CHAPTER - 1

INTRODUCTION
The growth of competence in children is an important area of scientific investigation. Studies of growth have employed a number of developmental perspectives. Most of these perspectives have, however, stressed the role of positive correlates of development such as McClelland's notion of achievement motivation. The study of these correlates has identified socialization patterns that foster children's competence. The studies of achievement motivation have shown that independence training given by mothers foster children's achievement strivings. Similarly, Witkin's studies of psychological differentiation have shown that masterly training given by mothers foster autonomous strivings in children.

Although these perspectives have identified the role of certain independence-inducing factors, an examination of negative factors such as the experience of uncontrollability may offer new insights into the problem. The literature on mental health indicates that the management of positive affects and negative affects produce quite distinct, although related, effects (Bryant & Veroff, 1984). Similarly, it is plausible that the role of learned helplessness has a distinct role in the impairment of children's competence (Sahoo & Sia, 1988).

More specifically, Indian sociocultural system presents conditions that indicate severe resource constraints. In such situations, people are likely to experience uncontrollable situations more often compared to people in the developed countries of Europe and America. It is likely that experience of uncontrollability would affect competence in an important manner.
The rationale deepens the significance of the learned helplessness model in Indian context. Although a large number of studies have been carried in laboratory settings, few studies exist to delineate the roots of children’s learned helplessness in ecological settings. Besides, an examination of socialization parameters in Indian sociocultural system is likely to identify the role of certain factors anchored to development contexts. Prior to explicating the developmental issues of children’s helplessness, a brief account of the evolution of the construct may serve as a necessary prelude.

**Theoretical Framework**

The dominant researcher and theorist in this area has been Martin Seligman, at the University of Pennsylvania, who has written extensively on the nature, etiology, and significance of learned helplessness. Learned helplessness occurs when subjects receiving noncontingent reinforcement in the training phase show deficits in the test phase relative to the contingent and control group. Thus, passivity refers to cognitive and behavioural deficits produced by exposure to noncontingent outcomes.

The phenomenon of learned helplessness was first systematically studied by Seligman and Maier (1967). They found that animals, treated with inescapable and unavoidable shock, later failed to escape and avoid traumatic shock that was escapable and avoidable by performing a simple response. In particular, the authors observed that Mongreal dogs, exposed to inescapable shock, showed striking deficits later when placed in a
shuttle box in which the simple act of crossing the barrier would terminate shock. The animals failed to escape and avoid shock by performing this simple response of crossing the barrier. The investigators described this phenomenon as learned helplessness which referred to the learning or perception of independence between one's behaviour and the presentation and/or withdrawal of aversive events.

Since these early studies, research on learned helplessness has proliferated. Early work investigating the phenomenon of helplessness used dogs as subjects (Overmier, 1968; Seligman & Groves, 1970; Seligman, Maier, & Geer, 1968). Some recent investigators used cats (Thomas & Dewald, 1977) and fish (Padilla, Padilla, Ketterer, & Giacolone, 1970). Other researchers studied the phenomenon on rats (Braud, Wepman, & Russo, 1969; Maier, Seligman, & Solomon, 1969; Maier & Testa, 1975). Recently, quite a good number of investigators have documented learned helplessness in human beings (Fosco & Geer, 1971; Gatchel & Proctor, 1975; Glass & Singer, 1972; Hiroto, 1974; Hiroto & Seligman, 1975; Klein, Fencil, Morse, & Seligman, 1976; Krantz, Glass, & Snyder, 1974; Miller & Seligman, 1975; Racinskas, 1971; Rodin 1976; Roth, 1973; Roth & Bootzin, 1974; Roth & Kubal, 1975; Thornton & Jacobs, 1971). Helplessness syndrome is observed by all the authors regardless of the type of species they took as subjects.

