CHAPTER - I

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1.1 Meaning and concept of Learned Helplessness

Learned Helplessness (LH) is a potential human response to a variety of psychological, physiological and sociological experiences resulting from an inability to influence the outcomes of events felt to be significant to an individual (Collins, 1967; Seligman, 1975). An interference with escape/avoidance learning following repeated, but failed, attempts at manipulating a situation results into learned helplessness. An individual repeatedly fails to influence a change in a situation and learns his or her response-outcome disconnect. The eventual outcome of this interference with learning is the impairment of behaviour to escape or avoid situations interpreted by an individual to be undesirable.

Learned helplessness behaviour is characterized by lack of motivation and helplessness in the face of normal everyday problems and challenges. It is the result of chronically powerless over a situation. It is a belief on part of the respondent that a negative outcome will occur independent of one’s response, the person with learned helplessness believes that no matter what he does he can't succeed. The patterns of passivity and withdrawal occur and the recognition that potential solution exist is totally lost.

The theory of learned helplessness focuses personal & universal helplessness as two orthogonal dimensions. Learned helplessness is a severe problem that needs to be fixed. The phenomenon contains three components, Contingency, Cognition & Behaviour. Contingency that address the uncontrollability of the situation, cognition refers to the attribution that people makes grading the situation, behaviour allows the
individual to decide whatever they will give up or proceed (Peterson, Maier & Seligman, 1993)

In the model of learned helplessness many factors has been found to contribute in the development of learned helplessness. The predisposing and development analysis of human helplessness presents a contrast to the off-discussed concept of growth and competence. A large number of researches have generated much information regarding competence fostering condition. McClelland’s (1961) emphasized that each string is related with the growth of competence, Bandura (1977b), emphasized importance of self-efficacy in growth of competence whereas Skinner, Chapman and Batler (1988) gave importance to control perception in growth of competence.

The concept of learned helplessness is popular today in many civilest both clinical and experimental, the concept was first used to describe the failure of some laboratory animals to escape or avoid shock when given the opportunity after previous exposure to inescapable shock (Overmier & Seligman 1967; Seligman & Maier, 1967). The term has since been applied to the failure of human being to seek utilization or learn adaptive instrumental responses as seen most dramatically in the depressed person who seems to have given up hope that effective voluntary control over important environmental events is possible (Seligman 1975).

Individual who exhibit leaned helplessness learn that their actions do not have any control on the outcome of an event. Conversely individuals who exhibit learned optimism believes that they can control the outcome of their lives. Both learned helplessness and learned optimism are the behavioural outcome of cognitive
representation of actions that are either believed to be random or related and controlled by the individual respectively.

Learned helplessness explains the behaviour that follows when events that are uncontrollable individual lead to the expectation that future events will also be uncontrollable. Essentially, they feel like there is nothing they can do to change the outcome of an event, so he may not even try, for example, if a child studies for an exam and still receives a poor grade he may feel that he has no control over his performance so he decides to give up participating and studying all together. He may then generalize these feeling to other aspects of his life and lose motivation to succeed as he believes that his success is out of his control.

1.2 History of the Concept of Helplessness

Seligman and colleagues (1965) used an animal model to study the relationship between fear and avoidance learning. Using theory of Classical Conditioning, Seligman attempted to condition dogs to learn fear through a tone stimulus preceding a nor in stimulus of electric shock. Seligman assumed that the dogs would perform some type of escape behaviour as they learned the tone was associated with an unpleasant stimulus. They observed that when dogs were restrained during the initial association activity, they learned that trying to escape from the shock was useless. Once freed, the dogs made no attempt to escape the shock. Dogs who were unrestrained during the learning activity, however, readily learned to step over a small divide to escape the painful stimulus (Maier, Peterson, & Schwartz, 2000; Miller & Seligman, 1975).

