

Original Article

Determining the Correlation Between Hopelessness and Depression in Final-Year High School Students

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Abstract

Objective: This study was conducted to determine the correlation between hopelessness and depression among final-year high school students.

Materials and Methods: The population of this study method, consisted of final-year students from all high schools in the centre of a city in the Eastern Anatolia region in Turkey (N=1928). The quota sampling method was utilized in the study. Participation in the study achieved a response rate of %76,9 (n=1483 participants). The questionnaire was divided into three sections, the first of which had a personal information form that queried on socio-demographic characteristics. The Beck Hopelessness Scale (BHS) was included in the second section of the form and the Beck Depression Inventory (BDI) was included in the third section.

Results: It was determined that the BHS total scores were higher for those who had only one alive parent, had authoritarian and indifferent parents, were feeling unhappy, had no future plans, and did not spend time with their friends. The BDI total scores were higher for those who had no parents alive, stated that their parents displayed inconsistent attitudes and only one parent alive, did not get any support from the school's guidance department, had employed parents, were feeling unhappy, had no future plans, and did not spend time with their friends. Additionally, girls were observed to have higher depression levels than boys.

Conclusion: By conducting health screenings at schools, protective approaches should be developed specifically for risk groups (such as girls, those who are separated from their families, and those with indifferent parents).

Keywords: Hopelessness, Depression, High School Students.

Introduction

Adolescence is defined as the period between childhood and adulthood, during which cognitive, biological, and socioemotional changes take place (Santrock, 2014). Adolescence is a period that begins at the age of 11-12 and lasts until the age of 19-20. During the period, many developmental traits are observed in different age groups (Santrock, 2014; Mabey & Sorensen, 1995).

Hopelessness, which is one of the problems encountered in adolescence, which is quite turbulent, it includes the negativity of future or success expectation (Lester, 2015). Hopelessness brings with it thoughts such as the weakening of the self-perception of the adolescent, the inability to cope with problems, or the belief that the negative events around him cannot be changed (Savi Cakar & Karatas, 2012). Hereupon, it is

believed that the correlation between the concept of hopelessness and depression may be significant.

Depression, on the other hand, is a condition in which people lose their pleasure and desire to live, suffer from a deep sorrow, have pessimistic thoughts, regret and guilt, and physiological disorders (sleep, appetite, sexual desire, etc.) (Cevik & Volkan, 1993). Depression is a highly prevalent condition in adolescents. 15-20% of adolescents who have reached young adulthood have had at least one diagnosis of clinical depression (Turkcapar, 2013). In general, the causes of depression in adolescents can be examined under four groups (genetic factors, environmental factors, negative events in the adolescent's life, and personal considerations).

Based on this, this study was conducted to determine the correlation between hopelessness and depression among final-year high school students.

Material and Methods: The population of this descriptive, cross-sectional study, conducted using a quantitative research method, consisted of final-year students from all high schools in the centre of a city in the Eastern Anatolia region in Turkey (N=1928). The quota sampling method was utilized in the study. Participation in the study achieved a response rate of %77,0 (n=1483 participants). Prior to beginning the research, ethical approval and institutional permissions were acquired. The participants were informed in writing in accordance with Helsinki criteria, and their consent was acquired through an informed consent form enclosed to the questionnaire. The data were collected between 16 March and 5 June 2021. The questionnaire was divided into three sections, the first of which had a personal information form that queried on socio-demographic characteristics (age, gender, the presence of a future plan, etc.). The Beck Hopelessness Scale (BHS) was included in the second section of the form and the Beck Depression Inventory (BDI) was included in the third section.

Beck Hopelessness Scale: It is an inventory developed by Beck et al., (1974) to determine hopelessness levels. This inventory can be applied to both adolescents and adults. The

Beck Hopelessness Inventory is an easy-to-apply scale consisting of 20 items, rated from 0 to 1. During the test, the participants are asked to mark the statements that are appropriate for them as "yes" and those that are not as "no". One point is scored for selecting the "yes" option in 11 of the items and the "no" option in 9 of the items. Each inconsistent answer gets 0 point. Durak and Palabryikoglu (1994) conducted the Turkish validity and reliability study of the scale. It is aimed to determine the degree of the pessimism of the individual about the future. The arithmetic total score is regarded as the "Hopelessness score". Scores might vary from 0 to 20. Propositions 1, 6, 13, 15, and 19 refer to feelings about the future, while the propositions 2, 3, 9, 11, 12, 16, 17, and 20 refer to the loss of motivation, and the propositions 4, 7, 8, 14, and 18 refer to expectations about the future. The propositions consist of emotional, motivational and cognitive factors. Cronbach's alpha coefficient for BHS was calculated to be .711 in this study.

