

# Learned Helplessness and School Failure

by Robert and Myrna Gordon

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## PART I

What turns students off to school and aborts learning in all children of varying ability levels? Thirty years of research brings conclusive evidence that a learned response is at the root of the problem. This research points out a need for a different perspective to find the solution. We have been neglecting the psychological reasons why students fail and refuse to learn despite best efforts of educators to motivate and teach.

Bruno Bettelheim, among others, pleads with educators to look at the "valid" psychological reasons as to why students fail. He says, "Although there has been great concern about children who fail to become literate, and much research into the causes of children's inability to read and how to overcome it, by and large there has been little sympathy for the valid psychological reasons why a child may passively resist or actively refuse to become literate, despite the obvious advantages that literacy offers." He adds that **"the missing component in educating the whole child is our lack of understanding why he doesn't want to learn."**

The national report by the Commission on Reading describes this student as "listless and inattentive and sometimes disruptive. They do not complete work. They give up quickly when faced with a task that is difficult for them. They become anxious when they must read aloud or take a test. A good summary description is that they act as though they were helpless to do better." The report further states that this sense of helplessness is affected in some subtle ways by parents' and teachers' behavior, but is not completely understood.

As educators and parents, we most often see these children as passive and afraid to try. Effort to them seems futile and they give up trying. These students develop self-defeating strategies which eventually lead to the very failures that they are attempting to avoid. They strive for unattainable goals, they procrastinate, they accomplish only tasks that require little effort. They are depressed and a form of depression in children is anger. They feel they are "too stupid" to learn so why try for it hurts too much to try. This child has learned helplessness.

The concept of learned helplessness unites educational and psychological research into a workable solution. It offers an answer to the frustration which is confronting the child, the parent, and the educator. Basically, learned helplessness creates three basic deficits in the child - cognitive, emotional, and motivational - that destroy the child's desire to learn. The motivational deficit stops learning by aborting the child's initiation of voluntary responses. Too often we say the child is not trying but research shows that these children have learned to be helpless to learn and it is not a moral choice. The learned helpless child believes he/she has no control over the learning process and, after many failures, they give up trying.

It is a cognitive deficit in that it is a learned conditioned response. Mere exposure to uncontrollability is not sufficient to make the child helpless but the child must come to expect that outcomes are inevitable. In addition, there is cognitive debilitation and a failure of logical

perception and thinking. The emotional deficit leads to depression and lowered self esteem. Depressed children may have problem behavior which they express through anger, aggression, running away, stealing, truancy, and other rebellious acts. Learned helplessness is a conditioned response because it is learned rather than rational. There was certainly nothing intrinsic in the sound of a bell that should have aroused the taste buds of Pavlov's dog. It was conditioned response just as these children have a conditioned response to turn off after failure.

This learned response or behavior operates to stop thinking processes in the same way as pulling the breaker switch or a power outage disrupts the electricity from getting to the lights in your house. Just as the power outage must be traced and repaired so the source of children's must be understood and remediated or else no significant learning will take place. Children in this condition do not remain neutral but are actively developing maladaptive systems of responses to learning.

According to Marie Clay, author of the Reading Recovery Program, the distinction between a disability in a child and an event-produced helplessness is irrelevant for they both produce the same results. She goes on to say that our best evidence shows that these children build a system of responses which does not work effectively. The longer the child is in this situation, the greater the number of times the child will have practiced inappropriate responses, day after day, year after year.

Such children are building a highly practiced inappropriate response system. The child cannot actively process his own way back to normal response patterns. He/she keeps trying, the teacher keeps trying, but the response system is like a huge snake wrapped around the child or a ball of twine which gets more knotted with each effort to untie it. This becomes the child's habitual, automatic way of thinking (later referred to as explanatory style).

Remediation of learned helplessness is like a three-legged stool. All three legs are necessary to help the child. It is necessary, first, to adequately understand the components of learned helplessness to remediate it. Second, we must help the child discover the root beliefs and the distorted perceptions they create which cause the child's self-defeating deficits. Third, then we must give the child the tools to change and refute his distorted beliefs and thereby reduce his deficits.

