

Anxiety Disorders: Learned Helplessness and Decision-Making within a Cognitive Model Proposal

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Corresponding Author Gulay Gumus St Clements University Article History Received: 05 / 09 / 2025 Accepted: 25 / 09 / 2025 Published: 27 / 09 / 2025	Abstract: Anxiety disorders are among the most prevalent mental health conditions, often characterized by excessive worry, avoidance behaviors, and impaired decision-making. One underlying mechanism that has received increasing attention is learned helplessness, a cognitive-behavioral pattern in which individuals perceive their actions as ineffective in influencing outcomes. This study proposes a cognitive model linking learned helplessness to decision-making deficits in anxiety disorders. The model suggests that repeated experiences of uncontrollability foster maladaptive cognitive schemas, which in turn bias risk perception, reduce self-efficacy, and impair adaptive choices. Drawing on existing empirical evidence, the paper integrates insights from cognitive psychology, clinical research, and behavioral economics to explain how helplessness mediates the relationship between anxiety and decision-making. The proposed model highlights potential intervention points for therapeutic approaches, including cognitive restructuring, decision-making training, and resilience-building strategies. By elucidating the cognitive mechanisms of helplessness in anxiety, this work aims to provide a theoretical foundation for future empirical studies and clinical applications. Keywords: Anxiety disorders, learned helplessness, decision-making, cognitive model, psychological intervention.
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Introduction

Anxiety disorders are among the most common psychiatric conditions today, directly affecting both individuals' daily lives and their long-term decision-making processes. According to reports by the World Health Organization (WHO, 2023), anxiety disorders affect approximately 4% of the global population and rank second after depression in terms of functional impairment. One of the most striking effects of anxiety is its tendency to reduce cognitive flexibility in the face of uncertainty and to disrupt decision-making processes.

In this context, the concept of learned helplessness (Seligman, 1975) provides a critical framework for understanding the impact of anxiety disorders on decision-making mechanisms. Learned helplessness is defined as the loss of a sense of control resulting from repeated negative experiences, which in turn leads to passivity in new situations. This demonstrates that anxiety not only imposes an emotional burden on the individual but also directly restricts cognitive functioning.

A review of the decision-making literature reveals that the processes involved in anxiety disorders are shaped not only by internal psychological mechanisms but also by social context, cultural factors, and cognitive biases (Bechara, Damasio, & Damasio, 2000; Kahneman, 2011). The aim of this study is to propose a cognitive model that integrates anxiety disorders, learned helplessness, and decision-making processes, thereby offering innovative contributions to both clinical psychology and social psychology.

This article seeks to explain, within a multidimensional framework, the cognitive effects of anxiety disorders on decision-making, particularly the interaction between individuals' sense of control, cognitive distortions, and environmental factors. The

proposed model is expected to provide a fresh perspective not only for clinical interventions but also for studies in decision-making psychology and social adaptation.

Theoretical Framework

Anxiety Disorders and Cognitive Functioning

Anxiety disorders are psychopathological conditions that influence individuals' cognitive processes, particularly in the domains of threat perception, uncertainty, and risk evaluation (Barlow, 2002). Anxiety directs cognitive attentional resources toward threatening stimuli, thereby leading to systematic biases and avoidance behaviors in decision-making processes (Eysenck, Derakshan, Santos, & Calvo, 2007). Intolerance of uncertainty, in particular, is considered one of the core cognitive foundations of anxiety disorders, often resulting in excessive cautiousness or indecisiveness during decision-making.

Learned Helplessness

The learned helplessness model (Seligman, 1975) posits that repeated exposure to uncontrollable stressors generates passivity and hopelessness in individuals. Helplessness is not merely an emotional state but also a cognitive restructuring process, whereby the individual assumes that they will remain ineffective in future situations. This mechanism overlaps with common behaviors observed in anxiety disorders, such as decision postponement, risk avoidance, and diminished self-efficacy (Peterson, Maier, & Seligman, 1993).

Decision-Making Processes and Cognitive Distortions

The decision-making literature demonstrates that cognitive biases and distortions intensify under conditions of uncertainty (Kahneman & Tversky, 1979). Anxious individuals tend to

exaggerate negative outcomes (catastrophic thinking), downplay positive alternatives, and exhibit heightened sensitivity to social risks. This pattern not only impairs individual-level decisions but also leads to maladaptive choices within social contexts.

