Analysis of Self-Efficacy Theory of Behavioral Change

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This article reports the findings of two experimental tests of self-efficacy theory of behavioral change. The first study investigated the hypothesis that systematic desensitization effects changes in avoidance behavior by creating and strengthening expectations of personal efficacy. Thorough extinction of anxiety arousal to visualized threats by desensitization treatment produced differential increases in self-efficacy. In accord with prediction, microanalysis of congruence between self-efficacy and performance showed self-efficacy to be a highly accurate predictor of degree of behavioral change following complete desensitization. The findings also lend support to the view that perceived self-efficacy mediates anxiety arousal. The second experiment investigated the process of efficacy and behavioral change during the course of treatment by participant modeling. Self-efficacy proved to be a superior predictor of amount of behavioral improvement phobics gained from partial mastery of threats at different phases of treatment.

According to social learning theory (Bandura, 1977a), changes in defensive behavior produced by different methods of treatment derive from a common cognitive mechanism. It is postulated that psychological procedures, whatever their format, serve as ways of creating and strengthening expectations of personal effectiveness. Perceived self-efficacy affects people’s...
choice of activities and behavioral settings, how much effort they expend, and how long they will persist in the face of obstacles and aversive experiences. The stronger the perceived self-efficacy, the more active the coping efforts. Those who persist in subjectively threatening activities will eventually eliminate their inhibitions through corrective experience, whereas those who avoid what they fear, or who cease their coping efforts prematurely, will retain their self-debilitating expectations and defensive behavior.

In this social learning analysis, expectations of personal efficacy stem from four main sources of information. Performance accomplishments provide the most influential efficacy information because it is based on personal mastery experiences. The other sources of efficacy information include the vicarious experiences of observing others succeed through their efforts, verbal persuasion that one possesses the capabilities to cope successfully, and states of physiological arousal from which people judge their level of anxiety and vulnerability to stress.

Empirical tests of this theory (Bandura, Adams, & Beyer, 1977), confirm that different treatment approaches alter expectations of personal efficacy, and the more dependable the source of efficacy information, the greater are the changes in self-efficacy. Thus, treatments based on performance accomplishments through the aid of participant modeling produce higher, stronger, and more generalized expectations of personal efficacy than do vicarious experiences alone. Results of a microanalysis of the congruence between self-efficacy and performance reveal that behavioral changes correspond closely to level of self-efficacy whether instated enactively or vicariously.

As a further test of the generality of this theory, an experiment was conducted of efficacy expectations instated by systematic desensitization, which is aimed at eliminating emotional arousal. Social learning theory and the dual-process theory of anxiety, on which the desensitization approach is based, posit different explanatory mechanisms for the changes produced by this mode of treatment.

The standard desensitization approach is based on the assumption that anxiety activates defensive behavior (Wolpe, 1974). According to this view, association of neutral events with aversive stimulation creates an anxiety drive that motivates defensive behavior. The defensive behavior, in turn, is reinforced by reducing the anxiety aroused by conditioned aversive stimuli. Hence, to eliminate defensive responding it is considered necessary to eradicate its underlying anxiety. Treatment strategies are therefore keyed to reduction of emotional arousal. Aversive stimuli are presented at graduated levels in conjunction with relaxation until anxiety reactions to the threats are eliminated.