Learned helplessness is a very different concept from what parents and educators are used to dealing with. However, because it centers around children's thinking as the basis for feelings and behavior, it is nonetheless powerful. **"The cure for learned helplessness is not,"** as Martin P. Seligman says, **"the rediscovery of the power of positive thinking. It does not consist in just learning to say positive things to yourself. Positive statements alone without first clearing out negatives have little if any effect. What is crucial is what you think, changing the destructive things you say to yourself when you fail or have setbacks and making these statements a part of your explanatory style."**

The important thing to remember in learned helplessness is that it is the perception the child makes of the failure - and to what he/she attributes this failure - that leads to the expectancies and the subsequent deficits. In other words, it is not just the failure, but it is the way the child sees the failures that is important. This is one of the reasons it is possible to remediate learned helplessness.

This causal perception is called an attribution and the many, many attributions the child makes develop into his explanatory style. Seligman defines explanatory style as the manner in which you habitually explain to yourself why events happen. The consistent pattern of attributions a child makes is his/her explanatory style. An unremediated negative, pessimistic style leads to depression and learned helplessness.

A person's explanatory style develops in childhood. By third grade, the child already has an optimistic or pessimistic style about the world. This style has its roots in the mother's (or predominant parent's) explanatory style, but is shaped by criticism from parents, teachers, and other adults. It is also formed from negative life crises, such as death, divorce, and unresolved fighting in the family. What goes on in a child's life at home, in the community, and in school can create a negative explanatory style for a child and, if intervention does not occur, it will determine the child's future reactions to all situations and particularly to learning.

Seligman says that there are three crucial dimensions or kinds of causes to the explanatory style: permanence, pervasiveness, and personalization. It is the permanency of the causes to which individuals attribute bad events that shape their expectations for future events and thereby determines the duration of their depressive episodes and deficits. Students who give up easily believe the causes of failures that happen to them are permanent. They feel that the failures will persist and will always be there to affect their achievement. This attributional dimension creates their helpless symptoms and thus the deficits.

Students who resist helplessness believe the causes of bad events are temporary. Compare, "I failed because I'm dumb," to "I didn't study enough." Permanence is about time. Pervasiveness is about space. Pessimists make global or pervasive explanations for their failures and give up on everything when a failure strikes in one area. People who make specific explanations may become helpless in that one part of their lives but they are okay with other areas. Contrast, "I'm dumb in school!" to "I don't do well in math but I do all right in the other subjects."

Personalization means attributing a failure to characterological causes such as, "I am not very smart." This personalization causes low self esteem and depression. A learned-helpless explanatory style is characterized by a predisposition to explain bad events by causes that are permanent in time, global, or pervasive in effect and internal or personal.

Whether or not a child learns in school is a direct consequence of his explanatory style. The student who believes that reading failure is based on lack of ability (a permanent condition) is convinced that he will have similar reading failure in the future and, therefore, is unlikely to make an effort to change that expectancy. If the student sees his reading failure as due to a lack of effort (an unstable and changeable condition) then he may see the possibility of changing this behavior. Perception of ability has the most influence on the child's effort.

Carol Dweck conducted experiments to observe how learned helplessness affected school children. She divided 4th grade students into "helpless" and "mastery-oriented" students depending on their explanatory style. All were given unsolvable problems followed by solvable ones. Once the "helpless students" failed their strategies deteriorated down to 1st grade level; whereas, the "mastery-oriented students" stayed at 4th grade level despite failures. They rolled up their sleeves and worked harder. The crucial element was whether the student saw the failure as having to do with ability or effort. Learned-helpless children see failure as permanent (ability not effort), pervasive (in everything they do), and very personal.

Seligman points out that changing these beliefs is not just learning to say positive things about yourself, it is changing the destructive things you say when you experience the setbacks of life. First, the child must be taught to recognize the automatic thoughts that are going through his consciousness when he is feeling bad. The child is not aware of them because they are automatic and habitual. Unless he looks specifically and honestly at them he will not be able to dispute them. So we teach the child to be "thought detectives", not our thoughts but theirs, and to change his inner dialogue and explanatory style through methods that teach him to see failure as effort not ability. This is called cognitive behavioral training.

The child must have the feeling that he is accepted, even with his distorted thinking in order to be honest with him. He must also believe that he can and must change his distorted thinking. The child probably created the distorted belief system to meet special needs and will have to be helped to let go of it by someone in whom he feels confidence and trust. The child needs also to learn he personally can control his learning and behavior.

