Substance Abuse Disorders: A Concept Analysis of Learned Helplessness

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Abstract

Learned helplessness is a mental roadblock, causing persons to feel defeated in difficult situations. This behavior, as alluded in the name, is not a congenital disorder, but an acquired or learned behavior. This document will afford the reader the opportunity to analyze the concept of learned helplessness in regards to substance abuse disorders. The concept of learned helplessness is often times studied in the field of psychology. When applied to nursing this concept is generally described in conversation about depression or non-compliance. The goal of this paper is to create a fuller understanding between the correlation of learned helplessness in relation to advanced practice nursing and the psychological effects of the behaviors of those struggling with substance abuse or dependency disorders. This will allow the advance practice nurse (APN) to become more effective in teaching, coaching, and treating their patients who have exhibited the characteristics of learned helplessness.
Substance Abuse Disorders:

A Concept Analysis of Learned Helplessness

Learned helplessness is a concept of powerlessness. Failure produces a mindset of weakness, in turn creating an atmosphere viable to breed doubt. This toxic environment is one of the hidden causes of depression. It is a concept that was first suggested after dogs exhibited extremely passive behavior when repeatedly exposed to stimuli they could not escape. When applied to humans, the concept of learned helplessness as a mental dilemma explains why individuals believe they are unable to control the outcome of their situation. This thought process becomes an internal barrier for the person who has learned to become helpless, developing the inability to overcome obstacles. The APN must recognize learned helplessness in their patient. After recognizing this, the APN may then intervene, educate, and recreate the ability within her patient to become empowered.

Rationale

In order to fully understand the struggles of substance abuse and dependency disorders, the APN must be willing to realize the correlation of the disease and the effected person’s inclination that they cannot overcome it. The APN must recognize this concept in order to transform the delivery of their patient’s care. Realizing the breadth of connectedness between the psychological and health related consequences of learned helplessness, the APN can better empower the sufferer to overcome his or her substance abuse disorder. Identifying and comprehending this concept can create growth in individuals, both the patient and the APN. With the proper tools and behavioral modifications, maladaptive behaviors and learned helplessness can be tamed. When the APN can provide her patient with evidence-based care delivering best practice this learned behavior could become unlearned.
LEARNED HELPLESSNESS

Definition and Background

Learned helplessness is defined as a symptom of depression that results in cognitive alteration, poor self-esteem, and the sense that nothing can be done that will change the outcome of a situation (Sullivan, 1993). The model of learned helplessness comes from the inability to perform relating from a feeling of futility to create or influence change. The individual feels the situation is beyond their control causing a paralysis of their will power. Martin Seligman and colleagues first coined the term “learned helplessness”, in 1967, when conducting an experiment in classical conditioning. In this experiment, the psychologist, Seligman, would ring a bell, immediately providing an inescapable light shock to a dog. Eventually, the dog began to react after the bell rung and before the shock was administered. Later, the dog would react to the bell alone without a shock.

After this experiment, the dogs were placed in a crate. This large crate contained two sides, separated by a short barrier than could be easily seen over and jumped over, by the dog. One side of floor was electrified, while the other side was not. Each dog was placed on the electrified side and a shock was administered. The dogs that were not part of the first experiment, simply jumped over the barrier onto the non-electrified side of the crate. The dogs that were part of the original experiment simply laid there and absorbed the shock as if they knew they could not avoid or stop the shock. The original dogs gave up in the second part of the experiment. The original dogs acted as if there was nothing to be done to overcome a negative outcome. This behavior is learned helplessness (Seligman, 1968).

Disciplines

Nursing
Learned helplessness can apply to the nursing profession as it relates to the care patients receive. Patients can express attributes of learned helplessness such as depression or helplessness and this can create difficulty for the nurse trying to deliver encouraging care. Nurses face challenges in caring for hopeless patients such as educating and counseling patients during treatment and recovery processes (Dunn, 2005). A patient can develop attributes of this concept after receiving disempowering care and form an expectation that future tasks will be unachievable (Seligman, 1968). The nurse must be able to recognize this and attempt to intervene and empower those displaying the characteristics of this concept.

Psychology

Attributes of this concept can also be seen in the field of psychology. Psychology studies the human mind and helps to shed light on functions that effect behavior. Learned helplessness effects behavior and can be observed in scenarios where motivation or lack thereof delineates the care a person receives therefore creating dependence. Self-induced dependence, on the other hand, is seen when those with repeated disappointment develop a mind frame of inadequacy (Conwill, 1993). This can lead to further degradation of character and yield the attributes of learned helplessness.

