Learned Helplessness

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Abstract

Learned Helplessness is an important concept to understand because it provides a foundation in theory developments. This concept is considered a personality trait of one who feels hopeless; their responses are unimportant and lose control of external environment. Understanding the definition will help health professionals in nursing and psychology. In both disciplines, understanding learned helplessness will guide health care professionals to use evidence-based teaching and improved theoretical understanding to help promote improved clinical outcomes related to learned helplessness. The process of analyzing this concept involves the way of knowing through systemic reviews and meta-analyses research. Through analysis, attributes are defined to help understand the relationship to the concept. This plays a major role in theory building. This concept analysis will provide a foundation for today’s research foundation for future research.
Learned Helplessness

What is a concept and why is it important? Concepts provide a foundation in theory construction. They are considered to be key components in theory that provides a foundation for nursing. Learned helplessness is the general concept I have chosen to further explore. While researching the definition of learned helplessness and relating it to certain diseases such as anorexia, it created much interest for me to explore this concept. Although, anorexia has never been topic of interest for me in the past, it really brought interest to me during my learned helplessness research.

Definition

My research started with defining learned helplessness and identifying synonyms. What is learned helplessness? Learned helplessness is considered a concept. Learned helplessness is considered a personality trait of one who feels hopeless, their responses are unimportant and loses control of external environment. Some learned helplessness synonyms include disorder, weakness, poor health, inadequacy, incapability and uselessness. The concept learned helplessness is used in both nursing and psychology disciplines. Both nursing and psychology professionals should screen patients within a specific age category and physically and psychologically assess individuals for possible symptoms associate with learned helplessness. Follow-up assessments should be mandatory if initial assessments lead to suspicion (Currin & Schmidt, 2005, p. 621). It can also be used in sociology. But, my focus is on the nursing and psychology disciplines.

Nursing

In nursing, learned helplessness is a concept important to understand for certain diseases. Eating disorders such as anorexia and bulimia is derived from learned helplessness. There is
evidence of a direct relationship between anxiety, depression and eating disorders (Vince & Walker, 2008). Nurse practitioners’ understanding of learned helplessness concept resulting from depression and anxiety will help to improve clinical outcomes. Discovering the root to anxiety and depression such as history of abuse and dysfunctional background will help the nurse to understand the concept (Vince & Walker, 2008). Learned helplessness is the foundation of eating disorders and other diseases. Behavior related to anorexia usually involves a personal search strategy with specific self-challenging confrontations that externally display as a positive self-esteem behavior to compensate for the true feeling of learned helplessness. This type of behavior is very hard to recognize and treat from a nursing standpoint. Nurses need to encourage the patient to engage in a therapeutic search activity in other areas to help with increasing their self-esteem that will help with the healing process (Rotenberg, 2000). Early interventions from health care professionals play a major role with potential long-term effects of psychosis (Currin & Schmidt, 2005, p. 612).

**Psychology**

In psychology, learned helplessness’ attributes stem from this area of practice. Attributes associated to learned helplessness are low self-esteem, locus of control, history of abuse, poor caregiver relationship, negative self-beliefs, socio-economical pressures, perfectionism, anger, hostility, maladaptive coping style, anxiety and depression (Vince & Walker, 2008). Usually, learning the root of certain diseases associated to learned helplessness begins with psychological treatments focusing on these attributes. The concept learned helplessness is thought to be the psychobiological base of depression (Rotenberg, 2000, p. 89). Early intervention for psychosis is imperative or the brain will experience a deadly effect (Currin
Psychiatric basic treatment care involves treating untreated psychosis in early stages to prevent this deadly effect (Currin & Schmidt, 2005, p. 612).

**Aim of the Analysis**

The aim of my concept learned helplessness analysis is to learn more about theory development to help improve patient clinical outcomes. Patient education derived from evidenced based practice. Hopefully, through evidence-based practice teaching and improved theoretical understanding, it will improve my understanding and clinical care outcomes regarding learned helplessness. After researching diseases associated to learned helplessness, anorexia seems to draw my interest the most. Theoretical approaches have changed with anorexia treatment. I want explore the different theories with my concept and the relationship to anorexia.

