Learned helplessness

Helplessness is a state in which nothing a person opts to do affects what is happening. It is the quitting or the give up response that follows the conviction that whatever a person does doesn't matter.[1] Learned helplessness (LH) was initially used to label the failure of certain laboratory animals to escape or avoid shock, despite giving an opportunity, subsequent to earlier exposure to unavoidable shock.[2,3] Now, the term has been applied to the failure of human beings to pursue, utilize, or acquire adaptive instrumental responses. It is observed in a depressed person who seems to have given up hope that effective voluntary control over important environmental events is possible.[4] People suffering from LH accept that bad things will take place and they will have little control over them.[5] Those who are exposed to complex problems for an extended period learn that responses and events are unconnected. Learning attained in this situation weakens imminent learning and leads to inactivity. Consequently, they will be unsuccessful to resolve any concern even if there is a possible solution for the concern.[6]

The LH hypothesis has been reformulated as the old hypothesis does not distinguish between the outcomes that are uncontrollable for all the people and those uncontrollable only for some (universal vs. personal helplessness). It does not explain when helplessness is general or specific; chronic or acute. Reformulation states that the helplessness is attributed to a cause by people. The cause can be stable or unstable, global or specific, and internal or external.[7]

Helplessness may be considered as a consequence of early socialization experiences. More specifically, the rigidity and negativism emphasized in our family systems are likely to affect the child's development of competence. A number of sociocultural features may also play their part. Hence, it is essential to explore the role of socialization as it relates to the development of child's helplessness.[6]

Children who had history of abuse and neglect during their childhood and adolescence can develop a state of LH. Consequences of emotional abuse may be repeated abnormal

or disrupted attachment development and the sufferer blames him/herself for the abuse, leading to LH, emotional distress, and excessively inactive behavior. Psychological abuse is often combined with other forms of abuse.[8] Children who have experienced chronic neglect are likely to have attribution models which conceptualize themselves as powerless and of low value. Neglected children are less likely to know that they are being neglected or to know that something can be done about it.[9,10] The capacity to cope, and thrive, subsequent to an adverse experience is often stated as resilience. A number of protective and supportive factors may contribute to an abused or neglected child's resilience. These include positive attachment, self-esteem, intelligence, emotion regulation, humor, and independence.[11]

LH may be observed in the elderly, due to repeated exposure to events perceived beyond their control eventually display cognitive, motivational, and affective deficits of helplessness. The loss of self-esteem may also occur if the individual believes that he/she is personally accountable for the situations.[12] Other effects of elder abuse may include feelings such as separation, guilt, shame, fear, anxiety, and rejection.[13]

The LH model gives the impression that instrumental coping behavior is the most adaptive response to threat on every occasion. Nonetheless, adaptive escape/avoidance responses are not always available for some kinds of aversive events. This is of some clinical and behavioral guidance interest to the dentists.[14,15]

Access this article online	
Quick Response Code:	Website: www.contempclindent.org
	DOI: 10.4103/0976-237X.194124

How to cite this article: Nuvvula S. Learned helplessness. Contemp Clin Dent 2016;7:426-7.

Learned Helplessness and Dental Practice

The theory of LH provides an understanding of certain noncompliant behavior observed in some of the dental patients. Patients experience a loss of self-esteem due to the feeling of helplessness and victimization, or suspicion and doubt of what the oral health-care provider says or does that can lead to communication failure.[16]

History of childhood and adult trauma related to various types of abuse and neglect appears to be significantly associated with high dental fear although multiple factors play a key role. Various degrees of helplessness, powerlessness, and incidents of lack of control during dental treatments were reported. Fears of being trapped in the dental chair, claustrophobia, being unable to breathe, and feeling of chocking or severe gagging that interferes with dental treatments were reported.[17] The noise created by dental operatory can induce LH, increase arousal, alter the choice of task approach, and decrease the attention of the dental patients.[18]

