Learned Helplessness Concept Analysis

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Abstract

Many professional disciplines use the concept of learned helplessness to describe why an individual may give up or not succeed, but few give full consideration of the concept and its meaning. The authors of this analysis followed Walker and Avant's (2011) eight-step procedure to conduct the following concept analysis. Citations from nursing, psychology, and education were obtained from online databases using Auburn University Libraries. Defining attributes include hopelessness, motivational deficit, and fear. Antecedents include having an external locus of control or a compromise of psychological stamina, previous adverse response to a perceived important task, self-concept, belief system, and motivation and consequences include depression and anxiety. Empirical referents were identified to allow identification of the attributes present in individuals, and case illustrations were provided.

A Concept Analysis of Learned Helplessness

Learned helplessness is a phrase that to the untrained individual may seem like an oxymoron; how can one learn to be helpless? Psychologists Maier and Seligman (2016) first coined the phrase in 1967 to describe their theory explaining why laboratory animals stopped attempting to avoid painful stimuli after having experienced the stimuli without a means to avoid it. Their theory of learned helplessness has developed into a concept that is frequently used to describe an individual or group of people who may lack motivation, or be described as helpless in certain situations or in almost all aspects of their life. The understanding of how this concept occurs, what it means to the person experiencing it, and how to respond to it as a healthcare professional is of great importance. Advance practice nurses must have a solid grasp on the attributes and consequences, identifying it's presence in their patients to combat its effects on the disease process they are treating to allow the patient the chance of rehabilitation they deserve and require.

Selection of the Concept

Learned helplessness has been something we, the authors, have been interested in and frustrated by since working as both a floor nurse and a nurse case manager. Witnessing a combat decorated soldier who was once a valorous leader be reduced to a pessimistic ghost of a man, lacking the motivation to stop his spouse from leaving, or even attempt to make his next rank. Experiencing the pessimistic persona some patients exude who, to others, have accomplished so much, yet they firmly believe they are a failure, and everything they do will result as such, offering nothing but excuses and reasons they will never heal or succeed is frustrating, yet intriguing. These experiences can lead one to often wonder, what causes these traits in some, and not in others? Are these traits responsible for the cycle of poverty that is such a controversial issue in our society? How do we, as nurses, attempt to help those affected see their potential? While the negative people we experience daily are not true examples of the concept, having a fluid understanding of learned helplessness, it's attributes and implications for our future practice is imperative in our present society. This concept was chosen to further explore this phenomenon, and to identify interventions that can be implemented to improve patients' quality of life.

Definition

The Merriam-Webster Dictionary (n.d.) defines *learned* as "having or showing a lot of learning, education, or knowledge" and *helplessness* as "lacking protection or support", "marked by an inability to act or react", and "not able to be controlled or restrained."

The Encyclopedia Britannica defines *learned helplessness* as "in psychology, a mental state in which an organism forced to bear aversive stimuli, or stimuli that are painful or otherwise unpleasant, becomes unable or unwilling to avoid subsequent encounters with those stimuli, even if they are escapable, presumably because it has learned that it cannot control the situation" (learned, 2015).

Maier and Seligman (2016), the original theorists, recently defined learned helplessness as "the failure to escape shock induced by uncontrollable aversive events" (p. 349). Boichuk, Bolander, Hall, Ahearne, Zahn, and Nieves (2014) define the concept as having two parts "(a) that pessimism potentiates acts of helplessness and (b) that repetitive, seemingly uncontrollable failure leads people to behave helplessly" (p. 96) as related to their research of failure in the sales profession. When describing the concept in relation to hospitalized patients, Faulkner (2001) defines learned helplessness as "a patient's development of dependence following exposure to disempowering care" (p. 379).

