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LEARNED HELPLESSNESS: A THEORETICAL REVIEW

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ABSTRACT: Learned helplessness is a very important concept in social psychology and other related behavioural sciences. Although the initial studies which brought this concept to prominence were controversial largely for ethical reasons, other studies have been conducted more recently to aid our understanding of this concept in both humans and animals. The findings in these studies have turned up rather inconsistent results. In this paper, we take a more critical look at learned helplessness as a theoretical concept with a view to illuminating some of the gaps in the concept hitherto ignored by other researchers. We examine personal versus universal helplessness on one hand and generality versus chronicity of helplessness on another. We further explore the social impact of learned helplessness, examine a possible intervention and suggest direction for further research in this area of social psychology

Keywords: Learned helplessness, Theory, Attribution, Control

INTRODUCTION

People respond differently to different situations; especially negative ones. While most people would be expected naturally to make efforts to get out of negative situations, certain individuals would particularly not make efforts to get out of such situations simply because they have learnt either factually or erroneously, that these situations are inescapable. Helplessness according to Lieder, Goodman and Huys (2013), refers to the failure to stop a negative event (or situation) or failure to gain rewards even when they are supposedly under the agent's control. It involves a situation in which an organism which had been coerced into enduring an unpleasant stimulus, fails to take action to avoid subsequent negative stimuli especially when taking such actions can stop the stimuli (Nolen, 2014). The notion of learned helplessness in animals was explored by Psychologists, Martin Seligman and Steve Maier who stumbled upon the concept accidentally while carrying out some classical conditioning experiments on dogs. In their experiments, they observed that dogs which had been classically conditioned to electric shocks (aversive stimulus) paired with a flash of light, did not attempt to escape the stimulus even though all it required to escape from the shock was to jump over a low barrier in a shuttle-box. After designing another experiment to gain further insights, Seligman and Maier (1967) discovered that these dogs showed a sort of cognitive expectation that irrespective of what they did, the electric shocks they experienced could not be stopped or prevented.

Learned helplessness in animals can be produced by exposing them to an aversive stimulus (such as electric shock) from which the animals cannot escape. Helplessness is measured

when the animal fails to escape the aversive stimulus (the shock) in a new (novel) situation, where the stimulus can be escaped. Seligman's research on dogs has been extended to other animals such as cats and fish with similar results (Masserman, 1971; Seward & Humphrey, 1967; Thomas & Dewald, 1977); and humans (Hiroto, 1974; Hiroto & Seligman, 1975). However, what is pertinent in most of these experiments is that very little attention was paid to ethical principles. It is difficult to imagine that these experiments would have been allowed to proceed in a present-day setting. This review intends to explore this gap in ethical standards especially in humans. A review of this concept is important because some researchers treat ethical principles with levity especially in the African or Nigerian context where there is very little sanction for ethical violations.

Learned Helplessness in Humans

Learned helplessness has been studied in humans; even though researchers have raised important questions on the acceptability of extrapolating theories derived from animal helplessness unto humans (Abramson, Seligman & Teasdale, 1978; Blaney, 1977; Golin & Terrel, 1977). They have also shown less preference for the use of knowledge originating from animal helplessness in understanding and explaining helplessness in humans. The effects of helplessness in humans have been examined by researchers. In a study by Watson and Ramey (1969) for example, two groups of human babies were used. The first group of babies were placed in a child's bed with specially designed pillows that could elicit a response through the baby's head movement. The second group of babies were placed where they couldn't control their responses. Both groups were later transferred to child's bed where they all had control over their responses through head movement. It was discovered that only the group that had learnt about the specially designed pillows tried using it. In a present-day setting where ethics are paramount in psychological research, this study clearly violated the APA ethical guidelines which require researchers transparent in their actions and treat participants with dignity throughout the research process. It was evident that the babies were probably subjected to some emotional manipulation which is not admissible in current-day research. Furthermore, Lieder, Goodman and Huys (2013) noted that people who have been exposed to situations which defy solutions such as an uncontrollable loud noise, have been noted to probably give up on solving anagrams in a succeeding task. The key issue here is that there were ethical violations which makes the outcome of such studies largely questionable and that is why it important to have a critical look at it.