With increasing research in helplessness area the conceptual understanding of helplessness has grown. What was once thought of as a phenomenon associated with
animal behaviour (Braud, 1969; Maier, 1975; Overmier, 1967, 1968; Padilla, 1970; Seligman, 1975; Seward, 1967; Seligman, 1967) is now recognized as a significant factor associated with psychological distress in humans. The research on relationships among helplessness, fear, anxiety and depressive symptoms and other forms of psychological morbidity continued to be studied in a variety of populations and clinical situations in order to develop an understanding relationship to optimize psychological health and general well-being.

Raps and colleagues (1982) further defined helplessness as “a reaction to loss of control that involves cognitive, motivational and emotional deficits following the expectation that responses and outcomes are independent of each other” (p. 1036). At present, investigators and clinicians generally define helplessness as the psychological state that results from a situation in which responses occur not as a result of action by a person, but uncontrollably from an individual’s standpoint (Henkel, Bussfeld, Moler, & Hegerl, 2002; Schneider, 1980).

Perception denotes a knowledge, or judgment, of a situation. Additionally, it involves the acquisition of knowledge and using that knowledge in the development of an individual’s own matrix of believes in response to his or her own experiences (Collins, 1967). An individual’s matrix of believes stems from his or her interpretations of lived experiences and cognitive knowledge as understood by them (Liau, 2004). An individual must be aware of, and believe in, what he or she perceives for it, to become interpreted as real (Collins, 1967).

The role of perception in helplessness enables the recognition and explanation of events surrounding an individual’s inability to alter situational outcomes of personal events. Within an individual’s own matrix of subjective believes, multiple
failed attempts of escape/avoidance behaviour are not necessary for the perception of helplessness to develop. The individual, however, must only believe he or she has no influence on personal events. This belief may be a cumulative effect (i.e., habituated) from other life experiences. This state of belief, related to an inability to effect a change is a defining factor of perceived helplessness (Collins, 1967; Miller & Seligman, 1975; Hiroto, 1975).

The learned component of helplessness arises following multiple failed attempts to influence outcomes surrounding a situation. Escape/avoidance behaviour is used to manipulate an individual’s emotional reaction to his or her situation (Maier, 1976). The individual learns an expectation of outcome he hopes will occur based on his or her action is not the outcome that actually occurs. As this expectation is repeated with continued failed attempts at manipulating the situation, it leads to belief that he or she is unable to effect a change leading to diminished attempts of controllability or predictability surrounding the situation. As this learned component strengthens, the individual’s ability to learn from the environment and other situations becomes impaired. This state of learning one’s inability to effect a change is a defining factor of learned helplessness. Thus the perceived and learned components of helplessness are both related to an individual’s inability to control or predict a situation and lead to emotions of being unable to effect a change in a situation. Perceived helplessness denotes a state of belief of being unable to effect a change that is not dependent on multiple failed attempts of escape/avoidance. In contrast, learned helplessness is dependent on interference with escape/avoidance learning following repeated, but failed, attempts at manipulating a situation.
Many psychological factors have been identified in the literature as being associated with individuals who have experienced depressive feeling. Some of these factors include perceived social support, perceived self-efficacy, and perceived control. Cognitive mediators are often viewed as being both a consequence of an action and the cause of an outcome (Baron & Kenny, 1986; Cole & Turner, 1993).

The theoretical literature provides a variety of means for understanding the concept of helplessness, which include Social-Learning Theory (Rotter, 1954), Learned Helplessness Theory (Maier & Seligman, 1976), and Social Cognitive Theory of Self-Regulation (Bandura, 1991) all have given a basis to understand the theory on helplessness. Regardless of a common factor is that an individual perceives a disassociation between his or her actions and the desired outcome, which creates feeling of frustration, uncontrollability, and unpredictability. The dissociations may be with respect to behaviour potential, reinforcement value, psychological situations and expectancy in conjunction and it has been found to be related with internal and external locus of control to describe the prospect of behaviours to bring about specific responses. (Rotter 1954) For example, when an individual perceives the desired behaviour may not lead to the desired outcome, or the desired outcome is attributed to luck, chance, fate or powerful others, perceived helplessness can occur.