Beck Depression Inventory: Beck Depression Inventory was developed by Beck in 1961 (Beck et al., 1961). Its validity and reliability study was conducted by Tegin (1980) and Hisli (1988) in Turkey. It consists of items related to depressive symptoms such as pessimism, sense of failure, dissatisfaction, feelings of guilt, restlessness, fatigue, decreased appetite, indecision, sleep disturbance, and social withdrawal (Seber et al., 1993). It is a self-assessment scale used on both healthy and psychiatric patient groups. It aims to identify the risk of depression as well as to assess the severity and level of depressive symptoms. This form, which comprises a self-assessment scale with a total of 21 items, measures on a four-point Likert scale. Each item gets a score ranging from 0 to 3 and the total score is obtained by summing them up. A high total score indicates a high level of depression severity. The cut-off point was determined as 17 in the Turkish validity and reliability article of the scale. The Cronbach's alpha coefficient for BDI was calculated to be .895 in this study.

Data Analysis: The data were assessed using the SPSS-22 program and error controls, tables, and statistical analyses were completed. Numbers and percentages values, and mean rank are all provided in statistical

analyses. Missing data and end values were extracted prior to the normality analysis. Afterwards, histograms were drawn for the conformance to the normal distribution, skewness and kurtosis values were evaluated, and Kolmogorov-Smirnov analyses were done. Since the data did not follow a normal distribution, logarithmic transformation was employed. The total and subscale scores of the scales, however, were not normally distributed. Therefore, nonparametric tests [Mann Whitney U (MWU) and Kruskal Wallis (KW)] were used in the study. For the correlation between descriptive variables and scale scores, Spearman correlation analysis was employed, and binary logistic regression analysis was used for factors affecting depression. The statistical significance level was accepted as $p < 0.05$.

Ethics Committee Approval: This study was approved by Bingol University Ethics Committee (approval number: E.26636, date: 30.12.2019).

Results

The mean age of the students who participated in the study was 17.58 ± 0.65 (Median: 17.00, Min: 17, Max: 20). The mean number of individuals in the household was 5.54 ± 1.68 (Median: 5.00, Min: 1, Max: 12). Table 1 shows the descriptive characteristics of the participants. Mean and standard deviation values were 10.00 ± 3.01 (min - max: 0 - 20) on BHS, 3.27 ± 1.67 (min-max: 0 - 5) for feelings about the future subscale, 3.12 ± 2.24 (min - max: 0 - 8) for loss of motivation subscale, and 2.52 ± 1.39 (min-max: 0 - 5) for expectations about the future subscale, and 19.49 ± 11.75 (min-max: 0 - 63) for BDI.

Table 2 shows whether or not total BHS and BDI scores of the participants make a difference in socio-demographic characteristics. It was determined that the BHS total scores were higher for those with only one alive parent, those with authoritarian and indifferent parents, those who were feeling unhappy, those who had no future plans, and those who did not spend time with their friends. The BDI total scores were higher for those who were female, had no parents alive, those with inconsistent parents and only one parent alive, those who did not get any

support from the school's guidance department, those with working parents, those who were feeling unhappy, those who had no future plans, and those who did not spend time with their friends.

In this study, it was also examined whether or not some socio-demographic characteristics of the participants and the subscales of the BDI made a difference in the total score distribution:

- In the subscale of feelings about the future; those who were male ($p = 0.001$), were feeling happy ($p = 0.001$), applied to the school's guidance department ($p = 0.001$), had plans for the future ($p = 0.001$), spent time with their friends ($p = 0.001$), and had overprotective parents ($p = 0.006$) made a difference.
- In the subscale of loss of motivation; those who were feeling unhappy ($p = 0.001$), did not apply to the school's guidance department ($p = 0.001$), had no future plans ($p = 0.001$), did not spend time with their friends ($p = 0.001$), had employed both parents ($p = 0.001$), and had overprotective parents ($p = 0.001$) made a difference.
- In the subscale of expectations about the future; those who were female ($p = 0.001$), were feeling unhappy ($p = 0.001$), did not apply to the school's guidance department ($p = 0.001$), had no future plans ($p = 0.001$), and had only one alive parent ($p = 0.044$) made a difference.

