Learned Helplessness Analysis

Marla Meadows

Auburn University/Auburn Montgomery
Abstract
The concept of learned helplessness is the idea that people learn to give up on themselves after experiencing failure or disappointment. These individuals develop the mentality that change is not possible and the emotion of powerless overcomes them. Many patients seen in the healthcare settings today display this type of attitude or demeanor. Assessing and treating are key notions to dealing with this mentality. Within this analysis, learned helplessness was looked at with two different disciplines. The nursing discipline will be observed in various patients where depression is an evident symptom and loss of control over the situation is evident. The other discipline will be considered in a sociology aspect with clients that are unmotivated and have difficulty with task. In becoming a nurse practitioner this analysis will allow better understanding of the patient population and the treatment options facing the surrounding community.
Learned Helplessness Analysis

Learned Helplessness has many interesting factors that make analyzing this topic intriguing. The society today has little to strive towards and make effort to accomplish, and that is why learned helplessness is becoming a common mentality. This concept can be related to various aspects of life and compared to many disciplines. Learned helplessness can be seen in disciplines in life such as nursing, education, psychology, and sociology. Each discipline presents helplessness in unique facets. Humans that tend to have the desire to be in control develop dependence when devastating conditions occur. This helplessness interferes with daily life and self-confidence.

Identification of the Concept

Learned helplessness consumes numerous interesting characteristics. Learned Helplessness is becoming a prominent identifier of depression and dependency. It is a prevalent but new investigation of the process for determining this type behavior among people. This concept will increase the student’s awareness of patients with these behaviors. Ultimately this understanding will improve the quality of care provided by an advance practice nurse. This concept was chosen over uncertainty because once identified this concept can be treated and/or prevented. Interventions can be implemented to improve quality of life.

Definition

Learned Helplessness can be defined as giving up in a situation that an individual feels powerless over. The learned helplessness theory states that when individuals are exposed to repeated adverse events they learn that overcoming them is impossible (Rivers & Avai, 2007). The feeling of powerless often entails refusing to take charge over the situations that are not favorable. These individuals who experience learned helplessness often develop a belief that
change is not possible and will not happen due to disappointing prior circumstances. Many times depressive symptoms progress, creating resentment towards the uncontrollable situation. Adult helplessness is observed as the inability to effect or govern the outcome which results in the hindrance of behavior to change the outcome (Conwill, 1993). This sense of loss of control and overcome by the situation is termed learned helplessness.

**Disciplines**

Learned helplessness can be observed across many disciplines such as nursing, education, sociology, and psychology to name a few. Helplessness can present in concurrence with other situations and precipitate greater factors. Learned helplessness is also seen in behaviors such as gambling, drug abuse, physical abuse and poverty. Learned helplessness has significantly been shown to facilitate the effect of violence on battered women displayed by Posttraumatic Stress Disorder and depression symptoms (Bargai, Ben-Shakhar, & Shalev, 2007). Passive behavior can be mistaken for helplessness at times. Learned helplessness decreases one’s motivation and inhibits problem-solving strategies making it difficult for an individual to respond to the situation in a positive manner.

The concept of learned helplessness can be observed in education. The relationship among learned helplessness and test anxiety has been researched and proven that the higher the level of learned helplessness the more test anxiety is present in students (Akca, 2011). It has been found that learned helplessness is difficult to emerge as children grow older. Expectations placed on children as they grow up can also develop anxiety displayed as learned helplessness. The lack of self-confidence is one precipitating factor to learned helplessness in the educational setting.

*Nursing.*
Learned helplessness concept is used in various outlets in nursing. Learned helplessness can be seen in patients that display dependence following disempowering care. This forms motivational, emotional, and cognitive deficits (Faulkner, 2001). These deficits may affect each individual in many aspects of their activities of everyday life. Patients may develop the inability to perform tasks without supervision, direction, or active personal assistance (Faulkner, 2001). This makes these individuals become reliant on others for their care and well-being. Nursing has been viewed for many years as a helping occupation and little effort has been made to encourage independence, especially in acute care facilities (Conwill, 1993). Allowing patients that independence provides self-confidence improving their coping mechanisms.