According to Seligman and Maier (1976) the significance of repeated failure to influence outcomes to the development of a learned expectation of response-outcome independence. As a result, the individual’s likelihood of attempting to initiate a response is reduced and learning is impaired. With the impairment of learning, the subject fails to attempt new and creative ways to influence his or her surroundings and subsequently, the perception of helplessness develops.
Bandura (1991) describes perceived helplessness in terms of self-directed change using a cognitive structure consisting of an emotional response pathway and a functional response pathway. Through a series of re-evaluations, failure of either pathway to promote self-directed change facilitates the perceptions of frustrations, uncontrollability and unpredictability, leading to a sense of helplessness.

Despite these theories, inadequacies to directly address the concept of helplessness, perception is a key assumption common to each theory, guiding the individual’s response to interactions with the environment. It is through these responses by the individual and the belief in an inability to effect change that helplessness is experienced.

Seligman conceived that experiences with uncontrollable events can lead to learned helplessness (the expectation of non-contingency between one's response and desired outcomes) which, in turn, results in motivational deficits (passivity and lowered persistence), cognitive deficits (inability to perceive existing opportunity to control outcomes) and emotional deficits (sadness and self-esteem). These deficits are collectively known as learned helplessness, basic premise of the learned hopelessness theory of depression is that people in face of negative life events, become passive and depressed when they attribute negative life events to stable and global causes. Whether self-esteem collapses depends on whether they attribute the bad outcomes to internal characteristic.

However, the original learned helplessness theory fails to explain:

1. The stability of helplessness deficits in time,

2. The generality of helplessness deficits across situations,
3. Why people would lose self-esteem when they perceive they are helpless,

4. Individual differences in people's susceptibility to helplessness.

Abramson, Seligman, & Teasdale (1978) proposed a reformulated theory of helplessness that gave causal attributions a central place to resolve the inadequacies in the original theory. According to this reformulation, the attribution for good and bad outcomes can be classified on three dimensions of causality. These three causal dimensions, namely stability, globality and internality, respectively determines the generality of helplessness, the chronicity of helplessness and the lowered self-esteem, particularly, if the causal attribution is stable and global. To sum, Abramson, Metalsky, & Alloy's main contribution lies in the specification of why and how a person becomes hopeless and in turn, develops the hopelessness deficits as postulated in their latest version of the theory (Abramson et al. 1989). The motivation proposes a comprehensive causal pathway that culminates in the development of hopelessness. Particular attribution style interacting with failures is expected to be a risk factor for the development of hopelessness and in turn, hopelessness deficits. That is, the combined contributions of maladaptive attribution style and failures lead to the increased likelihood of making a global, stable attribution for a particular failure that results in an increased probability of the development of hopelessness. Hopelessness, in turn, is a proximal sufficient cause of hopelessness deficits. The model suggests the hopelessness (a negative outcome expectancy and a helpless expectancy) to be the crucial determinant of the deficits of learned hopelessness.

It is anticipated that hopelessness leads to a defined cluster of hopelessness deficits. The cluster consists of (1) motivational deficits (passivity and lowered persistence) (2) cognitive deficits (inability to perceive existing opportunity to control
outcomes), (3) emotional deficits (sadness) and (4) lowered self-esteem. It is expected that the motivational and cognitive deficits derive from the helplessness expectancy component of hopelessness (expectation that nothing can be changed), whereas sadness derives from the negative outcome expectancy component of hopelessness (expectation that the future is bleak). Lowered self-esteem is a deficit of hopelessness when an academic failure is attributed to an internal, stable and global cause (Crocker, Alloy, & Kayne, 1988; Dweck & Licht, 1980). In addition, hopelessness is characterized by some other deficits such as suicide, dependency and difficulty in concentration (Abramson et al., 1988; Abramson et al., 1989; Alloy & Keoning, 1988).

The concept is central to the theory of learned helplessness, originally the theory provided that an organism develop helplessness as reaction to situation of uncontrollability. Learned helplessness has been a subject of study since the mid 1960s. Research on this topic is a good illustration of the multi disciplinary endeavor that psychology has become with current research progressing at levels of animal experimental psychology, human experimental psychology, biological mechanism social processes and clinical implications (Maier and Seligman 1998).