Interaction between Anxiety, Helplessness, and Decision-Making

When anxiety disorders and learned helplessness are considered together, a critical vicious cycle emerges in individuals' decision-making processes. Anxiety undermines the perception of control, while helplessness restricts the range of perceived future options. Consequently, individuals become trapped in a cycle of decision avoidance, diminished self-efficacy, and escalating anxiety. Breaking this cycle requires not only clinical interventions but also cognitive restructuring and supportive environmental mechanisms.

Interaction between Anxiety and Learned Helplessness

Perception of Loss of Control

Individuals with anxiety disorders tend to perceive external stimuli as more threatening than they actually are. This perception strengthens the feeling of "being unable to control," thereby weakening their belief in their capacity to influence events. The perceived loss of control is one of the fundamental contributors to learned helplessness. As anxiety levels increase, individuals process environmental cues with a threat-centered focus, which dulls their ability to make realistic evaluations.

The Cycle of Passivity and Avoidance

The most prominent outcome of learned helplessness is passivity. Anxiety disorders reinforce this passivity, preventing individuals from engaging in active problem-solving behaviors. False generalizations about the impossibility of control drive individuals toward constant avoidance strategies. Although avoidance may appear to reduce anxiety in the short term, in the long run it strengthens helplessness and traps the individual in a chronic cycle.

Innovative Inference: Helplessness → Decision-Making Blindness

The original contribution of this study is the proposition that learned helplessness is not only a motivational deficit but also produces a form of decision-making blindness. Helplessness, reinforced by anxiety, cognitively restricts an individual's ability to recognize and evaluate available options. In other words, even when potential solutions exist, the individual either ignores them or fails to notice them altogether. This phenomenon can be described as the process of "*learned helplessness → cognitive narrowing → decision-making blindness*." Within our proposed model, this cycle is presented as a central concept for understanding the cognitive consequences of anxiety disorders.



Cognitive and Emotional Dynamics in Decision-Making Processes

Anxiety disorders profoundly affect decision-making processes at both cognitive and emotional levels. In particular, cognitive distortions and intense emotional loadings limit individuals' capacity for rational evaluation, thereby altering the course of decisions.

Cognitive distortions are common thinking errors exhibited by anxious individuals. Catastrophizing leads a person to perceive a potential outcome as far more destructive and threatening than it actually is. For example, even a minor possibility of failure can trigger the belief that all social relationships or career prospects will be ruined (Beck, 1976). Similarly, overgeneralization manifests as the extension of a single negative experience to one's entire future. These cognitive distortions tend to exaggerate risks and underestimate opportunities during the decision-making process.

Emotional processes also exert a strong influence on decision-making mechanisms. Intense stress and a persistent perception of threat narrow attention, weakening the capacity to evaluate alternative options (Öhman, 2008). Since the brain is predisposed to produce rapid "fight-or-flight" responses to perceived threats, individuals under anxiety often make hasty, short-term, and typically irrational decisions.

The innovative contribution of this study is the proposal that, in anxiety disorders, not only cognitive distortions but also emotional overload play a critical role. When the loss of cognitive flexibility combines with heightened emotional intensity, individuals are driven into a state that can be termed "decision-making blindness." This blindness reduces the capacity to discern the true value of options and facilitates the emergence of irrational choices. Thus, anxiety disrupts not only thought patterns but also emotional regulation, creating a multifaceted impairment in decision-making.

The Interaction between Anxiety, Helplessness, and Cognitive Mechanisms

Anxiety disorders and learned helplessness share a common ground in cognitive functioning: the collapse of perceived control. When individuals believe that they lack the power to alter the adverse events they experience, they undergo not only a loss of motivation but also a significant constriction in cognitive processes (Seligman, 1975). This phenomenon creates a pronounced "blind spot" in decision-making processes.

The perception of loss of control is a fundamental component of learned helplessness. In individuals with anxiety disorders, this perception, when combined with a persistent expectation of threat, leads to selective processing of information from the environment. Consequently, the individual focuses primarily on negative cues, while positive or neutral options are overlooked.

This process fuels a cycle of passivity and avoidance. For individuals experiencing helplessness, negative beliefs are reinforced unless they take action; as passivity increases, cognitive resources become even more constrained. Anxiety presents avoidance as a temporary relief, yet in the long term, it further impairs decision-making capacity (Peterson & Seligman, 1983).

As an innovative insight, this study conceptualizes learned helplessness not merely as a motivational issue but also as a critical

trigger of “decision-making blindness.” The chain of helplessness → loss of control → cognitive constriction offers a novel framework explaining why anxiety disorders produce such detrimental effects on decision-making processes. This model underscores the necessity for cognitive therapy and intervention programs to focus not only on reducing anxiety but also on reconstructing the perception of control.