**Analysis of Concept**

How is a way of knowing related to the concept of learned helplessness? Ways of knowing involves experimental knowledge or experimental opinion using integrated reviews, systemic reviews or meta-analyses as primary sources for research projects. These analyses are used to dissect a concept into multiple parts to grasp a better understanding. Each part of this analytical process is evaluated individually and defined with its relationship to the whole concept. The analysis is more helpful if previous research data is available.

Attributes are characteristics that make concepts unique. These unique characteristics allow us to differentiate concept and choose them based off their attributes. Analysis allows concepts to be dissected, reshaped and molded to create a new theory to improve knowledge accuracy. The dissection of the concept to identify the function or structure is the purpose of an analysis. This formal exercise is considered precise and rigorous with a tentative result. Tentativeness is important because of the different concept attributes derived from scientific and
basic knowledge from different people can change often. Concepts and analysis both change throughout time. Concept analysis provides a foundation for tomorrow’s research. This is the reason tentativeness is important.

Concept analysis is a phase that plays a major role in theory building. The steps to concept analysis include concept selection, concept aims or purposes, antecedents, attributes, model selection, identify type of cases (invented, contrary, related, illegitimate or borderline), identifying antecedents and consequences and defining empirical referents. Concept selection involves choosing a manageable concept of interest that is important to further research. The selected concept is learned helplessness. The specific concept of learned helplessness is anorexia. Please see Figure 1 for a representation of the process in the analysis.

Figure 1. Concept map demonstrating the concept analysis process.
Antecedents

It is important to identify consequences and antecedents associated to the concept. Antecedents are considered incidents that occur before the concept. Some antecedents can be altered self-perception (Rotenberg, 2000, p. 89) caused by emotional triggers such as feelings of sadness, despair and inadequacy or physical triggers such as unhelpful thoughts associated to food and weight. Other affective factors associated to triggering the incident are defined sleep disturbances, low mood and obsessive thoughts (Rotenberg, 2000, p. 89). Psychiatric disorders play a major role with this concept (Currin & Schmidt, 2005). Coping skills, sexuality and irrational cognition occur before the concept (Vince & Walker, 2008). Often attributes are considered to be antecedents until further researched (Vince & Walker, 2008). Self-esteem and self-competence (Richardson, Ratner, & Zumbo, 2009) can be present before the concept. Happiness and anxiety (Richardson et al., 2009) are some other antecedents. Poor coping styles are antecedents to learned helplessness that can result in social anxiety (Mezo, McCabe, Antony, & Burns, 2005).

Attributes

The next step is to critical and defining attributes of a concept. Attributes help provide insight to the concept. These characteristics help determine the structure of the concept and are important in identifying a model case. Attributes associated to learned helplessness are low self-esteem, locus of control, history of abuse, poor caregiver relationship, negative self-beliefs, socio-economical pressures, perfectionism, anger, hostility, maladaptive coping style, anxiety and depression (Vince & Walker, 2008). Feelings of embarrassment and shamefulness are associated with eating disorder that is a form of learned helplessness (Currin & Schmidt, 2005). Weakness, dizziness, dental problems, constipation, abdominal pains, sore throat, menstrual
irregularities and hair loss are other attributes (Currin & Schmidt, 2005). Self-esteem and self-competence (Richardson, Ratner, & Zumbo, 2009) can also be concept attributes. Personality disorders such as perfectionism and hostility are some other attributes related to the concept (Vince & Walker, 2008). Increased stressful life events can attribute to learned helplessness. Increased social anxiety (Mezo et al., 2005) with dealing with stressful life events can contribute to the concept attributes. Physical pain, tearfulness, lack of motivation and interests are attributes to help describe depression (Cobley, Thomas, Lincoln, & Walker, 2011) and provide insight to learned helplessness.