Table 3 shows the data that indicates the correlation between the participants' BHS, BDI, age and number of individuals in the household. Hopelessness and depression scores were found to have a positive but extremely weak correlation.

As seen in Table 4, independent of each other, having only one parent alive, failure to spend time with friends, indifferent parents, having no plans for the future, and being male were found to be, respectively 3.45, 2.11, 1.75, 1.50, and 0.41 times more effective in participants' suffering from depression ($p < 0.05$).

Table 1. Descriptive characteristics of the participants (n=1483)

Variable	Characteristics	Number	%
Gender	Female	746	50.3
	Male	737	49.7
Parent survival	They're both alive	1415	95.4
	Only one is alive	58	3.9
	Neither one of them is alive	10	0.7
Parent cohabitation	Living together	1426	96.2
	Separated	57	3.8
Parent's employment status	Only the father is employed	1140	76.9
	Only the mother is employed	38	2.6
	They both are is employed	128	8.6
	Neither one of them is employed	177	11.9
Attitude toward the child in the family	Authoritarian	776	52.3
	Overprotective	456	30.7
	Inconsistent	156	10.5
	Indifferent	95	6.5
Current mood	Feels unhappy	904	61.0
	Feels happy	579	39.0
Did he get any support from the school's guidance department?	Yes	638	43.0
	No	845	57.0
Any plans for the future?	Yes	1294	87.3
	No	189	12.7
Spending time with friends	Yes	1291	87.1
	No	192	12.9

Table 2. Distribution of the participants' hopelessness and depression scores on socio-demographic characteristics (N = 1483)

Variable	BHS Mean Rank*	Test Value	BDI Mean Rank*	Test Value
Gender				
Female	741.88	U = 274815.00 p = 0.992	826.46	U = 195496.00 p= 0.001
Male	742.12		632.15	
Parent survival				

They're both alive	735.16 ^a	KW = 9.59 p= 0.008	722.15 ^a	KW = 15.215 p= 0.001
Only one is alive	911.41 ^a		941.01 ^a	
Neither one of them is alive	727.70		671.30	
Parent cohabitation				
Living together	741.46	U = 39870.00	728.82	U = 36958.00
Separated	755.53	p= 0.806	772.54	p= 0.447
Parent's employment status				
Only the father is employed		KW = 5.082 p=0.166		KW = 16.205 p= 0.001
Only the mother is employed	728.87		706.97 ^a	
They both are employed	816.95		803.20	
Neither one of them is employed	770.82 789.64		839.84 ^a 787.01	
Attitude toward the child in the family				
Authoritarian	714.50 ^a	KW = 20.985 p= 0.001	700.94 ^a	KW = 12.921 p= 0.005
Overprotective	737.90 ^b		735.90	
Inconsistent	783.98		810.22 ^a	
Indifferent	917.35 ^{a,b}		812.46	
Current mood				
Feels unhappy	787.34	U = 220723.00	875.05	U = 124385.00
Feels happy	671.21	p= 0.001	503.49	p= 0.001
Did he get any support from the school's guidance department?				
Yes	741.57	U = 269279.50	693.04	U = 237850.50
No	742.33	p= 0.973	758.93	p= 0.003
Any plans for the future?				
Yes	720.71	U = 42167.50	708.37	U = 91413.50
No	887.77	p= 0.001	880.26	p= 0.001
Spending time with friends				
Yes	732.24	U = 111338.00	709.64	U = 90769.50
No	807.61	p= 0.022	875.19	p= 0.001

^{a, f} indicates the groups from which the difference arises. BHS, Beck Hopelessness Scale; BDI, Beck Depression Inventory

Table 3. The correlation between the participants' BHS, BDI, age and number of individuals in the household (N = 1483)

		BHS	BDI	Age	Number of individuals
BHS	Rho*	1			
	p				
BDI	Rho	0.200**	1		

	p	0.001			
Age	Rho	0.045	0.039	1	
	p	0.082	0.133		
Number of individuals	Rho	-0.026	0.037	0.045	1
	p	0.326	0.154	0.082	