### SUMMARY

A consensus of over thirty years of research from psychology and education shows that learned helplessness creates a negative explanatory style and expectations to fail which bring about cognitive, motivational, and emotional deficits. These deficits abort the volitional and mental powers of students. It is a root cause of under achievement and failure in all strands of education from the disabled to the gifted. It is not a moral decision but a learned behavior. The remediation of this problem involves three necessary components: understanding the problem, finding the root cause of the problem, and providing the child with tools to effectively dispute and overcome his negative thinking.

Seligman says, "When a child is doing poorly at school, it is all too easy for his teachers, parents, and others to conclude falsely that he is untalented or even stupid. The child may be depressed and learned helpless and this learned behavior may be preventing him from fulfilling his potential."

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## PART II

What is learned helplessness? Learned helplessness is a conditioned response that creates cognitive, motivational, and emotional deficits in our children. The power and force of remediation has to be as strong as the power and force of the past conditioning to take effect. **It must fit the individual child.** Just as a doctor has to prescribe the right antibiotic, the teacher/parent/therapist must prescribe the appropriate method of utilizing these techniques or their usefulness will be dissipated.

In the first part of this article on learned helplessness, the authors described remediation of learned helplessness as a three-legged stool.

First, it is necessary to adequately understand the components of learned helplessness in order to remediate it. This cannot be stressed enough; for without understanding the problem and its depth, not only will the problem not be remediated but the child may be insulated against future help and remediation.

Second, we must help the child discover the root beliefs and the distorted perceptions these beliefs create which cause the child's self-defeating strategies. Martin Seligman in *Learned*

*Optimism* points out that just saying positive things to a child without first clearing out the negative things the child says to him/herself will not work. It is like trying to put a band aid on the measles.

The third leg of the stool is to give the child the tools to change and refute distorted beliefs and thereby reduce emotional, motivational, and cognitive deficits.

One of the key inhibitors of motivation and use of intelligence comes from negative expectancy. This comes from past conditioning which has been generalized into accepted (although usually distorted) truths by the child. We must realize that once the expectancy to fail has been conditioned into the child's network of self concepts, the child's perception of the present and future is driven by the past.

Certainly, no dog would eat a bell, but Pavlov's dog salivated because of conditioning to perceive the bell as a precursor to food. So a child's past failures largely condition him/her to perceive future challenges as threatening and destructive events. To change this failure-evoking perception, we need to change these expectancies. Therefore, fundamental to all remediation of learned helplessness is to change the child's causal reference to failure which drives his/her expectancy to fail. In other words, teach the child to restructure or reroute the conditioned responses by giving the child tools to perceive these responses as distortions and refute them.

Remember that learned helplessness is a conditioned response and not a moral choice. To change the learned helpless attitude involves giving the child the tools to change cognitive beliefs and bonding from past experiences. After the child changes perceptual distortions about failure, then he/she needs to get closure to internalize this change for future challenges. This can be done by walking the child through cognitive behavioral training and problem-solving strategies. This includes the child's awareness of behavior and consequences--reducing negative ego involvement, giving a different rationale for failure, and transferring control of the outcomes to the child. Seligman points out that this needs to become a life-long skill that enables the child to cope with future challenges and adversity.

Changing a child's inner belief system is not easy. Fyodor Dostoyevsky once said, "A new philosophy, a way of life, is not given for nothing. It has to be paid for dearly and only acquired with much patience and great effort." This is why we as adults need to model using the techniques we want the child to learn. This shows the child the steps and gives us a sense of the problems and challenges involved in learning the process.

So how do we help the learned helpless child? Seligman in *Learned Optimism* presents two of the methods that work together to change a child's negative explanatory style and thus his expectancies to fail--Cognitive Therapy and the ABCDE Method.

**The steps of Cognitive Therapy are:**

- Teach the child to recognize the automatic thoughts going through his or her consciousness when he/she is feeling bad.
- Teach the child to dispute the automatic thoughts by gathering evidence to the contrary.
- Teach the child to make different explanations called reattributions and use them to dispute his/her automatic thoughts.
- Teach the child to distract him/herself from the thoughts that depress him.
- Teach the child to change unrealistic, demanding assumptions to realistic, flexible ones.

An application of Cognitive Therapy is Seligman's ABCDE Method.