Aim of the Analysis

The aim of this document is to analyze the concept of learned helplessness in regards to substance abuse disorders. Analyzing this concept will allow the identification and understanding of learned helplessness in people who struggle with dependency issues. Understanding this behavior will allow the reader to better coach and educate a person suffering from addiction. Learned helplessness has been studied in many psychological realms, yet is not spoken of much outside the realm of research or the academia. Like the dogs from Seligman’s
original experiment in 1967, people afflicted with addiction disorders often find the most
appropriate response to failure is to abandon themselves to their substance of choice. If
healthcare providers understand this quandary, effective efforts can be made to empower the
person who has learned this maladaptive behavior as well as the provider caring for them.

Analysis of the Concept

Concept analysis is used to develop a fuller understanding of concepts as they are explained (Meleis, 2012). To properly analyze the concept of learned helplessness, it is imperative to understand how to analyze concepts. Concept analysis may help in deciphering the ambiguity in certain concepts. Concept analysis allows for simplification of concepts. To properly perform a concept analysis, Walker and Avant (2011) provide procedures for which to examine or analyze concepts. The procedure consists of 8 steps which are as follows: (1) Select a concept; (2) Determine the aims and purpose of the analysis; (3) Identifying all uses of the concept that you can discover; (4) determining of defining attributes; (5) identification of a model case; (6) identifying of borderline, related, contrary, invented, and illegitimate cases; (7) identification of antecedents and consequences; and (8) defining of empirical referents.

As Walker and Avant (2011), so delineated, this concept analysis was performed in a similar fashion. The concept, which was to be analyzed, was selected. As many researchers are aware, a topic of interest much be found. This was a fairly simple process as the authors, currently graduate students, realized they possessed similar interests. Learned helplessness is a topic that many students can easily identify with.

After selecting a concept, the aim of the analysis was identified. The authors felt the concept of learned helplessness was transferable to almost any misfortune the human population could endure. However, literary research was performed in an effort to eloquently and
accurately create a mental link in the reader’s mind relating learned helplessness to the common man.

After selecting a concept and determining the aim of the analysis, uses of the concept were identified. To do this, the reader is brought through an exploration of the concept. During the analysis, literature is used as a means to describe the psychosocial focus of the concept. Using peer-reviewed studies and books that articulate the topic, the reader is brought through an illustrative journey as a means to better assimilate the information. During the analysis of the concept, the reader is lead to better understand the smaller components that aid in the proper analysis of a concept, to include: antecedents, attributes, empirical referents, and consequences.

**Antecedents**

Walker and Avant (2011) report “antecedents are those events or incidents that must occur or be in place prior to the occurrence of the concept. An antecedent cannot be a defining attribute of the same concept” (p.167). For every action, feeling, or thought, an antecedent exists. In depression, stress is a commonly reported antecedent (Fernandez-Macedo, Caldouchos, Sifonios, Cassanello, & Wikinski, 2013). In making judgments, prior knowledge is an antecedent (Falan, 2010). Antecedents influence behavior. Poor coping mechanisms are an antecedent to learned helplessness. To properly aid someone in addressing antecedents leading to negative behavior, it becomes imperative to understand the related antecedent. Like other behaviors, substance abuse has many antecedents. An antecedent of substance abuse is simply the exposure to drugs being used. Children exposed to parental substance use have an increased likelihood that they will themselves use substances (Richter & Richter, 2001), while another antecedent is the substance abuse by peers with a deep desire for youth to fit in with their peer group. An additional antecedent is the failure to acquire interpersonal skills. This creates an
environment conducive to encouraging alcoholism, such that social deficiencies weaken social functioning (Thurber, Snow, & Thurber 1989). Yet another antecedent is genetic predisposition. Studies of DNA can identify the regions on a chromosome responsible for the vulnerability to a disease or related traits (Kimura & Higuchi, 2011).

**Attributes**

To analyze the concept of learned helplessness, the defining attributes become imperative. Ascertaining the defining attributes of a concept is the core of concept analysis. An attribution is a reason that a person uses as blame for their outcome of a situation. Attributions of learned helplessness are defined in three categories: internal/external, stable/unstable, and global/specific (Reddy, et. al, 2013). The internal/external dimension describes how the individual perceives the consequence as an issue of self (internal) or of the outside of self (external). The stable/unstable dimension describes whether the explanation has enduring significance (stable) or short-lived (unstable). The global/specific dimension describes whether the effect has bearing on the individual’s entire life (global) or simply over particular instances in one’s life (specific) (Lewis, Waschbusch, Sellers, Leblanc, & Kelley, 2014).

