



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

## Relationship between depression and hopelessness in young adults

By

Aishwarya Tyagi

3600127

Under the supervision of

Ms. Amisha Bisht

Assistant Professor

Department of Humanities and Social Sciences

DEPARTMENT OF HUMANITIES AND SOCIAL SCIENCES

GRAPHIC ERA UNIVERSITY – 248002 (2019-2022)

### ABSTRACT:

The current study focuses on depression and hopelessness, and the differences between them in males and females focusing on the demographic of young adults. It is a promising line of research. When it comes to examining youth mental health, the age of the sample is crucial. The study was conducted on 60 individuals, ranging from 18 to 30 years old, out of which (n=30) participants were males and (n=30) participants were females. The data was collected from all over India using online data collection techniques. The questionnaires consisted of Beck's Depression Inventory and Beck's Hopelessness Scale. Descriptive Statistics and Inferential statistics were used to analyze the data.

### KEYWORDS:

Depression, hopelessness, cognition

## CHAPTER I - INTRODUCTION

Depressive cognitions have traditionally been described in clinical terms in terms of hopelessness and self-blame, both of which suggest an internal locus of control orientation and an internal attribution of blame. The idea that depression is characterized by hopelessness, powerlessness, and a sense of futility has been around since the 2nd century A.D. (Aretaeus, cited in Beck, 1967).

In the literature, there have been two significant topics concerning depressed individuals' thinking. One model claims that depressed individuals experience events as uncontrolled suggesting an external locus of control orientation (Bibring, 1953; Seligman, 1975), while another claims that depressive cognition is marked by self-deprecation and self-blame which suggests an internal locus of control orientation (Bibring, 1953; Seligman, 1975). (Beck, 1967, 1976). These models appear to give conflicting accounts of depression (Abramson & Sackeim, 1977). Both hypotheses have been backed up by evidence.

This presents us with a depressive paradox wherein it looks unreasonable to blame oneself for occurrences that appear to be beyond one's control, but at the same time

The need for this study arises out of the paradox that depressed individuals tend to perceive events as being uncontrollable and firmly believe that external factors are to be blamed for the predicament they are in, but at the same time, depressive cognition is characterized by self-deprecation and self-blame.

## **Depression**

Depression is a mental illness characterized by a depressed mood and reluctance to act. Depressive experience impacts a person's thoughts, behavior, motivation, feelings, and sense of well-being, and is classified medically as a mental and behavioral disorder. Anhedonia is thought to be the most common symptom of depression, and it refers to a loss of interest or pleasure in things that normally bring an individual delight. Depressed mood is a symptom of some mood disorders, such as major depressive disorder or dysthymia; it is a normal temporary reaction to life events, such as the loss of a loved one; it is also a symptom of some physical diseases and a side effect of some drugs and medical treatments, and it is also a symptom of some physical diseases and a side effect of some drugs and medical treatments. Sadness, trouble thinking and concentrating, and a large rise or reduction in hunger and sleep duration are all possible symptoms. People who are depressed may experience emotions of despair, hopelessness, and suicide ideation. It might be for a short or extended period.

Depression is of various types, developed under distinctive circumstances, such as Dysthymia (constant depressed mood for a minimum of 2 years, along with less acute symptoms), Postpartum Depression (affecting women who have recently given birth, acute symptoms of depression after the birth make it difficult to take care of the infant), Psychotic Depression (depression along with symptoms of psychosis, delusion, and hallucinations), Seasonal Affective Disorder (emergence of depressive symptoms in times of winter/absence of sunlight), and Bipolar Disorder (episodes of mania and depression).

Depression or Major Depressive Disorder or Clinical Depression is a common and grave mood disorder. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), For MDE to be diagnosed, 5 or more symptoms should be demonstrated for at least 2 weeks. The presence of either a depressed mood or anhedonia is primary for the diagnosis. Secondary symptoms manifest in a wide range, these include but aren't limited to mood, emotional well-being, behavior, sexual interest, cognitive abilities, physical wellbeing, and sleep pattern.

Research has shown that depression may arise from various factors biological (genetic/may run in family genes), social and environmental (childhood traumas, lack of social skills and good coping), faulty brain structure or chemistry, other major diseases (cancer and other terminal diseases often lead to depression), drugs and/or other medicinal substances may also lead to depression.