Seligman's model has broadened the scope of learned helplessness from animal behaviour to a wide variety of human behaviours that include
child development, diseases, depression, and death (Seligman, 1972, 1973, 1974, 1975). Other investigators have also argued that the learned helplessness model is useful in studying intellectual development (Dweck & Licht, 1980), crowding (Rodin, 1976), victimization (Wortman, 1980), the coronary prone personality (Glass & Carver, 1980) and aging (Schulz, 1980). Like animal research, helplessness theory when applied to humans has been controversial (Peterson, 1982b). The laboratory studies have yielded inconsistent results, suggesting that the phenomenon in humans is more complicated than with animals. The applications have sometimes been overly metaphorical and have sometimes regarded all instances of passive behaviour as learned helplessness (Peterson, 1982a). There is a helplessness phenomenon in humans demonstrated in the experimental laboratory. And the cognitive explanation seems to account for some of the important factors about depression (Miller & Seligman, 1973, 1975, 1976).

Since the publication of the early animal work and the major exposition of Seligman's theory (Seligman, 1975), a substantial body of research has investigated the parameters of learned helplessness phenomenon with human subjects. Recent reviews (Maier & Seligman, 1976) and critiques of learned helplessness research and theory have focussed primarily on animal research. In view of the considerable research in this area and the possible implications for social and educational planning, it seems appropriate to review the learned helplessness research and theory with an explicit focus on studies using human subjects.
Major Deficits

The phenomenon 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 of subjects receives uncontrollable events of the same intensity and duration. A third group of subjects is not exposed to either controllable or uncontrollable events. Hiroto and Seligman's (1975) experiment is a typical example of human helplessness study. The events in this study involved loud noises. Participants could terminate loud controllable noises by pressing a button four times, uncontrollable noises terminated independently of their responses. All participants subsequently were tested on a hand shuttle box task in which noise termination was controllable. The results of this test paralleled the results of animal experiments.

The generality of the phenomenon across situations was also observed. Hiroto and Seligman (1975) conducted a series of experiments and employed both instrumental and cognitive tasks in pretraining and post training situations. When human beings were placed in an uncontrollable situation of instrumental nature, learned helplessness developed; it generalised also to cognitive situations. Similarly, learned helplessness, developed as a reaction to uncontrollable cognitive situations, generalised to instrumental situations. Thus, irrespective of the domain of uncontrollability, helplessness was indicated in instrumental and cognitive activities.

Generally, the earlier model of learned helplessness presents an account of debilitating effects of uncontrollability. According to the model,
when the individual perceives the response outcome independence, a number of deficits result. Deficits in three interrelated areas are significant: motivational, cognitive, and emotional. The motivational deficits consist of retarded initiation of voluntary responses. It reduces the motivation to control the outcome. It generates expectation that responding is an exercise in futility. In cognitive deficit, the individual feels difficult to learn the responses that produce outcomes. In fact, it interferes with learning that responding controls the outcomes. Thirdly, in emotional deficits, a depressed affect is observed when the individual learns that there is no contingency between response and outcome.

However, the earlier model is primarily couched in cognitive terms. It postulates that a mere exposure to uncontrollable events is not enough; the organism must expect that outcomes are uncontrollable.

The proposition that a cognitive expectancy of no control underlies the debilitated performance needed testing. An adequate test of the proposition was difficult because of certain confounding variables. First, the three components of helplessness operated in combination, and it was hard to demonstrate one in isolation from the other. Second, it was necessary to show that performance impairment was mediated by the motivational and cognitive components.

