Social Learning and Coping Models: Part 1

In the next Background Briefings, Professor David Clark looks at the relevance of social learning and coping models to our understanding of substance use and misuse.

In my last three Briefings, I looked at how learning or conditioning processes are involved in problematic substance use or addiction. This Briefing continues along a similar theme, but focuses on the role of higher forms of learning, and cognitive processes, in substance use and misuse.

Social Learning Theory (SLT), developed by Albert Bandura in the mid-1970s, has impacted strongly on this field. In essence, SLT describes the effect of cognitive processes on goal-directed behaviour. It considers the human capacity for learning within a social environment, through observation and communication.

Advocates of SLT describe the role of reinforcement, cognitive expectancies, modelling and self-efficacy in influencing substance use and misuse. SLT has generated a good deal of basic and clinical research in the field, and forms the basis for therapeutic interventions such as coping skills training and cue exposure treatment.

Reinforcement is a central principle of SLT. The learning element of SLT is the simple operant response, whereby a person will repeat any behaviour that leads to a reward. Thus, a person may continue taking cocaine because of the euphoric or pleasurable effects of the drug (positive reinforcement), or continue to drink alcohol because it alleviates the anxiety and tension they experience after a stressful day at work (negative reinforcement).

According to SLT, the more frequent or intense the substance-taking experience, the more habitual it becomes. SLT also recognises that different types of drug exert different effects and the effects will differ between individuals and their desires, depending on factors such as past history, personality and current life circumstances.

A person who is using a drug to cope with personal problems will face different issues in overcoming problematic use to a person who has been using a drug in a social environment where all his or her friends use.

When a person takes a drug or drinks alcohol, they form an expectancy of what they will experience when they take the substance again. While this expectancy may be confirmed on subsequent occasions, the effects produced by psychoactive substances are also dependent on the dose of substance, as well as other factors such as set (personal characteristics) and setting (environmental characteristics).

Thus, a person may experience different effects
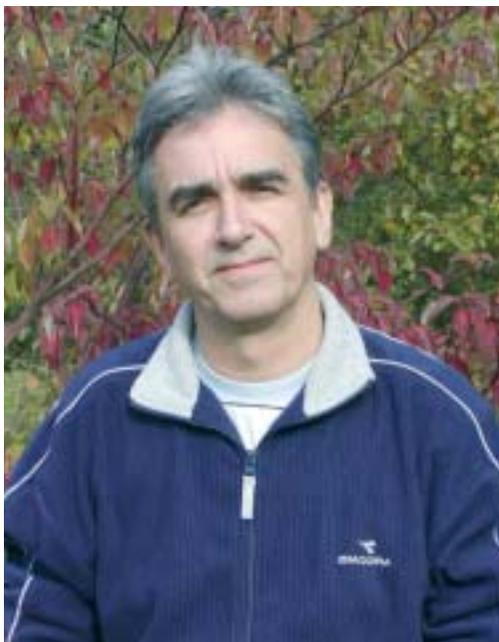
'**Learning to drink occurs as part of growing up in a particular culture in which the social influences of family, peers and popular media shape the behaviours, expectancies and beliefs of young people concerning alcohol.**'

of a substance depending on their social setting or on their mood at the time. Of course, they will soon realise these more 'intricate' effects and their expectancies will be modified to take into consideration these other factors.

Expectancies will also be derived on the basis of the presentation of conditioned cues (environmental or internal) that have been associated regularly with past substance use, as discussed in past Briefings.

Researchers have shown expectancies to predict the progression to problematic use of alcohol, for example, as well as the initiation of use. In fact, expectancy theories have their own place in this field, although not discussed here.

The social learning perspective also emphasises the role of peers and significant others as models. For example, learning to drink occurs as part of growing up in a particular culture in which the social influences of family, peers and popular media shape the behaviours, expectancies and beliefs of young people concerning alcohol.

Research has shown modelling to be a robust phenomenon, while modelling techniques are used therapeutically in skills training programmes for teaching general and substance-specific coping skills.

An important effect of both parental and peer modelling is the development of internalised expectancies for alcohol (or drug) effects. A young person may see their parents drinking a few glasses of wine to ease stress after a hard day's work, or to socialise at a party. The notions they develop can then be reinforced and generalised when watching alcohol-related scenes on television – and there are plenty of them on the soaps!

Stress has been defined as an 'adaptational relationship' between an individual and a situational demand (stressor). It can be viewed as resulting from an imbalance between environmental demands and an individual's resources.

'Coping' is an attempt to meet the demand in a way that restores balance or equilibrium. There are various forms of coping mechanism that people can use to deal with stress.

Problem-focused coping strategies are aimed primarily at directly changing or managing a threatening or harmful stressor. Emotion-focused coping is aimed primarily at relieving or regulating the emotional impact of a stressor.

One form of emotion-focused strategy is to use substances to manage the impact of a stressor. Since alcohol's effects are often quicker and more (superficially) effective in dealing with a stressful event than other, natural coping responses, alcohol becomes the preferred coping mechanism.

A person may become increasingly reliant on using alcohol to reduce anxiety in more and more situations, and they may forget (or not learn) other more beneficial ways of dealing with stress.

Of course, the amelioratory effects of alcohol are only transitory and the feelings of stress may resurface (and even be stronger due to a rebound effect) the day following a drinking session.

I will continue looking at these models in the next Background Briefing.