Discipline Uses of the Concept

Psychology

Originally, Maier and Seligman (1976) purposed the concept of learned helplessness as having two constructs: objective and subjective helplessness. Objective helplessness being the straight forward tested response; for example, a dog who originally receives unavoidable shocks will believe the same shocks will be unavoidable again, if in the same situation. Subjective helplessness explains that it is not the shock itself that the animal learns is unavoidable, but that a response is worthless, as it will not change the shock. Many psychologists and researchers further explain and define learned helplessness when related to humans, as a phenomenon that often leads to depression, containing three components: contingency, cognition, and behavior. Contingency addresses the uncontrollability of the situation. Cognition refers to the perceptions that people make regarding their situation or surroundings of which

they are a part, and explains those perceptions. These behaviors allow individuals to decide whether they will give up or proceed with the obstacle set before them (Firmin, Hwang, Copella, & Clark, 2004). To summarize, a person that experiences uncontrollable failure or hardship and extrapolates that all similar experiences will result in failure. Consequently, this generalization results in passivity, even when the person has the clear ability to change their situation (Johnson, 1981).

Nursing

The nursing profession views the phenomenon similarly, stating the emphasis of the concept is on *control*, all that can be done to help the situation or disease process has been done, and nothing has or will affect the outcome of the situation. The word powerlessness is often used synonymously with helplessness when referring to the phenomenon, indicating this is the perception of the individual experiencing the event, and similar events may affect others who retain a sense of power over the situation differently (Clifford, 1985). Similarly, with respect to hospitalized patients, whether acutely or in residential facilities, learned helplessness may occur in those who experience care providers who treat them as an object and do not display any sympathy or emotion repetitively (Faulkner, 2001). Lee, Low, and Twinn (2007) found that older patients, during extended hospitalization, describe a feeling of helplessness when they are unable to care for themselves and must depend on the nursing staff to care for their needs. Living in a ward type environment elevates this sense of powerlessness, especially when they cannot help other patients around them who may be suffering.

Education

In addition to nursing and psychology, the discipline of education also utilizes the concept to describe both students and teachers, who feel that despite their efforts, their results will remain the same (Greer & Wethered, 1984). Kerr's (2001) research of students with disabilities such as dyslexia showed many students with attributes of learned helplessness, such as: low self-esteem or confidence, pessimistic outlook, passivity about results or scores, and a general lack of curiosity and motivation. The student or teacher who believes their behaviors and results are independent of each other, and contribute their failure to external variables out of their control, often show the attributes of learned helplessness. Interestingly,

in contrast to learned helplessness, those who do well in school often contribute their success to effort, while those who show attributes of learned helplessness relate their poor results to a lack of ability (Fincham, Hokoda, & Sanders, 1989).

Aim of the Analysis

The aim of this concept analysis is to define the meaning of *learned helplessness* in both psychology and nursing disciplines, while utilizing the process of concept analysis as defined by Walker and Avant (2011). In addition to defining the concept, the objectives of this analysis are to reach an understanding of the causes of this phenomenon and to enable proper identification of the symptomology in future patients to refrain from further contributing to the symptomology.

Analysis of the Concept

A concept analysis allows the researcher to gain as much insight about and become as familiar as possible with a concept of interest. A concept analysis can be used to clarify an ambiguous concept by providing a valid and precise working definition that is rooted in theory, while promoting an understanding of the concept among many disciplines. The conclusions from a concept analysis are utilized in the development of interview tools and research instruments before conducting research (Walker & Avant, 2011). In order to properly analyze the concept of learned helplessness, there must be a general understanding of how to analyze concepts. This concept analysis was conducted using Walker and Avant's eight-step method, a simplified version of Walker's method of concept analysis. The concept was selected using careful consideration, and the aims and purpose were reviewed and determined. All definitions and uses of the concept are thoroughly explored within multiple disciplines to allow for a breadth of comprehension. Defining attributes or characteristics of the concept are then discovered and compiled through further literature review, as well as identifying model, borderline, and related cases. After cases are discovered and reviewed, antecedents, which must occur prior to the concepts occurrence, as well as consequences are identified. Lastly, empirical referents are determined, which signify presence of the phenomenon when present (Walker & Avant. 2011). Following this method enables a complete and comprehensive analysis of the concept.

Antecedents

Prior to the presence of a concept, or the onset of the phenomenon, an event must occur or be present in an individual. This occurrence or presence is known as an antecedent (Walker & Avant, 2011). An antecedent is not the same as the critical or defining attributes, which signifies the onset of the concept itself, but more a trait or event that increases the risk or likelihood of the occurrence.