The relationship between depression and learned helplessness can be attributed to the cause of uncontrollable events. Learned helplessness has been seen in elderly patients in long term settings rather than acute and rehabilitation settings (Barder, Slimmer, & LeSage, 1994). Elderly are vulnerable because they develop motivational deficits such as apathy, listlessness, and decrease incentive to initiate action. The emotional deficits go hand in hand with the motivational deficits by displaying feelings of hopelessness, isolation, and social withdrawal (Barder et al., 1994). Unfortunately this is seen frequently in elderly patients placed in assisted living and nursing homes. As nurses we should encourage independence and self-motivation to prevent these symptoms from occurring.

Sociology.

These deficits can also be seen in society’s sociology. Our economy changes with each decade, and each generation changes in unique aspects. Learned helplessness can be observed in various attributes across communities where motivation is a factor. Strong relationships have been displayed between learned helplessness and students. It has been publicized when students
LEARNED HELPLESSNESS ANALYSIS

are matched with a task difficulty individualized for them then perseverance and accomplishments occur, therefore decrease the risk of learned helplessness (Yeh, 2010).

Learned helplessness can be observed when people experience involuntary job loss. When this occurs a person’s feelings of helplessness over the job may be conveyed into passivity over job gain (Waters, 2007). In this situation, these people tend to avoid high levels of job searching due to their belief that their effort is uncertain to affect the outcome. Another factor affecting reemployment is that in some situations lower quality jobs are employed with those with helplessness behaviors due to their psychological state and not their skill level (Waters, 2007). A degree of depression associated with involuntary job loss can be diminished by adding counseling techniques such as distraction and evidence seeking (Waters, 2007). Learned helplessness is also observed in drug addicts and battered women refusing to leave the situation they are integrated in. It is perceived to be easier to give up than to fight being free of the stronghold. Dependence develops as self-confidence deteriorates. Self-induced dependence is seen in people with recurrent disappointments or negative criticism from family members who confirm to the person’s inefficacy (Conwill, 1993).

Aim of the Analysis

Learned helplessness is appreciated in both disciplines of nursing and sociology. There are similar characteristics noted throughout. Depression is a linking symptom seen in patients of both disciplines. Together the patients in each scenario are exposed to adverse events triggering the belief that overcoming each obstacle is impossible. When similar scenarios arise in the future these individuals do not make any or little attempt to overcome. The authors (Rivers & Arvai, 2007) imply that a form of learned helplessness would relate in a case of decision making following chronic loss. Individuals may learn to feel that future decisions will not lead to
positive outcomes, which therefore leads to safer decisions or avoidance of the gamble all together (Rivers & Avai, 2007). Chronic loss has been displayed to affect decision making.

Learned Helplessness will be a key component when working with elderly as a primary care nurse practitioner. These studies observed will give insight to the important observations to assess in each individual client. The awareness and understanding will better the student’s practice and give depth to treatment. Enabling the care provided to become diverse and holistic.

**Analysis of the Concept**

Concept analysis can be useful in refining abstruse concepts in theory. It also helps to clarify overused terms to narrow down the concept meaning. Concept analysis results in exact operational definition that intensifies the strength of the concept therefore replicating its theoretical base (Walker & Avant, 2011). The clearer the concept the better the investigator and theorist can create reports and hypothesis that precisely reveal the relationship among concepts. The outcomes of concept analysis are valued in creating research instruments and interview tools prior to performing research (Walker & Avant, 2011).

The method chosen to analyze this concept is the Wilson’s Method of Concept Analysis (Walker & Avant, 2011). This method was chosen due to the simple eight steps identified in concept analysis. These steps take the study through the phases of process of analysis. The student starts by selecting a concept then determining the aim or purpose of the analysis. Then the student begins to identify all uses of the concept that can be discovered. The next step is to determine the defining attributes and identify a model case. Identifying borderline, related, contrary, invented, and illegitimate cases will follow. Pinpointing the antecedents and consequences to finally defining the empirical referents will conclude the process of the student’s analysis (Walker & Avant, 2011). Following each step and strategy will empower the
LEARNED HELPLESSNESS ANALYSIS

student to distinguish a more precise analysis. Figure 1 shows a visual representation of the process and relationship of the analysis.

