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DYSFUNCTIONAL BEHAVIOURS FROM THE SOCIAL – COGNITIVE LEARNING THEORY PERSPECTIVE

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Abstract: *The most elaborated theory of the third type of learning, Social – Cognitive Learning Theory (SCLT) has been formed as the alternative to the conditioning theories. The theory contributes to the nature/ nurture discussion by claiming that both forces of internal dispositions as well as environmental influences are interactive (reciprocal determinism). SCLT does not doubt that to maintain dysfunctional maladaptive behaviour more than traumatic conditioning is needed and thus tries to prove that dysfunctional behaviour is learned and maintained by the interaction of factors of personality, environment and behaviours formed by conditioning. In the paper, phobias are explained from the perspective of the SCLT.*

Keywords: *Social Cognitive Learning Theory, reciprocal determinism, dysfunctional behaviour, agoraphobia*

Social Cognitive Learning Theory

Anything can be observed. Nature, plants, rivers, animals, moon in the sky. However, the most important for life, is to observe people and learn from them. Father of observation theories, Albert Bandura (1925) proved by research that by observing someone who **models** behaviour or emotional states, a person can increase or decrease her own behaviours be it simple reactions or handling complicated problems. Experiments with overcoming a fear of dogs are well known (Bandura, 1986). After fearful children observed a fearless model playing with a dog, they were more willing to step towards a dog and stroke it.

Bandura elaborated his research results into a theory known as **Social – Cognitive Learning Theory (SCLT).** Originally**,** it was called **Theory of Social Learning,** and it was formed as a main alternative to conditioning theories. Undoubtedly, it is the best elaborated *theory of a third type of learning.* However, its basic concepts and methods consequently leaned a theory away from behaviourism to such an extent that it is doubtful if J. B. Watson and B. F. Skinner would recognize their own theories within SCLT framework.

SCLT is **social** because it emphasizes *the social context,* in which behaviour is learned and maintained, as well as *interaction with people* (Buck, 1999). The theory

does not deny the importance of classical and operant conditionings, after all, it is rooted in them (Pervin, 1993). It agrees that classical conditioning can explain how the response is moved from stimulus to stimulus, and operant conditioning can explain how positive reinforcement leads to repetition of a particular response. However, the theory refuses the statement that all learning is based on a trial – error mode. If the latest were the truth, how would one explain obtaining knowledge from books, maps, television, from teachers, or other resources which serve as a kind of a prevention or protection from the consequences of mistakes at trials?

Theory is **cognitive** because it underlines *a role of cognitive processes in behaviour* (Buck, 1999). A person learns some behaviour by observation, nevertheless, it does not mean that this behaviour will be thoughtlessly copied and automatically becomes a part of a person's behavioural repertoire. A person consciously decides if a behaviour will or will not be automatically imitated. There are practical reasons beneath this decision. Every day we observe countless types of behaviours. It is impossible to utilize all of them, therefore we store for a future only limited part of them. And which part is stored, depends on the consequences of a particular behaviour. Even monkeys, not so intelligent as humans, are able to integrate experiences of others into their own behaviour and evaluate the possible impact it might have on them (Bandura, 1986).

Observational learning

Probably, the most intriguing contribution of Albert Bandura is his explanation of acquirement of new behaviours without reinforcements. A. Bandura noticed that people acquire so many new and complicated responses that it is impossible to learn every single response by contingencies. Therefore he overstepped the boundaries of classical learning theories, and hypothesised that people learn also without direct performing new behaviours and without rewards or punishments. He called this type of learning **observational learning** or **vicarious learning** (obtained vicariously by observing other people's experiences). In literature, the term **modelling** is used as well.

Dysfunctional behaviour

In psychology, the debate about nature/ nature has taken many years. A. Bandura (1988) contributed to this debate by his theory of **reciprocal determinism** which states that personal dispositions and environmental influences are *interactive.* Environment influences a person, yet, a person can decide how to respond. People are not passive agents pulled by somebody else, but active agents making their own decisions, taking responsibility, actively constructing the world, forming others, and in response being shaped by others. This view significantly draws A. Bandura away from B.F. Skinner's statement that people do not have freedom of choice, and confirms that A. Bandura was taken by a wave of **humanistic psychology** underlying capacities of people to decide about their own lives and to develop themselves within a framework of their biological limitations. Nonetheless, Bandura remains a behaviourist with a strong commitment to systematically study human behaviour.