### **A = Adversity**

Adversity can be almost anything--for a child it might be a frown from a friend, a low grade on a test, something negative the teacher says. The authors have been working with a girl who is so afraid of numbers that it is an adversity for her every time someone asks her a question involving numbers.

### **B = Beliefs**

The beliefs are how the adversity is interpreted. They are the automatic thoughts that go through our minds when an adversity, or we think to be an adversity, has happened to us. It isn't the adversity itself, but it's the child's perception of the threat and failure expectations that he/she brings. Indigenous to these beliefs are these expectancies that drive them. Our client, whom we will call Sally, believes that she is unable to do anything involving numbers and she has the permanent attribution that she is dumb in math.

### **C = Consequences**

Here you record how the person felt and what was done about it. Write down as many feelings and actions as the person is aware of. Sally says that she is scared and feels shaky when it is math time. She tries to avoid it by going somewhere else--the restroom, nurse's office, etc., (the flight reaction). If she has to do the math, she believes she will fail and then the teacher will put her down, the children will laugh at her, and her Dad will get mad at her.

To change these beliefs, attributions, and expectations, Seligman adds the DE or the disputation -energization link.

### **D = Disputation and E = Energization**

In disputation, we teach the child how to see the distortions, refute them, and thus argue with him/herself to change the thoughts.

First of all, children can be taught to be "thought detectives" and be aware of their thoughts and feelings in a situation or adversity. According to Aaron T. Beck, M.D., the thoughts that cause depression and lack of motivation are from distortions. It is not our beliefs and thoughts, but what the child believes to be true, as distorted as they may be. It is necessary to show the child that his distorted images are the basis of the problem.

Nobody likes the idea that he/she has negative thoughts as it threatens self-worth. In order for the child to deal with and change this negative thinking, it is necessary for him/her to be realistic and honest with it. Harold Greenwald in *Decision Therapy* says that the child must be helped to understand that his/her earlier decision may have made sense in the context in which it was made but does not fit now. Letting the child choose his own statements is an important strategy for the child to later see the difference between his/her statements and reality. If the child does not perceive choice, he/she will not take responsibility for his/her behavioral change.

Getting the child to recognize and change these distortions is difficult. A student of ours with a negative explanatory style was having problems in math and with relating to others. He needed to

see something concrete to generalize from in order to change his explanations. At one session at the pizza parlor, he saw a spot by the light fixture. He thought it was a listening bug and he felt angry that everyone was watching and listening to him. The therapist and student moved closer to the spot and saw that it was merely the screw holding up the fixture. When the student realized this he was then able to generalize to other distorted causal assumptions and refute them. With the help of the therapist, he was able to understand how misconceptions could distort his causal thinking and changed much of what he was thinking. This perception literally changed his life.

Another of our clients, whom we will call Jordan, came to us at the end of second grade. He had had hearing problems which had gone undetected until then and not being able to hear had caused him to fall behind in school. Up to this time, Jordan had been a very happy child, but he was now displaying anger, breaking pencils, and getting into trouble at school. Jordan had surgery on his ears. Although his surgery corrected his physical problems, he had lost time in school. As soon as he made a mistake in reading, he was ready to quit. He had built a negative explanatory style about reading.

We began to work with him to change his automatic thinking. The thoughts had to come from him and it was necessary to keep his mother from prodding and lecturing him. Following are his thoughts after being kept in at recess because he hadn't finished his reading:

"My teacher should have known I couldn't read, but, because I couldn't read, I had to miss my recess and playing soccer with my friends. I was screamed at and punished because I couldn't read so it made me not want to. I hate reading. It's boring! I just keep thinking I can't read. I'm stupid."

So how do we help this learned-helpless child?

Seligman suggests that in reviewing the child's automatic thinking with them, the teacher/counselor/parent tells the child the thoughts he has may not be valid and can be disputed. They ask him what he might do when someone falsely accuses him of something and he stands up and argues with the accuser. When the child gives one good answer, have him give another and another until he can't think of any more. Tell him he can do the same thing with his negative thoughts as he can with people who falsely accuse him. Role playing examples from home and on the playground are good techniques to use here.

Here are some ways that Seligman suggests to teach the child to argue with himself **and win**:

**Gather Evidence:** Help the child gather all the evidence he can as to why something isn't true. He is his own defense attorney and his pessimistic over-reactive beliefs are on the stand. The teacher is trying to rebut his incriminating assertions.

