Helplessness, Locus of Control, and Psychological Health

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IN THE FIRST, SIMPLE-COGNITIVE THEORIES OF DEPRESSION, depression was, in part, the result of feeling helpless in the face of stress. However, in the reformulated theory of depression as the product of learned helplessness (Abramson, Seligman, & Teasdale, 1978), based on Rotter's (1966) notion of belief in an internal versus an external locus of control, depression was seen as the result of individuals' internal, stable, and global attributions for the outcomes of events (Peterson & Seligman, 1984).

These contrasting views use two different psychological dimensions: (a) belief in an external versus an internal locus of control and (b) a feeling of helplessness versus no feeling of helplessness. It is not clear whether the critical component in increasing feelings of depression is the belief in locus of control or the feeling of helplessness. We designed the present study to explore which component was more important in predicting feelings of depression by constructing two separate scales, one to measure feelings of helplessness from external forces and one to measure feelings of helplessness from one's own deficiencies.

From a pool of items, two judges selected those that represented helplessness. The same items were judged as to whether they represented an internal or an external locus of control. Six items were identified for each scale, using only items for which both judges agreed. The items for helplessness—external locus of control (HE) were these: (a) "I am often the victim of powerful others"; (b) " Employers have strong control over how much money I will make"; (c) "I will probably be forced to conform to the will of others in order to become successful"; (d) "My employer is the principal determinant of whether or not I advance in my job/career"; (e) "How well I do in class depends upon how skilled my professor is"; and (f) "I get bad grades in classes where the teacher is unfair."

The items for helplessness—internal locus of control (HI) were these: (a) "I can't fix anything mechanical because I don't have those skills"; (b) "I see little sense in striving to change myself because I never seem to get things in motion"; (c) "I never have the energy to meet challenges"; (d) "When times are tough, I often feel I do not have the stamina to get through them"; (e) "I ruin my interpersonal relationships because I don't have the skills necessary to maintain lasting relationships"; and (f) "I find it best to leave well enough alone, because when I try to fix something, I always make it worse."
The item—total correlations ranged from .48 to .72 (Mdn = .67) for the HE scale and from .60 to .72 (Mdn = .69) for the HI scale.

We administered the questions to 70 undergraduates (mean age = 24.3 years, SD = 6.4; 16% male), as well as a measure of manic-depressive tendencies (Thalbourne, Delin,

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& Bassett, 1994) and a test of irrational thinking as defined by Albert Ellis’s system of rational–emotive therapy (Lee, Hallberg, & Haase, 1979).

If locus of control was the most important determinant of responses to the items, then the scores on the HE and HI scale scores would be negatively associated; if helplessness was the most important determinant of responses to the items, then the HE and HI scale scores would be positively associated. The Pearson correlation between the two scores was .60 (p < .001, two-tailed). Thus, helplessness appeared to be the most important determinant of responses to the items (for the 12-item combined scale of helplessness, α = .87).

The HE and HI scale scores were both positively associated with the irrational-thinking scores (rs = .65 and .57, respectively; p < .001) and the depression scores (rs = .30 and .48; ps < .05 and .001, respectively). The HI scale scores were associated with manic tendencies (r = .35, p < .01), but not with the HE scale scores (r = .16).

Thus, the helplessness scores were positively associated with depression scores in the present study. Whether the cause of the helplessness was a belief in an external or an internal locus of control was less important. The results of this study suggest, therefore, that the reformulation of learned helplessness theory (which focuses only on belief in an internal locus of control) does not provide a sufficient explanation of depression.

REFERENCES


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