The construct of learned helplessness is an integrative one and it inter relates a number of concepts in a predictable pattern. The predicted pattern of its relationship with similar and dissimilar concepts not only clarifies its conceptual network but also offers possibility for its prediction as well as control. Since perception of control is a core concept underlying the phenomenon of helplessness associations with control related concepts such as desire for control (DC) and control believes are likely predictions. At the empirical level helplessness represents the observation of
competency. Accordingly, relation with competence related contracts such as internal locus of control and self-efficacy merits investigation. In addition, the possible predictors from among personality and self concept dimensions are likely to contribute towards a better understanding and control of helplessness.

The construct of control is believed to be a core concept for the prediction of helplessness (Langer, 1983). The discussion of the theory of control within the framework of the current model of helplessness would aid to synthesized information of human helplessness. Control refers to deliberate manipulation of materials or one's responses to get desired outcome. The locus of control appears to have relation with the construct of helplessness model. The locus of control originated from Rotter's social (1966) learning theory referring to the connection between personal characteristics and experienced outcomes.

The attempts to further conceptualize the notion of perceived control lead some researchers to action-theoretical orientation as a heuristic framework and to develop a valid questionnaire to measure control concepts. "Control believes" refer to believes about the relation between the individual agent and a specific desired outcome without any explicit reference to the means used "Means-ends belief" refers to believes about the effectiveness of potential causes to produce desired outcome. Academic competencies are among the most demanding cognitive and motivational challenge that growing children faces in their life. The importance of academic competencies lies in the face that academic records in the school-life predetermine public reactions to the child and the childs future occupational picture. Perceived academic self-efficacy or personal control is defined as personal judgments of one’s
capabilities to organize and execute courses of action to attain designated types of educational performance.

The study of Learned Helplessness in human is a large and complex research area. Learned Helplessness effects were sometimes durable and sometimes quite specific to the situation in which the conditions are uncontrollable. Event occurred and sometimes self esteem was reused by uncontrollable stressors and sometimes it was not, some people experience intense form by helplessness while others report minor episodes. For some, helplessness is chronic, to others it is temporary. Some individual combine their helplessness to specific domain of their life while others spread it to wider areas of life, for example - a person may encounter negative events in the form of an accident by losing a hand, with global attribution the person believes that his or her life is loomed and nothing can be done, for such person helplessness spills over to many domain of his life whereas another person may use specific attribution and prevent generalization. It may generate the belief that the person can do many useful things by using several of his limb and although the use of hand is not possible. The attribution of stability explicates the chronic of helplessness.

Sinha, (1970), showed that one to one relationship between a person’s need, achievement and accomplishment does not hold in India. There are various concepts that are associated with learned helplessness such as perception of control and control believes. The personality, losses of control and self-efficacy, locus of control self esteem, mother oriented the person perception, important contributors in learned helplessness.

Learned helplessness in human can began very early in life, for instants there seems no correlation between action and their outcome, those suffering from maternal
deprivation or inadequate mothering are especially at risk for Learned helplessness due to the lack of adult responses to their actions. It is also possible for mothers who feel helpless to pass this quality on to their children, as in adults it can lead to anxiety depression and it can be especially damaging very early in life for the sense of mastery over one's environment is an important foundation for future emotional development. Learned helplessness can also hamper education of a child who fails repeatedly in school that will eventually stop trying convincing that there is nothing he or she can do to succeed. The first application of learned helplessness to psychopathology was in the area of depression. Early application had the same difficulties, as did the general application of learned helplessness to human behaviour. However, the attribution formulation discussed allowed an application to depression. The argument was that the occurrence of stable, global and internal attributions for bad events led to depression. Furthermore, Peterson and Seligman, (1984) argued that people have stable explanatory styles and in ambiguous situations rely on these habitual tendencies to explain unpleasant outcomes. Thus, some individuals tend to explain bad outcomes by invoking stable, global and internal attributions; these are the individuals who will become depressed. This scenario ignores the importance of the events that actually occur and in an important extension. Abramson, Metal Sky and Alloy (1989) incorporated this dimension. Seligman and his colleagues have applied this dimension. Seligman and his colleagues have applied learned helplessness theory in a prevention effort to blunt the effect of uncontrollable aversive events.
1.3 **Learned Helplessness and school failure**