Interaction between Learned Helplessness and Cognitive Dysfunctions

Learned helplessness arises when individuals develop a belief of lack of control in response to repeated adverse experiences (Seligman, 1975). This belief leads not only to behavioral passivity but also to enduring impairments in cognitive functions. In individuals experiencing helplessness, attention, memory, and problem-solving processes become constricted; they struggle to evaluate available options and often develop automatic thoughts that assume the most negative outcomes.

Anxiety disorders further reinforce these cognitive impairments. The persistent perception of threat directs selective attention toward negative stimuli, thereby increasing cognitive distortions such as catastrophizing and overgeneralization (Beck, 1976). Consequently, learned helplessness becomes a product not only of past experiences but also of anxiety-induced cognitive dysfunctions.

Innovative Insight: This interaction transcends motivational models that explain learned helplessness in isolation. The triadic interplay of helplessness, anxiety, and cognitive dysfunction generates a critical “blinding” in decision-making processes. Therefore, interventions aimed at reducing helplessness should target restructuring not only behavioral patterns but also cognitive processes.

The Role of Anxiety Disorders in Decision-Making Processes

Anxiety disorders constitute a critical psychological factor directly affecting decision-making processes. Elevated levels of anxiety direct cognitive resources toward threat perception, thereby narrowing the individual’s capacity to evaluate alternatives. Particularly under conditions of uncertainty, anxious individuals exhibit a tendency to avoid risk and often make choices that provide short-term relief but result in adverse long-term consequences (Maner & Schmidt, 2006).

Cognitive distortions also play a decisive role in this process. For instance, the tendency to catastrophize leads anxious individuals to base decisions not on the most probable outcomes but on the worst-case scenarios. This creates a decision-making mechanism driven by emotional overload rather than rational analysis (Beck & Clark, 1997).

Innovative Insight: At this point, it can be proposed that anxiety disorders transform not only the quality of decisions but also the decision-making style itself. Anxiety drives individuals toward intuitive, reactive, and threat-focused decision strategies, thereby reducing cognitive flexibility and laying the groundwork for a phenomenon that can be termed “decision-making blindness.”

Psychological Treatment Approaches and Cognitive Interventions

Anxiety disorders and learned helplessness directly affect an individual’s cognitive flexibility and decision-making processes, leading to significant declines in quality of life. Therefore, treatment approaches have been developed that focus not only on symptom reduction but also on restoring functional

capacity. Among these approaches, cognitive-behavioral therapies, emotion regulation techniques, and pharmacological interventions are particularly prominent.

Cognitive-Behavioral Therapy (CBT):

CBT aims to help individuals recognize and restructure maladaptive thought patterns. For instance, awareness of cognitive distortions such as catastrophizing or overgeneralization enables individuals to make more realistic and functional evaluations. Additionally, exposure techniques allow individuals to break the cycle of avoidance and regain a sense of control.

Cognitive Interventions and Reframing:

The perception of “loss of control,” which underlies learned helplessness, can be transformed through cognitive interventions. Reframing techniques help individuals interpret experiences of failure not as personal inadequacy but as the result of modifiable circumstances. This approach reduces decision-making blindness and enhances flexibility in evaluating alternative courses of action.

Emotion Regulation and Mindfulness-Based Approaches:

Given that anxiety disorders can lead to irrational decisions through intense stress and threat perception, strengthening emotion regulation skills becomes critical. Mindfulness practices enable individuals to focus on present-moment experiences without judgment, thereby reducing automatic anxiety triggers. This not only disrupts the cycle of learned helplessness but also increases cognitive flexibility.

Pharmacological Treatments:

In some cases, the severity of anxiety disorders may be beyond what psychotherapy alone can manage. In such instances, antidepressants, anxiolytics, or serotonin-modulating medications can support treatment. However, it should be emphasized that these medications serve a complementary role aimed at enhancing the individual’s functionality during the therapeutic process, rather than providing a permanent solution.

Innovative Insight – From Helplessness to Empowerment:

While traditional approaches focus primarily on reducing symptoms, modern interventions aim to transform the individual’s experience of “helplessness” into a form of learning opportunity. Helplessness is not merely a state that generates passivity; it can also be reframed as a chance for restructuring, resilience development, and strengthening decision-making processes. This innovative perspective moves treatment beyond mere symptom control, facilitating meaningful transformation in the individual’s life.

