teachings of the intervention from the start, and dropped out, and some of whom vacillated between resistance and acceptance.

3.9 | Increasing self-awareness or acceptance of a problem

Five studies suggested that a necessary step for identity change was an increase in self-awareness, linked to accepting a need for change, or as a result of accepting that a behavior they were engaged in was problematic.

Hayes (2010), who interviewed 46 people attending Debtors Anonymous groups in the U.S., explored the role of labeling in

helping people to accept a "deviant" identity that would prompt behavioral change. Hayes found that attending self-help groups could have the effect of confirming participants' own initial, uncertain, self-labeling of their financial behavior as deviant, by providing the means through which to be labeled as such by similar others (social labeling), and the opportunity to develop insight into their behavior and its consequences, and self-label. Other group members confirmed and reinforced acceptance of a counternormative identity, helping to consolidate the identity change, although the degree to which this was successful, and participants took on and then sustained this identity, varied. Hayes (2010) suggested that some participants superficially accepted negative labels, in order to fit in and feel part of the group, but later rejected these, replacing them with less stigmatizing, more positive, and/or more accurate labels.

Marsh (2011) reported that the exercises aimed at increasing awareness and honest accounting of the harms participants had caused through their drug use, were also perceived by participants to be an important part of the 12-step programs they attended (Cocaine Anonymous and Narcotics Anonymous). Marsh (2011) indicated that this awareness and acceptance of their problematic and harmful behaviors strengthened participants' commitment to a new, more prosocial, way of being. Similarly, former residents of a therapeutic community for people with drug and alcohol problems indicated that change in self-view was predicated on being able to see oneself clearly, describing a process of moving from a deceptive self-view, to a more realistic view of the self, which was associated with increased self-acceptance and self-worth (Debaere et al., 2017).

Two of the three participants in Irving's (2011) case study of life story narratives in a therapeutic community for people dependent on drugs or alcohol, indicated that this exercise prompted reflection on the shame and guilt they had experienced in their lives. Irving (2011) suggested that this may have acted as a motivator for change, making the necessity for change more apparent, and prompting (re) construction of an improved identity; one in which that past could become an asset, enabling individuals to connect with and guide others who are at risk of making similar mistakes.

Half ($n = 7$) of those who attended one of three residential immersive life skills courses as young people, and who were interviewed about their experience up to five years later, felt that this program had changed the way they saw themselves (McPherson et al., 2018). More specifically, they described having integrated a disability identity into a broader personal identity, moving from a denial of, or reluctance to see oneself as having, disabilities, to acceptance and ownership of the disability. This was facilitated by being part of a group who all had disabilities, and who accepted each other as they were, without judgment.

3.10 | Reductions in stigma

Reductions in stigma were cited as an important motivator for identity change in seven of the studies. High levels of stigma attached to a personal or social identity were thought to inhibit the integration of past behavior with a new, improved self-concept, while reducing the stigma and shame associated with non-conforming or counter-normative identities was thought to help people to accept those aspects of themselves they felt ashamed of or to reconcile their past with a new, normative identity. In those studies focused on health-related issues, being part of a group that reduced the stigma associated with a medical diagnosis of Multiple Sclerosis, physical disability, mental health problems, or addiction was perceived to have helped to increase self-esteem, and to enable people to see themselves more positively, as people who could and did have value to others (Barker et al., 2014; Corsten et al., 2015; Finn et al., 2009; Marsh, 2011; McPherson et al., 2018). Participants in the Residential Immersive Life Skills program who described a change in identity as a result of participation described being able to accept an identity that attracts stigma or negative associations (specifically "disabled"), as a result of being part of a group of others for whom this label was also relevant, who understood what that felt like, but who did not let it become the defining feature of their identity (McPherson et al., 2018).

Oselin (2009) reported that one of the ways in which the Prostitute Rehabilitation Program was thought to create identity change, was through providing a way in which women could move from a highly stigmatized, counter-normative "prostitute" identity, to a new role and identity that brought greater social status and less shame. Acting and speaking in line with a new, normative, identity attracted praise and reinforcement from other residents and staff on the program, helping women to feel more respected and better about themselves.

O'Sullivan et al. (2018) found that, for prisoners who took part in a Community-Based Health and First Aid program, the opportunity to re-construe their offending pasts as an asset which could help them to help others, by making them more relatable, authentic, and empathic, reducing the stigma associated with having a criminal conviction. This engendered hope in participants, who saw a way in which to use their stigmatized "offender" identity to make good their past mistakes (Maruna, 2001). Marsh (2011) described a similar process in the accounts of people who had attended 12-step programs, indicating that becoming sober, and helping others who were struggling with addiction helped participants to move away from the stigma of being a drug addict and toward a view of themselves of someone with worth who could add value to others.