Dental practitioners and their auxiliaries can play distinct role in facilitating to prevent or reverse the effects of helplessness in their patients. The practitioners can enhance the perceived control of their patients, by providing them with choices that are probable and practical, which will enhance their success experience. They also need to promote autonomy and self-sufficiency in their patients, and to discard the penchant to do everything for the patients, those age/skill appropriate tasks that can be individually accomplished. Dental staff members can use these guidelines to improve the quality of their communication with their patients and can be influential in preventing or reducing the behavioral discrepancies associated with LH.[12]

We have a crucial role in identifying this state of LH in our dental patients, including children, adolescents, adults, elderly, or those with special health-care needs and guide them consequently in a dental situation. Otherwise, they may continue to suffer the pain and discomfort if any, without complaining, that may lead to long term consequences.

Sivakumar Nuvvula
Department of Paedodontics and Preventive Dentistry, Narayana Dental College and Hospital, Nellore, Andhra Pradesh, India
E-mail: dentist4kids@gmail.com

References

1. Martinek TJ. Fostering hope in youth: A model for explaining learned helplessness in physical activity. Quest 1996;48:409-21.
2. Overmier JB, Seligman ME. Effects of inescapable shock upon subsequent escape and avoidance responding. J Comp Physiol Psychol 1967;63:28-33.
3. Seligman ME, Maier SF. Failure to escape traumatic shock. J Exp Psychol 1967;74:1-9.
4. Hiroto DS, Seligman ME. Generality of learned helplessness in man. J Pers Soc Psychol 1975;31:311-27.
5. Gazzaniga MS, Heatherton TF. Psychological Science: The Mind, Brain and Behavior. 1st ed. New York: W.W. Norton and Company; 2003. p. 536-7.
6. Mohanty A, Pradhan RK, Jena LK. Learned helplessness and socialization: A reflective analysis. Psychology 2015;6:885-95.
7. Abramson LY, Seligman ME, Teasdale JD. Learned helplessness in humans: Critique and reformulation. J Abnorm Psychol 1978;87:49-74.
8. Starr RH, Darla JM, Daniel PK. Life-span development of child maltreatment. In: Starr RH Jr., Wolfe DA, editors. The Effects of Child Abuse and Neglect. New York: The Guilford Press; 1991.
9. Howe D. Child Abuse and Neglect – Attachment, Development and Intervention. New York: Palgrave Macmillan; 2005.
10. Seligman ME, Peterson C. A learned helplessness perspective on childhood depression: Theory and research. In: Rutter M, Izard CE, Read P, editors. Depression in Young People: Developmental and Clinical Perspectives. New York: Guilford; 1986. p. 223-49.
11. Long-term Consequences of Child Abuse and Neglect. Child Welfare Information Gateway, Washington, DC: U.S. Department of Health and Human Services, Children's Bureau; 2013. Available from: https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf. [Last retrieved on 2016 Sep 28].
12. Shipman B, Teitelman JL. Learned helplessness and the older dental patient. Spec Care Dentist 1985;5:261-3.
13. Wolf R. Introduction: The nature and scope of elder abuse. Generations 2000;24:6-11.
14. Seligman ME. Fall into helplessness. Psychol Today 1973;7:43-8.
15. Seligman ME. Helplessness: On Depression, Development and Death. San Francisco, CA: WJ Freeman; 1975.
16. Gadbury-Amyot CC, Williams KB. Dental hygiene fear: Gender and age differences. J Contemp Dent Pract 2000;1:42-59.
17. Walker EA, Milgrom PM, Weinstein P, Getz T, Richardson R. Assessing abuse and neglect and dental fear in women. J Am Dent Assoc 1996;127:485-90.
18. Kadanakuppe S, Bhat PK, Jyothi C, Ramegowda C. Assessment of noise levels of the equipments used in the dental teaching institution, Bangalore. Indian J Dent Res 2011;22:424-31.