**Antecedents**

Antecedents are events or incidents that precede the existence of the concept (Walker & Avant, 2011). For learned helplessness to occur low self-confidence and self-efficacy have to be present. Little to no self-motivation will also be visible in the individual capable of presenting as learned helplessness (Conwill, 1993). Poor coping mechanisms can precipitate learned helplessness when faced with confrontational or harsh situations. A low self-concept is also a contributing factor that will disempower the individual to take control over the surrounding environment and circumstances (Yeh, 2010). Another antecedent observed in helpless individuals is belief that everything is determined by fate or destiny. These people believe that they have no control over the outside forces and therefore give up trying to succeed. Learned helplessness involves a significant decrease in an individual’s perception of their action in relation to positive outcomes. This leads to a marked decline in the choices implemented to respond to external strains (Bargai et al., 2007). Identifying antecedents that contribute to learned helplessness will aid in recognizing early preventions and treatments to intervene.

**Critical/Defining Attributes**

Critical defining attributes can be seen in each discipline of the concept learned helplessness. One defining attribute is the affective deficit an emotional disturbance displayed as anxiety, depression, or fear. Anxiety is explained as an abnormal sense of fear and nervousness about any bad thing that may present itself in the future (Akca, 2011). Psychological symptoms presented through learned helplessness is apathy, lethargy, and resignations (Conwill, 1993). Behavior symptoms can be observed in chronic ill patients, people with disabilities, neglected
elderly, as well as drug-addicted and battered women. This helplessness creates a lack of controllability presenting as depression. The onset and alleviation of depression and anxiety are attested with individuals coping mechanisms. Once self-motivation and self-confidence fade the giving up attitude seem to appear as the only answer to these clients. Another defining attribute is the cognitive deficit. According to the learned helplessness model, an individual’s attributions for destructive and overwhelming events are part of an individual’s cognitive style that presents as susceptibility to depression (Else-Quest, LoConte, Schiller, & Hyde, 2009). This is displayed when the individual fails to learn from mistakes and the inability to realize that an individual can control the environment. The environment surrounding an individual should be supportive and controlled. When those feelings of self-efficacy are lost the defeat of control takes place. Whether the environment is a progressive disease or job loss, these factors apply to both. The final defining attribute related to learned helplessness is motivational deficit. It is the failure to initiate reaction when harsh circumstances present. Each individual with learned helplessness lacks motivation to stand up to adversity. The method of giving up seems easier and more conducive to the situation for these individuals. Lack of self-belief and perseverance contribute to the feeling of helplessness (Conwill, 1993; Faulkner 2001).

Consequences

Consequences are those events that become apparent as a product of the concept outcome (Walker & Avant, 2011). As learned helplessness occurs in individuals many factors precipitate symptoms. Depression is observed across many disciplines as a result of helplessness. Many individuals have impaired performance due to helplessness; therefore they are not self-motivated to initiate problem-solving actions. One feels their behavior will not influence the success or failure over the outcome of the situation (Conwill, 1993). An emotion of anxiety also presents
when controllability over a situation is lost. Performance is also diminished when difficult task seem unachievable (Akca, 2011). Another consequence seen in learned helplessness is self-induced dependence. It has been observed following repeated failures and negative criticism (Faulkner, 2001). A helpless person finds it challenging to acquire responses that will enable positive outcomes following frequent occurrences of letdown. Helplessness has been shown to relate with more frequent use of passive coping mechanisms, such as denial and avoidance, and diminished levels of coping efficacy (Karademas & Hondronikola, 2010). It has been shown that early diagnosis and treatment of depression in the older population can increase quality of life. Ultimately providing an advanced functional status and diminishing the risk of premature death (Sharp & Lipsky, 2002). As a result of chronic let downs, individuals make poor decisions that affect their performance. Their feeling of frustration contributes to subsequent decisions where unsatisfactory decisions are acceptable (Rivers & Arvai, 2007). Screening for these factors that follow an event such as learned helplessness will give an indicator of the severity of the symptoms present.