3.11 | Rejection of a counter-normative identity

In opposition to those studies that indicated that acceptance of an identity that attracts stigma or negative associations (specifically "disabled", McPherson et al., 2018 and "gambler", Hayes, 2010) motivated or was intrinsic to change, two studies suggested that change in identity was associated with a rejection of a such an identity ("prostitute," Oselin, 2009, and "smoker," Vangeli & West, 2012). Vangeli and West (2012) found that participants in a smoking cessation group transitioned to a "non-smoker" identity in part through

construing smokers as an undesirable minority, and positioning non-smokers as higher in the social hierarchy. However, the researchers suggested that, while labeling themselves as "non-smokers", the continued attraction to smoking that all of the participants reported a year after attending the group, suggests an "ex-smoker" identity might be a more accurate and helpful label, enabling people to integrate their desire to smoke with their decision not to, and reducing the anxiety associated with relapse (Vangeli & West, 2012).

Oselin (2009) indicated that the participants in a residential program for women engaged in sex work felt a pressure to move away from the heavily stigmatized "prostitute" identity, which had been a defining feature of their personal and social identities. In this intervention, rejection of that counternormative identity was seen to be an important part of the transition toward a prosocial identity incongruous with sex work.

3.12 | Sense of purpose or meaning

Five studies indicated engagement in activities that were perceived to have personal or wider social value increased participants' sense of purpose and meaning, helping them to see themselves more positively. In a systematic review of research, Husk et al. (2016) concluded that environmental activities provided participants with a means to contribute to society, helping people to feel like they had a purpose, which made them feel valuable and worthwhile. Similarly, in their study of people attending GROW mutual help groups for people with mental health problems, Finn et al. (2009) indicated that one of the key factors associated with a change in self-perception was an increase in feeling of purpose and value, and feeling useful. By feeling as though their actions were meaningful, GROW group members started to see themselves as having personal worth. Kitchell et al. (2000) studied the function of story-telling in two environmental groups. In both groups, group meetings would involve the telling of stories by individual members, of environmental actions that they had taken. Kitchell et al. (2000) suggested that this helped participants to see and affirm themselves as people who could and did make a difference to something that was personally and socially valuable.

A community-based health and first aid program provided prisoners with opportunities to engage in generative activities, in which they helped other individuals or engaged in projects that worked to resolve issues that were relevant to their communities. O'Sullivan et al. (2018) argued that, among those who reported a positive shift in identity, these activities provided a means to give something back, which helped people to see themselves as valuable, and gave them a sense of purpose. The same was observed in the accounts of five people who had been addicted to drugs and who successfully desisted from crime, who reported a sense of meaning and purpose gained from helping support others who were struggling with addiction on 12-step programs (Marsh, 2011).

One study, by Foster and Shah (2016) concluded that a virtual reality game in which participants took on the role of an urban planning intern, did not, as intended, help to foster an "urban scientist" identity in its players. They suggested that the game was unsuccessful in doing so because it failed to increase the degree to which participants felt urban science was considered relevant to goals that held personal significance. Foster and Shah (2016) suggested that this may, in part, be a result of a lack of opportunity in the game to set and pursue personal goals and make it meaningful, again underscoring the perceived importance of activities that provide a sense of purpose and meaning, contributing to valued personal or social goals, in interventions designed to promote identity change.

3.13 | Access to resources

Four studies indicated that interventions helped to promote identity change in part by providing or improving access to resources that could reinforce or build new identities.

Barker et al.'s (2014) meta-synthesis of qualitative studies on social identity in people with Multiple Sclerosis (MS) indicated that family support was a key source of social support that helped people to come to terms with or buffer some of the negative effects associated with a diagnosis of MS. Family support provided a secure base that enabled people to try out reconstructed identities, providing encouragement to attend support groups and to accept their diagnosis. In the same vein, McPherson et al. (2018) reported that a residential life skills program for young people with physical disabilities was effective in promoting mutual peer support, which was perceived to reinforce a more empowered identity among participants.

Husk et al.'s (2016) systematic review indicated that environmental enhancement and conservation activities enabled access to "personal, social and cultural" resources, as these activities were perceived as valuable both personally and to those in wider society, and connected people to others who served as a source of emotional, social and practical support. These resources were thought to be important in facilitating the development of more positive personal and social identities (Husk et al., 2016). Oselin (2009) argued that for women in the Prostitute Rehabilitation Program, the bonds between residents and between staff and residents afforded access to social and emotional support, with participants, for example, asking staff for help and advice when facing challenging issues.

