

The relationships between hopelessness, helplessness, haplessness and their effects on psychological well being

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Abstract

Hopelessness, helplessness and haplessness are concepts that are conceptually related to one another. In empirical studies, it is found that these concepts are associated with psychopathological traits, including suicidal ideation, as etiological or sustaining factors. It is suggested that studying these thoughts in clients is important for both prevention and treatment studies. The Hopelessness, Helplessness and Haplessness Scale (the HHH Scale) was developed to measure these constructs, and the findings of research on this scale are reviewed here.

Keywords: Hopelessness, Helplessness, Haplessness

Commentary

Beck *et al.* [1] devised a scale that they named the Hopelessness Scale, a measure of pessimism. They gave a 20-item questionnaire (with items scored as true or false) to depressed and non-depressed psychiatric patients and also showed the items to clinicians. Based on the responses from these sources, they modified the items. To establish its reliability, the 20-item scale was administered to 294 attempted suicides, and the Cronbach alpha was 0.93. Lester (2001) argued that the Hopelessness Scale had items relevant to both hopelessness and helplessness. For example, *I might as well give up because I can't make things better for myself* measures helplessness. He decided to create scales to measure hopelessness and helplessness and, for completeness, haplessness. The HHH Scale was published in 2001 [2].

The Background of Hopelessness, Helplessness, and Haplessness

Hopelessness

Hopelessness is defined as having a negative, pessimistic attitude towards the future and losing motivation towards the future. Hopelessness generally means that the person defines himself/herself with negative characteristics, has negative expectations about the future, and accepts negative life events as unchangeable and general [3]. In the Cognitive Model developed by Beck [4] for depression, hopelessness is defined as a person's negative attitude towards himself/herself and the world. In parallel with the same idea, Abramson *et al.* [5] proposed a Cognitive Stress Vulnerability Model to understand the development and maintenance of depression. According to this model, people, who accept negative life events as unchangeable and general in nature and also have negative outcome expectations, have an increased risk of developing psychopathological symptoms when they encounter negative experiences.

Empirical studies have shown that hopelessness-based *stress proneness patterns* predict both depression symptoms and a diagnosis of depression [6–10]. In addition to predicting depression, hopelessness has a positive relationship with anxiety symptoms in clinical samples [11,12]. Hopelessness also has a strong relationship with symptoms of post-traumatic stress disorder (PTSD) symptoms resulting from negative life events that directly or indirectly threaten a person's life [13,14]. This may explain why depression is often a common symptom in PTSD cases. Studies conducted with psychotic individuals have found that individuals who are highly aware of having this form of psychopathology have higher levels of hopelessness about the future than those who have no insight or less insight [15]. There are also studies showing that hopelessness is related to self-compassion [16].

Helplessness

Helplessness as a concept was first proposed by Seligman and Maier [17]. Seligman [18] defined *learned helplessness* as the failure of an organism to take any action to control a negative outcome although it could control it through its behavior. If the organism learns that it cannot control a certain outcome, no matter what behavior it engages in, it will expect failure and will not be able to perform the necessary behaviors even if it could control the outcome through its behavior in similar situations [19]. The concept of learned helplessness was proposed by Seligman based on animal studies in a laboratory environment and then adapted for humans by Hiroto and Seligman [20]. Helplessness is a strong belief characterized by a people's lack of self-confidence in social roles and other situations, not believing that their own initiative will solve problems, and thinking that they cannot control their life [21].

Helplessness develops through learning from past experiences, when people decide that they cannot control events. The basic assumption is that the individual's passivity, inability to take action, and the feeling of not being able to control their life and what happens to them, all develop as a result of negative life events and traumas that they unsuccessfully tried to control and that they generalize to future situations.

Symptoms of psychopathology often emerge after a negative life event as a result of the level of inadequacy in the person's perception of control [22]. According to the Helplessness-Hopelessness Theory of Depression and Anxiety [22], which expanded the Hopelessness Theory of Depression [5], symptoms of psychopathology emerge after a negative life event depending on the level of control the person perceives in himself and the extent to which the outcome of the event is fixed and unchangeable. There is a very strong and positive relationship between the feeling of helplessness that the person experiences as a result of past experiences, which includes a belief that he cannot control events and expectations of failure, and the levels of psychopathological symptoms [23]. Helplessness is observed more clearly in clinically depressed individuals than in clinically non-depressed individuals [23].