Theory of reciprocal determinism argues that in an attempt to maintain dysfunctional behaviour more than traumatic conditioning is needed. According to the theory, dysfunctional, maladaptive behaviours are learned in the interaction of *personality,* including cognitive and neurophysiological processes, *environment,* including interpersonal relations and socio – economic conditions, and *behaviours* formed by reinforcements. In the next part of the article, using the theory of reciprocal determinism, the process of learning and maintaining of phobic behaviours will be drawn.

Reciprocal determinism and phobias

Phobias (*anxiety disorders in which intense fear of particular objects and situations is based on irrational basis)* are learned in a direct contact but above all by observation (Bandura, 1986). Once formed, a phobia is maintained by reinforcement which is obtained after a person avoids feared situations. Two illustrations of the theory follow. In the first example, a 19 – year old agoraphobic student is presented. In the past, she experienced a panic attack in a park. It is understandable that she does not want to re-experience a panic attack again and therefore she keeps avoiding parks (negative reinforcement). Avoidance behaviour (dysfunctional) is reinforced by the interaction of expectations (I will have a panic attack in a park), external environment (park), and behaviours (previous experience in a park). However, the core of the problem is not a park (external environment) but *expectation* that a panic attack will hit her in a park, and her *perception of inefficiency* to manage a walk in a park because she believes in her inability to manage the terror of a possible attack. Thus cognitions become a part of her pathology. Always when she approaches a park her attention is focused on a lurking catastrophe which finds its reflection in her behaviour. She turns back and escapes. Hence, avoidance to a situation (park) depends on the depth of *a belief* that a panic attack will occur at a particular place rather than on a fact how many times she had a panic attack at a particular place or how serious were panic episodes. The real problem lies in avoidance behaviour. It is very difficult to extinguish her agoraphobia if she continues avoiding threatening objects (in our case parks). Agoraphobia can be overcome only when she will expose herself to the most feared situations.

Agoraphobic behaviour maintains only if it is reinforced. What is an effective reinforcement in a given case? Lowered anxiety. If she avoids a park (behaviour) her behaviour gets rewarded. As if she was saying: "I do not feel anxious because I successfully avoided a situation, a thought, a feeling. For all that I will avoid them also the next time." Many agoraphobics cannot get rid of this belief as they believe in its truth, as many panic patients believe that they have a serious illness even though medical tests prove different.

The theory of reciprocal determinism is illustrated in the next case as well. A child is begging her mother to allow her to stay at home and not to go to school. If mother automatically agrees, based on operant conditioning principles, both of them will reinforce the behaviour of the other one. Mother's behaviour will be controlled by environment (daughter), and simultaneously, mother's behaviour will have countercontrol effect (Skinner, 1989) on environment (daughter). In this point, Bandura extended traditional operant conditioning model for *cognitive processes.* Thus, also in our case,

mother's ability *to think about the consequences of reward* or *ignoring* daughter's behaviour must be taken into account. Let say, a mother will conclude: "If I permit my daughter to avoid a school she will stop crying (short term goal) but in the long term her phobia gets deeper. For that reason I am not going to give her permission." Thus mother's behaviour will affect external environment (daughter) as well as her own environment (she rejects daughter's request). Consequently, daughter's behaviour will partially shape mother's future cognitions (I made the right decision) and her behaviour (she will repeat it in the future).

This example illustrates a theory of reciprocal determinism from mother's perspective. At the beginning, daughter's behaviour (begging) influences mother's behaviour (environment influences behaviours) and mother's cognitions (environment influences personality). Simultaneously, mother's behaviour shapes mother's thoughts (behaviour influences personality), and mother's thoughts partially influence mother's behaviour (personality influences behaviour). The remaining question is whether mother's cognitions influence environment. Bandura asserts that this is not processed directly but indirectly through the whole personality including factors such as: age, height, status, sex. All these factors interfere prior to mother saying anything. Therefore, mother, due to her status and age influences daughter (personality influences environment). Thus the last determination is completed.