The experiment conducted by Hiroto (1974) also demonstrated helplessness in humans quite clearly. Hiroto assigned participants to one of three groups in the experiment. The first group was exposed to controllable noise such that group participants were subjected to loud noise which could only be stopped by pushing a button four times. The second group faced uncontrollable noise such that the group endured noise which persisted regardless of participants' responses. Finally, the third group was a control group which received no noise at all. In the second phase of the experiment, all the groups were tested on a hand shuttle box in which noise termination was controllable for all participants by merely moving a lever from one side of the box to the other. The results gotten showed similarity to those obtained from animals. The group that received prior controllable noise and that which received no

noise readily learnt to manipulate the lever. In addition, participants in the uncontrollable noise group could not escape and as such had to adjust to living with the noise.

It must be rightly pointed out here that the lack of control has been adduced as the crucial component in helplessness states even in relation to health issues. The theory of learned helplessness for instance posits that mental illnesses may be a direct or indirect result of the lack of control over the consequence of the distress-provoking condition (Seligman, 1975). This theory is indeed relevant for us in Nigeria to improve the body of knowledge in the area of depression and suicide in the country. This is because learned helplessness has also been linked to phobias, loneliness, anxiety and other psychological disorders (Seligman, 1975). Someone who suffers from phobias for instance may actually become helpless to an extent where they feel incapacitated to do anything about the problem. Their assumption that the phobia is beyond their control may discourage them from seeking help and consequently cause it to fester. These issues are largely significant for a country but there is very little evidence to suggest that Nigerian researchers are exploring the plausible link between learned helplessness and suicide. This is an obvious gap requiring further exploration in the Nigerian context.

Even though several alternative hypotheses have been proposed to explain the enervating effects of experiences with uncontrollability, the learned helplessness theory seems the best suited; it provides a unified theoretical framework integrating the animal and human data (Maier & Seligman, 1976; Seligman, 1975). Available literature indicates that there are three deficits in the theory of learned helplessness. These are motivational, cognitive and emotional deficits which result from the belief that learning outcomes cannot be controlled; this fact explains the learned helplessness hypothesis (Abramson, Seligman & Teasdale, 1978). All these culminate to the fact that the theory does not adequately adduce evidence on how learned helplessness would be unlearned. For example, if people helplessly learn phobias, anxiety, depression and indeed suicidal thought, how can all these mental health ailments be unlearned?

Inadequacies of the Old Theory and the Resolutions

Certain gaps in applicability have been pointed out in the old learned helplessness theory and these are discussed under the two headings highlighted below:

1. Personal versus Universal helplessness
2. Generality and chronicity of helplessness

Personal versus Universal Helplessness

In applying the learned helplessness hypothesis to humans, a conceptual issue which usually arises is that of the personal versus universal helplessness. This can be shown in the case of a participant in Hiroto's experiment who had been earlier informed about having control but tried severally before coming to a conclusion that this problem indeed has no solution; whether by him or by any other individual (universality of helplessness). On the

contrary however, it is possible the participant sees the problem as having solutions, but personally perceives himself as lacking the requisite skills to solve the problem (he therefore believes that other persons have the competence to solve the problem). This is in essence referred to as personal helplessness. There are emic and etic issues here, largely used in cross cultural psychology, which were probably overlooked. This concept can also be explained using Rotter's (1966) concept of internal and external locus of control (Abramson, *et. al.*, 1978). Thus, people with learned helplessness can be seen as people described as externals by Rotter. Taking the Self versus Other dichotomy as the basis of internality, Abramson *et. al.*, (1978) noted that when certain outcomes are either less or more likely to happen to them more than others, people attribute outcomes to internal factors. On the contrary however, people make external attributions when they believe outcomes are as likely to happen to themselves as to relevant others.

Thus, for personal helplessness wherein is internal attribution, the individual expects the outcome is contingent on a response in the repertoire of a relevant context. For universal helplessness, wherein is construed with external attribution, the person expects the outcome is not contingent on a response in the repertoire of any relevant context. The distinction therefore comes clear in the sense that those individuals are said to be personally helpless when they think they cannot solve solvable problems. There is however a problem in the general applicability of this view. This is because the outcomes of most of these findings have been products of Western research-based ideas. To the best of our knowledge, there is very little empirical support to suggest that this concept is applicable here in the Nigerian context.