The Learned helpless child believes that he/she has no control over the learning process and offers many explanations for failures and the child gives up trying because it hurts too much to try. It is a cognitive deficit that it is a learned conditioned response. Many exposures to uncontrollability are not sufficient to make the child helpless but the child comes to expect that failure is inevitable. In addition, in learned helpless children there is comities debilitation and a decrease of logical perception and thinking. The emotional deficit leads to depression and lowered self esteem. Depressed children may have problem behaviour that they express through anger aggression, running away, stealing truancy and other rebellious acts. Learned helplessness is a conditioned response because it is learned rather than rational. There was certainly nothing intrinsic in the sound of a bell that should have aroused the taste buds of Pavlov’s dog. It was a conditioned response just as these children have a conditioned response to turn off after failure.

Learned helplessness is a very different concept from what parents and educators are used to dealing with, however, because it centers on children thinking as the basis for feeling and behaviour it is nonetheless powerful. Seligman’s the author of learned optimism (1990) says that the cure for learned helplessness is not the rediscovery of positive thinking. It does not insist in just learning to say positive things to you without first clearing out negatives. What is crucial is that you think changing the destructive things you say to yourself when you fail or have setbacks and making these statements a part of your explanatory style.
1.4 Attribution Style

However, the reformulation using particular rates to each of the three dimensions mentioned above. Internality of causal believes affects self-esteem loss following the bad event. If the individual explains the event to an external factor, the self-esteem loss is unlikely to occur. The stability of causal events affects the chronicity of helplessness and depression. If a bad event is explained by a cause that persists, depressive reaction will tend to persist. Depression reaction will be short lined shows the event is explained by a transient factor. Lastly, globalist of causal belief influences the pervasiveness by deficits following bad events. If one believes that a global factor has caused a bad event, and then helplessness deficits will tend to occur in a variety of situations. If instead one believes that a more specific factor is the cause, the deficits will tend to be circumscribed. Each of the above attribution dimension is relevant in resolving a different inadequacy of the original helplessness model when applied to human beings. Taken together, they form a new and enriched theory of learned helplessness.

One factor that influences, whether caused attribution are specific or global, is the particular characteristics of the situation in which helplessness is induced. Several laboratory studies have shown that situational manipulations of attributions yield results consistent with the reformulations (Abramson et al 1978 and Norman 1979). However, such demonstrations do not explain individual differences in the selection on a caused attribution in a particular situation. A second influence on what attributions style is, situations in which information and cue about the causes of events are sufficiently ambiguous. Individual attribution styles will influence their causal attributions. Thus when situational ambiguity about the cause of a controllable events exists the individual who habitually makes global attributions for negative
events, will show more general helplessness following experience with uncontrollable events, their will be the individual with a more specific attribution style.

Learned Helplessness comprises of the following attribution style namely –

- Internality – Externality
- Stability – Instability
- Globality – Specificity

The attribution style are a sort of attributions, students make for their successes and failure which can significantly affects their future performance of academic track. A global attribution occurs when the individual believes that the cause of negative events is consistent across different contexts.

A specific attribution occurs when the individual believes that the cause of negative events is unique to a particular situation. A stable attribution occurs when the individual believes the cause to be consistent across time and unstable attribution occurs when the individual believes the cause is specific to one point in time. An external attribution assigns causality to situational or external factors while an internal attribution assigns causality to factors within the person.

Internal attribution for bad events along with stable and global attributions has been regarded as a content of pessimism, a precut, if negative work outcomes most evidence in support of this conceptualization has come from research conducted individualist culture.

- Internality – They may see self as the problem is they have internalized the problem.
- Stability – They may see the problem as unchangeable
- Globality – They may see the problem affecting all aspects of life.