Phobias and observation

As any behaviour, also dysfunctional phobic behaviours can be learned either by direct experience or by *observing „sick" models.* When research participants observed a model who was just pretending a pain, unknown that a model is just pretending a pain, as soon as they heard the sound of a bell, they started to show a strong emotional reaction (Bandura, 2000). In other words, they reacted emotionally strongly to a harmless stimulus. Similar process is present while learning of phobic behaviours. If a child was brought up in a family with a long term ill family member or a hypochondriac a child observed for years „a sick" model and listened to its fears. Therefore a child's focus on health and „threats" from the external environment can be expected making the basis for a child's phobia. Against their will, every parent suffering from a phobia is a model for a child. If mother suffers from social phobia her phobic reactions are observed by a daughter and learned by imitation or **vicarious learning.** It explains (Bandura, 2000) why phobic behaviours run in families from generation to generation.

Vicarious conditioning takes place during direct observationas well as through verbal instructions. Anxious sensitivity pushing a person to exagerate a danger is rooted in information gathered. Fear reactions are learned through listening to people what terrible things might happen during a walk in the park, or driving a car on a bridge, or after the lights in the cinema are switched off. An example is represented by a mother worrying that her son will choke if he does not bite food properly. She keeps warning him to swallow slowly otherwice he will die. Today, to avoid suffocation, her 4 year old son refuses to eat solid food and drinks only liquids.

A great responsibility for forming and the maintenance of phobias, was attributed by A. Bandura to environmental influences, especially to television. Rapes, roberry,

terrorist attacks and many other catastrophies attacking people day after day from TV screens result in their feelings of security only behind the closed door of their houses. Even though nobody ever has raped them or mugged them, in other words they do not have a direct experience, they live in fear. And as it is known, fear is feeding itself by reinforcement.

Therapeutic change

Therapeutic work within a framework of SCLT does not have a long tradition despite the fact that A. Bandura focused his reaserch also in this direction and elaborated methods of therapeutic change. He argued that therapeutic change happens after acquiering new thoughts and behaviours, and after their generalization and maintenance (Bandura, 1988). In this process, a key role in played by **modeling.** To overcome phobias, dysfunctional beliefs and avoidance behaviour are changed through observation of models modeling desirable behaviours which brings positive consequences or at least not negative. The complex behaviour is broken into small sequencies and tasks with successively increasing difficulties (Buckova, 1999). Numerous studies have proven (Bandura, 2000) that by observing a model undesirable behavior is reduced and simultaneously new skills and competencies are acquired.

Conclusion

SCLT represents an application and refinery of classical learning theories. A. Bandura drew psychologists attention to the observational learning overlooked by classical theories. He proved that learning through observation does not need any external reinforcers.

To what extend can be Bandura's theory utilized in practice? We believe, that a theory offers a useful map for every teacher or parent interested in increasing and maintaining a particular behaviour. Modeling and observation of desirable behaviours can be utilized for this purpose.

In the article, the apllication of SCTL to phobias was presented. Maladaptive phobic behaviours are learned by the direct observation of an inappropriate model or by verbal instructions. However, the same process of modeling and observation can be used for extinguishing phobias. If a phobic child observes an unfearful model repeatedly modeling desirable behaviour in fearful situations, a phobic will learn how to handle them without fear, adaptively, and that feared consequences will not follow. Thus a model becomes an inhibitor of anxiety helping a phobic to learn desirable adaptive behaviour.

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DYSFUNKČNÉ SPRÁVANIE Z PERSPEKTÍVY SOCIÁLNO – KOGNITÍVNEJ TEÓRIE UČENIA

Abstrakt: Najrozpracovanejšia teória tretieho typu učenia, Sociálno – kognitívna teória učenia (SKTU), sa sformovala ako alternatíva teórií podmieňovania. Podľa teórie k vývoju normálneho aj abnormálneho správania prispievajú tak vnútorné dispozície človeka, ako aj vplyvy prostredia (recipročný determinizmus). Teória nepochybuje o tom, že k udržaniu dysfunkčného, maladaptatívneho, správania je treba viac ako traumatické podmieňovanie, a z pozícií tejto perspektívy dokazuje, že dysfunkčné správanie sa upevňuje interakciou faktorov osobnosti, prostredia a správania, ktoré sa sformovalo podmieňovaním. V príspevku ponúkame poňatie fóbií, ich vznik a udržiavanie z pohľadu SKTU.

Kľúčové slová: sociálno – kognitívna téoria učenia, recipročný determinizmus, dysfunkčné správanie, agorafóbia