*Spearman correlation analysis, ** significant at level of 0.01 BHS, Beck Hopelessness Scale; BDI, Beck Depression Inventory

Table 4. Effective factors in the depression status of the participants

Variable		β	p	OR	95% GA
Gender	Male			1.00	
	Female	-0.881	0.001	0.414	0.328-0.524
Parent survival	They're both alive			1.00	
	Only one is alive	1.240	0.001	3.455	1.614-7.394
	Neither one of them is alive	-0.340	0.666	0.711	0.151-3.345
Parent's employment status	Only the father is employed			1.00	
	Only the mother is employed	-0.275	0.474	0.759	0.357-1.615
	They both are employed	0.216	0.320	1.241	0.811-1.901
	Neither one of them is employed	-0.110	0.573	0.896	0.610-1.314
Attitude toward the child in the family	Authoritarian			1.00	
	Overprotective	0.071	0.595	1.074	0.826-1.395
	Inconsistent	0.159	0.433	1.172	0.788-1.744
	Indifferent	0.563	0.036	1.756	1.0038-2.970
Current mood	Feels unhappy			1.00	
	Feels happy	-1.679	0.001	0.187	0.147-0.237
Getting guidance support from school	Yes			1.00	
	No	0.052	0.662	1.054	0.833-1.333
Having future plans	Yes			1.00	
	No	0.408	0.029	1.504	1.043-2.168
Spending time with friends	Yes			1.00	
	No	0.750	0.001	2.117	1.456-3.078

*Nagelkerke R Square: 0.264, Omnibus Test of Model Coefficients p=0.001

Discussion

Hope is a notion that expresses positive feelings and expectations for the future and gives the strength to cope with potentially negative events (Celikel & Erkorkmaz, 2008). Hopelessness, on the other hand, refers to a loss of expectations for the future, as well as negative thoughts and beliefs (Unguren & Ehtiyar, 2009). The negative aspects of our society on a socioeconomic level, as well as some inadequacies in the field of education and future expectations have a negative impact on our young people emotionally and cause them to feel hopeless about their future (Ozmen et al., 2008). Depression has been defined by psychoanalytic theorists as having

pessimistic thoughts about the future and a loss of self-esteem. It has been put forth that losing one's self-esteem plays a significant role in feeling hopeless about the future. This study was conducted to determine the correlation between hopelessness and depression among final-year high school students.

Bibring suggested that the individual's loss of self-esteem alone could not be considered a sufficient factor in the development of depression, but depression could be discussed when accompanied by a state of despair and hopelessness (Bibring, 1953). Some of the theories on depression correlated depression with hopelessness by indicating the impact of

negative thoughts, expectancies, and erroneous learning in the case of depression. Based on observations of the depressed patients during psychotherapy sessions, Beck stated that individuals who dealt with high suicidal ideation and had suicidal tendencies explained their situation as hopeless (Beck, 1963). These individuals later realized that their hopelessness could have been caused by cognitive distortions or false and surreal preconceptions at the time they were in. It was emphasized that hopelessness was the primary factor in depression, and the notions associated with hopelessness included despair, pessimism, inability to act, inability to continue working, and feelings of guilt. Hopelessness includes negative thoughts and failure (Dunyaliogullari, 2011). In other terms, it is described as having less than zero expectations of accomplishing work or achieving a goal (Acar, 2009). Mean and standard deviation values were 10.00 ± 3.01 (min-max: 0 - 20) in the BHS, 3.27 ± 1.67 (min-max: 0 - 5) for feelings about the future subscale 3.12 ± 2.24 (min-max: 0 - 8) for loss of motivation subscale, 2.52 ± 1.39 (min-max: 0 - 5) for expectations about the future subscale and 19.49 ± 11.75 (min-max: 0 - 63) for BDI. The study conducted by Angi (2018) to examine the correlation between hopelessness levels and symptoms of depression and anxiety in university students, they concluded that there was a significant correlation between hope, feelings and expectations about the future, and loss of motivation (Angi, 2018).

