**Social Learning Theory**

Social learning theory was developed in the 1970s by psychologist Albert Bandura, and it added a whole new dimension in understanding human behavior and its influences. Before social learning theory, psychologists believed human behavior was strictly a product of conditioning, or direct reinforcement. However, Bandura theorized that much of learning is a simpler and subtler process; humans can, and do, mimic observed behavior with little or no reinforcement. The theory was the first to incorporate aspects of both behaviorist and cognitive learning theories.

**Core Concepts**

For years, researchers studied a person’s environment as the sole cause of his or her behavior. Through a process called reciprocal causation, however, Bandura proposed that human behavior results from the combination and interaction of three variables: the environment, the person’s own thoughts and feelings, and the behavior itself. Reciprocal causation explains how people from similar environments can adopt completely different behaviors. The following concepts are also vital to the theory:

**1. Modeling** – People can learn by observing the behaviors of others and their consequences.  
**2. Learning without performance** – Learning can occur without a behavioral change.  
**3. Attention** – Learning depends upon the subject focusing on the behavior being demonstrated.  
**4. Expectation** – People come to expect certain behaviors to be either rewarded or punished.  
**5. Awareness** – People must be aware that behaviors are being positively or negatively reinforced.

**Modeling**

Bandura first observed modeling in a series of experiments starting in 1961. In the experiments, one of three groups of children witnessed an adult model acting aggressively toward an inflatable clown doll. When later given an opportunity to play with the doll, many of the children who had seen the violent behavior acted in a similar manner. However, when the children saw the model being punished for hitting the doll in a follow-up experiment, the number of aggressive reactions decreased.

Bandura further identified three types of models that can teach behavior:

**1. Live model** – An actual person demonstrates the desired behavior.  
**2. Verbal model** – The desired behavior is described in detail, with instructions on how to perform it.  
**3. Symbolic model** – A real or fictional character demonstrates the behavior through such media as movies, television, Internet, literature and radio.

Modeling has been shown to teach a wide variety of both positive and negative behaviors. It has been used to inspire confidence in stressful situations, such as job interviews. Children learn how to respond to praise or difficulty through modeling. Teen violence, as well as morality, can be traced to adult models. Modeling can teach new skills, affect the frequency of previously established behaviors, encourage similar behaviors or promote forbidden acts. It has been used most successfully in the treatment of phobias and anxiety disorders, with therapists demonstrating healthy attitudes and behaviors for their patients.

**Reinforcement**

For modeling to successfully influence behavior, however, some type of motivation to imitate or avoid the behavior is needed. Bandura theorized that such motivation comes from either positive or negative reinforcement, and behavior can be reinforced in a variety of ways:

**1. By the model** – A salesperson who improves his performance after observing a successful coworker is then praised by the coworker.  
**2. By a third person** – The salesperson receives praise from a supervisor for applying the coworker’s selling techniques.  
**3. Directly through consequences** – The salesperson earns higher commissions while imitating the coworker.  
**4. Vicariously** – The salesperson notices the coworker earning praise and high commissions with the successful selling method.

While these motivating factors can be very strong, contemporary social learning theorists believe reinforcement has an indirect, rather than a direct, effect on learning. In other words, reinforcement does not cause a person to learn a behavior. Learning occurs when an individual observes a model. Instead, reinforcement determines the extent to which a person exhibits a learned behavior. For example, a person who had watched an alcoholic family member die of cirrhosis would be more likely to restrict his alcohol consumption than someone who had witnessed no negative effects of alcoholism. However, social learning theorists acknowledge that people’s expectations of reinforcement determine the amount of attention they pay to models, which affects learning. Students who know they won’t be tested on a particular subject, for instance, are unlikely listen to a lecture on it.

**Self-Efficacy**

Whether a person will engage in a learned behavior depends upon that person’s self-efficacy, or self-confidence in his or her ability to repeat the behavior successfully. Self-efficacy determines how much effort a person will put into learning and how much enjoyment he or she will derive from it. People with high self-efficacy usually exhibit high levels of achievement. Previous successes and failures, messages received from others, and the successes and failures of others can affect a person’s self-efficacy. A recipient’s self-efficacy is an important factor to consider when determining whether a message will result in the communicator’s desired outcome.