Within the framework of the theories mentioned above, hopelessness is more dominant in depression, while the feeling of helplessness is more prominent than hopelessness in anxiety disorders [24,25]. The Helplessness-Hopelessness Theory of Depression and Anxiety clarifies both the co-occurrence of depression and anxiety disorders and the relationship between them [22]. According to the theory, in cases where anxiety and depression symptoms are seen

together, the feeling of helplessness (negative life events cannot be controlled) is more dominant while, in cases where only depression symptoms are seen, hopelessness (perception of negative events as unchangeable and general) is more dominant [26,24].

Haplessness

Haplessness is the belief that one's life and the events we experience are controlled by something other than themselves: luck, fate or by chance [27]. Haplessness is a concept closely related to locus of control. According to Rotter [28,29], locus of control has two basic dimensions: an internal locus of control and an external locus of control. People with an internal locus of control perceive themselves as having control over their lives and believe that the events they experience will be affected by their own behaviors and the results of their behaviors. However, people with an external locus of control think that their own behaviors and the results of their behaviors do not impact their lives or the events they experience. People with external locus of control think that events are controlled by external factors such as fate, luck, or powerful others [2].

It is thought that haplessness is related to psychopathology as much as hopelessness and helplessness. The person's evaluation of their control over the problematic situations that they encounter is one of the main factors determining the person's well-being [30]. It is generally thought that there is a significant positive relationship between the tendency to believe in external locus of control and psychopathology such as anxiety disorders [24,31]. A person's perception of locus of control is also important in the emergence, continuation and the response to treatment of psychotic disorders [32]. There is a positive relationship between psychotic disorders and the belief that control of life and events lies in external factors such as fate and luck [33]. In addition, it has been observed that psychotic patients who have a strong belief that they are in control of events have better treatment compliance and treatment outcomes [34].

Variables Related to Hopelessness, Helplessness, and Haplessness

Research on the variables of hopelessness, helplessness, and haplessness has identified many correlates of the variables. For example, women perceive the causes of events to be more internal, general, and unchangeable compared than do men [35], leading to an increase in hopelessness and helplessness [36].

Attribution styles are also among the variables related to hopelessness, helplessness, and haplessness. There is a strong connection between the tendency to perceive negative events as caused by unchangeable, general and internal reasons and hopelessness, helplessness, and haplessness [19]. These variables, which are influenced by learning, are affected by environmental conditions, especially the family environment. Learning attributional styles in the family environment and the consistency between parental attributional styles and children's attributional styles impact the thoughts of hopelessness, helplessness, and haplessness [37]. These feelings are more prevalent in people exposed to traumatic experiences [38].

Although studies on genetic characteristics have not found a direct relationship between hopelessness, helplessness, and haplessness, twin studies indicate that the external attributional style, which is closely related to these variables, can be affected by genetic characteristics [39]. Characteristics such as intelligence, health and

courage, which are thought to be affected by genetic transmission, affect attributional styles. Therefore, it may be more accurate to interpret the genetic characteristics as affecting attributional styles indirectly rather than directly [39].

Another variable related to hopelessness, helplessness and haplessness, especially the tendency to attribute events to external factors, is negative self-esteem. Peterson and Seligman [37] found that people with lower self-esteem tended to perceive events as uncontrollable and to have more negative expectations about the future, as well as having lower perceptions of personal control.

The optimism-pessimism personality trait is among the variables related to hopelessness, helplessness and haplessness. Even if a person tends to perceive negative life events as unchangeable and general, their optimism is an important factor in terms of their perception of control [40]. A person's optimism strengthens their belief that negative events can be changed and controlled by themselves and is a protective factor against feelings of helplessness and despair [40].

In addition, it is expected that the feelings of hopelessness, helplessness, and haplessness make it difficult for the person to use their problem-solving skills. The deterioration or inadequacy in problem-solving skills is related to the belief in the controllability of the problem [41], and inadequacy in problem-solving skills can lead to hopelessness [42]. Hopelessness and helplessness are related to negative problem-solving orientation, and haplessness is closely related to a fatalistic style and, therefore, reduces people's motivation to use their problem-solving skills [43].