The antecedents originally hypothesized by the concept's originator, Seligman, are: lack of locus of control or internal belief that their efforts won't affect the outcome, previous failure of a perceived important task or assignment despite level of attempt, and responses that are considered aversive to the individual (Miller & Norman, 1979). Prior to a person's onset of learned helplessness, they must show traits or have the belief that their failures are from within, and will not change; for example, a strict belief that they do not have the ability to solve a problem, or that their teacher hates them and will not allow them to succeed (Bargai, Ben-Shakhar, & Shalev, 2007). Learned helplessness does not arise due to one failure or unfortunate event, but from a number of failures or events that, over time, contributes to the individual's belief of loss of control (Ulusoy, & Duy, 2013). Additionally, if an individual takes the same test every month and fails, but succeeds at many other tasks, and is informed by the instructor that this is a very difficult test and they will likely pass it in the future, it is unlikely they will perceive a high importance, and unlikely this will lead to learned helplessness (Firmin et al., 2004). Much research has been completed since the original conception of the theory to determine the factors that must be present for the phenomenon to occur in an individual, and while the discussion varies from genetics to previous life traumatic events or occurrences, the antecedents generally remain the same as originally hypothesized by Seligman (Deuser & Andersen, 1995). However, several personality traits, or lack thereof, have been identified that may contribute to the development of the phenomenon, namely: having an external locus of control or a compromise of psychological stamina, self-concept, belief system, and motivation (Clifford, 1985). Identifying the antecedents of learned helplessness enables the researcher to implement prevention strategies and more pertinent plans of care.

Critical/Defining Attributes

Defining attributes, similar to signs and symptoms, are critical characteristics that help to differentiate one concept from another related concept and clarify its meaning (Walker & Avant, 2011). Three key defining attributes have been identified for the concept of learned helplessness. Those attributes include hopelessness, motivational deficit, and apathy (Miller & Norman, 1979).

Hopelessness.

Hopelessness refers to the inability to learn, perform, or work as desired, and the anticipation of an adverse outcome. The hopeless individual feels trapped, believing their conditions will never improve (Weinberger & Cash, 1982). Hopelessness has been used synonymously with powerlessness, especially in the nursing disciplines, and is often related to the patient who is powerless to influence their surroundings or disease process (Clifford, 1985). Ulusoy and Duy (2013) also further explain the attribute of hopelessness as a pessimistic attitude or belief towards the outcome of events, due to an overall hopeless feeling of their ability to succeed. The outcome is perceived by the individual to be due to self, or internal, keep occurring and is stable over time, and the individual expands the outcome to pertain to more than that specific task (Swendsen, 1997).

Motivational deficit.

Lack of motivation, or a lack of effort, is determined to be another critical attribute of learned helplessness (Maadikhah & Erfani, 2014). Powerlessness, or hopelessness, often leads to a lack of motivation, the lack of motivation leads to hopelessness of the outcome in which no effort is applied, thus leading the individual into a vicious cycle of self-doubt and apathy (Johnson, 1981; Swendsen, 1997). Individuals experiencing learned helplessness lack the motivation needed to confront hardships, or give any attempt to change the outcome (Feinberg, Miller, Weiss, Steigleder & Lombardo, 1982; Yates, 2009).

Apathy.

The final attribute of learned helplessness is apathy. While motivational deficit deals with the task at hand, apathy refers to the individual not caring about the problem or results presently, or in the future (Maadikhaha & Erfani, 2014; Overmier, 2002). Apathy, combined with hopelessness or a

perceived loss of control, and the lack of motivation to even try to influence the outcome, signify a presence of learned helplessness, and also add to the vicious cycle that the combination of these attributes instill in the in individual (Yates, 2009). Determining the attributes of a concept is essential to concept analysis, as defining attributes likens to the criteria for making diagnoses in healthcare (Walker & Avant, 2011).