Proposed Cognitive Model

This study proposes a three-dimensional cognitive model to elucidate the reciprocal interactions among anxiety disorders, learned helplessness, and decision-making processes. The model aims to conceptualize the core dynamics that can disrupt an individual’s psychological functioning, providing an explanatory framework from both theoretical and clinical perspectives.

1. Anxiety-Driven Cognitive Distortions

Anxiety disorders lead to systematic errors in the evaluation of environmental stimuli. Prominent among these distortions are catastrophizing, overgeneralization, selective attention, and “all-or-nothing” thinking. These cognitive errors not only amplify the perceived

magnitude of current threats but also confine the individual's future expectations within a pessimistic framework. This process reinforces the sense of loss of control, thereby creating fertile ground for the activation of learned helplessness mechanisms.

2. Mechanisms of Learned Helplessness

Cognitive distortions fueled by anxiety cause individuals to interpret adverse experiences as "inevitable and unchangeable." The resulting passivity, avoidance, and loss of motivation narrow the individual's behavioral repertoire. This mechanism is reinforced not only by external events but also through the individual's internal cognitive processes. The belief that "no matter what I do, the outcome will not change" replaces active problem-solving with automatic resignation in decision-making processes.

3. Reflections on Decision-Making Processes

Cognitive distortions arising from anxiety and learned helplessness lead to two primary impairments in decision-making:

- **Loss of Cognitive Flexibility:** Inability to perceive alternative solutions, and evaluating available options as limited and threat-focused.
- **Emotional Overload:** Decisions made under intense stress and threat perception become irrational.

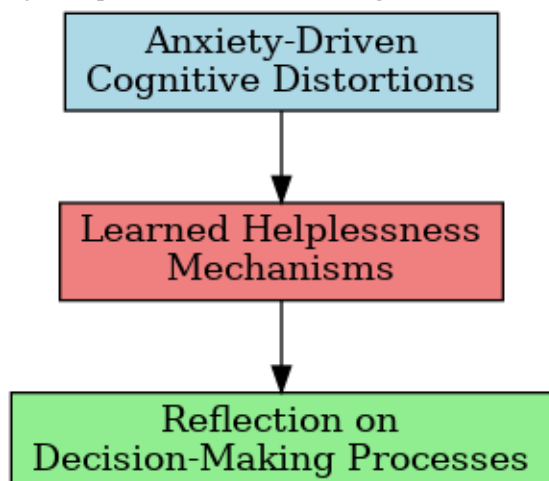
This dynamic not only influences short-term choices but also decisively shapes long-term life directions. Decision-making processes emerge as the most visible outcome of the anxiety–helplessness cycle.

Innovative Contribution of the Model

The proposed three-dimensional model provides a holistic framework by examining not only anxiety disorders or learned helplessness in isolation but also how these two phenomena interact at cognitive and emotional levels to disrupt decision-making processes. Consequently, it enables the development of an integrated approach in clinical interventions that goes beyond symptom-focused strategies and aims to enhance decision-making flexibility.

Cognitive Model:

Anxiety – Helplessness – Decision Making: Three-Dimensional



Anxiety-Driven Cognitive Distortions

- Due to heightened threat perception, individuals tend to engage in distortions such as catastrophizing, overgeneralization, and selective attention bias.
- This reduces the capacity for realistic evaluation, creating an irrational basis for the decision-making process.

Mechanisms of Learned Helplessness

- Repeated experiences of failure or loss of control reinforce cycles of passivity and avoidance in the individual.
- This results not only in a loss of motivation but also in a weakening of cognitive flexibility.

Reflections on Decision-Making Processes

- When anxiety and helplessness converge, the combination of loss of cognitive flexibility and emotional overload leads to the emergence of "decision-making blindness."
- Individuals either make irrational choices or completely avoid making decisions.

Proposed Model: Anxiety – Helplessness – Decision-Making Blindness Cycle

The model proposed in this study presents an original framework integrating the interaction between anxiety disorders and learned helplessness with decision-making processes. It posits that the process, which begins with an individual's experience of anxiety, progressively leads to cognitive constriction and ultimately to a phenomenon termed "decision-making blindness."

The cycle operates as follows:

1. **Anxiety** → Intense stress and perceived uncertainty undermine the individual's sense of control.
2. **Perception of Loss of Control** → The individual begins to believe they have no influence over events.
3. **Helplessness** → This belief triggers learned helplessness mechanisms.
4. **Cognitive Constriction** → Perception, attention, and cognitive flexibility become increasingly limited.
5. **Decision-Making Blindness** → The individual is unable to evaluate options rationally, and decisions become automatic and irrational.