**Empirical Referents**

One of the final steps in concept analysis is to determine empirical referents. Empirical referents help in understanding a concept. Concepts are measured using empirical referents. In learned helplessness, empirical referents will explain categories of actual occurrences that by their existence demonstrate the concept itself. Empirical referents are a direct relation to the concept’s defining attributes (Walker & Avant, 2011). This causes the inquirer to determine how this is useful in our everyday environment. Just as the dogs reacted to Seligman’s experiment, humans suffer from learned helplessness as well. A comical, but quite frequently occurring
example of learned helplessness found, would be a person stuck on an escalator and unable to view an escape to their situation.

To measure the empirical referents of coping, we utilized the Coping Competence Questionnaire (CCQ). This is a tool used to measure a person’s ability to adapt to learned helplessness. The CCQ helps determine those at risk for helpless and depressive tendencies. In application of this empirical referent, people would be determined to be at risk and help can be arranged prior to helpless/depressive tendencies take over. The expected internal consistency with Cronbach’s Alpha is approximately .90 (Schroder & Ollis, 2013). This is a reliable method to determine coping and its relation to learned helplessness.

The empirical referent of addiction can be measured using the Drug Abuse Screening Test (DAST). Dr. Harvey A, Skinner, PhD, from the University of Toronto and the Centre for Addiction and Mental Health in Toronto, Canada, developed the DAST. The Drug Abuse Screening Test is a questionnaire that investigates potential involvement of drugs, not including alcohol. The DAST is inexpensive and easy to give. However, since the questions are obvious, answers may be faked. There are two versions of the DAST, a 20-item questionnaire (DAST-20) and a 10-item questionnaire (DAST-10). The internal consistency reliability (alpha) for the DAST-20 was extremely high (r=.99) and the DAST-10 was very high (r=.98) (Skinner, 1982).

Other measurable concepts of learned helplessness may be anxiety and depression. Anxiety can be measured using the State Trait Anxiety Inventory (STAI). The STAI is a 40 question survey that is rated on how a participant generally feels measuring stress and anxiety (Elwood, Wolitzky-Taylor & Olatunji, 2012). A high degree of internal consistency was observed for each of the 40 questions with Cronbach’s value of 0.38 to 0.89 with a total score of 0.86. The STAI is reliable and valid (Quek, Low, Razack, Loh, & Chua, 2004). Depression can
be measured using the Beck Depression Inventory–II scale. The 21 items that constitute the BDI–II assess symptoms of depression over a 2-week period; which are then scored on a 4-point Likert scale. The higher the score, the worse the depression (Quilty, Zhang, & Bagby, 2010). These tools can assist the advanced practice nurse in assessment and treatment of a patient with learned helplessness by recognizing some of the attributes of this concept. The Cronbach’s alpha coefficient revealed high internal consistency with a score of 0.93 and showed to be reliable and valid (Subica, Fowler, Elhai, Frueh, Sharp, Kelly, & Allen, 2014).

Consequences

Learned helplessness creates an environment conducive to consequence that can further changes a person’s behavior (Walker & Avant, 2011). Depression and anxiety often accompany this learned behavior. This can lead to poor performance in social situations such as school or work. Believing one’s behavior will not influence the success or failure over the outcome of the situation (Conwill, 1993), emotional strain is created causing anxiety. The mental road block and loss of control that anxiety creates is a direct resultant of learned helplessness (Odabasi, 2013). These consequences of learned helplessness are multifaceted. Learned helplessness affects many avenues of a person’s life and livelihood, diminishing performance when difficult tasks seem unachievable (Akca, 2011).

Client Data/Observations

The following case illustration demonstrates different scenarios of learned helplessness in persons suffering from substance use disorder. The illustrations will involve a model case, a borderline case, and a related case. The model case demonstrates all the attributes of the concept of learned helplessness and can be measured. It holds the strongest support for the concept. The borderline case demonstrates some of the attributes related to the learned helplessness, but does
not encompass all the defining attributes. The related case correlates with the concept, but does not contain defining attributes.

**Model Case**

Roger, a 23 year old male, struggles with substance abuse and alcohol addiction. He initially started smoking marijuana and drinking alcohol in his junior year of high school. He was coping with his parent’s divorce by using substances to help him avoid reality. He started doing very poorly in school and eventually dropped out. He continued using substances and was unable to hold down a job. His life became very unpredictable.