**Consider Alternatives:** Most situations are complex with many causes. A pessimist will pick the very worst out of this grocery list . . . the most permanent, pervasive, and personal. The job of the teacher is to help the child see the greatest number of causes and to pick the most changeable, specific, and nonpersonal of these. Keep in mind that the child's habitual explanatory style will err on the side of habit not truth.

**Implications:** Get the child to think about the implications if what he is thinking is actually true. This helps the child see how illogical his thinking may be. In essence, the child is punching holes in his over generalizations and changing something uncontrollable into something controllable.

**Usefulness:** Sometimes, it is best for the child to distract himself and get back to it later.

Using Seligman's approach, this is how we changed Jordan's negative thinking:

**Adversity:** The teacher kept me in at recess because I couldn't read.

**Belief:** My teacher hates me and the whole class thinks I'm dumb.

**Consequences:** I feel really sad and I don't want to work in this class anymore. I feel like running away or hiding under the desks.

This explanation sets up expectations for the child not to work even at home.

**Disputation:** Some possible disputation arguments might be: Just because the teacher kept me in at recess doesn't mean she hates me. She does this with other students in the class, too. There does seem to be lots of children in this class who cause trouble. Maybe she doesn't know or remember that I had trouble with my hearing.

**Energization:** I still feel a little angry about being kept in at recess but not nearly as much. I don't feel like running away or hiding anymore. Next year, I'll have a new teacher and I'll ask my Mom to make sure that the teacher knows that I had a hearing problem.

Jordan's mother talked to the school principal and a school evaluation was done. Jordan qualified for the Resource Specialist Program and is receiving extra help. He is now doing well and is happy in school.

Another student, whom we will call Johnny, came to us at ten and he was unable to read. The children in school were making fun of him and calling him stupid and he was getting into a lot of trouble in school. At the end of the fourth grade, it had reached the point where Johnny was so angry that he tried to choke a boy and was expelled from school. We had the summer to work with him and were able to take him out of school on home study for a few months in the fall. Our approach was to use a combination of language experience stories and multisensory reading approaches to teach him how to read. We were also working on his thinking and controlling his anger. After he learned his negative thoughts were the cause of his problem, he then pictured himself kicking out of his mind the thoughts, "I can't learn," "I'm dumb," and "They are right. I can't read."

One day, Johnny came to us all upset because his brother had taken his notebook. We sat down together and wrote a language experience story using his ABCDEs.

**Adversity:** My brother took my notebook.

**Belief:** People don't care what they do to me--nobody likes me. (He had generalized to a time when the teacher took his paper ripped it up and threw it in the trash.)

**Consequence:** I feel mad and I want to hurt somebody.

**Disputation:** "We like you--are we somebody?" (He knew that we did because we had had good times together and had gone to Chuck-e-Cheese.) "Your parents like you." What are some other possibilities? It finally came out that he thought his brother was jealous that he was able to come to our place.

**Energization:** Mom bought the brother another notebook and made the brother give back Johnny's notebook.

One of the first things that we do as educational therapists in working with the learned-helpless child is to give the child a different rationale for failure or problems in school. He/she is most likely

saying to him/herself, "I must be dumb if I can't do as well as the other kids do." We use a light switch technique. We turn off the lights and ask the child, "Does this mean there is no more light?" The student will say, "No, the light went off because you turned off the switch." We then tell him/her, "There is a switch in your head that you turned off because you didn't like what was happening in school. We are going to help you turn on your switch!" When the child sees that he/she failed because he/she turned off his/her brain switch, the child changes his/her rationale for failure from, "I'm dumb," to "I turned off my switch." Years later, we have met students from our classes and they will ask, "Hey, Mr. and Mrs. G., is your switch on?"

Another very effective technique is to have the child put on our large adult-sized shoes and try to play ball in them. We did this with one of our students while he was trying to play basketball. He found that he couldn't move quickly and was missing shots. When asked, "Does that mean that you are not a good basketball player?" He replied, "No, it just means that the shoes are too big." He had a different rationale for his inability to play basketball. The shoes are too big is temporary and specific while being dumb is permanent and pervasive (in everything that he does). Later he was able to apply it to his reading and when he came to a word in his story that was too hard, he would simply say, "the shoes are too big."

