



Figure 11-1. Classical conditioning: Unconditioned and conditioned stimuli and responses.

THE VIEW OF HEALTH/DISORDER FROM A LEARNING PERSPECTIVE

Occupational therapy is concerned with helping people develop the skills they need to carry out their everyday roles within a broad range of community contexts, including living, learning, working, and social environments. A learning approach based on behavioral principles is commonly used to help people develop skills and gain mastery in these activities of everyday living. Within a behavioral or learning framework, health is seen to be a state of congruence between the skills that one has, and the occupational demands and roles that are to be fulfilled within context, so that one can live meaningfully according to his or her values and goals. While there is never perfect harmony between these two sides of the equation, occupational therapists who use a behavioral approach emphasize that learning is possible and people can acquire the competencies they need to adapt to the occupational demands of their environments when environmental conditions and behavioral consequences are thoughtfully organized.

Within this framework, disorder is seen as maladaptive behavior that has been learned with the result being unsatisfactory occupational participation and functioning. The behaviorist view explains that disorder results from reinforcement or conditioning that did not meet an individual's needs, was not socially acceptable, or there was lack of learning behavioral cues. The result—problematic and disruptive behaviors or lack of skills—produces ineffective adaptation.

MAIN COMPONENTS/CONCEPTS

Key components of learning theory based on behavioral principles include classical conditioning, operant conditioning, reinforcement, and observational learning.

Classical Conditioning

Ivan Pavlov is the founder of classical conditioning and his dog salivation experiments, conducted in the early 1900s, are still relevant today. Pavlov paired a neutral stimulus—a bell—with a stimulus that would reliably produce the desired response of salivation—food. This pairing was presented to the dogs a number of times and eventually, the bell sound alone was enough to cause the dogs to salivate. In this experiment, the neutral object (bell) that was unrelated to the desired response (salivation) elicited the response because it was associated with a stimulus (food) that already produces that response. This type of learning is known as classical conditioning.

Analyzing this experiment further provides us with the language and concepts needed to apply the theory to occupational therapy practice situations. Pavlov named the salivation that was elicited by the food as the *unconditioned response* because it naturally occurred—it was an unlearned, automatic behavior. For similar reasons, he named the food the *unconditioned stimulus*—it naturally invited the salivary response, or the unconditioned response. The bell is referred to as the *conditioned stimulus* because it produced the salivation only after learning occurred. When salivation occurs in response to the conditioned stimulus, the salivary response is then considered to be a *conditioned response*. This conditioned response is an acquired response—in other words, it is learned behavior (Figure 11-1).

Knowledge of how learning occurs in this way can enable occupational therapists to recognize associations between environmental stimuli and responses in clients that lead to learned behaviors. As an example, one client who was being seen by a community occupational therapist had reported that, on several occasions, she had heard a loud bang as she rode the elevator in her building, causing her heart to race. Here, the stimulus (the bang) and response (heart racing) are unconditioned, as they occur naturally. However, because they were associated with the elevator (the neutral stimulus), the client began to feel anxious each time she approached the elevator and it soon became the conditioned stimulus. This sequence of events continued over some time and escalated to the development of agoraphobia, a fear of going out. The client was working with her occupational therapist to overcome this fear.