For example –

1. Internal blaming – “It’s me!”
2. Global distortion – “It all affect every things Idol”
3. Stability generalization – “It will last forever!”

Global attributions are those that are expected to apply in a wide variety of situations. The more global the attributions further its consequences will extend. Mikulincer, M. (1986) found that who made more global attribution for failure in a particular setting were also more likely to experience performance deficits and reduced expectancies for success in discolor settings compared to those whose attribution were more specific. In contrast, third dimension is that of controllability this refers to whether the cause of events is perceived to be within a person’s control or not. Various studies have inferred caused relationship between attribution and academic performance with the most damaging consequences being when students perceives the causes of their academic failure as big uncontrollable and attribute to internal stable and global cause. Learned Helplessness was found to be the dependent variables in the course of study. Therefore, it was studied with other variables of psychology that plays a very important and significant role in the establishment of the feeling of learned helplessness among adolescents.

Bandura (1991) describes perceived helplessness in terms of self-directed change using a cognitive structure consisting of an emotional response pathway and a functional response pathway. Through a series of re-evaluations, failure of either pathway to promote self-directed change facilitates the perceptions of frustrations, uncontrollability, and unpredictability, leading to a sense of helplessness.
1.5 Self-efficacy

Self-efficacy and human helplessness are found to be associated. Self-efficacy involves self-appraisal that the individual holds. It includes certain impression or ideas regarding his/her capability, efficacy or competence and activities. Model of self-efficacy holds that, the persons having stronger perceived self-efficacy would exercise their effort more actively in the face of aversive situation. The weaker the self-efficacy more will be the helplessness syndrome. The explanation of stable predictors of helplessness has led researches to adopt two broad routes. Some researchers have stressed on investigation relationship between specific personality pattern type A & type B and learned helplessness (Glass and Carver 1980) some others have tried to examine the best of personality direction Sahoo & Sahoo (1991).

Virtually all people can identify goals they want to accomplish things, they would like to change and things they would like to achieve. However, most people also realize that putting their plans into action as not quite so simple. Bandura and others have found that individual's self-efficacy plays a major role in how goals tasks and challenges are approached.

People with a strong sense of self-efficacy

- View challenging problems as tasks to be mastered.
- Develop deeper interest in the activities in which they participate.
- Form a stronger sense of commitment to their interests and activation.
- Recover quickly from setbacks and disappointments.

People with a weak sense of self-efficacy

- Avoid challenging tasks.
Believe that difficult tasks and situations are beyond their capabilities.

Focus on personal failings and negative outcomes.

Quickly lose confidence in personal abilities (Bandura, 1994).

Sources of self-efficacy

This believes begin to form in early childhood as children deal with a wide variety of experiences tasks and situations. The growth of self-efficacy does not end during youth but continues to evolve throughout life as people acquire new skills experiences and undertaking (Bandura 1992). According to Bandura there are four major sources of self-efficacy.

1. Mastery Experience

The most effective way of developing a strong sense of self-efficacy is through mastery experiences. Bandura explained (1994) performing a task successfully strengthens our sense of self-efficacy. However, failing to adequately deal with a task or challenge can undermine and weaken self-efficacy.

2. Social Modeling

Witnessing other people successfully completing a task is another important source of self-efficacy. According to Bandura "Seeing people similar to one self succeed by sustained effort raises observer" believes that they too possess the capabilities to master comparable activities to succeed"(1994).

3. Social Persuasion

Bandura also asserted that people could be persuaded to belief that they have the skills and capabilities to succeed. Consider a time when someone said something positive and encouraging that helped your achieves a goal. Getting verbal
encouragement from others helps people overcome self doubt and intact focus on giving their best effort to the task at hand.

4. Psychological Responses

Our own responses and emotional reactions to situations also play an important role in self-efficacy. Emotional states, physical reaction and stress levels can all have impact to how a person feels about his personal abilities in a particular situation. A person who becomes extremely nervous before speaking in public may develop a weak sense of self-efficacy in these situations. However, Bandura also notes it is not the sheer intensity of emotional and physical reaction that is important bit rather how they are perceived and interpreted "(1994). By learning how to minimize stress and elevate mood, while facing difficult or challenging tasks, only people can improve their sense of self-efficacy.