4 | DISCUSSION

Qualitative research suggested that people perceive shifts in how they see themselves over time as a result of engagement in interventions. Twelve of the 17 studies or reviews that reported qualitative findings indicated that developing connections/forming relationships with others was a key route to identity change. Most commonly this was attributed to the development of new social identities, facilitated by interventions that brought similar others together to work collaboratively on personally or socially meaningful activities with a focus on helping others, and which provided opportunities

to demonstrate a commitment to the shared values and behaviors of the group (Barker et al., 2014; Finn et al., 2009; Husk et al., 2016; Kitchell et al., 2000; Marsh, 2011; Ng et al. 2018; Oselin, 2009; Ross, 2014; Vangeli & West, 2012). Three studies indicated that social control played a role in encouraging people to conform to new identities (Debaere et al., 2017; O'Sullivan et al., 2018; Oselin, 2009), while two suggested that such connections helped by generating a sense of belonging and social acceptance (Corsten et al., 2015; McPherson et al., 2018). Bringing people facing similar problems or with similar aims together also, in some cases, facilitated access to social, psychological, and emotional resources, which were thought to help maintain identity change, providing a buffer against threats to identity (Barker et al., 2014) and opportunities and encouragement to act in line with, and demonstrate commitment to, the new identity (Husk et al., 2016; McPherson et al., 2018; Oselin, 2009).

The next most common feature of the interventions that people felt brought about change in identity, or helped consolidate desired identities, was that they helped people to behave differently. Whether this was through teaching practical life skills (Corsten et al., 2015; McPherson et al., 2018; Ng et al. 2018), modeling and reinforcing prosocial and adaptive behaviors and coping strategies (Oselin, 2009), encouraging a commitment to actions that were in line with a desired identity (Kitchell et al., 2000; Vangeli & West, 2012), getting people to do physical activity (Oliver et al., 2016), or providing opportunities to help others (Finn et al., 2009; Marsh, 2011), changing the way people behaved was perceived to change the way people saw themselves, leading to a view of the self as more worthy, valuable, competent and capable.

Relatedly, interventions that provided participants with the opportunity and means to do something they felt was meaningful and provided a sense of purpose, to experience mastery or to have a positive impact on others or the world either environmentally (Husk et al., 2016; Kitchell et al., 2000), socially (Finn et al., 2009; Marsh, 2011; O'Sullivan et al., 2018) or personally (Corsten et al., 2015; Irving, 2011; McPherson et al., 2018; Oselin, 2009), were reported to lead to positive shifts in identity, helping people to see themselves as more efficacious, in control of themselves and their futures, and as having worth.

Three closely related themes that were identified across a number of studies, were the role of interventions in increasing self-awareness and acceptance of problem behaviors, reducing stigma associated with existing identities, and rejection of counternormative identities. In interventions with people with addiction or financial problems, awareness of the negative consequences of these behaviors, and acceptance of a "deviant" identity, that confers a lower social status or otherwise negative appraisal, was perceived to be an important motivator for identity change (Debaere et al., 2017; Hayes, 2010; Irving, 2011; Marsh, 2011), and is a principle of 12-step programs.

For people with physical disabilities, acceptance of the physical needs and interdependence associated with their disability, was seen as an important part of transition to a more empowered identity which would enable them to get what they needed to manage their disability, facilitated by close contact in a residential "immersive" program with other people with similar disabilities (McPherson et al., 2018). Part of what enabled acceptance and integration of these undesired identities was a reduction in the stigma associated with each. Reducing the negative associations attached to physical and mental health problems to enable integration of these issues into participants' identities, was perceived to be an important feature of interventions for people with Multiple Sclerosis (Barker et al., 2014), aphasia (Corsten et al., 2015), mental health problems (Finn et al., 2009) and physical disabilities (McPherson et al., 2018). This was also deemed to be a key component of interventions for people who had engaged in criminal activity, including men who had been to prison (O'Sullivan et al., 2018), or who were now living crime-free in the community (Marsh, 2011) and women who engaged in sex work (Oselin, 2009). For these heavily stigmatized groups, reductions in stigma were achieved by enabling reconstruction of these identities as assets, which could be used to help others make better choices, offering an opportunity for redemption, in line with previous research in this area (e.g., Maruna, 2001).

In two studies, however, rather than acceptance and integration of counternormative identities into a broader personal identity, identity change was perceived to result from a rejection of these identities (Oselin, 2009; Vangeli & West, 2012). In these interventions, the socially undesirable nature of the "prostitute" and "smoker" identity were emphasized and were perceived to motivate participants to adopt a more prosocial identity. This echoes findings from research with people who have successfully desisted from crime. Compared with those who continued to offend, desisters spoke of their past behavior as an aberration, and not reflective of their true selves, rejecting a criminal identity (Maruna, 2001). This was not clearly the case for the desisters in the O'Sullivan et al. (2018) study, who had engaged in 12 step-programs for their drug addiction. In these programs, and for these participants, the notion of accepting the full extent of the harm caused by past behavior related to addiction, and ownership of a counter-normative identity, was perceived as necessary, enabling reparative action and a move to a new, other-focused identity, which retained and integrated a recovery identity. Based on current evidence, it is not clear the extent to which, or under which conditions and with whom, rejection or acceptance of a personally or socially stigmatized identity is necessary for identity change.