As a child, Roger was exposed to drug use first by his father who taught him how to “roll a joint”. He witnessed his mother struggle with alcoholism and his father escape with drug use. Substantial literature confirms the relationship between parental substance abuse and adolescent substance abuse as being directly correlated to parental experience with drug use (Chapple, Hope, and Whiteford, 2005). As he became older, Roger’s friend began to use substances and this encouraged his behavior. He wanted to fit in with his friends. There are further studies to show that the peer effect on youth has an even greater effect on the choices youths make in regards to substance use (Brook, Whiteman, Gordon & Brook, 1988).

Roger could not overcome his addiction because of his learned helplessness. This model case demonstrated the antecedents of exposure to parental substance use and the peer effect on youth’s desire to fit in with their friends. This case demonstrates the defining attributes of learned helplessness: anxiety, depression, and ineffective coping. His anxiety was measure using STAI scores, which indicated a score of 70 for State Anxiety and 75 for Trait Anxiety. The STAI displayed that 92% of people rated themselves as having less anxiety than Roger did. Roger’s depression was also measured. Using the Beck Depression Inventory–II scale, Roger’s
LEARNED HELPLESSNESS

severity of depression was severe as he scored 51 of 60. When testing Roger’s coping strategies, Roger scored very low in his coping competence. He was addicted, chronically relapsing, and motivationally despondent. Because of this helplessness, his consequences included his inability to keep a job, strained family relations, and poor health.

**Borderline case**

James, a 23 year old college football player, has just been told that he has a career ending injury to his knee. He has been playing football since his childhood and had always aspired to play college ball. After hearing the news, he became anxious and felt that he had lost control over the situation. He feared what would happen to him in the future and did not know what the next step in his life would be. He reflected several minutes on his concerns before a physical therapist came in to see him. After his discussion with the therapist, he became motivated to recover fully and hoped to be ready to play by the next season.

This case does not consist of all the defining attributes of learned helplessness. The defining attributes in this case are anxiety and loss of control over the situation. His anxiety was measure using STAI scores, which indicated a score of 20 for State Anxiety and 25 for Trait Anxiety. The STAI displayed that 15% of people rated themselves as having less anxiety than James did. However, the young man is motivated to move forward with therapy and focus on the positive outcome he could work towards. The antecedents in this case are poor coping mechanisms. The lack of knowledge regarding his prognosis created him to unable to control the outcome and he was overwhelmed with anxiety, which is an attribute of learned helplessness. The consequences in this case if he let his loss of control take over would have been a slower and unmotivated recovery process. Although the he displayed anxiety, he did demonstration self-
LEARNED HELPLESSNESS

motivation in his willingness to get back on the field and play football again. This case is a borderline case as it is inconsistent with the defining attributes of learned helplessness.

**Related case**

Related cases are illustrations of the concept that do not contain all the defining attributes (Walker & Avant, 2011). The following is a related case of learned helplessness containing the defining attribute of ineffective coping.

Sam, a 17 year old male, has been surrounded by substance abuse since he was a small child. His father often times included him in his illicit drug use and Sam’s mother struggled with alcoholism. When was in high school, his parents divorced. His friends tried to encourage Sam to cope with this event by using drugs and drinking alcohol. He decided one night to try marijuana with his friends in order to deal with his parents’ divorce. The next day, Sam was still fully aware of his parental situation and he realized that using drugs was not an effective way to handle his stress. He decided to talk to the counselor at his school and was offered guidance during his difficult situation. He finds new groups of friends that help him discover joy in his life and more effective ways of coping.

The antecedents in this case are parental drug use and peer pressure. This case does portray the attribute of ineffective coping, however the young man is able to overcome this hurdle. He does not display feelings of anxiety or depression, and he did not lose control over his situation. There are no measurable attributes with this case, nor does this related case have consequences consist with learned helplessness.

**Application to Nursing**

Implications for the advanced nursing practice encompass the ability to understand and later extinguish the feeling of learned helplessness. Being able to understand the maladaptive
behavior will create an environment where the nurse practitioner can educate the patient on how to properly overcome their seemingly colossal dilemma. Discussing the relationship of substance use to any presenting or potential psychosocial issues may not initially be of importance to the patient. However, it will be beneficial in keeping the patient compliant. Providing the patient with specific information on substance use disorder and learned helplessness will aid them in assimilating the information to friends or even their own past. Over time, this information will remain as a constant reminder of what may have potentially occurred if they had not sought assistance when they did (Kiesling, 2014). By understanding learned helplessness, the nurse practitioner can appreciate the patient’s mental quandary and comfort the patient. Assuming the patient demonstrates readiness to change, having the knowledge to coach the patient through their moment of difficulty is essential in recovery.
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LEARNED HELPLESSNESS


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