Empirical Referents

Empirical referents are ways to recognize the presence of the attributes of a concept, and in this instance are ways to identify the presence of hopelessness, motivational deficit, and apathy (Walker & Avant, 2011). Direct observation of the subject for signs of hopelessness, lack of motivation, and apathy- either in general, or when presented with a problem or discussion of a problem- will allow for recognition of all attributes. When the individual appears stoic or the observer is not confident in their technique, survey scales to measure the level of hopelessness, depression, and apathy exist. The type of scale used will depend on the area the attribute is believed to be specifically occurring. For example, when determining the level of hopelessness directly related to mathematics, the Learned Helplessness Scale in Mathematics might be given (Fincham, Hokoda, & Sanders, 1989). This scale, like others, uses a series of questions which are assigned a numerical value according to the answer given, and are then scored and tallied to provide the observer with a corresponding measurement level of the given trait. Additional surveys to measure the presence of specific attributes include, but are not limited to: the Learned Helplessness Scale, the Irrational Beliefs Scale for Adolescents, the Children's Attributional Style Questionnaire, the Beck Hopelessness Scale, and the Coping Resources Inventory (Gupta, Avasthi, & Kumar, 2011; Li, Mardhekar, & Wadkar, 2012; Ulusoy & Duy, 2013). The observer would need to choose the scale that best fits the attribute they want to measure and is appropriate for the patient, if direct observation or interviewing is not possible or sufficient. All of the above mentioned scales have been tested and proven to have high concurrent validity among adults, both normal and those exhibiting the attribute being tested (Gupta et al., 2011). The mentioned scales can act as an adjunct to clinical

judgment when learned helplessness is suspected, allowing the care provider to then confidently establish a suitable plan of care.

Consequences

Consequences are those events or incidents that occur as a result of the concept's presence, and also often stimulate new ideas or avenues for research pertaining to the concept (Walker & Avant, 2011). Consequences of learned helplessness include depression and anxiety, as well as low self-esteem, and low overall achievement (Deuser, & Anderson, 1995; Valas, 2001). Across multiple disciplines, learned helplessness is thought to be one of the underlying causes of depression (Maier & Seligman, 2016). Depression is attributed to a pattern of negative thinking, in which the individual blames themselves for undesirable life events. People are at an increased risk for depression when they believe their helplessness is a reflection of their failure to control outcomes (Faulkner, 2001). Anxiety, too, often accompanies helplessness. Emotional strain resulting from the individual's belief that their actions or behavior will not influence outcomes often causes anxiety. Anxiety resulting from the loss of control over situations is a direct result of leaned helplessness. Depression and anxiety most often result from learned helplessness because of the perception of loss of control, and numerous experienced adverse outcomes (Bargai et al., 2007). Low self-esteem and overall achievement are direct results of both apathy and motivational deficits, shown in the concept's attributes (Valas, 2001).

Case Illustrations

The following case illustrations are provided to allow for better clarification of the concept and it's attributes in a realistic scenario: model case, borderline case, and related case (Walker & Avant, 2011). The authors have scripted all of the case examples and any comparison to an actual scenario is purely coincidental.

Model Case

Ms. Evans suffered her second stroke just after her 89th birthday. Her children became scared she wouldn't be able to properly take care of herself alone since her husband passed away three years ago. So, much to her chagrin, they admitted her to a nursing home. Even though Ms. Evans has had two