In working with children with learned helplessness, it is important to establish a non-threatening friendly environment--humor helps a lot. Children need to be desensitized to mistakes--we will say kiddingly that there is a pit of alligators under your chair or a bear in the closet and they're going to get you if you make a mistake. This is a way of desensitizing the child. The whole idea is to eliminate fear of trying and growing. Therefore, making a student more comfortable with him/herself and confident in his/her own thinking ability involves two objectives: First, to change his/her rationale for mistakes. This replaces his/her "I am stupid" with a causal reference that is not cast in cement. The second objective involves teaching a student how to handle his/her mistakes emotionally.

One of the problems that creates learned helplessness is students' reactions to mistakes and failures. Students need specific strategies to deal with failures. Jean Piaget said that mistakes are valuable and should be understood in the learning process. We tell students that a mistake can be your friend and establish right from the start that there are no wrong answers when talking to us. The authors have been successful in teaching students that there are only two times when they can be wrong in a problem. One is if you are taking a test and two (and you say this with a grin) is if you are going to die before you have a chance to correct this mistake. Otherwise, this is your first try or second try, etc.

Sasha Borenstein, director of the Kelter Center in Los Angeles, uses a questioning technique that emphasizes validating the part of the answer that is correct and then works back to the error with questions. This technique gives feedback on the part of the student's response which is accurate and she always gives the student choices which emphasize contrast. She leads a child inductively from the incorrect part of the answer to its logical conclusion. The child needs to see the difference between where his/her incorrect answer was taking him/her and the correct answer. It gives the student specific errors in the process to look at and changes the cause of failure from permanent, pervasive, and personal to temporary, specific, and objective.

Another technique we use is to change the child's locus of control. This refers to the degree to which individuals view of their successes and failures as either contingent upon their own

behavior--internal locus of control or independent of them--external locus of control. It is important to remember that the passive/learned-helpless child views him/herself as the recipient of someone else's control, dependent upon the teacher to take responsibility and direct his/her behavior changes. The end behavior may be changed, but the child does not learn new strategies which could generalize to new situations. In the active role, the child can be guided inductively to change his/her own behavior and thus take responsibility for these changes. He/she needs to use the tools for refuting his/her causal reference for mistakes. When students are involved in their own goals, they are more receptive.

Changing the child's perception of who is in control is a good way of helping angry children who act out. While teaching at the USC Reading Clinic, one of the authors had a student named Raymond. This child had an extremely violent temper. When he was angry, the author would ask him, "Who is in control right now, you or your anger?" This would stop Raymond, who would visibly shake as he regained control of himself and shout, "I am!" "Who's in charge?" is a good rallying cry that gets students open and excited about their new learnings. We all want to be in the driver's seat and determine the outcomes in life. We may not always determine the events that come to us, but we can determine our reactions, thoughts, and feelings about them.

The same approach was used with a very defiant girl who was angry, depressed, and shut-down in school. She was angry because of a divorce. The author asked her, "Who is in charge of your thinking?" When she saw she could take control of her feelings by being aware of her thoughts, she rechanneled her anger and depression. She is now an "A" student. Her teacher and her mother were amazed at the change and the dramatic turn around.

Other important "how-to" remediation strategies for learned helplessness are metacognition, problem solving, modeling, self-talk, self-regulation, and self-evaluation. Metacognition, the thinking about thinking, is involved in all areas of remediation and includes becoming aware of our cognitive processes with knowledge about when, how, and why we engage in various cognitive activities and then learning how to self regulate that knowledge. These strategies tie in with and can work well in tandem with cognitive therapy.

The author was working with a child who had a hard time relating to his inner sentences. We started with problem solving because it helped him to explore his thoughts without confronting his emotions. Along with that we did something that is a very effective way to help the child look at and understand his thinking. The student is a good basketball player so the student was asked to teach the author how to shoot a basketball.

Every child knows how to do something that involves a process, whether it is sports, arts and crafts, or home skills. Using the illustration of basketball, in the process of teaching the author how to shoot, the student described five of six specific steps in correct sequence. This exposed him to a concrete process that helped change the problem-solving concept from abstract to concrete. It was motivational in that the student was asked to do the teaching which is good for self esteem. It also related problem solving to something the student knew and enabled him to see the steps clearly.

