

Sid Antoine

July 26, 2022

Effects of Religious Determinism on Learned Helplessness in Children

Free will is a lie. Every action you take, every decision you make, has been predetermined since the day you were born. Many Americans, as residents of the self-proclaimed Land of the Free, scoff at this notion that their decisions are not their own. But thousands of church-going American children are indoctrinated to believe otherwise every Sunday. They are repeatedly told that their god is privy to their past, present, and future actions, internalizing static powerlessness rather than free will. It makes one wonder, how does believing in religious determinism affect children's susceptibility to learned helplessness?

Theoretical Background

In its purest form, religious determinism, or the idea that an omniscient higher power has already determined how all life unfolds, is incompatible with free will. It promotes external and global explanatory attributions, meaning that those who wholly believe in determinism must also believe that their god causes all the events that happen to them. (Determinism can promote stable or unstable attributions depending on the self-esteem of the viewer; for example, one child experiencing a negative life event might believe they are being punished for future wrong doings while another may believe God is knowingly giving them only what they can handle.) Nolen-Hoeksema et al. (1986) asserted that children who attribute negative events to internal, stable, and global causes and positive events to external, unstable, and specific causes are more likely to show chronic symptoms of learned helplessness. In being taught that all events are externally and globally caused by their god, children who believe in religious determinism begin to interpret negative events as outside of their control and positive events as having been bestowed upon

them rather than earned, which can undermine their sense of personal autonomy and responsibility. As such, I predict that symptoms of learned helplessness among children aged five- to ten-years-old will be more prevalent in children who believe in strong religious determinism compared to children who do not.

Children aged five- to ten-years-old are an especially vulnerable population when it comes to finding a relationship between religious determinism and learned helplessness. More often than not, these children are not given the space to choose their own religion. Parents or guardians will take their children to their place of worship and teach them to follow their religion, regardless of the children's personal desire. Depending on the parents' own religiosity, they may start the religious socialization process as early as possible by sending their children to Sunday school/children services during sermons, taking their children to church multiple times a week, enforcing religious teachings at home, etc. As a measure of how one practices their religion, religious orientation is a helpful factor in determining how strongly one responds to religious determinism. Religious orientation is often multi-dimensional and can be divided into micro-categories (such as intrinsic internalization, external sociability, etc.), but the two primary categories are intrinsic orientation, or believing in one's faith simply to believe, and extrinsic orientation, or believing in one's faith to receive benefits associated with the faith. While neither orientation is inherently wrong, Kuyel et al. (2012) found that there is a positive correlation between extrinsic religious orientation and mental health issues such as depression, a learned helplessness-influenced disorder. This is especially concerning considering that children ages five to ten, often being too young to fully grasp the concept of faith for faith's sake, are more likely to find extrinsic benefits to attending church and believing in their parents' religion (such as friendship with other congregation members or parental approval).

Analyzing the different religious orientations as they relate to a stable belief in religious determinism can help create a framework for why some children may be unaffected by the inherent powerlessness in the concept. Khan et al. (2019) reaffirmed in their recent study that having an intrinsic religious orientation protects believers from symptoms of loneliness and depression. Rather than questioning why their god does not help them in hard times (as extrinsically oriented believers do when they are no longer benefitting from their religion), intrinsically oriented people are more likely to lean into their god for support and assistance. This means they often have more hope that their situation will change, reflecting an unstable attribution rather than a stable one. Following this logic, it is likely that children who develop a more intrinsic religious orientation see determinism as inspiring further dependence on their god rather than disempowerment. While this may cause a reframing in a child's way of interpreting their loss of free will, it does not change the inherently belief of not being able to fully make one's own decisions. However, this new perspective can allow for a collaborative approach for negative life events, where the child sees themselves as working together with their god to better their situation rather than working against their god. This idea is a mixing of free will and religious determinism that ties into the child's sense of control.