strokes and her left side was weak and unsteady, she was still capable of managing her daily routine without much help. Ms. Evans' nurse assistant, Judy, had been employed with the nursing home for almost ten years. Judy felt as though there was never enough time in the day, and due to recent budget constraints, her daily assignments continued to grow in number. The first morning at the nursing home, Ms. Evans didn't feel like eating breakfast; she missed her home and cooking her own meals. After already feeding, bathing, and clothing four patients, Judy walked into Ms. Evans' room to meet her and assist her with her morning activities. Judy saw Ms. Evans' breakfast tray untouched and a solemn looking older woman staring back at her from her bed. Instead of talking with Ms. Evans to assess her function level, Judy sighed, knowing she still had five more patients to get ready and it was already nine AM, and began to hastily feed Ms. Evans. Ms. Evans tried to explain that she just wasn't hungry, but Judy had three other patients with dementia and assumed Ms. Evans did as well. After feeding her, Judy quickly started to get Ms. Evans' clothes ready for the day, and without much consideration, she started to change Ms. Evans out of her nightclothes and into her day clothes. She was out of the room within ten minutes. Ms. Evans, mortified and humiliated, decided the next day she would do a better job of informing her nurse assistant she could care for herself. Unfortunately, the next day, Judy was already thirty minutes behind schedule, and when Ms. Evans tried to reason with her, Judy snapped, "I don't have time for this today, you have to eat or you will get sick. If you feed yourself you will make a huge mess, take forever, and worse you could aspirate your food and choke. Just let me do it." As time went on, Ms. Evans became more reclusive, depressed, and began to feel like maybe Judy was right, she would only make more of a mess if she tried to feed herself. Before long, Ms. Evans stopped feeding herself lunch, then dinner; and the afternoon nurse was more than happy to do it for her. When her children came to visit and asked why she wasn't feeding herself, Ms. Evans agreed with the staff; she couldn't feed herself, and didn't see any point in trying to. When her children tried to make her try to feed herself, knowing that she could, Ms. Evans used little effort, her hand shook badly; she spilled the food before it hit her mouth, and she put down her fork and stared blankly at her children. She was clinically depressed; hopeless that she would ever leave the nursing home alive or be able to take care of herself again; and

apathetic about trying to make the situation any better, why bother? One month after arriving at the nursing home her nurse practitioner came to visit and quickly observed her depression, hopelessness, and apathy, especially towards feeding herself. When her nurse practitioner asked why she wouldn't feed herself, as she also knew she was capable, Ms. Evans replied that there was no point, that she wasn't good at it anymore, anyway. The nurse practitioner quickly realized learned helplessness had begun with Ms. Evans and called a staff meeting to discuss.

In this model case, Ms. Evans has shown all of the defining attributes of learned helplessness. She was hopeless, apathetic, and lacked motivation to regain her ability, or make an attempt to take care of herself. She learned, after being told she couldn't due to time constraints and the possibility of hurting herself, she couldn't feed herself. Even after she tried to speak up to change the outcome, she was shutdown by the nurse assistant. She stopped trying to change the outcome, and became apathetic about her inability to properly feed herself.

Borderline Case

Jared was nine years old when he was diagnosed with type I diabetes mellitus. Since then, his life had been turned upside down, and so had his parents' lives. By age 12, he had been hospitalized six times, and despite his and his parent's best efforts, his glycemic control was nonexistent. After the second hospitalization, Jared's mother became scared, certain that her son would die from this terrible disease and there was nothing she could do about it. After his sixth hospitalization, her fear turned into numbness, the doctors spoke to her and she barely heard what they were saying. She no longer laid awake at night worrying what will happen; she knew it was out of her control, and pointless. When her husband questioned her about her sudden lack of concern, she informed him that it was hopeless; Jared's diabetes couldn't be controlled, no matter what she did. She further explained that while the entire situation was dreadful, she couldn't continue to be so emotional about it, that she now felt numb about the outcome of her son's disease. Jared's mom did continue to help Jared choose correct food choices, ensured he checks his blood glucose carefully and frequently, and took his insulin according to the sliding scale they had memorized. Although she felt it was pointless, she recorded his blood glucose numbers

faithfully, and even took Jared to see a pediatric nutritionist that specialized in diabetes six hours from where they lived, after his doctor recommended it. Although she would admit his outlook was hopeless and out of their control, and that she felt numb and apathetic towards his disease, she somehow managed to stay motivated. She felt as though it was her duty as a mother and she must continue to try for her son, even though she secretly felt as though her continued motivation may only be to ease her guilt of feeling so apathetic towards the outcome.

In this case, Jared's mom showed apathy and hopelessness towards Jared's diabetes diagnosis and the outcome of his diagnosis; however she did not lose her motivation. Due to her continued motivation to try, she does not qualify for learned helplessness, however this example is considered borderline.