During the oral stage, mothers with a hopeless and pessimistic mindset prevent their children from developing hope and the child's perception of themselves as endearing beings. Hope, belief, and basic trust were stated to be the determinants of love during this time period (Corey, 2005; Sayar, 2012). In the oral stage, hope and hopelessness begin to develop. The children of mothers who are capable of empathizing with their children, loving them, and enhancing their positive characteristics are also able to develop these talent skills, just like their mothers did. Children who fail to develop a basic sense of trust, belief, and hope develop a variety of disorders and a door to despair. Hopelessness can also be observed in persons who are unable to express their expectations and

wishes and believe they do not deserve the achievement they have attained (Odag, 2002). The present study reported that the BHS total scores were higher for those who had only one alive parent, had authoritarian and indifferent parents, were feeling unhappy, had no future plans, and did not spend time with their friends.

Depression is a highly prevalent condition in adolescents. 15-20% of adolescents who have reached young adulthood have had at least one diagnosis of clinical depression (Lewinsohn & Essau, 2002). The present study revealed that the BDI mean score was higher for those who were female, had no parents alive, had inconsistent parents and only one parent alive, did not get support from the school's guidance department, had employed parents, were feeling unhappy, had no future plans, and did not spend time with their friends. The study by Gomez et al., in which 622 adolescents (49.8% of whom were girls) were examined for their positive correlation between depressive symptoms and response styles and gender differences during adolescence, indicated that depressive symptoms are more common in adolescent females, and the prevalence of depressive symptoms and disorders increased sharply in girls aged 13-15 years (Gomez et al., 2017). The results of this study are similar to those found in the literature. The reason for this difference between genders can be attributed to women's psychosocial, hormonal, biological conditions, excessive workload, emotionality, and the difficult life they endure. On the other hand, it has been observed that circumstances, such as the death of a family member, particularly a mother, or the loss of a friend induce depression rather than other psychiatric conditions and stimulate the development of depression at an earlier age (Tiet et al., 2001; Sadock & Sadock, 2009). And finally, pessimistic namely unhappy individuals were shown to increase depression in a more prominent manner following the intensification of their parents' depression than those who were optimistic (Abela et al., 2005).

Conclusion and Recommendations:

Adolescence is a period when people go through many physical, emotional, and cognitive changes, as well as a lot of challenges as they strive to perceive these

changes. Consequently, the mean and standard deviation values in the study were 10.00 ± 3.01 (min-max: 0 - 20) on BHS, and 19.49 ± 11.75 (min-max: 0 - 63) on BDI, according to the results of the study. It was determined that the BHS total scores were higher for those who had only one alive parent, had authoritarian and indifferent parents, were feeling unhappy, had no future plans, and did not spend time with their friends. The BDI total scores were higher for those who had no parents alive, stated that their parents displayed inconsistent attitudes and only one parent alive, did not get any support from the school's guidance department, had employed parents, were feeling unhappy, had no future plans, and did not spend time with their friends.

According to the findings of the present study, girls were observed to have higher depression levels than boys. In this case, the psychological consultants in schools should consider that girls are at risk for exam anxiety and depression. By conducting health screenings at schools, protective approaches should be developed specifically for risk groups (such as girls, those who are separated from their families, and those with indifferent parents).

To further alleviate hopelessness and depression, targets should be set through interviews with counselling service, students, and families, and working programs should be prepared in accordance with these targets. Adolescents should be given the opportunity to become familiar with their spiritual worlds and to communicate with professionals who can assist them in becoming more cautious and resilient in the face of mental distress. Adolescents should be provided with a sensitive and constructive atmosphere through listening, explaining, providing accurate information, supporting, encouraging, and stimulating without imposing pressure or judging where necessary. The Ministries of Health and National Education should produce various projects in this regard, involving physicians, dietitians, and psychologists. As a consequence, the children and adolescents can be ensured to be healthy in terms of nutrition and mental health. The scales were used to examine the depression and hopelessness levels of the individuals who

constituted the sample of the study. Apart from this, holding one-on-one interviews allows for a more in-depth analysis of the situation. The study was limited to a certain city and a certain number of students. It is possible to reach a broader audience and produce more reliable results by increasing this number. Again, this study is limited to the collection of quantitative data from the participants. It is believed that conducting mixed studies in which qualitative and quantitative data are used to examine the depression and hopelessness levels of university students would be beneficial.

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