There are also relationships between personality traits and hopelessness, helplessness, and haplessness. Hopelessness and helplessness scores have negative relationships with the personality traits of extraversion, conscientiousness, agreeableness and openness, and a negative relationship with neuroticism on the Big Five personality test. In Vatan's study [44], the haplessness dimension had a negative relationship with conscientiousness and neuroticism. The correlation coefficients of the haplessness sub-dimension were much lower than the others (hopelessness and helplessness). Vatan *et al.* [45] found that hopelessness, helplessness and haplessness had significant associations with emotion regulation skills, while Vatan and Dağ [25] reported that, for females, high levels of hopelessness and haplessness were important predictors of symptoms of depression, anxiety, and somatization.

Suicidal Ideation

The HHH Scale has also been found to predict suicidal ideation. For example, in samples of Turkish and American undergraduate students, Gençöz, *et al.* [46] found that scores of the hopelessness and helplessness subscales were positively associated with suicidal ideation, providing evidence for the construct validity of the subscale scores. Interestingly, hopelessness was the strongest predictor of suicidal ideation in the Turkish respondents, whereas helplessness was the strongest predictor of suicidal ideation in the American respondents.

Conclusion and Suggestions for Future Studies

To date (March 10, 2025), the original article on the Hopelessness Scale [1] has received 8,514 citations according to Google Scholar. After Émile Durkheim's book *Le Suicide* published in 1897, the Hopelessness Scale may be the most cited article in the field of suicidology. However, in 1974, researchers were not concerned with

citations and so, in retrospect, if Beck, *et al.* had put the word *suicide* in the title of the article, it would be recognized as one of the most cited articles on suicide. As of March 10, 2025, the HHH Scale had 65 citations! In addition to the 10-items scales, Lester also developed brief 4-item scales to measure the three components of the HHH Scale. The reliability of the 10-item scale form both in non-clinical samples [2,47] and in clinical samples [48] is good.

However, of those who have used the HHH Scale in their research, not everyone uses all three subscales. For example, McClintock, *et al.* [49] studied treatment effects on hopelessness using the HHH subscale, Smetana [50] studied the relations between hopelessness, mental health and stigma also using the hopelessness subscale, and Hanson [51] assessed possible mediation models of hopelessness between self-compassion and burnout. The usefulness of having three subscales is illustrated by a study by Shamloo and Cox [52] who found that all three subscale scores were associated with intrinsic motivation in college students, while only helplessness and hopelessness scores were associated with extrinsic motivation.

Considering the above-mentioned theoretical background information and current research findings, it is recommended that this scale be disseminated and used more. A broader use of the scale is recommended both to understand the relationships between these three variables and to study the effects of these three on psychological variables.

References

1. Beck AT, Weissman A, Lester D, Trexler L. The measurement of pessimism: the hopelessness scale. *J Consult Clin Psychol*. 1974 Dec;42(6):861–5.
2. Lester D. An inventory to measure helplessness, hopelessness, and haplessness. *Psychol Rep*. 2001 Dec;89(3):495–8.
3. Panzarella C, Alloy LB, Whitehouse WG. Expanded hopelessness theory of depression: On the mechanisms by which social support protects against depression. *Cognitive Therapy and Research*. 2006 Jun;30:307–33.
4. Beck AT. Cognitive models of depression. *Journal of Cognitive Psychotherapy*. 1987;1(1): 5–37.
5. Abramson LY, Metalsky GI, Alloy LB. Hopelessness depression: A theory-based subtype of depression. *Psychological review*. 1989 Apr;96(2):358–72.
6. Abela JR, Brozina K, Seligman ME. A test of integration of the activation hypothesis and the diathesis-stress component of the hopelessness theory of depression. *British Journal of Clinical Psychology*. 2004 Jun;43(2):111–28.
7. Hankin BL, Abramson LY. Measuring cognitive vulnerability to depression in adolescence: reliability, validity, and gender differences. *J Clin Child Adolesc Psychol*. 2002 Dec;31(4):491–504.
8. Hankin BL, Abramson LY, Miller N, Haeffel GJ. Cognitive vulnerability-stress theories of depression: Examining affective specificity in the prediction of depression versus anxiety in three prospective studies. *Cognitive therapy and research*. 2004 Jun;28:309–45.
9. Hankin BL, Fraley RC, Abela JR. Daily depression and cognitions about stress: evidence for a traitlike depressogenic cognitive style and the prediction of depressive symptoms in a prospective daily diary study. *J Pers Soc Psychol*. 2005 Apr;88(4):673–85.
10. Shneidman ES. *The suicidal mind*. New York: Oxford University Press. 1996.