Empirical Referents

Empirical referents are clearly linked to the theory of the chosen concept. These empirical referents provide clinicians a clear picture if the concept exists in particular patients. They relate only to the defining and characterizing the attributes of the concept learned helplessness. Concept mapping, personal statements and specific criterion are tools that provide specific quantitative and qualitative measurements used and compared in assessments to obtain empirical evidence (Hay, Wells, & Kinchin, 2007). Sometimes, concept mapping assists in a better explanation of an idea than essay writing (Hay et al., 2007). Personal statements can assess change through a comparison through time and specific criterion is used in quality change measurement to assess change between statements. (Hay et al., 2007, p. 221). Empirical referents are useful in developing the concept theory base and contribute to the validity of new instruments (Walker & Avant, 2011). Self-esteem is measured by using the Rosenberg self-esteem scale. This scale measures self-esteem globally and two-dimensionally identifying six items (Richardson, Ratner, & Zumbo, 2009). Locus of control is measured using the Rotter locus of control scale that measures multidimensional (Smith, Trompenaars, & Dugan, 1995).
Coping styles can be measured using the Coping Styles Questionnaire for Social Situations (CSQSS). This questionnaire is used to monitor coping styles in various situations based on how individuals cope with threatening information (Mezo, McCabe, Antony, & Burns, 2005). Anxiety can be measured using the Generalized Anxiety Disorder Questionnaire-IV (GAD-Q-IV). This self-reported questionnaire measures diagnostically (Robinson, Klenck, & Norton, 2010). These tools are all examples of empirical evidence defining and characterize the attributes of the concept learned helplessness.

**Consequences**

Consequences are considered the concept outcome or incidents resulting from the concept (Walker & Avant, 2011). They help guide future research into a direction led by neglected ideas, relationships or variables (Walker & Avant, 2011). Hopefully this new direction will enhance better clinical outcomes. An example of a consequence from Rotenberg’s article is that behavior related to anorexia usually involves a personal search strategy with specific self-challenging confrontations that externally display as a positive self-esteem behavior to compensate for the true feeling of learned helplessness (Rotenberg, 2000). Utilizing this outcome or consequence will help to recognize the underlying issue of a problem to improve clinical outcomes.

**Case Illustrations**

Case illustrations help improve understanding of the concept (Walker & Avant, 2011, p. 163). Illustrations can overshadow the objective view of concept meanings. The three cases we are focusing on are the model case, borderline case and contrary case.

**Model case**
Model cases are examples of concept use that shows all defining attributes (Walker & Avant, 2011, p. 163). This type of case can be from a real life scenario, literature-based or self-constructed. An example of a model case is several physicians have seen a female 21-year old high school graduate, Jane, over the past year with emotional issues such as feeling sadness and inadequacy. She has a history of low self-esteem, locus of control, history of abuse, coping issues, anger issues, anxiety and perfectionism. Tools used to measure some of the attributes include the Rosenberg Self Esteem Scale for measuring self-esteem, Rotter Locus of Control Scale to measure the locus of control, Coping Styles Questionnaire for Social Situations (CSQSS) to measure coping issues and Generalized Anxiety Disorder Questionnaire for DSM-IV (GAD-Q-IV) to measure anxiety. Jane was given antidepressants to treat the emotional feelings. No testing or further assessment was done. The symptoms of emotionally feeling sad and inadequate continued along with extreme weight loss. Jane called the last physician and he referred her to psychology. The psychologist’s assessment reveals the root of the problem resulting with depression and anorexia.

In this model case, the antecedents are sadness and inadequacy. The attributes are low self-esteem, locus of control, and a history of abuse, anger issues, anxiety and perfectionism. Tools used to measure these attributes include the Rosenberg Self Esteem Scale, Rotter Locus of Control Scale, Coping Styles Questionnaire for Social Situations, and Generalized Anxiety Disorder Questionnaire for DSM-IV. The consequences are depression and anorexia. This is a model case demonstrating an example of concept use that shows all defining attributes and can be measured.