1.6 Deprivation

An often quoted definition that defines deprivation as "a state of observable and demonstrable disadvantage relative to the local community or the wider society or nations to which an individual family or group belongs" (Townsend, 1987). Deprivation is multi-dimensional concept. In the literature a distinction is often made between 'material' and 'social' deprivation.

Deprivation is experienced by all human beings individual perception of home condition, behaviour of parents, teachers, peers and opportunities for interaction with people that affects the cognitive affective aspects. Very few studies related to learned helplessness & perception of people related to their perception of psycho-social environment has been found. The study of learned helplessness in relation to self-
efficacy and deprivation may contribute in the field of knowledge, factor of self-efficacy and deprivation contributes in development of learned helplessness.

Deprivation is a common phenomenon which is being experienced by all the human beings irrespective of the caste, race, religion or other categories made by the society to which they belong. The degree of deprivation varies in accordance with the person's internal resistance to the unfavorable circumstances. His intelligence, rationalizing tendency and socio economic status is also claimed to be the most important factor in enhancing deprivation among human beings and most of the researches in India are based on the hard economic condition and its effects on the individual mode of thinking, his cognition and above all, his academic performance. To explain the deleterious effects of deprivation on the personality cognition and academic achievement of the children the global concept of deprivation was hypothesized. It is obvious that not only the socio-economic variable are responsible for the deficiencies among the preadolescents but there are also other factors such as emotional dissatisfaction, meager educational facilities and improper parental behaviour which effect adversely on their personality and their future orientations.

In addition to cultural variables related to academic achievement, environmental variables have also been examined. One environmental variable that has been studied extensively in regard to academic achievement is Socio Economic Status (SES). A number of researchers have reported that family SES is positively correlated with academic achievement. For example, James (2000) reported SES significantly impacts academic achievement in varied family structures. Further, Peng and Wright (1993) reported SES was positively correlated with academic achievement. Typically, studies that examine SES classify participants into three
groups including upper-class, middle-class and lower-class. The majority of such investigations have concluded that lower-class individuals are more likely to exhibit poor academic achievement. However, most studies have failed to take into consideration the extent to which individuals from lower SES strata subjectively experience their environment as deprived.

Theories on reactions to perceived deprivation have developed out of general theories of relative deprivation (Tiraboschi & Maass, 1998). Within this model, relative or perceived deprivation occurs when an individual acknowledges that he/she has been deprived of something that should not have been denied. According to Tiraboschi and Maass (1998), perceived deprivation has two components including (1) cognitive: an expectation is violated, and (2) affective: a sense of unfairness, resentment, and dissatisfaction. This theory further specifies the difference between perceived (relative) and absolute deprivation. Absolute deprivation occurs when an individual is in a situation that appears to be deprived (e.g., low SES). In contrast, perceived deprivation occurs when an individual experiences feelings of mistreatment or inadequate reward compared to a certain standard. Therefore, perceived deprivation is not defined by objective disadvantage alone, but is instead defined by the individual’s relative perception of deprivation.

According to the perceived deprivation perspective, individuals can be in a situations where outside observers may perceive as objectively deprived (e.g., low SES), but the individual may or may not experience the situation as subjectively deprived. Studies reporting an association between low SES and poor academic achievement have assumed that individuals from lower socio economic classes also subjectively perceived their situation as deprived. However, in failing to take into
account perceived deprivation in addition to SES, researchers have overlooked a potentially important appraisal variable related to motivation and academic achievement.

In a study conducted by Mukerjee, Chatterji, and Gupta (1991), different factors of prolonged deprivation were examined as they impacted the development of intelligence and academic achievement among a group of 194 adolescent students. Participants' age ranges from 14 to 18 years. Deprivation was assessed using the Prolonged Deprivation Scale (Misra & Tripathi, 1977). The scale allows for assessment of 15 environmental aspects including housing condition, home environment, economic sufficiency, food, clothing, educational experiences, childhood experience, rearing experience, parental characteristics, interactions with parents, motivational experiences, emotional experiences, religious experiences, travel and recreation, and miscellaneous socio-cultural experiences.