Despite such difficulty, early instrumental learning studies attempted to demonstrate the associative component in human helplessness. The observation that humans exposed to uncontrollable events failed to follow
successful responses provided only a loose support. The observation was fairly explainable in motivational terms. An individual who emitted very few responses was statistically unlikely to follow one successful response with another. Some 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 than were non-depressed individuals. The findings did not distinguish associative deficits as postulated by helplessness theory from general intellectual impairment. Similarly, chance skill studies could not demonstrate the existence of associative deficits of helplessness independently of the motivational deficit. Chance skill studies were initiated on the assumptions that helplessness cognition was similar to Rotter's (1966) concept of external control, and outcomes on previous trials 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. Although the results provided some support to the contention that helpless and depressed students acquired a generalised expectancy of response-outcome independence which interfered with seeing the relationship between their response and outcome, the assumptions on which the finding was based were questioned. Recent developments have shown that locus of control and expectation of response outcome independence are orthogonal (Garber & Seligman, 1980).
A more direct method of isolating the cognitive component of helplessness involved judgement of contingency. In a series of experiments, Alloy and Abramson (1979) presented depressed and nondepressed college students with one of a series of contingency problems. Some individuals were presented with problems in which there was high degree of relationship between their responses and outcomes. Other individuals were presented with problems in which there was little relationship between their responses and the outcomes. Alloy and Abramson (1979) argued that an expectation of control was likely to interfere with the detection of noncontingency. Thus, depressed individuals were predicted to underestimate the degree of control their response would exert over an outcome because of their generalised expectation that they had no control. Non-depressed individuals were predicted to overestimate the degree of control their response would exert on an outcome because of their generalised expectation that they did have control.

The general pattern of the results in Alloy and Abramson's (1979) experiments indicated no associative deficit in depression. Depressed students demonstrated a surprising degree of accuracy in their judgement of contingency. Nondepressed students, however, overestimated the degree of control their responses exerted over outcomes. Thus, no evidence emerged for an associative deficit in depression. Further experiments by Alloy and Abramson indicated that nondepressed subjects previously exposed to uncontrollable or no noises greatly overestimated their degree
of control over the noncontingent outcome, whereas nondepressed individuals previously exposed to controllable noises accurately judged that they had little control. Depressed subjects also gave accurate judgement of control regardless of whether they previously experienced controlled, uncontrolled, or no noises. Taken together, the findings suggested that the associative component of helplessness theory does not provide as adequate account of individual’s perception of response-outcome independence.

The old hypothesis is vague about generality and chronicity of helplessness syndrome. Helpless individuals learn that certain responses and outcomes are independent. If the new situation calls for responses similar to the original learning situation, the resulting deficits may occur. And helplessness is said to be generalised when the resulting deficits are extended to highly dissimilar stimuli or responses in the new situation. But the old theory does not explain why the expectation of uncontrollability is sometimes specific and sometimes global.

However, the main difficulty with the original helplessness model, when applied to human helplessness in the laboratory and to natural human depression, is its failure to account for boundary conditions. Sometimes, as investigations revealed, laboratory helplessness is general (Hiroto & Seligman, 1975) and sometimes bad events precipitate depressive reactions which are at times transient, at times long lasting, and at time even not present at all (Brown & Harris, 1978; Lloyd, 1980; Paykel, 1974).
These findings put a great difficulty to trace the factors that determine chronicity and generality of helplessness and depression.

The original model also does not explain the self-esteem loss frequently observed among the depressives (Beck, 1967; Freud, 1917/1957). Why should individuals blame themselves for events over which they don't have control? (Abramson & Sackeim, 1977; Peterson, 1979). The old hypothesis of helplessness is silent about the chronicity and generality of helplessness and depression and about the paradox of self-esteem loss following expectation of uncontrollability.

**The Current Version**

Most of the investigators who are conscious of the shortcomings of the old model suggested that additional variables are required to explain the phenomenon (Miller & Norman, 1979) and to apply it to depression (Blaney, 1977). The variables refer to the individuals' interpretation of the controllable events (e.g., Wortman & Brehm, 1975). In connection with this, Abramson, Seligman, and Teasdale, (1978) revised helplessness theory to include the individual's causal explanations of the original bad events. Other variables may also affect responses to uncontrollability (Wortman & Dintzer, 1978). But the learned helplessness reformulation proposes that particular causal explanations tend to produce helplessness and depression following bad events.

The reformulated hypothesis states that when people face uncontrollable bad events, they ask themselves "why"? The answer to this
influences the manner in which they will react to the bad events. Abramson et al. (1978) point out three relevant explanatory dimensions: (a) internal-external, (b) stable-unstable, and (c) global-specific.