**Borderline case**
Borderline cases are examples of concept use that show most defining attributes. Some of the defining attributes are left behind. An example of a borderline case is several physicians have seen a female 21-year old high school graduate, Jane, over the past year with emotional issues such as feeling sadness and inadequacy. She has a history of low self-esteem and locus of control. Tools used to measure these attributes include the Rosenberg Self Esteem Scale for measuring self-esteem; The Rotter Locus of Control Scale to measure the locus of control Jane was given antidepressants to treat the emotional feelings. No testing or further assessment was done. The symptoms of emotionally feeling sad and inadequate continued along with extreme weight loss. Jane called the last physician and he referred her to psychology. The psychologist’s assessment reveals the root of the problem resulting with depression and anorexia.

In this borderline case, the antecedents are sadness and inadequacy. The attributes are low self-esteem and locus of control. Tools used to measure these attributes include the Rosenberg Self Esteem Scale for measuring self-esteem and The Rotter Locus of Control Scale to measure the locus of control. The consequences are depression and anorexia. This is a borderline case demonstrating an example of concept use that shows all defining attributes and can be measured.

Contrary case

Contrary models contrasts the absent concept aspect or present the context under different conditions. Contrary cases do not show examples of concept use. They don’t show any defining attributes. It helps highlight, articulate and demonstrate differences related to the concept and increases chances of clarity of the concept by excluding attributes from this type of case (Meleis, 2012). An example of a contrary case is several physicians have seen a female 21-year old high school graduate, Jane, over the past year with emotional issues with depression. Unknown
history. No tools need for attributes measurements. The depressive symptoms continued. She called the doctor and referred her to a psychiatrist. The psychiatrist’s diagnosis is depression.

In this borderline case, the antecedent is depression. There are no attributes. No tools need for attributes measurements. The consequence is depression. This is a contrary case demonstrating an example of another concept without showing examples of concept use and defining attributes.

**Summary of the Analysis**

Determining the concept selection, aim of the analysis, concept uses, defining attributes and model cases, examining a borderline case and contrary case, antecedents, consequences and empirical referents complete the analysis process (Walker & Avant, 2011, p. 173). Theorists will have better direction due to the concept selection and familiarity. This process will enhance our vocabulary and provide improved definitions for theoretical and research use. Analysis is considered to be limited to theory level by using concepts. Concept analysis is critiqued implying this process to be reductionistic, rigid and positivistic. There are several methods of concept analysis. Overall, concept analysis provides valid and logical way to help develop theory. This concept analysis will provide a foundation for today’s research foundation for future research.

**Implications for Nursing Practice**

Specific nursing implications are imperative in improving learned helplessness. Identifying and understanding the antecedents and attributes are important with providing the correct nursing practice implications. Early intervention will provide best outcome.

**Physical Health**
People who have lack of self-esteem and are not self-competent (Richardson et al., 2009) tend define learned helplessness. Nursing implications should include identifying low self-esteem (Vince & Walker, 2008) and lack of being self-competent and encourage to them make changes. Implement a step-by-step plan of improving diet and exercise, motivating and encouraging positive interpersonal relationships and encourage positive behavior with problem-solving skills will improve physical health. Through these implications it will decrease sickness and ailments with increase positive behavior and will overcome the lack of self-esteem and depression.

**Psychological Health**

Motivation is the key to improving the psychological factors associated with learned helplessness. Implications should include assessing and identifying antecedents such as lack of self-esteem, feelings of sadness, disparity and inadequacy (Rotenberg, 2000) and implement a plan for improvement. Encouraging positive behaviors and motivating discussion of internalized feelings should help phase out these feelings of sadness and inadequacy.

**Social Impact**

Social impact can be overturned with counseling of previous behavior. Embarrassment and shame (Currin & Schmidt, 2005) are feelings developed from learned helplessness. Increased social anxiety from stressful events (Mezo et al., 2005) such as poor caregiver relationship and history of abuse (Vince & Walker, 2008) are issues that should be addressed and included in nursing implications. A psychological referral for counseling is necessary for reversing the social impact effects.
References