Related Case

Joseph was excited to tell his family and friends he had joined the Army. He couldn't wait to complete his training and deploy to Afghanistan. He viewed his father as a war hero, and he wanted nothing more than to be half the man his father was. He completed his training, and within six months, his wish was granted. He deployed to southern Afghanistan with the 82nd Airborne Division, he was proud to be part of the airborne infantry. Two months after arriving in country he was on a foot patrol with his squad, looking for the enemy in the Helmand Province, just like every other day. It was hot, he remembered, and the smell of rotting trash was overpowering to his senses. Suddenly, everything was dark and though the ringing in his ears was overbearing, he could make out sounds of distant screaming. He felt pain, but he wasn't sure where and suddenly the darkness cleared and he could squint to see his best friend lying four feet from him, bleeding badly from his abdomen and screaming. To his left lay a helmet, broke in half and black with gunpowder residue and blood. His squad leader lay dead, missing his helmet, less than ten feet from him. He tried to get up, to go to his friend, to help him stop the bleeding and comfort him, somehow, but he couldn't. He couldn't move his legs, and the pain was severe. The next thing Joseph knew, he woke up in a hospital, the lights were bright, and his mother was holding his hand. He had survived the explosion, but he was the only one of his squad to be so fortunate. The road to recovery would be hard, the doctors said, but he should walk again. Joseph became quiet,

and when he did speak, he was angry with his mother, the nurses, and doctors, but mostly angry with himself. He didn't care if he would walk again, he didn't want to. He refused to participate in physical therapy, and though he only wanted to sleep, nightmares of the event kept him awake for days at a time. Joseph felt the nightmares would never end, and he would never be free of the guilt of his survival and inability to help his friends that terrible day. He refused to participate in any treatment, and began to drink alcohol in hopes that he would have a dreamless sleep.

While Joseph showed the attributes of apathy, hopelessness, and motivational deficit, he lacked the learned situational aspect of learned helplessness. He was diagnosed with posttraumatic stress syndrome eight months after the explosion, characterized by his symptoms of: anger, depression, hopelessness, motivational deficit, flashbacks, and apathy following a traumatic event, continuing at least six months beyond the event (Brewin, Andrews, & Rose, 2000). While Joseph displayed all of the attributes of learned helplessness, he did not feel powerless toward his specific outcome; he knew if he worked hard, he would most likely walk again; the difference was he did not want to. Joseph also knew deep down, the explosion was not his fault, he felt guilty for being the only survivor, and though no one blamed him, he blamed himself for somehow not saving his friends. This is considered a related case, where a diagnosis of posttraumatic stress syndrome fits Joseph's symptoms better than that of learned helplessness.

Summary of Analysis

Learned helplessness is defined as a frame of mind, or internal belief, in which an individual feels powerless and has learned to expect failure due to previous repetitive failures and negative outcomes. Antecedents identified were lack of locus of control, previous failure of a perceived important task, and responses considered averse to the individual. These antecedents of learned helplessness were identified within the disciplines of nursing, psychology, and education. Hopelessness, motivational deficit, and apathy were the identified attributes. The consequences identified in learned helplessness were depression, anxiety, low self-esteem, and low overall achievement. Empirical referents were identified to allow identification of the attributes present in individuals, and case illustrations were provided. The

analysis of learned helplessness provides the reader with a better understanding of the phenomenon of this concept.

Implications for Nursing Practice

Implications for the advanced practice nurse include the ability to recognize learned helplessness, as well as how to approach and treat a patient experiencing this phenomenon. Being able to recognize and further understand the dysfunctional behavior will facilitate an environment in which the nurse can educate the patient on ways to overcome their present dilemma and frame of mind. Care for patients experiencing learned helplessness should be directed at educating the patient regarding self-management skills related to their problem as well as controlling the aspects of the problem that are able to be controlled by the patient (Clifford, 1985). Advance practice nurses should also encourage patient participation in the plan of care and goal establishment. It is vital that the advance practice nurse be able to recognize learned helplessness, as a delay in intervention may result in adverse health outcomes as well as perceived, or actual decreased quality of life (Faulkner, 2001).

Conclusion

This concept analysis was performed in order to further research and clarify the concept of learned helplessness. Familiarizing oneself with the phenomenon that is learned helplessness and all that it entails is vital to the advance practice nurse. This analysis aims to provide professionals with a better understanding of learned helplessness, how to identify it, and what interventions to use when treating patients displaying this concept. Recognizing learned helplessness quickly can help prevent negative health consequences and preserve an optimal health status.

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