**Empirical Referents**

Empirical referents are groups of actual phenomena that by their presence exhibit the existence of the concept (Walker & Avant, 2011). They are used to recognize or measure the defining attributes. The empirical referents of learned helplessness are “depression” and “lack of controllability” over harsh situations (Conwill, 1993). Individuals develop anxiety and fear as complex circumstances flood their life. Another empirical referent of learned helplessness is “lack of motivation” when there is a lack of self-belief (Faulkner, 2001). An individual creates a perception that it is easier to give up on trying to achieve the goal than achieving success. In learned helplessness, the disappointment to create reactions is maladaptive (Conwill, 1993).
“Dependency” can be seen as an empirical referent of learned helplessness. Many individuals develop self-induced dependency following repeated failure. Developing a means to measure empowerment and disempowerment in individuals is needed in future research. This would enable caregivers or families to identify individuals as risk for developing learned helplessness induced dependence (Faulkner, 2001). Assessing students’ success on a regular basis is a measurement for preventing learned helplessness. Providing performance feedback and autonomy in task completing is one aspect for achieving these expectations (Yeh, 2010).

Concept Measurement

Determining attributes that measure the concept of learned helplessness will allow the reader a more comprehensive understanding of the meaning. Cases are illustrations of the concept that demonstrate the defining attributes (Walker & Avant, 2011). Each case has a relationship to the concept whether it demonstrates weak or strong. The cases listed will portray learned helplessness through its critical and defining attributes.

Model case.

The model case is the strongest relationship to the concept. It displays all defining attributes associated to the concept learned helplessness. The model case is as follows:

A young man is sitting alone in his hospital room. The physician walks in and tells him he has stage four prostate cancer and has 3 months to live. Then the physician walks out. The young man is sitting there is his room with no one to comfort him. He has no family or close friends nearby. He looks down and notices his knees shaking and his palms sweating. He is unable to think of anything except the news of cancer. Within the next 30 minutes, the aid walks in and asks if he is ready for his walk. He states that he does
not feel up to it at this time. After she walks away, he begins to sob and say “this is not how I wanted my life to end.”

This is a model case because it describes all defining attributes of learned helplessness. The defining attributes present are depression, non-motivation, and loss of control over the situation. The antecedent in this case was poor coping mechanisms when faced with a harsh situation. The young man felt defeated and developed a low self-confidence which is also considered an antecedent. The consequences in this case are the young man experiencing depression and anxiety over the devastating news that he had received. He felt he had no controllability over the situation. The attributes in this case can be specifically measured using the State Trait Anxiety Inventory (STAI-State). This inventory contains 20 items that measure feelings of ease and upset. In the research findings, this screening tool has been shown to detect early depression and anxiety in men with prostate cancer diagnosis (Korfage, Essink-Bot, Janssens, Schroder, & De Koning, 2006). Early detection is imperative to treating and managing symptoms in relation to depression in cancer patients. The attributes were also measured by the Beck Depression Inventory Scales (BDI-II) and the Center for Epidemiological Studies-Depression Revises (CES-DR) (Sharp & Lipsky, 2002). The BDI-II is a questionnaire available in Spanish consisting of 21 items. It takes approximately five to ten minutes to fill out. The CES-DR is also available in Spanish and consists of 20 items. This questionnaire also takes about five to ten minutes to complete. Each questionnaire poses questions with slightly different time frames. The BDI-II relates the questions to today’s time and the CES-DR refers to questions that may have occurred in the past week (Sharp & Lipsky, 2002). These screenings can be utilized to measure the attributes of learned helplessness and help determine treatment of symptoms in patients in the clinical setting.
**Borderline case.**

Borderline cases contain most of the defining attributes of the concept but not all of them (Walker & Avant, 2011). These cases are similar to model cases just lacking in one or two attributes. The borderline case in relation to this concept is as follows:

A young man is sitting alone in his hospital room. The physician walks in and tells him he has stage four prostate cancer and has 3 months to live. Then the physician walks out. The young man is sitting there in his room with no one to comfort him. He has no family or close friends nearby. Within the next 30 minutes, the aid walks in and asks if he is ready for his walk. It takes him a moment to respond his knees still shaking and palms sweating, thinking that he cannot control the situation that he has been placed in. But overwhelming decides a breath of fresh air would be beneficial and then follows the aid out for a walk.