11. Clak DA, Beck AT. Scientific foundations of cognitive theory and therapy of depression. New York: John Wiley & Sons; 1999.
12. Serafini G, Lamis DA, Aguglia A, Amerio A, Nebbia J, Geoffroy PA, et al. Hopelessness and its correlates with clinical outcomes in an outpatient setting. *Journal of affective disorders*. 2020 Feb 15;263:472–9.
13. Gray MJ, Pumphrey JE, Lombardo TW. The relationship between dispositional pessimistic attributional style versus trauma-specific attributions and PTSD symptoms. *Journal of Anxiety Disorders*. 2003 Jan 1;17(3):289–303.
14. Long LJ. Hope and PTSD. *Curr Opin Psychol*. 2022 Dec;48:101472.
15. Carroll A, Pantelis C, Harvey C. Insight and hopelessness in forensic patients with schizophrenia. *Aust N Z J Psychiatry*. 2004 Mar;38(3):169–73.
16. Kelliher-Rabon J, Sirois FM, Barton AL, Hirsch JK. Self-compassion and suicidal behavior: Indirect effects of depression, anxiety, and hopelessness across increasingly vulnerable samples. *Self and Identity*. 2022 Feb 17;21(2):223–43.
17. Seligman ME, Maier SF. Failure to escape traumatic shock. *Journal of experimental psychology*. 1967 May;74(1):1–9.
18. Seligman MEP. Helplessness: On depression, development, and death. San Francisco: Freeman. 1975.
19. Abramson LY, Seligman ME, Teasdale JD. Learned helplessness in humans: critique and reformulation. *J Abnorm Psychol*. 1978 Feb;87(1):49–74.
20. Hiroto DS, Seligman ME. Generality of learned helplessness in man. *Journal of personality and social psychology*. 1975 Feb;31(2):311.
21. Alloy LB, Peterson C, Abramson LY, Seligman ME. Attributional style and the generality of learned helplessness. *Journal of personality and social psychology*. 1984 Mar;46(3):681–7.
22. Alloy LB, Clements CM. Illusion of control: invulnerability to negative affect and depressive symptoms after laboratory and natural stressors. *J Abnorm Psychol*. 1992 May;101(2):234–45.
23. Aydin G, Aydin O. Depression and explanatory style: An investigation of the learned helplessness hypothesis with Turkish university students and depressed patients. *Journal of Human Sciences*. 1991;10(2):27–37.
24. Swendsen JD. Anxiety, depression, and their comorbidity: An experience sampling test of the helplessness-hopelessness theory. *Cognitive therapy and research*. 1997 Feb;21:97–114.
25. Vatan S, Dağ İ. Problem solving style, hopelessness, helplessness and haplessness as the predictors of psychopathology assessed by MMPI-2. *Anatolian Journal of Psychiatry*. 2009;10(3):187–97.
26. Hiller W, Zaudig M, von Bose M. The overlap between depression and anxiety on different levels of psychopathology. *J Affect Disord*. 1989 Mar-Jun;16(2-3):223–31.
27. Levenson H. Activism and powerful others: Distinctions within the concept of internal-external control. *Journal of personality assessment*. 1974 Aug 1;38(4):377–83.
28. Rotter JB. Generalized expectancies for internal versus external control of reinforcement. *Psychol Monogr*. 1966;80(1):1–28.
29. Rotter JB. Some problems and misconceptions related to the construct of internal versus external control of reinforcement. *Journal of consulting and clinical psychology*. 1975 Feb;43(1):56.
30. Folkman S. Personal control and stress and coping processes: a theoretical analysis. *J Pers Soc Psychol*. 1984 Apr;46(4):839–52.
31. Ferreira Couto LM, Nunes Baptista M. Is the locus of control a predictor and/or mediator of emotional dysregulation and psychopathological symptoms?. *Ciencias Psicológicas*. 2023 Dec;17(2):e-2850.