Chronicity and Generality of Helplessness

It has been noted that helplessness deficits can be very general, while in other cases, it can be very specific. A sacked worker for example may have difficulty functioning well in a wide range of situations such as meeting his financial obligations, tax payment, securing a new job, care for his children and even develop medical issues such as high blood pressure and altogether might keep avoiding social engagements. On the contrary however, his helplessness may be specific to situations. Though he cannot meet financial obligations and also fails to get a new job, he could remain a perfect lover, father or husband. Helplessness deficits that occur in a broad range of situations are called *global*, while those occurring in a narrow range of situations are called *specific* deficits. Helplessness may also be classified based on its time span and this varies from person to person; while it lasts for few minutes in some individuals it may take years in others. But to what extent have we tested the veracity of these assertions in the Nigerian context?

Helplessness is referred to as *chronic* when it is either long-lived or recurrent; or called transient when short-lived and non-recurrent. Some attributions have global implications, others have specific implications; some have chronic, while others transient, implications. For example, there are two possible attributions a writer can make for his article being rejected by an editor. The writer either believes "I am stupid" or "The consulting editor is stupid." The first attribution "I am stupid," has more dangerous implications for future

submission of a paper than the second; it attributes helplessness internally unlike the other attribution. These postulations have implications here in Nigeria because as a people we may have a tendency to blame others for our failures. Therefore, understanding the relationship between attribution and learned helplessness is very important for our daily lives as Nigerians.

Attributions and Learned Helplessness

The original conception of learned helplessness did not exhaustively explore the critical significance of attribution in learned helplessness scenarios. That is why it is essential to examine its implications in this paper. An attribution is the factor that a person blames for the outcome of a situation; it can be made for both positive and negative events. Weiner (1986) explained attributions in line with learned helplessness which can exist as:

- Globality or Specificity
- Stability or Instability
- Internality or Externality

The way people construe and interpret negative events that happen to them may significantly influence whether they feel helpless or not. A student who previously failed a mathematics examination may give different reasons for why he failed. For example, 'I'm stupid;' 'I didn't study hard enough;' or 'the test was too hard' may be given as explanations for this performance.

The above explanations posit a different kind of attribution. It should be noted that certain types of attributions are most likely to cause learned helplessness; which are internal, stable, and global attributions. These were aspects that the original conception of the theory did not fully explore. Researchers have attempted to define the different types of attributions associated with learned helplessness as shown below (Abramson, Seligman & Teasdale 1978; Weiner, 1986):

Internality of Attributions

Internal attributions are attributions which locate the cause or pre-cursor of an event as resident within the individual and not outside them. For example, if the student in the example above believes he failed the examination because of personal ineptitude (for example if he says – “I am Stupid”), this form of attribution is internal. On the contrary, the same student would be alluding to external attributions if he believes that the examination was difficult –the examination is obviously located outside the person concerned and definitely out of their control. These explain the implications of internal or external attribution to learned helplessness. Therefore, if an individual is diagnosed with depression, there could be either source of attribution which could lead to learned helplessness.

Stability of Attributions

Attributions are said to be stable if such do not change after the passage of time and across situations which could have created learned helplessness. From the example cited above, the student who believes that he or she failed due to personal ineptitude (being stupid) is not likely to change depending on the circumstance. If the same student believes that he failed because of poor study habits, this attribute is not stable and as such may improve studying habits the next time. This is an aspect that counsellors who manage students who are underachieving in academic performance may wish to consider. Depending on a counsellor's theoretical orientation, it can be helpful to make the student understand the probable sources of the problem for possible resolution.

Globality of Attribution

Globality refers to the assertion that underlying issues responsible for outcomes not only apply to specific situations, but also a wide range of circumstances. Using the hypothetical example, the assertion of the student who assumed his failure in the examination was due to stupidity is global. The factor can be generalised over other situations not only peculiar to failing maths but he or she could also fail an English exam. However, to the one who believes they failed because they were particularly poor in mathematics, they could probably do well in other subjects since the attribution is specific to mathematics as a subject. Lack of mathematical ability (which made students perceive themselves as stupid) in the above-cited example is a global attribution (as well as internal and stable) and implies failure expectation for the new task (Abramson *et al.*, 1978).