This case does not consist of all the defining attributes of learned helplessness. The defining attributes in this case are depression and loss of control over the situation. However the young man is slightly motivated to move around trying to look towards the positive side of the diagnosis. The antecedents in this case are the fear of the unknown. The lack of knowledge regarding the disease process and/or medical procedures can contribute to the feeling of helplessness. The consequences in this case are anxiety over a devastating diagnosis. Although the man displayed anxiety he did exhibit self-motivation to get up from his room to venture outside for a refreshing boost. This is why this case is a borderline case it is inconsistent with the defining attributes of learned helplessness.

**Related case.**
Related cases are illustrations of the concept that do not contain all the defining attributes (Walker & Avant, 2011). Related cases have more specific names to label each case explained in an analysis. The following is a contrary case used to display the opposite of learned helplessness:

A young man is sitting alone in his hospital room. The physician walks in and tells him he has stage four prostate cancer and has 3 months to live. Then the physician walks out. The young man is sitting there in his room with his family and friends. He begins to reflect on his life and meditate. The young man then converses with his family planning vacations and adventures that will keep him active for the next up-coming weeks. He makes a promise to his friends and family that he will live his life to the fullest no matter the amount of days he has left on this earth.

The case does not portray any defining attributes of learned helplessness. The young man does not display feelings of depression or loss of control over the situation. He is also motivated to enjoy the time he has left with his family and friends by partaking in adventures that make him content. The antecedent is not included in this case. The young man did portray self-confidence with great coping mechanisms. There are no consequences within this case. The young man’s determination enabled him to be self-motivated throughout the rest of his life. This is another example of why this is a related case; it does not have consequences consist with learned helplessness. Measuring the attributes in this case is not needed because this case does not present any attributes of learned helplessness.

**Summary of Analysis**

In conclusion, learned helplessness was analyzed in two different disciplines. The disciplines examined were in nursing and sociology. Antecedents were recognized as evident in both
disciplines. The critical defining attributes of learned helplessness were identified as anxiety and loss of control. Consequences included in the analysis of learned helplessness is self-induced dependence and depression. Empirical referents of this concept are recognized as a lack of motivation and lack of controllability. The analysis of learned helplessness provides the reader with insight into the concept.

**Implications for Nursing Practice**

Implications for nursing practice comprise methods to combat learned helplessness in the nursing and sociology disciplines. Self-regulatory models and a variety of theories concerning stress propose a significant trail through which disease influences well-being and related awareness. According to these models, individuals that perceive themselves as incompetent to control their disease are more prone to further health problems and feelings of defenselessness (Karademas & Hondronikola, 2010). Illness acceptance is ideal to moving forward with patients that are diagnosed with chronic health conditions. As an advance practice nurse, teaching and providing patients with coping capabilities with these illnesses will eventually provide a greater quality of life. Some illnesses that have been negatively associated with helplessness are cardiovascular disease, cancer, rheumatoid arthritis, and gastrointestinal problems (Karademas & Hondronikola, 2010). Identifying those patients who are suffering stigma, self-blame, and reduced mental health as soon as possible will avoid further anguish. Screening patients as risk for learned helplessness related symptoms such as depression and anxiety is considered the first step in improving patient outcomes and quality of life (Else-Quest et al., 2009). Primary care nurse practitioners will provide patients with thorough assessments and treatments regarding learned helplessness to improve patient’s outlook and well-being.
References


Figure 1-Concept Map
Marla Meadows RN, BSN

Learned Helplessness

Definition

Aim of Analysis

Consequences

Discipline

Nursing

Education

Psychology

Sociology

Legend:
Red line-strong relationship
Yellow line-medium relationship
Green line-weak relationship

Critical Defining Attributes

Must be present

Must be

Model case

Borderline case

Related case

Empirical referents

Antecedents

Legend: