CHAPTER 1

Introduction
The management of human resources requires knowledge about cognitive and affective processes of individuals. Although such processes constantly change during the life span development of individuals, an understanding of them during the adolescent period present a formidable challenge. This is because of the multiplicity of influences impinging on the adolescents. However, there are several approaches to understand the process of adaptation and growth of adolescents. Most of these approaches have employed positive parameters such as competence and achievement orientation. While these approaches have offered some clues for an understanding of adolescent's adaptation and accomplishments, they fall sort of adequate understanding in situations characterized by resource constraints.

Indian socio-cultural system represents a typical context where resource constraint is actually experienced. Individuals encounter a great deal of uncontrollable events. Furthermore, adolescents with their increasing aspiration are likely to encounter greater failure and uncontrollable events than do other individuals.

In such a context, it appears plausible that some negative forces do have a great bearing on an adolescent's growth and adaptation. The model of learned helplessness offers a robust framework for understanding the process of growth. The model has been extended to a wide variety of situations; its application
to the study of adolescent coping is likely to provide an adequate understanding of the process.

The phenomenon of learned helplessness was first systematically studied by Seligman and Maier (1967). The study revealed that animals treated with inescapable and unavoidable shock later failed to avoid traumatic shock that was escapable and avoidable by performing a simple response. The theory of learned helplessness was long recognized for its generality across species (Maier & Seligman, 1976). In recent years, its transcultural use has shown greater promise for research and application. The concept of control which is a core construct in the theory of helplessness, has a wider applicability in socio-cultural system, such as Indian society, where problems of helplessness are manifest in many domains of behaviour such as passivity; depression, intellectual impairment, work efficiency, diseases susceptibility, old age problems and overall psychological health. A link between human helplessness and quality of life has vitalised research in this area.

The concept of control is central to the theory of helplessness. Basically, the theory provided that an organism develops helplessness as a reaction to situations of uncontrollability. Seligman and Maier (1967) observed that Mangreal dogs, following exposure to inescapable electric shock, showed striking deficits later when placed in a shuttlebox in which the simple act of
crossing a barrier would terminate shock. These animals seemed to be more helpless and indicated several deficits. The phenomenon was described as learned helplessness, referring to learning or perception that responses and outcomes are independent.

Helplessness is observed across many species. The typical human helplessness experiment involves a triadic design in which one group of subjects receives controllable events, a second group receives uncontrollable events and the third group is exposed to either controllable or uncontrollable events. Hiroto and Seligman's experiment (1975) illustrated human helplessness study. The events in this experiment involved loud noises. Subjects could terminate loud controllable noises by pressing a button four times. All participants subsequently were tested on a hand suttlebox task in which noise termination was controllable. The results corroborated with the results obtained from animal experiments.

The generality of the phenomenon of learned helplessness was also observed across different situations. In the study of Hiroto and Seligman (1975), instrumental and cognitive tasks were employed in pre-training and post-training situations. When human beings were placed in an uncontrollable instrumental task, learned helplessness developed and was generalized to cognitive situations. Similarly learned helplessness developed as a reaction
to uncontrollable cognitive situations, was found to be generalized to instrumental situations. Thus, irrespective of the domain of uncontrollability, helplessness was indicated in instrumental and cognitive activities.

The Construct of Helplessness

Martin E.P. Seligman is the dominant researcher and theorist in the domain of learned helplessness. He has written extensively on the nature, etiology and significance of the phenomenon (Seligman, 1973, 1974, 1975).

Since these early studies, research on learned helplessness has proliferated. Early work investigating the phenomenon of helplessness used dogs as subjects (Overmeir, 1968; Seligman & Groves, 1970). Some recent investigators used cats as subjects (Thomas & Balter, in press) and fish (Padilla, Padilla, Ketterer & Giacolone, 1970). Other researchers studied the phenomenon on rats (Brand, Wepman & Russo, 1969; Maier, Seligman & Soloman, 1969; Maier & Tests, 1975). Recently, quite a good number of investigators have documented learned helplessness in human beings (Gatchel & Proctor, 1976). Helplessness syndrome is observed by all the authors regardless of the types of species they took as subjects.

Seligman's model has also broadened the scope of learned helplessness from animal behaviour to a wide variety of human
behaviour including child development, stomach ulcers, depression and death (Seligman, 1975). Other investigators have also argued that the learned helpless model is useful in studying intellectual development (Dweck & Licht, 1980), crowling (Rodin, 1976), victimisation (Nortman & Silver, 1980), the coronary prove personality (Glass, 1977), and aging (Schultz, 1976).

Since the publication of the early animal work and the major exposition of Seligman's theory, a substantial body of research has investigated the parameters of the learned helplessness phenomenon with human subjects. Seligman (1975) suggested that learned helplessness consists of three interrelated areas of disturbance (deficits): (a) Motivational, (b) Cognitive and (c) emotional. More specifically, he hypothesised that learned helplessness "(a) reduces the motivation to control the outcome; (b) interferes with learning that responding controls the outcome and (c) produces fear as long as the subject is uncertain of the uncontrollability of the outcome, and then produces depression" (Seligman, 1975, p.56). Seligman and Maier (1967) observed that the animals failed to perform the simple response of crossing the barrier to avoid shock. They hypothesised that the animals have perceived the response-outcome independence. The authors noticed the animals initiating very few attempts to escape shock (Motivational deficit). They did not show any tendency to follow an occasionally successful response with another (learning and cognitive deficit).
While experiencing shock, they also did not show much over emotionality (emotional deficit).

The construct of helplessness was interpreted in cognitive terms (Maier, Seligman & Solomon, 1969; Beligman, Maier & Solomon, 1971). While being exposed to the electric shock, the animals could learn that the shock is independent of any reaction as shocks occurred independent of what they did or did not do. This learning was represented as an expectation of future response-outcome independence (Uncontrollability) and this was generalised to new situations to produce the deficits.

Generally the earlier model of helplessness presents an account of debilitating effects of uncontrollability. The model states that upon perceiving the response-outcome independence, the individual develops a number of deficits such as motivational, cognitive and emotional. But the earlier model is primarily based on cognitive terms which postulates that a mere exposure to uncontrollable events is not enough. The organism must expect that outcomes are uncontrollable.

The proposition that cognitive expectancy of no control underlines the debilitated performance needed testing. But an appropriate test was difficult to devise because of certain confounding variables. In fact cognitive, motivational and emotional components of helplessness operated in combination and it was difficult to isolate one from the others. Secondly, it
was necessary to show that performance impairment was mediated by motivational and cognitive components.

Despite such difficulty, early instrumental learning studies attempted to demonstrate the associative component in human helplessness. The observation that human beings exposed to uncontrollable events failed to follow successful events was fairly explainable in motivational terms and thus, provided a loose support. Other investigators attempted to isolate the associative component by employing anagram tests. Although individuals exposed to uncontrollable outcomes in the first phase required more trials than did individuals exposed to controlled outcomes, depressed individuals were slower compared to non-depressed individuals. The results did not differentiate between associative deficit as postulated by helplessness theory from general intellectual impairment. Similarly chance skill studies were initiated on the assumptions that helplessness cognition was similar to Rotter's concept of external control, and outcomes on previous trial had a greater effect on expectancies for future success when outcomes were dependent upon responses (Skill determined). Based on these assumptions, researchers examined verbalised expectancies of success on skill and chance tasks. The results provided some support to the contention that helpless and depressed students acquired a generalized expectancy of response-outcome independence that interfered with seeing the relationship between their
response and outcome. But the very assumption on which the findings were based was questioned. Recent studies show that locus of control and expectation of response-outcome independence are orthogonal.

Alloy and Abramson (1979) in a series of experiments employed a more direct method of isolating the cognitive component of helplessness. The general pattern of results, however, indicated no associative deficit in depression. The findings, taken together suggested no support for the associative component of helplessness theory accounting for the perception of response-outcome independence.

Apart from the conceptual problem, there were other inadequacies that complicated the earlier version of the theory. The older formulation did not adequately explain the individual difference factors. It was observed that individuals similarly exposed to uncontrollable noises reach at different conclusions regarding the cause of uncontrollability.

In the second place the old helplessness model did not account for the generality of helplessness across situations and chronicity over time. It was noticed that sometimes bad events generated depressive symptoms, occasionally transient, occasionally long-lasting and sometimes not at all. What determined the chronicity and generality of helplessness was a crucial question.
The original model also does not explain the self-esteem loss frequently observed among the depressions (Back, 1967; Freud, 1917, 1957). Why should individuals blame themselves for events over which they have no control? The old hypothesis is silent about the chronicity and generality of helplessness and depression and about the paradox of self-esteem loss following expectation of uncontrollability. The theory had to be reformulated to accommodate observations of generality, chronicity and self-esteem loss.

**Explanatory Style**

Helplessness theory is reformulated in the light of explanatory variables (e.g., Miller & Norman, 1979). Wortman and Brehm stressed the individual's interpretation of uncontrollable events. Accordingly Abramson, Seligman and Teasdale (1978) revised helplessness theory to include the individual's causal explanations of the original bad events. According to the authors, the causal explanations of the original bad events determines many aspects of subsequent helplessness. Upon encountering uncontrollability, individuals ask themselves "Why?" The kind of explanation they attribute influence their subsequent reaction pattern.

Abramson et al. (1978) pointed out three relevant explanatory dimensions (attributional dimensions), (a) internal-external, (b) stable-unstable and (c) global-specific. The cause of
explanation of uncontrollability may be something about the person (internal explanation) or it may be something about the situation (external explanation). It may be a factor that persists over time (stable explanation) or it may be transient (unstable explanation). The cause may affect a variety of outcomes (global explanation) or may be limited to the concerned event (specific explanation).

In the reformulated version of the theory, each of the three attributional dimensions (explanatory dimensions) is relevant to resolve a different inadequacy of the original model. Inadequacy about individual difference is resolved by a proposed distinction between universal and personal helplessness. Universal helplessness is characterised by the belief that an outcome is independent of all of one's own responses as well as the responses of other people. Personal helplessness, on the other hand, is the case where the individual believes that there exist responses that would contingently produce the desired outcome. Thus universal helplessness promotes external attribution and personal helplessness promotes internal attribution (Abramson, Seligman & Teasdale 1978). The distinction, however, classifies the relation of uncontrollability to failure.

To resolve the issue of generality and chronicity of helplessness, the reformulation states that upon encountering uncontrollability, the individual may make attributions having
stable and unstable dimensions. This dimension is orthogonal to the internal-external dimension. Thus an outcome may call for an (a) internal stable attribution (ability), (b) an internal unstable attribution (effort), (c) an external stable attribution (task difficulty) or (d) an external unstable attribution (luck).

Abramson et al. (1978) suggested a third attributional dimension - "global-specific" that explains generality of helplessness. Attributing uncontrollability to a global factor implies that helplessness will occur across situations. A specific attribution, on the other hand, implies that helplessness will occur only in the original situation.

However, the reformulation assigns particular roles to each of the three dimensions mentioned above. An internal explanation affects self-esteem loss following uncontrollability. If individuals explain uncontrollability in terms of their own ability, they are likely to experience self-esteem loss. In case of a stable explanation, depressive reactions tend to be chronic. If the bad event is explained by a transient factor, depressive symptoms would be short lived. Lastly, a global explanation would lend to a cross situational generality. The individual is likely to experience helplessness in a wider variety of situations. On the contrary, a specific explanation would circumscribe the deficit to a single domain of activity.
It is important to note that explanations and explanatory style make helplessness syndrome more likely. For example, an internal explanation of uncontrollability makes self-esteem loss more likely. In other words, the expectation that no action will control outcomes in the future is a sufficient condition for developing helplessness.

In the reformulated helplessness theory, explanation and explanatory style are accorded the status of risk factors. While both the original and the reformulation stress expectation of no control as a sufficient condition for helplessness syndrome, the later ascribes causal explanation as a risk factor for situational (reality factors) and dispositional (explanatory style) factors.

The reformulated model of depression predicted several domains of application of the helplessness model. Some of the important domains are, depression, intellectual improvement, disease susceptibility, old age problems and coping with stressful events. The detailed description of these consequences of helplessness is presented in Chapter 2.

The development of the theory of learned helplessness has also a potential relevance for understanding reactions to undesirable life events. Earlier, Wortman and Brehm (1975) studied on how people respond when their freedom of control is
taken away. Brehm (1966) had suggested that when free behaviour is restricted, people respond with feelings of hostility, anger and enhanced motivation to obtain the outcome in question. This view and the supporting research appeared to be inconsistent with the learned helplessness model (Seligman, 1975) which suggests that upon encountering uncontrollability, individuals become passive and depressed and show subsequent motivational deficits and impairments in active problem-solving.

Adolescents and Adaptation

The earlier discussion documents the generality of the construct and pervasiveness of the phenomenon. The relationship between helplessness and a number of factors associated with quality of life demonstrate the import of the construct. Recent studies have also been directed towards identifying socio-cultural antecedents of helplessness. However, it is important to recognize that childhood socialization offers a part of the ontogenesis (development) of helplessness. It is plausible that a number of factors associated with the adolescent period may change or even reverse the direction of helplessness syndrome.

However, there is sufficient literature in the area of life span development pertaining to the rapid change processes occurring during the adolescent period. This period is generally characterised as a stage of stress and change. Adolescents are caught between idealism and reality, achievements and aspirations and between
success and failure. An important parameter that influences the pattern of their conflict resolution is their coping pattern. Although no specific pattern of coping can be regarded as effective, quite independent of the situations and persons, yet the nature of dynamic relationship between the person, situation and coping strategy can identify the direction of the growth of competence.

Developmental psychologists also point out that the multiplicity of social influences stem from the teachers, neighbours and the peers during the adolescent period. It may be also possible that peer group influence may operate in direct opposition to the parental influence.

The family plays a critical role in the socialization of the child. The early parent child association serve as the initial social relationship that shapes the child's expectancies and responses in subsequent social encounters.

Parents play important roles as teachers for their children. Underlying parental role, are two basic dimensions of behaviour. They are warmth-hostility and permissiveness-control. The interaction between these two factors generates different clusters of behaviours in children.

The western studies show that parents in different social classes acquire different values that influences socialization practices. Lower class parents value respectability, obedience,
conformity, neatness and politeness. They tend to be more power assertive and restrictive with young children to achieve these ends. On the contrary, middle class parents strive for inner development of their children and hence emphasise responsibility, internalised controls and achievement motivation. Birth order and other related structural factors influence child development to a great extent.

The family is a place of marked change in the child and later in the adolescent. One of the important change is working mother families. This change is particularly important in Indian context. It is suggested that children of working mothers receive less adequate supervision that tends to develop retarded social behaviour. Insufficient supervision and care leads to break down of household routines, irregular meals, less attention to grooming, and fewer opportunities for organized social interaction and recreation. Such children show difficulty in adjusting to schools, show lower achievement and intelligence. They have less self-reliance and a decreased sense of personal freedom (Woods, 1972). In addition, it is also sometimes suggested that the child of an working mother receives less cognitive and social stimulation.

Such children are more vulnerable to the changing patterns of life primarily because greater degree of extra home influences impign upon them. Consequently, their mastery-orientation may
show a marked change either in the positive or negative direction.

No less important is the influence of peers that brings a lot of change in the child and the adolescent. The importance of peers increases rapidly in the pre-school years and a shift from isolated play to social play occurs where the child shows a greater preference to play with peers than with adults. Play facilitates cognitive development in satisfying exploratory and curiousity needs and in developing social competence. Imaginative play is particularly important since disruptions in the development of imaginative play have been associated with anti-social behaviour, dependency and social immaturity.

Children of different social strata value different characteristics in their age mates. Aggressive behaviour may lead to popularity and prestige among lower class males. But the same behaviour may lead to rejection in middle class boys. Again, boys with muscular body built are more likely to be popular than thin or chubby peers. Further, boys with early maturity have a social advantage over late maturing males.

Inter group competition promoting group formation is a factor that heightens group solidarity. But it increases hostility and conflict between the groups. However, hostility is reduced when conflicting groups work together to achieve a common aim. Among other factors that influence socialization are the age, sex and other situational determinants. Children
of all ages are not equally susceptible to peer pressure. In uncertain situations, peers tend to conform more as they mature, while peer influence declines with age in situations where the correct response is clear. The sex of the child as well as his or her group status is also important. Children are found to be more influenced by a high status peer compared to an individual of low status. Lastly, situational factors such as nature of the pressure group, the task and the consensus within the group are other factors that contribute a lot to the changes in the child and consequently in the adolescent.

The school is an extremely influential socializing force. Here in the teachers play a variety of roles like evaluators, disciplinarians and models. Teacher's early impressions regarding a pupil's probable success can affect the child's academic progress. Children succeed when teachers believe they will do well and pupils are likely to show poor performance when teachers expect them to fail. Students show that high anxious children show poor school performance (Hill, 1972), they show performance deficits. Other studies (Hill & Eton, 1977; William & Hill, 1976; Hill, 1973), suggest that these deficits are due to motivational and test taking factors and not because of learning deficits and these anxious children may improve performance under optimal test-taking conditions.

Recent application of behaviour modification techniques to control children's classroom behaviour through reinternment is
found to be successful. For this, material or token reinforcers are used for shaping appropriate behaviour. But often application of external rewards becomes unnecessary and undesirable. Because children's intrinsic interest in school activities may be undermined by applying external reinforcers (Grimes & Allinsmith, 1961).

The teacher also influences pupils by serving as a social model. Portuges and Feshback (1972) have shown that the rewarding teacher was imitated by students more than the negative instructor who rebuked the pupils for errors. It was further observed that middle class girls tend to imitate a teacher model the most compared to the lower class boys who imitated the least.

Studies show that a number of factors stand against the academic progress of the lower class child in the school atmosphere (Clark, 1965). The incongruity between the attitudes and motivations of the lower class and the middle class child is one of the important factors. The school is a strange and often hostile environment for the lower class children. Even if they succeed, they are unlikely to receive parental support or peer acceptance for their accomplishments. The teachers are also not without fault since they often fail to appreciate the differences in background experience and the values of the disadvantaged student (Groff, 1963, 1964).
The changing parameters of socialization affecting adolescent period bring about alteration in their orientations. It is plausible that adolescents gravitate towards maladaptive or mastery-oriented goals depending on the nature of socialization process. More specifically, the relationship between orientation and coping style forms an important aspect of adolescent overall life plan. Prior to specifying possible hypotheses pertaining to the relationship between helplessness and coping patterns, a number of considerations relating to coping mechanisms are regarded as important elements.

The Basic Issues

It is asserted that the construct of helplessness produces an effective model for understanding a number of behavioural process. The perception of no-control functions as a core concept (Langer, 1983). It has also been argued that attributional variables in terms of internal, stable and global explanatory factors assentuate the intensity, chronicity and generality of helplessness syndrome. While helplessness as an induced personality trait affects all phases of life, its role during adolescent period is likely to have great significance. It is axiomatic that adolescent period is a phase of vulnerability. The linkage between helplessness and adolescence represents a fundamental concern.

Although helplessness is likely to influence a wide variety of adolescent behaviour, all aspects of these behavioural
manifestations are beyond the scope of a single research project. The present investigation has primarily focused on the relationship between helplessness and adolescent coping patterns. The study of coping patterns would be useful in generating knowledge about the ways in which helplessness moderates the selection of coping strategy. It would be also possible to devise a series of training programmes to alter the maladaptive strategies to adaptive ones.

It is important to recognize that an important research gap exists in this area. There is no empirical investigation that explores the association between helplessness syndrome and the choice of specific coping strategies. With this empirical examination it is also possible to identify helplessness inducing cognitions associated with the choice of specific coping form. The theoretical and applied significance of this research question appears more clear when we survey the pertinent literature in this area.

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