Learned Helplessness and Physical/Mental Health

Individuals, who see themselves as lacking control over events irrespective of their ethnic affiliations, tend to suffer from emotional disruptions and consequent difficulty in performing problem-solving tasks. This is against the backdrop that people who experience learned helplessness have a number of mental health problems ranging from anxiety, depression and suicide. Apart from this, helplessness in effect hampers normal functioning by apparently threatening their overall well-being and health; the less control an individual feels he has, the more stress he experiences (Sullivan Liu & Corwin, 2012). Helplessness in social settings can also be seen in ageing which comes with physical implications such as failing health. Ageing persons are undoubtedly required to seek medical attention. However, in response to such news as the loss of a job, or death of a relative, such persons may ignore medical attention claiming that “the inevitable is indeed inevitable” (Rodin, 1986).

There is a tendency of an individual experiencing learned helplessness to behave like a caged animal in a zoo. Pessimistic individuals according to Bennett and Elliott (2005) tend to experience problems such as weak immune systems, lack of confidence, slower rate of recovery and greater susceptibility to severe and minor diseases just as helplessness has also been linked to depression. This is an area that needs further research in the Nigerian context. Both researchers and other mental health practitioners may explore possible links between

learned helplessness and physical health because ultimately, there are indeed social implications for us as a nation.

The Social Impact of Learned Helplessness

Parenting is one of the means through which learned helplessness can be exhibited leading to abuse through neglect in our homes here in Nigeria. This occurs when parents do nothing to stop a child's crying because they believe that nothing can be done to pacify the child. The "victim mentality" can also occur as a result of continuous abuse from peers and the victim continues to suffer, believing they cannot escape from such occurrences. As a matter of deliberate policy, parents, educationists and indeed the government may well consider developing policies aimed at reducing this behaviour in view of its implication for us as a nation. Such a policy may well include child care policies in our schools with intent to curtail learned helplessness situation that have mental health implication. It is pertinent to add that learned helplessness in a social context may be experienced as loneliness or shyness and lead to possible suicide. Government can fund research in this area to understand the broader impact of these phenomena with a view to improving the quality of social and psychological wellbeing of its citizens.

Learned helplessness could also be the basis for the persistence of many social ills we encounter in our society. Nigeria has endured a storied experience with corruption, suboptimal leadership, internecine strife and a generally poor reputation at home and abroad. Due to the widespread availability of negative messages (Tversky & Kahneman, 1973, 1974), many Nigerians accept these as the natural order and may assume that they cannot be escaped or changed. Based on these assumptions, the efforts required to resist participation in corrupt behaviour could be undermined and grudging involvement occurs. After all, if the average person of integrity cannot beat the system then the only alternatives would be to exit it or join it. When people believe that the system denies them a choice to be upright, they could defend themselves against anxiety by engaging in an external attribution for their corrupt behaviour thereby rationalising their actions. Some of the greatest atrocities in history occurred under conditions where people suspended personal responsibility and blamed a system or a leader for their actions (Blass, 1996; Tilker, 1970).

As earlier alluded to in the foregoing sections, an important domain in which we clearly witness the genesis and persistence of learned helplessness is in the area of academics. The importance of education to the economic strength of any nation is almost intuitively understood since the most developed economies of the world have literacy rates which exceed 99% of the population (Gheorghe, Vamanu, Katina & Pulfer, 2017). Research by Sutherland and Singh (2004) implicated learned helplessness in the existence of a failure cycle among students. The cycle begins when a student experiences repeated academic failures in a particular subject area. The student proceeds to make internal attributions about the reason for the failures and experiences undermined self-confidence and efficacy. These result in reduced hope that their difficulties will ever be overcome. The student consequently reduces efforts invested in studying that subject in which they have repeatedly suffered failure. This reduced effort translates to even worse performances in the subject. Ultimately,

the student's beliefs about their innate deficiency become even more reinforced and the vicious cycle continues the downward spiral (Sutherland & Singh, 2004). This cycle could also play out in the life of a student even if their attribution for the initial failure was erroneous. Even when factors external to the student are responsible for their failure, they could still conclude that the failure occurred because they were grossly deficient. This has implications for Nigeria where systemic difficulties plague the academic landscape and some students register below par performances because the system is too overwhelmed to carry them along.