First of all, the cause of expectation of uncontrollability may be something about the person (internal explanation) or it may be something about the situation (external explanation). It may be longlasting (stable explanation), or it may be transient (unstable explanation). The cause may affect a variety of outcomes (global explanations) or may be limited just to the concerned event (specific explanation). Here our analysis of different explanatory dimensions confirms to the logic of Weiner's (1972, 1974) attributional analysis of achievement motivation.

Each of the above attributional dimensions (explanatory dimensions) 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.

The first inadequacy of the old helplessness hypothesis is resolved by a proposed distinction between universal helplessness and personal helplessness. Universal helplessness promotes external attribution and personal helplessness promotes internal attribution (Abramson et al., 1978). 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, although he or she does not posses
them. The distinction between universal helplessness and personal helplessness classifies the relation of uncontrollability to failure. But this has been questioned by a number of investigators (e.g., Blaney, 1977; Tennen, 1977; unpublished manuscript). Tennen suggested that the concept of uncontrollability should be replaced by a simpler concept of 'failure'. According to the reformulated hypothesis, failure is a sub set of helplessness, primarily overlapping with personal helplessness. Typically failure means more than simply not obtaining a desired outcome and in general, it implies that there is a possibility of success. Thus, the internal-external attributional dimension defines the distinction between universal and personal helplessness and resolves the first set of inadequacy of the old helplessness hypothesis.

The second set of the inadequacy of the old model refers to the generality and chronicity of helplessness. The helpless individual learns that certain outcomes are independent of his/her responses. According to the reformulated hypothesis, he/she may then make an attribution about the cause. Some attributions have global and others have specific implications. And some have chronic and others transient implications.

Attribution theorists (Weiner, 1974; Weiner, Frieze, Kukla, Reed, Rest & Rosenbaum, 1971) have further introduced the stable-unstable dimension to account for the chronicity of helplessness. This dimension is orthogonal to the internal external dimension. Stable factors are long lasting whereas unstable factors are short lived. Thus, when an outcome occurs, the individual can attribute it to (a) an internal-stable factor.
(ability), (b) an internal-unstable factor (effort), (c) an external-stable factor (task difficulty), or (d) an external-unstable factor (luck).

The stable-unstable dimension thus explains the chronicity of the helplessness hypothesis. But what accounts for the generality? Abramson et al. (1978), has in fact, suggested a third attributional dimension: "global-specific". This dimension is orthogonal to internality and stability. 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. Internality of causal beliefs affects self-esteem loss following the bad event. If the individual explains the bad event by an internal factor, self-esteem loss is likely to occur; self-esteem loss is unlikely, on the other hand, if he or she explains the event by an external factor. 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. Depressive reaction will be short lived when the event is explained by a transient factor. Lastly, globality of causal beliefs influences the pervasiveness of deficits following bad events. If one believes that a global factor has caused a bad event, 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.
The three specific attributional dimensions of internality, stability, and globality have reasonably resolved the inadequacies of the old hypothesis. Besides, the attributional analysis has other important implications for the helplessness model. In the first place, the universal versus personal helplessness distinction deduces a fourth deficit: low self-esteem. A major factor of attitudes towards the self is comparison with others (Clark & Clark, 1939; Festinger, 1954; Morse & Gergen, 1970; Rosenberg, 1965). According to their analysis, individuals who believe that their responses do bring expected outcomes will show low self-esteem loss in comparison to individuals who believe that neither their own responses nor the responses of others can bring the desired outcome. Thus, the dichotomy of universal and personal helplessness determines cases of helplessness with and without low self-esteem. However, debriefing in fact changes the global and internal attitude (I am stupid) to a more specific and external attribution (e.g., psychologists are nasty; they give unsolvable problems). Debriefing, thus checks the expectation of uncontrollability to recur outside the laboratory boundary.

