

LEARNED HELPLESSNESS AND DEPRESSION



First linked with depression by clinical psychologist Martin Seligman many years ago, the term 'learned helplessness' refers to the feeling that no matter what a person does, they cannot change a situation. According to Seligman, depressed people have learned to be helpless. In other words, depressed people feel that whatever they do will be useless and they have no control over their environments.

Seligman later modified his theory to explain why many people did not become depressed even after experiencing many unpleasant life events. He realised that a person's thinking style was a significant factor in determining whether learned helplessness would occur. Depressed people tend to use a more pessimistic explanation style when thinking about stressful events than non-depressed people, who tend to be more optimistic. So how we think about negative events is what leads us to feel depressed or not.

Let's look at an example. You got a poor rating on your performance review, or your child did badly on a test you thought they were prepared for and you feel guilty for not checking or that you didn't help them prepare enough. In response, you could think:

1. I am stupid.
2. I'm a useless team member/parent.
3. I was unlucky.
4. The team leader/teacher is prejudiced.
5. I was feeling sick that day.
6. There will be other reviews/tests.
7. It was a tough review/test that time.

People who tend to view the causes of negative events as internal, global and stable (ie, people who used explanations 1 or 2) tend to have a pessimistic attributional style. People who tend to view the causes of negative events as external, specific and unstable (i.e., explanation 7) have an optimistic attributional style, which protects them from depression. You can see how people who get depressed are more likely to have a pessimistic attributional style than an optimistic attributional style. Seligman proposed that a pessimistic attributional style increases the likelihood of developing learned helplessness.

The latest thinking is that depression results not only from helplessness, but also from hopelessness. The hopelessness theory attributes depression to a pattern of negative thinking in which people blame themselves for negative life events, view the causes of those events as permanent, and overgeneralize specific weaknesses to many areas of their life. E.g., I am not good at maths, so I am therefore not a good parent/team leader, therefore my relationship with my child/team is undoubtedly doomed.

Pessimism leads to poor performance, poor health and low self-esteem. Contrary to these feelings of helplessness, cognitive therapy helps people learn to think of themselves more realistically – as competent and able to influence many things in their lives that they were convinced they could not. It encourages them to think about their context and not just look internally, e.g., there were others who were reviewed or took that test; how did they do? Another useful strategy is to explore the areas of competence that exist in all people. You cannot possibly be bad at everything, all the time.

In our examples, the person could check how everyone else performed on the same review or test. If there was generally a poor result, it could be to do with the reviewer or teacher who set the test or marked it, the criteria used for the review, or the mood of the reviewer on that day. Second, there could be an option to put in a complaint as a group if it seems that there was an unusually poor result without explanation. After all, there is strength in numbers.

Another way to think about it is that this was one review/test and there will be others contributing to an overall result. This could also be seen as a learning experience.

In other words, the person would need to learn that they are not helpless and that they can exert control over many things in their life, and that there are many ways to respond to a negative event.

Contact the Healthy Company support line for further professional assistance or advice.

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