Learned Helplessness and Possible Interventions

A contemporary approach to confronting the phenomenon of learned helplessness is from the perspective of mindsets. This approach was popularized by Professor Carol Dweck of Stanford University. Dweck (2006) discovered that the motivation for a learner to persist in learning depended on both their perceptions of their abilities and their reinforcement of these beliefs in response to new challenges as they seek to flatten their learning curve. Thus, a mindset according to Dweck is a composite of their beliefs about their abilities and this mindset could either be entity (fixed) or incremental (growth). The fixed mindset assumes that people's abilities stay the same and there is little room for change while the growth mindset is sure that with effort, previous abilities can be improved. Most instances of learned helplessness emanate from a fixed mindset to learning. Helpless people assume that the circumstances they have always known or the abilities they previously had will stay the same and nothing will change. This demotivates failing students from working harder since they are not sure the extra work will make a difference. If successful students maintain a fixed mindset, then they believe that their successes were a product of their abilities and not their efforts. They would then be unwilling to attempt tasks in which they were not sure of success beforehand so as not to look 'dumb'. This could instil a pervasive fear of failure which could limit the scope of their lives since failure is part of the process of learning something new (Dweck, 2006).

The growth mindset however is characterised by a willingness to confront challenges even after failing because the learner is convinced that their abilities are actually increasing with each attempt. Although not every learner starts out with the same quota of ability, the growth mindset simply suggests that some learners will view challenges as opportunities for improvement and will see failure as feedback on what not to do next time (Blackwell, Trzesniewski, & Dweck, 2007). Research has found that when students are not being subjected to challenging learning tasks, it may be difficult to distinguish between those with fixed and growth mindsets and they may perform similarly. The difference between them only emerges when the task proves difficult and requires the student to devote more effort than they had in the past. This is where the learner with the growth mindset can surpass the one with a fixed mindset because growth mindsets see difficulty as opportunities for improvement (Blackwell, Trzesniewski, & Dweck, 2007).

Growth mindsets could also help parents improve their constructive involvement in the lives of their children. Moorman and Pomerantz (2010) demonstrated this in their study of how a

mothers' mindset could influence the manner of parental involvement in their child's educational journey. In the course of their study, the researchers induced either fixed or growth mindsets in two groups of mothers by either informing them that their children could not really improve their abilities or persuading them that effort in the face of difficulty could lead to improvement in ability. Mothers and children were later observed as they tackled a challenging puzzle together. The fixed mindset mothers displayed unconstructive involvement in their child's efforts by inflicting negative feedback and opting for performance-based messages which worsened their child's feeling of helplessness. Growth mindset mothers were more constructive and encouraging of their children in spite of the difficulties and in the face of failure at the task. This constructive involvement reduced the child's feelings of helplessness.

While other approaches to combating helplessness exist in therapy, the promise shown by mindset interventions are yet to be fully explored in Nigeria. Mindset interventions have also demonstrated efficacy in reducing the power of stereotypes (which are based on fixed mindsets) between social groups with a history of conflict (Halperin, Russell, Trzesniewski, Gross, & Dweck, 2011). This could hold some prospect for improving relations among ethnic groups in diverse societies like Nigeria.

Conclusion

In the earlier part of this review, it was mentioned that most of the early studies in this area did not fully conform to the ethical principles prescribed by the APA. This fact has cast real aspersion on the authenticity of the findings in past studies. Although this assertion may not fully invalidate these past findings, it is imperative to do further research in this area specially to understand the Nigerian context. In addition, we should explore the link between learned helplessness and suicide rates in Nigeria. This may be very helpful in view of reported incidents of people jumping into the lagoon from the Third Mainland Bridge in Lagos. Further research will bring forth empirical evidence that could guide public policy on related issues as a nation.

It must be observed once more that learned helplessness lasts longer when it is induced by experiencing multiple mild stressors (chronic mild stress) than when it is induced by a single severe stressor (Willner, 1997). There is strong evidence suggesting that helplessness is learned by generalizing from one uncontrollable situation to believing that situations are uncontrollable in general. Again, this is an area further research in this area may consider in the Nigerian scenario. According to Young and Allin (1986), despite the fact that problems associated with learned helplessness might be difficult to avoid, experimental research has shown that induced problems wear off with the passage of time and can be undone using therapy. Scholars (see, Thornton & Powell, 1974; Orbach & Hadas, 1982) believe that therapy is an adequate remedial intervention for punctured self-esteem and could give focus on the issue of contingency but there is very little evidence for efficacy of this in the Nigerian scenario.

Finally, the possible contributions of mindset research to the problem of helplessness could offer useful alternatives for a wide variety of problems we face in Nigeria. Further research could consider testing some of these outcomes on a multiplicity of samples to understand its social policy implications in broader aspects of our society.

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