A final implication rests with the intensity or severity of the associated deficits of learned helplessness. Intensity or severity implies the strength of a given deficit at anytime in a particular situation. It is suggested that the severity of cognitive and motivational deficits increases with the strength or certainty of the expectation of uncontrollability (Garbar & Seligman, 1980). Similarly, the severity of self-esteem loss and affective changes (emotional deficit) are assumed to increase
with the certainty and importance of the event over which the individual feels helpless. For example, rejection by a beloved produces a more intense helplessness deficit compared to failure in the examination, because the former is having greater importance than the latter. Attribution to global and stable factors may indirectly affect the severity of self-esteem loss. If the attribution is internal, it may still further increase the self-esteem loss, because internal attributions are more stable and more global. Thus, if the individual makes a stable, global, and internal attribution for failure (e.g., "I am generally incompetent"), the symptoms of helplessness will be still more intensified.

Thus, the generality and chronicity of learned helplessness is explained in terms of explanatory styles an individual employs to account for bad events. Peterson and Seligman (1984), on the basis of their critical review of the role of attributional style in learned helplessness have accorded the status of risk factors to attributional style. Jain's (1988) study in Indian context also implicates attributional style in the development of learned helplessness.

**Applied Issues**

The new version of learned helplessness model has been supported by a good number of empirical studies. Of course, each technique adopted has its own flaws. But the convergence of results across different strategies of investigation, different techniques of operationalizations, and different populations argue strongly for the validity of the model. Studies of helplessness have generated a number of application areas. The relations between helplessness and a number of domains such as depression, disease
susceptibility, old age problems, coping with undesirable life events, intellectual impairments, and child management suggest the relevance of the construct for the quality of life.

The learned helplessness model of depression (Garber, Miller, & Seaman, 1979; Seligman, 1974, 1975; Seligman, Klein, & Miller, 1976) has emphasized the parallels between the laboratory phenomenon of helplessness and clinical depression. The central point in the helplessness model of depression is that the phenomenon produces motivational, cognitive, and emotional components of depression. The motivational deficit of the original model is similar to the passivity, psychomotor retardation, and social impairment symptoms in clinically depressive patients. Cognitive deficit of the old model parallels the "negative cognitive set" (Beck, 1967), involving the belief that their actions are doomed to failure.

The syndrome of depression is a complex and heterogeneous phenomenon (Depue & Monroe, 1978). Therefore, the exact kind of depression that the helplessness phenomenon model is not clear. In fact, there may be a subclass of depression (helplessness depression) which is consistent with the symptoms, etiology, prevention, and cure of helplessness. This depression is caused by expectation of response-outcome independence. It is characterized by passivity, negative cognitive set, and depressed affect; it may be treated with the therapeutic procedure designed to treat helplessness.

According to the speculation of Seligman (1974, 1975), both non-contingent positive and negative events produce helplessness and depression.
The old helplessness hypothesis states that expectation of uncontrollability, regardless of the valence of the outcome, produces helplessness deficits including depressed affect. Available research goes in favor of performance deficit following uncontrollable positive events (e.g., Eisenberger, Kaplan, & Singer, 1974; Griffiths, 1977). But there is little evidence in favor of an affective deficit. However, the intensity of the depressed affect increases with the desirability of the unobtainable outcome or with the aversiveness of the unavoidable outcome. The strength of depressed affect depends upon the strength of desirability. According to Weiner (1974), failures attributed to internal factors (lack of ability) produce greater negative affect compared to failures attributed to external factors (task difficulty). Thus, depressed affect is more intense in personal rather than in universal helplessness.

There is a growing literature that has addressed the issue of attributional style of depressed people. These studies have indicated the role of internal, global, and stable attributional style of depressed people (Garber & Hollon, 1980; Hammen & Krantz, 1976; Klein et al., 1976; Kovacs & Beck, 1977; Kuiper, 1978; Navarra, 1981; Peterson, Bettes, & Seligman, 1983; Rizley, 1978; Seligman, Abramson, Semmel and von Baeyer, 1979). A number of studies have also indicated the relationship between depressive attributional style (in terms of internal, stable and global explanations) and helplessness in children (Fincham, Diener & Hokoda, 1987; Fincham & Seligman, 1986; Seligman, Kaslow, Alloy, Peterson, Tanenbaum & Abramson, 1984). Although the association between depressive
attributional style and learned helplessness has been well-documented, the issue of cause and effect relationship has not yet been settled. Furthermore, the transmission of parent’s attributional style to their children is also a fundamental question to be investigated.

