Topic Page: Helplessness, Learned

Definition: **LEARNED HELPLESSNESS** from *Dictionary of Psychopathology*

A risk factor for depression described by American psychologist Martin Seligman involving lack of motivation and sense of defeat in facing certain uncomfortable experiences over which the person perceives himself to have no control, when in fact they actually may have available options. See Seligman, Martin.

Summary Article: **Learned Helplessness**
From *The Corsini Encyclopedia of Psychology and Behavioral Science*

Learned helplessness was discovered when researchers immobilized a dog and exposed it to electric shocks that could neither be avoided nor escaped. Twenty-four hours later, the dog was placed in a situation in which electric shock could be terminated by a simple response. The dog did not make this response; instead, it just sat passively. This behavior was in marked contrast to dogs in a control group that reacted vigorously to the shock and learned to turn it off.

These investigators proposed that the dog had learned to be helpless. When originally exposed to uncontrollable shock, it learned that nothing it did mattered. Shocks came and went independently of behavior. This learning of response-outcome independence was represented as an expectation of future helplessness that was generalized to new situations to produce motivational, cognitive, and emotional deficits. These deficits following uncontrollability have come to be known as *learned helplessness phenomena*, and their cognitive explanation as the *learned helplessness model.*

Much of the early interest in learned helplessness stemmed from its clash with traditional stimulus-response theories of learning. Alternative accounts of learned helplessness were proposed by theorists who saw no need to invoke mentalistic constructs, and these alternatives emphasized an incompatible motor response learned when animals were first exposed to uncontrollability. This response was presumably generalized to the second situation, where it interfered with performance at the test task.

Steven Maier and Martin Seligman (1976) conducted a series of studies testing the learned helplessness model and the incompatible motor response alternative. The most compelling argument for the cognitive account comes from the triadic design, a three-group experimental paradigm that differentiates uncontrollability from trauma. Animals in one group are exposed to shock that they are able to terminate by making some response. Animals in a second group are yoked to those in the first group, exposed to the identical shocks; the only difference is that animals in the first group control their outcome whereas those in the second do not. Animals in the third group are exposed to no shock at all. All animals are then given the same test task. Animals with control over the initial shocks typically show no helplessness when tested. They act just like animals with no prior exposure to shock. Animals without control become helpless.

Also supporting a cognitive interpretation of helplessness are studies showing that an animal can be “immunized” against the effects of uncontrollability by first exposing it to controllable events. Presumably, the animal learns during immunization that events can be controlled, and this expectation is sustained during exposure to uncontrollable events, precluding helplessness. Other studies show that

learned helplessness deficits can be undone by exposing a helpless animal to the contingency between behavior and outcome. The animal is forced to make an appropriate response to the test task, by pushing or pulling it into action. After several such trials, the animal responds on its own. Again, the presumed process at work is cognitive. The animal's expectation of response-outcome independence is challenged during the "therapy" experience, and learning occurs.

Psychologists interested in human problems were quick to see the parallels between learned helplessness as produced in the laboratory and maladaptive passivity as it exists in the real world. Thus began several lines of research looking at learned helplessness in people. First, helplessness in people was produced in the laboratory much as it was in animals, by exposing them to uncontrollable events and seeing the effects on their motivation, cognition, and emotion. Unsolvable problems were usually substituted for uncontrollable electric shock, but the critical aspects of the phenomenon remained: Following uncontrollability, people show a variety of deficits similar to those observed among animals. Second, researchers proposed various failures of adaptation as analogous to learned helplessness and investigated the similarity between these failures and helplessness. Especially popular was Seligman's (1975) proposal that depression and learned helplessness shared critical features: causes, symptoms, consequences, treatments, and preventions.

It soon became clear that the original helplessness model was an oversimplification when applied to people, failing to account for the range of reactions that people display following uncontrollability. Some people indeed showed pervasive deficits, as the model hypothesized, that were general across time and situation, whereas others did not. Further, failures of adaptation that the learned helplessness model was supposed to explain, such as depression, were sometimes characterized by a striking loss of self-esteem, about which the model was silent.

In an attempt to resolve these discrepancies, Lyn Abramson, Martin Seligman, and John Tresdale (1978) reformulated the helplessness model as it applied to people. The contrary findings could be explained by proposing that when people encounter an uncontrollable (bad) event, they ask themselves why it happened. Their answer sets the parameters for the helplessness that follows. If their causal attribution is stable ("it's going to last forever"), then induced helplessness is long-lasting. If their causal attribution is global ("it's going to undermine everything"), then subsequent helplessness is manifest across a variety of situations. Finally, if the causal attribution is internal ("it's all my fault"), the individual's self-esteem drops following uncontrollability. These hypotheses comprise the *attributional reformulation* of helplessness theory.

In some cases, the situation itself provides the explanation. In other cases, the person relies on a habitual way of making sense of events that occur, what is called *explanatory style*. Explanatory style is therefore a distal influence on helplessness and the failures of adaptation that involve helplessness. Explanatory style has been studied in its own right, and it has an array of correlates. People who explain bad events with internal, stable, and global causes show passivity; poor problem-solving; depression; anxiety; failure in academic, athletic, and vocational realms; social estrangement; morbidity; and mortality. Explanatory style can be highly stable, sometimes over decades. The self-fulfilling nature of explanatory style—and helplessness per se—explains this stability. At the same time, explanatory style can and does change in response to ongoing life events. Cognitive therapy, for example, can move explanatory style in an optimistic direction.

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CHRISTOPHER PETERSON
University of Michigan

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