32. Haley CJ, Drake RJ, Bentall RP, Lewis SW. Health beliefs link to duration of untreated psychosis and attitudes to later treatment in early psychosis. *Soc Psychiatry Psychiatr Epidemiol*. 2003 Jun;38(6):311–6.
33. Holder EE, Levi DJ. Mental health and locus of control: SCL-90-R and Levenson's IPC scales. *J Clin Psychol*. 1988 Sep;44(5):753–5.
34. Drake RJ, Haley CJ, Akhtar S, Lewis SW. Causes and consequences of duration of untreated psychosis in schizophrenia. *Br J Psychiatry*. 2000 Dec;177:511–5.
35. Kramer MD, Krueger RF, Hicks BM. The role of internalizing and externalizing liability factors in accounting for gender differences in the prevalence of common psychopathological syndromes. *Psychol Med*. 2008 Jan;38(1):51–61.
36. Eskin M. Self-reported assertiveness in Swedish and Turkish adolescents: a cross-cultural comparison. *Scand J Psychol*. 2003 Feb;44(1):7–12.
37. Peterson C, Seligman ME. Causal explanations as a risk factor for depression: theory and evidence. *Psychol Rev*. 1984 Jul;91(3):347–74.
38. Peterson C, Maier SF, Seligman ME. Learned helplessness: A theory for the age of personal control. Oxford University Press; 1993.
39. Schulman P, Keith D, Seligman ME. Is optimism heritable? A study of twins. *Behaviour research and therapy*. 1993 Jul 1;31(6):569–74.
40. Sellers RM, Peterson C. Explanatory style and coping with controllable events by student-athletes. *Cognition & Emotion*. 1993 Sep 1;7(5):431–41.
41. Folkman S. Personal control and stress and coping processes: a theoretical analysis. *J Pers Soc Psychol*. 1984 Apr;46(4):839–52.
42. D'Zurilla TJ, Maydeu-Olivares A, Kant GL. Age and gender differences in social problem-solving ability. *Personality and individual differences*. 1998 Aug 1;25(2):241–52.
43. Carver CS, Scheier MF, Weintraub JK. Assessing coping strategies: a theoretically based approach. *Journal of personality and social psychology*. 1989 Feb;56(2):267.
44. Vatan S. The Relationships Between, Personality Characteristics, Hopelessness, Helplessness Hap/essness and Problem Solving Style in Turkish University Students. *TURKISH JOURNAL CLINICAL PSYCHIATRY*;16(2):88–97.
45. Vatan S, Lester D, Gunn III JF. Emotion dysregulation, problem-solving, and hopelessness. *Psychological Reports*. 2014 Apr;114(2):647–51.
46. Gençöz F, Vatan S, Walker R, Lester D. A brief research note: helplessness, hopelessness, and haplessness as predictors of suicidal ideation: a cross-cultural study. *Omega (Westport)*. 2008;57(3):315–8.
47. Lester D, Walker RL. Hopelessness, helplessness, and haplessness as predictors of suicidal ideation. *Omega (Westport)*. 2007;55(4):321–4.
48. Vatan S, Ertaş S, Lester D. Test-retest reliability and construct validity of the Helplessness, Hopelessness, and Haplessness Scale in patients with anxiety disorders. *Psychol Rep*. 2011 Apr;108(2):673–4.

49. McClintock AS, Anderson T, Cranston S. Mindfulness Therapy for Maladaptive Interpersonal Dependency: A Preliminary Randomized Controlled Trial. *Behav Ther*. 2015 Nov;46(6):856–68.
50. Smetana EN. The relationship of minority stress with the mental health of LGBTQ college students on a Christian campus with non-affirming policies. M.Sci. thesis, Abilene Christian University, Texas. 2022.
51. Hanson S. Self-compassion and burnout in socially progressive student activists: hope and hopelessness as mediators. M. A. Thesis, University of Manitoba, Canada. 2023.
52. Shamloo ZS, Cox WM. The relationship between motivational structure, sense of control, intrinsic motivation and university students' alcohol consumption. *Addictive behaviors*. 2010 Feb 1;35(2):140–6.