Overall, the qualitative studies provide broad support for the Social Identity Model of Identity Change (SIMIC; Haslam et al., 2008; Jetten et al., 2014). This was the theory on which a number of the interventions were based, and social groups based on personally meaningful shared characteristics, values, or goals were most commonly identified as facilitating identity change. However, most of these studies set out to examine identity change through a SIMIC lens, introducing a potential source of bias. Should support for this model be found in research that is inductive or data, rather than theory, driven, we could have more confidence that the SIMIC best explains identity change in these or similar interventions.

Despite the positive perceptions of identity change identified in the qualitative research, there is too little good quality evaluation

to determine whether or not interventions can intentionally change aspects of individuals' identity. Problems with inconsistency in, or failure to fully describe definitions of, identity further complicate the picture, and made it impossible to synthesize the results of the impact evaluations in the review. This highlights the pressing need for good quality quantitative evaluation, of level 4 or 5 on the Maryland Scientific Methods Scale (Farrington et al., 2002), based on clear and, where possible, consistent, definitions and measures of identity.

4.1 | Limitations

A Rapid Evidence Assessment is, by design, not as thorough as a systematic review of research, and some relevant studies may have been missed. To limit the number of hits, only research conducted in the last 18 years was screened, and of this research, only those studies published in English and in peer-reviewed journals were included. There was no search of medical databases nor gray literature. However, hand searching of references and searches in the Campbell and Cochrane Libraries mitigated some of the risks of missing relevant research.

A key limitation that affects the confidence we can have in the conclusions of the review is the generally low quality of those studies that met the inclusion criteria. There was little quantitative research on which to base conclusions about the impact of interventions on identity, and with the exception of one study, that research was low quality, reaching only level two of the Maryland Scientific Methods Scale. The majority of the research in this area was qualitative, lending itself to understanding how and why interventions might work to change identity, rather than whether or not they are successful in doing so. Nevertheless, this is an important line of enquiry, and one which can help to highlight the conditions under which change may be more or less likely, and the features of interventions that people perceive to be helpful in changing the way they see themselves/the stories they tell about themselves. However, the majority of these studies, like the quantitative studies, while relevant, were judged to be of a low quality commonly because of poor design or on the basis that they were very small-scale, again limiting the weight we can give the findings of this research.

Finally, another important limitation is the inconsistency in how identity was defined and measured, making direct comparisons between interventions impossible. In order to move forward in our understanding of any impact of interventions targeting identity change, we make the following recommendations for future research in this area:

1. Given the dearth of good quality impact evaluations on identity change interventions, relative to qualitative research examining how such change is perceived to occur, rigorous experimental or quasi-experimental research (meeting at least level 4 of the MSMS) is required to establish whether, under what conditions, and with whom, identity change through structured intervention is possible. Evaluations should test both mechanisms of change and moderators of efficacy to help improve and inform the design of identity interventions.
2. Researchers should provide clear definitions of the outcomes in which primary research is interested, and, where research is examining the same concept, should use standardized measures to do so (e.g., Social Identification scale, Doosje et al., 1995; Social Identity Continuity scale, Haslam et al., 2008; Sense of Coherence scale, Barni & Tagliabue, 2005; Identity Motives Scale, Manzi et al., 2010) enabling accumulation and aggregation of results across samples, which can lead to a better, more complete picture of any impact that interventions may have on identity.
3. The relationship between identity change and the outcomes this has been linked to theoretically, including psychological well-being and behavior change, also requires better empirical investigation. In order to determine whether, when, and how identity change can lead to positive changes in mental health, well-being or behavior, evaluations need to measure mechanisms of action and moderators of treatment effect (see Hagger et al., 2020).

Given the increase in interest in identity as a target of interventions, and in facilitating well-being and behavior change, it is vital that evaluative research properly defines and measures this concept, and that the quality of research in this area improves.

4.2 | Conclusion

There is insufficient evidence on which to base firm conclusions about whether it is possible to intervene to shape people's identity. Qualitative research suggests that interventions may be effective in changing the way people see themselves, particularly those that involve the development of social networks, and more specifically, a shared social identity with other participants. Research in this area should include clear definitions of identity and there should be a move toward standardized measures that are both reliable and valid and which would enable the synthesis of findings across studies.

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SUPPORTING INFORMATION

Additional Supporting Information may be found online in the Supporting Information section.

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