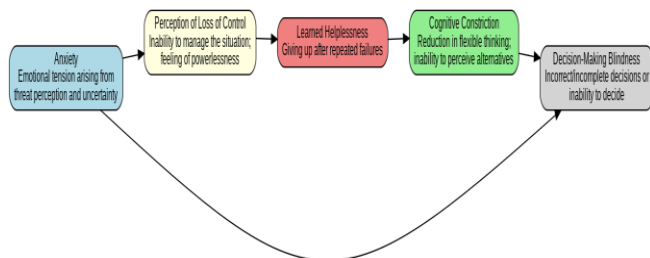
This cycle weakens not only short-term decision-making but also long-term social functioning and psychological well-being. The innovative aspect of the proposed model lies in its focus on the concept of "decision-making blindness," which has been addressed only minimally in the psychological literature. This concept explains how individuals' capacity for rational choice is systematically impaired within the anxiety–helplessness spiral.

Clinical and Theoretical Contributions

- **Clinical Level:** The model emphasizes that psychotherapeutic approaches should focus not only on reducing anxiety but also on strengthening the individual's decision-making capacity. Decision-making

training and interventions aimed at enhancing cognitive flexibility may be effective in disrupting this cycle.

- **Theoretical Level:** The proposed model integrates the literature on anxiety and learned helplessness with the psychology of decision-making, opening up a new area of discussion. In particular, the concept of “decision-making blindness” provides a structure that can be tested in both clinical research and experimental psychology studies.



Anxiety → Emotional tension arising from threat perception and uncertainty.

- **Perception of Loss of Control** → Inability to manage the situation; feeling of powerlessness.
- **Learned Helplessness** → Giving up after repeated failures.
- **Cognitive Constriction** → Reduction in flexible thinking; inability to perceive alternatives.
- **Decision-Making Blindness** → Making incorrect/incomplete decisions or being unable to make a decision.

Discussion and Clinical Implications

This model demonstrates that the interaction between anxiety disorders and learned helplessness affects not only psychological vulnerability but also the quality of decision-making processes. The findings necessitate a three-dimensional assessment in both clinical practice and social interventions.

Applicability in Psychotherapy

Cognitive-Behavioral Therapy (CBT) provides an effective tool for transforming the cognitive basis of anxiety by targeting cognitive distortions such as catastrophizing and overgeneralization (Beck, 1976). Additionally, metacognitive approaches enhance decision-making flexibility by enabling individuals to recognize and regulate their thought processes (Wells, 2000). Moreover, integrating decision-making training into treatment protocols can contribute not only to reducing anxiety but also to strengthening the capacity for rational choice.

Social Support and Environmental Factors

Beyond clinical interventions, strengthening social support mechanisms (family, friends, community) serves as a critical buffer in breaking the cycle of helplessness (Cohen & Wills, 1985). Considering environmental factors, supportive social connections not only reduce anxiety but also facilitate bolder and more flexible decision-making.

Innovative Insight

While traditional approaches typically prioritize anxiety reduction, this model suggests moving beyond mere anxiety management. Interventions should focus on strengthening individuals' decision-making capacities, enhancing cognitive flexibility, and preventing “decision-making blindness” arising from helplessness. Consequently, treatment gains a perspective that is not only symptom-focused but also aimed at enhancing functional competencies.

Conclusion

This study elucidates how anxiety disorders are intertwined with learned helplessness and decision-making processes, proposing an innovative cognitive model to the existing literature. The findings indicate that anxiety is not merely an emotional burden but a process that directly impacts an individual's cognitive flexibility and capacity for rational choice.

The proposed three-dimensional model—comprising anxiety-driven cognitive distortions, learned helplessness mechanisms, and reflections on decision-making processes—contributes to a more comprehensive understanding of mental functioning. By introducing the concept of decision-making blindness, this model offers a novel perspective within the literature.

The clinical implications suggest the need to move beyond traditional approaches that focus solely on reducing anxiety. Interventions should aim to strengthen decision-making capacity, enhance cognitive flexibility, and disrupt the cycle of helplessness, thereby producing more functional outcomes in both psychotherapeutic applications and social support programs.

In conclusion, this study provides a new perspective for understanding anxiety disorders and offers a holistic roadmap for enhancing psychological resilience, relevant for researchers, clinicians, and policymakers alike.

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