Through factor analyses of the 15 items, the authors reported 3 significant factors in the study. Factor I was comprised of deprivation related to home, clothing, food, housing, condition, economic sufficiency and parent characteristics. Factor II was comprised of what the authors termed “Deprivation from cultural or recreational activities and experiences.” These include levels of satisfaction with psychological needs being met such as interest, power, curiosity and decision-making, all of which were related to cultural experiences. Factor III correlated with events of childhood, education, emotional, and childhood rearing experiences. These events included deprived interactions with parents, friends, teachers, and participation in environmental activities. Results revealed that while Factor I did not have a significant impact on the development of intelligence for the participants, it did
negatively impact academic achievement. For example, when an individual is deprived of necessary food, housing or clothing, he/she may not attain optimum level of academic achievement.

Few studies have examined deprivation as it relates to attributional style. Hernandez (1996) examined relationships among SES, perceived deprivation, attributional style and academic achievement in a sample of minority and Caucasian college students. She found that although neither SES nor perceived deprivation were related to student GPA in both samples, perceived deprivation was significantly associated with pessimistic causal attributions for minority students; both SES and perceived deprivation were unrelated to causal attributions in the Caucasian sample. Further, SES and perceived deprivation were not related in the minority sample. For Caucasian students, however, these variables were significantly related. Results suggested that perceived deprivation may play an important role in determining the types of causal attributions individuals make, particularly for minority college students. Additionally, results indicated that variables other than socio economic deprivation shape causal attributions for Caucasian college students. Moreover, although SES and perceived deprivation may be interchangeable for majority group members, the variables demonstrate a fair degree of independence in minority groups.

Another example of the perceived deprivation-attribution link is found in a study by Singh and Nathhawat (2001). The authors examined the relationship between prolonged deprivation and attributional style among 80 adolescent males in India. Using the Prolonged Deprivation Scale (PDS), the authors measured the extent of participants’ perceived deprivation across 15 experiential dimensions (e.g., food, clothing, education, etc.). Results indicated that participants who perceived their
environment as highly deprived were more likely to attribute negative outcomes to internal and pervasive causes; conversely, they also attributed positive outcomes to external and specific causes compared to low-deprived participants. Thus, the subjective experience of environmental deprivation may negatively impact explanatory style.

In summary, there is evidence that SES and perceived deprivation may impact students differently and research has indicated these variables operate in assorted ways across cultures. In addition, research has suggested a link between perceived deprivation and explanatory style. A major problem with existing studies on SES and academic achievement is that existing studies have failed to examine perceived deprivation reported by the individual as opposed to solely measuring SES. Levels of perceived deprivation are important to investigate as many people from objectively deprived environments (SES) which do not subjectively perceive their situation as deprived. Subsequently, that person’s motivational and other achievement-related factors may not have been disrupted. There is a need to study impact of caste category on the feeling of LH. As in Indian social system we find that the caste category prevails and have been provided privileges in various areas of life. It will be an interesting aspect to know about the LH and the attribution style of the adolescent who belongs to different caste category.

1.7 Gender Factor

Girls are more likely than boys to attribute their failure to ability while boys are more likely to view their difficulties on failures as stemming from insufficient effort. Boys are also more likely than girls to blame the valuator for their difficulties while their attribution may result in lower expectations and efforts in the current
situations that still allows them to maintain confidence in their intellectual abilities. Thus when the evaluation is no longer present child should respond with renewed hope of success.

Consistent sex difference also emerges when investigators ask children to indicate how well they expected to do on novel achievement tasks that the children are about to undertake. In this setting girls tend to underestimate their chances of success. In contrast the expectancies of boys are inclined to be over estimated. This sex difference can also be found when children are asked to predict future academic performance.