For instance: The student showed the therapist that a key feature in the process of shooting a basketball is letting the ball roll off your fingers and flicking your wrist as you shoot. The student was asked why this was important. He said it was because you have a sense of control and this helps you gauge how hard to shoot the ball. As the student guides the therapist in making

changes to do a process such as shooting a basketball, it opens the door for the therapist to guide the student's need for change in his thinking processes. This was so highly effective that we want to list this as a specific step in getting children to look at their inner thoughts and to get them involved in metacognition and problem solving.

Charlann Simon says, "Research indicates the learning disabled are not lacking in effective cognitive strategies as much as they are not aware of what these strategies are or that they have the capability of learning them. For some students, productive cognitive strategies are developed intuitively; for others, these strategies need to be taught." Students need to see the different results between "shoot-from-the-hip" impulsive responses and the results of thoughtful use of problem-solving strategies.

Problem-solving training teaches children how to think, not what to think. It teaches students to develop a systemized formula for organization in solving problems. Students are taught to stop and consider the problem and possible solutions. This can be done through Philip Kendall's problem-solving steps which have been made into student friendly workbooks. Kendall lists some problem-solving steps that apply universally:

- Identifying and defining the problem;
- Questioning the range of possible response strategies;
- Focusing, considering, and clarifying the consequences of the possible strategies;
- Performing and solving the problem; and
- Self evaluating performance and self rewarding or self correcting.

In order for the problem-solving steps to be internalized into each student's own thinking, the students need to learn to put these steps into his/her own words and to verbalize them. Research shows that it is essential to teach students the process of how to talk themselves through a problem. This is called self talk. The self-talk principles have been incorporated into many types of related instructional models.

1. The instructor performs a task while talking out loud with the student observing.
2. The student performs the same task while the teacher instructs the student out loud.
3. The student performs the task again while instructing him/herself out loud.
4. The student performs the task while instructing him/herself silently.

Verbal self instructions serve to break down the process of problem solving into direct steps for the student. Kendall says that "The mechanism of self-instruction is to make private, internal processes overt, explicit, and concrete." The teacher provides the verbal labels to help the student understand and make his/her thinking, feelings, and behavior explicit. Often, a student is not aware of what specific steps he/she doesn't know or whether or not he/she knows these steps well enough to apply them. By utilizing self talk, a student will be able to understand what is missing and make self corrections. Also, by use of labels, the student can be more explicit in his/her monitoring of these processes.

Kendall points out that cue cards are helpful in initially getting students to: "Stop, look, listen, and think before responding." If the students are evidencing difficulty with the steps of self instructing,

the cue card can be a list of the different self statements that must be remembered. A sample cue card could be:

- **Find out** what I'm supposed to do.
- **Look at all the possibilities.**
- **Focus in.**
- **Choose my answer.**
- I did a **good job** or I must be **more careful.**

Remember, it must be the student's own words.

According to Kendall, "Actual learning doesn't begin until students are doing a task on their own." The more the individual manipulates, elaborates, or transforms the information, the more likely that he/she is to have a deeper understanding of the content and to recall that information. The authors have found it very effective to have the parents and teachers verbally go through their thought processes as they solve a problem thus modeling the steps. When modeling behaviors, verbalize or articulate the steps and have the child repeat the instructions. Also having the student verbalize what he/she is doing in working puzzles or in playing games that involve strategies such as Connect Four or computer games is very effective.

### CONCLUSION

Limited space and time only allow us to present you with the tip of the iceberg in understanding and remediating learned helplessness. However, the techniques we have presented here will work **if you take the time and energy to learn them.** These techniques included: Cognitive Therapy, the ABCDE Method, a different rationale for failure, changing the child's locus of control, metacognition, have the child teach you a process, problem solving, ways to handle mistakes, no wrong answer, verbalization, and self talk.

Remediating learned helplessness opens blocked channels and rescues beautiful minds held captive by distorted causal perceptions. Martin Covington, in his extensive research on why students fail, says, "Students can be trained to compensate for lack of ability through strategic self-management of inherent resources." He goes on to say, ". . . the overriding conclusion of the mass of research and evidence shows that the attributes of self-resource can be modified through direct instruction and this will lead to incremental gains in ability, perception, achievement, and effort."

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