**Smoking – Cognitive Model**

**Background Information**

Cognition is thinking. According to Beck et al (2001), the cognitive model of addiction indicates that addicts find themselves in a ‘vicious circle’, as shown below.

Low Mood Using

Financial, Medical, Social Problems

A low mood can be relieved by engaging in the addictive behaviour. This in turn leads to financial, social or medical problems which in turn lead to low mood, and the circle begins all over again.

There are three important issues that help to clarify cognitive explanations of smoking: coping, expectancy, and self-efficacy.

Coping

A key idea in the cognitive model of addiction is that people engage in addictive behaviours to cope with stress in their lives. In terms of addiction, coping is thought to fulfil three major functions:

1. *Mood regulation*. To increase positive mood and reduce negative mood.

2. *Performance enhancement*. To make the person feel alert or more able to perform certain tasks.

3. *Distraction*. The behaviour may serve to distract the addict from less-pleasant life experiences.

Expectancy

Expectation is associated with why and how often we engage in an addictive behaviour. If people engaging in an addictive behaviour expect their actions to have negative consequences, then they are less likely to engage in that behaviour and vice versa. Expectancies do not have to be accurate in order for them to motivate behaviour.

Self-efficacy

Self-efficacy is the belief we have in our own abilities, specifically our ability to meet the challenges ahead of us and complete a task successfully (Akhtar, 2008). General self-efficacy refers to our overall belief in our ability to succeed and was first proposed by Bandura (1997), who stated that self-efficacy is the ‘beliefs in one’s capabilities to organise and execute the courses of action required to produce given attainments’. Self-efficacy is thought to play a very important role in whether or not we start engaging in addictive behaviours and whether we believe we can do anything about the addictive behaviour once it is established.

**Initiation**

Expectancy - Smokers’ expectancies regarding the effect of tobacco may be wide-ranging.

They may think that smoking reduces stress and negative feelings. They may believe that it makes them look attractive to the opposite sex, or that it will facilitate social interactions, relieve a craving for nicotine, control appetite and weight gain and so on. All of these expectancies may motivate smoking behaviour regardless of whether they reflect reality. It is enough that the smoker believes that they are true.

Coping - Performance enhancement may explain why someone takes up smoking. It could be that people begin to smoke because they are having a hard time concentrating for some reason EG if they have to work long hours. Heishman (1999) suggests that smoking can help people concentrate with increased attentional focus and enhanced performance of established behaviours. Once the difficult period is over, and the stress has passed, the person may be left with an addiction to smoking.

Self-efficacy - smokers know that the habit is dangerous and addictive but they believe that they are able to control the behaviour and any problems that may arise from it.

**Maintenance**

Beck et al’s (2001) model - The addictive behaviour is initiated. This in turn leads to possible medical problems associated with smoking. It may also result in financial difficulties. Say, for example, a pack of 20 cigarettes costs approximately £9. A pack a day person will spend near £300 a month on cigarettes, which is substantial. Many people regard smoking as socially unacceptable, and the law now bans smoking in enclosed spaces such as offices, pubs and clubs. These financial and social issues may result in a negative mood, and so the cycle continues.

Coping - One reason that nicotine produces significant addictive effects is that people who smoke experience positive effects, including mild euphoria and mildly enhanced cognition. These positive subjective effects motivate further nicotine use (Kenny & Markou, 2001).

Expectancy - Expectancies are likely to influence whether someone continues to smoke or not. If something thinks it would be difficult to give up smoking then they are less likely to try, if they expected it to be easy to give up then perhaps, they would! Their expectancies also influence their self-efficacy.

Self-efficacy - In the initiation of smoking behaviour people may feel that they are capable of coping with the negative effects of smoking. It could be that once smoking behaviour has been

initiated, they feel unable to cope with the withdrawal procedure associated with smoking and so they do not give up.

**Relapse**

Coping - The negative feelings of the withdrawal period can be relieved almost immediately by taking another cigarette. The symptoms of withdrawal include attention lapse and smoking provides an immediate route to performance enhancement in this respect. Finally, the withdrawal process may well make the smoker feel extremely unwell, and even self-conscious. The symptoms may be obvious both to the person attempting to give up and to those around him or her. This is likely to make the person feel even more self-conscious. It is possible that a return to smoking is the easiest and most immediate way to escape from this feeling.

Expectancy – Robinson et al (2011) found that smokers who believe smoking reduces negative affect (mood) experience greater cravings, which may lead to relapse. Marlatt and Taylor (1987) found that participants who believed they were getting nicotine gum (actually a placebo) reported less physical symptoms of withdrawal, showed less physiological arousal, and smoked fewer cigarettes during the first week of quitting when compared with those who thought they were receiving placebo gum (actual nicotine gum). The actual nicotine content of gum had no effect on withdrawal or relapse. This study highlights the importance of expectancies on smokingrelapse.

Self-efficacy - It may be that relapsed smokers feel that, if they have given up once, they are able to do it again anytime they want. Their reasoning is that a return to smoking will not be permanent as they have the experience of having given up previously.