



IMPLICATIONS OF LEARNED HELPLESSNESS IN SOCIAL PROBLEMS AND PHYSICAL HEALTH

Mihai Marian*

University of Oradea, Romania

Abstract

We present the implications of learned helplessness at social level and mainly in the case of institutions. We indicate that learned helplessness is accompanied by three components, namely passivity, uncontrollability and cognitions. We consider that there is a relation between helplessness and neurophysiological mechanisms, consequently the relation between learned helplessness and psychoneuroimmunology should be taken into consideration.

Keywords: social problems, learned helplessness, mental health, attributional style

Learned helplessness and social problems

In this study we present applications of learned helplessness in social problems and only tangentially the ones related to depression. Learned helplessness was observed in many social situations. Helpless children assign failure to the lack of abilities and by getting themselves engaged in inefficient strategies, they report negative emotions and they expect bad grades, frequently meditating on irrelevant things for the task in the same time that success affects them only to a small extent.

It is sure that there are similarities between helplessness (at individual level) and alienation (at institutional level). It is not surprising the fact that researchers used the phenomenon of learned helplessness in making a case out

Correspondence concerning this paper should be addressed to:

* Ph.D., University of Oradea, Faculty of Socio-Humanistic Sciences, Psychology Department, University street, no. 3, Oradea, Bihor, 410087, Romania. E-mail: mmarianster@gmail.com

of the reasons for which some institutions produce indifference, apathy and moral baldness more than others.

Marian (2008) claimed that typical educational systems lead to unmotivated stress amongst children and teenagers by imposing some duties for which they do not have sufficient resources.

In the case of children who are the victims of the abuse, there are described manifestations such as demoralisation, passivity and retreat. Feiring, Taska and Lewis (2002) researched to what extent learned helplessness explained the psychological functioning of abused children. The authors concluded that passivity was present and that these children manifested a low persistency in tasks and they explained success and failure in a pessimistic manner.

Concourse and crowding are a proper example for the involvement of learned helplessness in social problems. The experiments carried out on many students who were accommodated in the same room, indicated a drastic decrease of task performances and in social withdrawal. Besides that, the students reported a low control on life events and they presented low expectancies on future control considering the fact that other persons were involved (Peterson, Mayer, & Seligman, 1993).

Learned helplessness can appear when a person loses his job, and as a consequence the result will be passivity and demoralisation which will make it very difficult for the unemployed person to find a new job. Depressive mood frequently appears in jobless persons in association to internal, stable and global negative explicative style (or attributional style).

Life events and vulnerability

Threatening events and difficulties can be opportunities for depressions and this is not exactly a controversial fact. The most frequently reported fact that would confer vulnerability is the lack of social support and mostly the lack of support in private relations. If the action of provoking agents can be adequately conceptualised, then the fact how a person could be more or less vulnerable to depression could be explained.

At a general theoretical level, the centered specification of helplessness theory is the one that people search the control of events. Failure in the control of adverse contingences from the environment or the low rate of positive

enforcements are considered as being the ones which mainly lead to depression or psychosomatic diseases.

Learned helplessness and mental health

Learned helplessness is accompanied by three components: passivity, uncontrollability and cognitions. Passivity produces a diminishment of health while positive thinking is associated to a good health. Experiencing negative emotions cannot always be avoided, and their noxious effect is obvious when it is extended or in improper situations. Anxiety and generally anxiety disorders associated to acute and chronic stress can compromise the functioning of immunity system and they create a certain susceptibility for somatic disorders.

In present it is more and more underlined the role of explicative style in health and disease. Learned helplessness theory reformulated claimed that it is not the negative events that leads to depression or psychosomatic disorders but rather the usual style in which people explain their own negative events. The explanations which were based on internal, stable and global causes were seen as being depressive (Marian, 2012).

Rationality in the case of optimistic persons supposes the effort in seeing the reality as it is and not in the way we want it to be. Many people state verbally their values but they also lead their life according to social “caprices” and premises, which indicates a high discrepancy that in time will lead to pessimism.

Modalities by which learned helplessness affects the health

Potential biological mediators of the relation between helplessness and disease can vary according to the disease in question. For example, arteriosclerosis is a major cause for heart diseases and it is high cholesterol level which contributes to this condition. Stress effect on immune functions depends on the nature of stressor, consequently the immunity system basically represents an important biological way between helplessness and physical health (Tayer, Nicassio, Radojevic, & Krall, 1996).

We consider that a way from pessimism to damage of health passes through the passivity for caring the health. Pessimists are less involved in acts which promote health, they have a reduced trust in the fact that they could change their habits which lead to disease.

Hospitals can produce apathy and indifference in the case of nurses by ignoring them when they try to make organising recommendations or recommendations referring to the policies of the hospitals they work in. The situation appears with a consequent frequency in the hospitals from Eastern Europe but the phenomenon is insufficiently studied (the press in Romania claims the arguments previously presented).

A problem of promoting health programs is the one that it treats all the persons in the same manner, the optimists solicit correct information, and the pessimists seek the feeling of efficacy so that the information is relevant for them. These aspects should raise questions to governmental agencies, at least in Eastern Europe (such as Romania) which promote and develop programs for health promotion.

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