**Social Cognitive Theory:**

Social Cognitive Theory (SCT) started as the Social Learning Theory (SLT) in the 1960s by Albert Bandura. It developed into the SCT in 1986 and posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior. The unique feature of SCT is the emphasis on social influence and its emphasis on external and internal social reinforcement.   SCT considers the unique way in which individuals acquire and maintain behavior, while also considering the social environment in which individuals perform the behavior. The theory takes into account a person's past experiences, which factor into whether behavioral action will occur. These past experiences influences reinforcements, expectations, and expectancies, all of which shape whether a person will engage in a specific behavior and the reasons why a person engages in that behavior.

Many theories of behavior used in health promotion do not consider maintenance of behavior, but rather focus on initiating behavior. This is unfortunate as maintenance of behavior, and not just initiation of behavior, is the true goal in public health. The goal of SCT is to explain how people regulate their behavior through control and reinforcement to achieve goal-directed behavior that can be maintained over time. The first five constructs were developed as part of the SLT; the construct of self-efficacy was added when the theory evolved into SCT.

1. Reciprocal Determinism - This is the central concept of SCT. This refers to the dynamic and reciprocal interaction of person (individual with a set of learned experiences), environment (external social context), and behavior (responses to stimuli to achieve goals).
2. Behavioral Capability - This refers to a person's actual ability to perform a behavior through essential knowledge and skills. In order to successfully perform a behavior, a person must know what to do and how to do it. People learn from the consequences of their behavior, which also affects the environment in which they live.
3. Observational Learning - This asserts that people can witness and observe a behavior conducted by others, and then reproduce those actions. This is often exhibited through "modeling" of behaviors.   If individuals see successful demonstration of a behavior, they can also complete the behavior successfully.
4. Reinforcements - This refers to the internal or external responses to a person's behavior that affect the likelihood of continuing or discontinuing the behavior. Reinforcements can be self-initiated or in the environment, and reinforcements can be positive or negative. This is the construct of SCT that most closely ties to the reciprocal relationship between behavior and environment.
5. Expectations - This refers to the anticipated consequences of a person's behavior. Outcome expectations can be health-related or not health-related. People anticipate the consequences of their actions before engaging in the behavior, and these anticipated consequences can influence successful completion of the behavior. Expectations derive largely from previous experience.   While expectancies also derive from previous experience, expectancies focus on the value that is placed on the outcome and are subjective to the individual.
6. Self-efficacy - This refers to the level of a person's confidence in his or her ability to successfully perform a behavior. Self-efficacy is unique to SCT although other theories have added this construct at later dates, such as the Theory of Planned Behavior. Self-efficacy is influenced by a person's specific capabilities and other individual factors, as well as by environmental factors (barriers and facilitators).

**Limitation of Social Cognitive Theory**

There are several limitations of SCT, which should be considered when using this theory in public health. Limitations of the model include the following:

* The theory assumes that changes in the environment will automatically lead to changes in the person, when this may not always be true.
* The theory is loosely organized, based solely on the dynamic interplay between person, behavior, and environment. It is unclear the extent to which each of these factors into actual behavior and if one is more influential than another.
* The theory heavily focuses on processes of learning and in doing so disregards biological and hormonal predispositions that may influence behaviors, regardless of past experience and expectations.
* The theory does not focus on emotion or motivation, other than through reference to past experience. There is minimal attention on these factors.
* The theory can be broad-reaching, so can be difficult to operationalize in entirety.

Social Cognitive Theory considers many levels of the social ecological model in addressing behavior change of individuals. SCT has been widely used in health promotion given the emphasis on the individual and the environment, the latter of which has become a major point of focus in recent years for health promotion activities. As with other theories, applicability of all the constructs of SCT to one public health problem may be difficult especially in developing focused public health programs.