Intrinsic versus extrinsic religious orientation relates directly to the concept of locus of control. Locus of control is central to understanding how learned helplessness develops. One's locus of control directs the way they tend to explain events; it is strongly linked to explanatory styles and attribution. While people with an internal locus of control believe their actions can impact the events in their lives, those with an external locus of control believe things happen to them due to uncontrollable factors, such as fate or luck. In this way, the dichotomy between internal versus external locus of control mirrors that of free will versus religious determinism. They also

have a joint relationship with learned helplessness. Wai (2008) found that alone, religious orientation and locus of control have no effect on learned helplessness; together, however, he found that people with more extrinsic religious orientations and an external locus of control were significantly more likely to show signs of learned helplessness than people with more intrinsic orientations and an internal locus of control. People with a blend of intrinsic and extrinsic religious orientations fell in the middle of the spectrum, with their relationship relating more to locus of control. This relates to how children who believe in a blend of free will and religious determinism are less likely to see the effects of deterministic powerlessness. This also affirms that belief in strong religious determinism, through its relationship to an external locus of control, is likely to promote learned helplessness in extrinsically oriented children.

Despite seeming to combat the powerlessness of religious determinism, intrinsically oriented children are not actually less likely to show symptoms of learned helplessness; they are simply less likely to have symptoms that are clinically significant. If religious orientation were placed on a spectrum from intrinsic to extrinsic, children who are on either ends of the extremes are more likely to show signs of passivity due to their beliefs. Zarzycka et al. (2019) found that people who have practice their religion in a public manner (i.e. going to church or otherwise experiencing religious socialization) are more likely to have a weaker internal locus of control due to group deindividuation. Church-going children are particularly susceptible to this weakening of personal control, especially those who desire social harmony within their ingroups and/or those who attend church more often than once a week. With this information, measuring the dimensions of a child's belief in religious determinism should not just be reliant upon their religious orientation. Rather, the frequency with which a child attends religious meetings, combined with their religious orientation, should be considered as a measure of religiosity.

Conclusion

The research shows that a belief in strong religious determinism likely makes children more susceptible to developing symptoms learned helplessness, but the severity of the symptoms is dependent upon the child's perspective. For a true measure of the impact of religious determinism on learned helplessness in children, one should measure the children's religiosity (or religious orientation and involvement) and locus of control. This allows for a comprehensive assessment of their belief system and their predisposition to learned helplessness.

Considering both religious orientation and the strength of the religious determinism presented to congregations, it should be noted that it is likely that children who believe in strong religious determinism are attending fundamentalist churches. Sampling children in this population may yield higher results of learned helplessness, as fundamentalism promotes higher levels of church attendance and extrinsic religious orientation than average. It should also be noted people who twist religion to act abusively towards others have a religious orientation that inherently extrinsic in nature. As such, churches with a history of clergy abuse are more likely to have been influenced by clergy opinions on religious orientation, producing more children with extrinsic religious orientations and possibly more children who show signs of learned helplessness. This should be accounted for in future studies.

It is surprising that there have been very few studies done connecting one's belief in religious determinism directly to one's locus of control, especially in children. I advise future researchers to look further into the relationship between the two to ascertain if there is a more direct relationship between religious determinism and learned helplessness.

References

- Khan, E., & Aftab, S. (2019). Intrinsic and extrinsic religious orientation and mental health. *Pakistan Journal of Psychology*, 50(1), 27.
- Kuyel, N., Cesur, S., & Ellison, C. G. (2012). Religious orientation and mental health: A study with Turkish university students. *Psychological Reports*, 110(2), 535–546.
<https://doi.org/10.2466/02.09.pr0.110.2.535-546>
- Nolen-Hoeksema, S., Girgus, J. S., & Seligman, M. E. (1986). Learned helplessness in children: A longitudinal study of depression, achievement, and explanatory style. *Journal of Personality and Social Psychology*, 51(2), 435–442. <https://doi.org/10.1037/0022-3514.51.2.435>
- Wai, P. S. (2008). *Religious orientation, locus of control and learned helplessness* [Doctoral dissertation, University of Jos]. University of Jos Institutional Repository.
<http://hdl.handle.net/123456789/223>
- Zarzycka, B., Liszewski, T., & Marzel, M. (2019). Religion and behavioral procrastination: Mediating effects of locus of control and content of prayer. *Current Psychology*, 40(7), 3216–3225. <https://doi.org/10.1007/s12144-019-00251-8>