Another important domain where effects of helplessness are manifest involve old age problems. Schulz (1976) hypothesized that some of the characteristics frequently observed among the institutionalized aged, such as feeling of depression and helplessness as well as accelerated physical decline are at least important attributions to loss of control and decreased environmental predictability. Lack of personal autonomy may account for some of the negative effects observed among the aged in general and the institutionalized aged in particular. For example, the available data suggested that absence of personal control in old age may have powerful effects on an individual. Schulz and Brenner (1977) presented a theoretical model that stressed the importance of control and predictability as mediators of relocation of outcomes.

Langer (1983) has reported a number of empirical studies that explicate the relationship between perception of uncontrollability and old age problems (e.g., Krantz, Glass, & Snyder, 1974; Rodin & Langer, 1977). However, an important question in this context concerns the stability of effects produced by an enhanced perception of controllability.

A similar area of concern involves disease susceptibility of helpless persons (Peterson, Seligman, & Vaillant, 1988). An enhanced responding
aimed at asserting control over an uncontrollable stressor must prove ineffective in the long run, for extended exposure eventually leads to the perception that no control exists between responses and outcomes. Since Type A demonstrates time urgency, achievement strivings and moderate aggression, individuals with Type A behaviour are likely to give up efforts at control and to display hyporesponsiveness to uncontrollable events (Wortman & Brehm, 1975), a giving up pattern that has been termed "learned helplessness". Although a number of studies (Dembroski, Mac Dougall, & Shields, 1977; Glass & Carver, 1980; Krantz et al., 1974) have attempted to examine the relationship between "giving up" pattern and stress-induced physiological indices such as heartrate and finger-vaso-constrictions, the results suggested a more complex relationship in which stress level was found to moderate the reactions of Type A and Type B individuals.

A parallel research tradition concerns the association between learned helplessness and coping with undesirable life events (Geer, Davidson, & Gatchel, 1970; Lanzetta and Driscoll, 1966). With some exceptions (e.g., Bulman & Wortman, 1977; Janis, 1958; Johnson & Leventhal, 1974; Langer, Janis, & Wolfer, 1975), the majority of those studies have been conducted in laboratory setting. Despite the experimental control afforded by laboratory studies, surprisingly few replicable findings have emerged. In view of the fundamental difference between stressors encountered in the laboratory and most aversive life events, naturalistic studies have been stressed (e.g., Averill, 1973; Dweck & Wortman, 1980; Lazarus & Launier,
Although these issues are important, a fundamental question concerns the ontogenesis of learned helplessness. While there is no programmatic research on children's helplessness, the literature on achievement and competence provides a number of clues. The performance of helpless and mastery-oriented children is indistinguishable prior to failure (Dweck & Licht, 1980). A good deal of research has also shown girls to be more helpless than boys in achievement situations (Dweck & Bush, 1976). Although a few studies have shown stability of attribution style across age groups (e.g., Fincham et al., 1987), the role of origin and development has remained uninvestigated.

Dweck and Bush (1976) and Dweck, Davidson, Nelson, and Enna (1978) have identified some school features that offer differential feedbacks to boys vis-a-vis girls. They observed that boys more often than girls receive effort-attribution from teachers when boys fail the task. On the contrary, girls more often than boys receive ability attribution from teachers when girls fail the task. This differential socialization is likely to play an important role in accentuating the sex difference on helplessness. It is, thus, important to probe into the nature of socialization process that inhibits competence of children. It is only on the basis of this knowledge, adequate programmes to alleviate children's helplessness would be feasible. The centrality of socialization parameters becomes clear with a detailed review of pertinent literature in the next chapter.