Depression is the leading cause of disability worldwide, the United Nations (UN) health agency reported, estimating that it affects more than 300 million people worldwide – the majority of them women, young people, and the elderly. An estimated 4.4 percent of the global population suffers from depression, according to a report released by the UN World Health Organization (WHO), which shows an 18 percent increase in the number of people living with depression between 2005 and 2015.

Depression is a major mental-health cause of disease burden. Its consequences further lead to a significant burden on public health, including a higher risk of dementia, premature mortality arising from physical disorders, and maternal depression impacts on child growth and development. Approximately 76% to 85% of depressed people in low- and middle-income countries do not receive treatment; barriers to treatment include inaccurate assessment, lack of trained healthcare providers, social stigma, and lack of resources.

The stigma comes from misguided societal views that people with mental illness are different from everyone else, and they could choose to get better only if they wanted to. Due to this more than half of the people with depression do not receive help with their disorders. The stigma leads to a strong preference for privacy.

## Hopelessness

Hopelessness is a strong feeling that may lead to a gloomy or depressed mood and negatively impact one's perception of oneself, others, personal situations, and even the world. Hopelessness may often have a substantial impact on human behavior since it reflects a person's pessimistic outlook on the future.

A person's interest in essential items, activities, events, or people might wane when they are feeling hopeless. Someone who has lost hope may lose interest in things that were previously signed to them. The emotion is frequently linked to emotions of powerlessness, helplessness, abandonment, captivity, oppression, and isolation, as well as sensations of powerlessness, helplessness, abandonment, captivity, oppression, and isolation. Hopelessness has been related to poor mental, emotional, and physical health in several research.

Hopelessness can be a symptom of a range of mental health issues, or it can be the result of dissatisfying, unpleasant, or bad life events.

Many behavioral and mental health difficulties, including depression, anxiety, bipolar illness, eating disorders, posttraumatic stress, drug abuse, and suicide ideation, are linked to hopelessness. Many people who feel hopeless may also be suffering from mental health problems like depression. Feelings of despondency that accompany a mental illness such as depression might lead to suicidal thoughts.

Although despair is not usually associated with a specific ailment, it can be devastating regardless of the reason. Not only can the mood jeopardize a person's sense of well-being and stability, but it can also sap the desire to use existing resources or seek assistance.

People experiencing hopelessness may make statements such as:

- My situation will never get better.
- I have no future.
- No one can help me.
- I feel like giving up.
- It is too late now.
- I have no hope.
- I will never be happy again

## The hopelessness theory of depression

Seligman's (1972) learned helplessness hypothesis of depression had some shortcomings, which led to the development of the hopelessness theory.

In a nutshell, this theory states that repeated exposure to unpredictable and painful environmental stimuli leads to a growing perception that the aversive circumstance is unavoidable, and a sense of helplessness develops.

This helplessness, in turn, results in depression. This model was limited in that it was unable to explain why certain individuals become depressed when confronted with an uncontrollable stressor whereas others did not (Abramson, Seligman, & Teasdale, 1978).

Abramson et al. (1978) used attribution theory to address this issue in what was previously referred to as a reformulation of the idea of learned helplessness.

They suggested that individuals' causal attributions generated in response to a bad life event affect their likelihood of depression. It was hypothesized that individuals form causal attributions along three different dimensions: from internal to external, from stable to unstable, and from global to specific. Those who linked a negative occurrence to internal, stable, and global reasons were more likely to develop depression, according to this reformulated view.

This theory predicts that someone who disagrees with a friend is more likely to become depressed if they interpret the event as a result of their poor interpersonal ability (internal), which they believe will never change (stable), and will negatively impact all of their other social interactions (global). Individuals who attribute the same incident to the acquaintance's irritation (external), caused by having a poor day (unstable), and feel this is unusual of their prior social encounters are less likely to get depressed (specific).

According to recent research, depression is seen as a deep sense of hopelessness in the face of stress. According to Rotter's (1966) theory of belief in an internal versus an external locus of control, depression was considered the result of individuals' internal, consistent, and global attributions for the outcomes of events. These opposing viewpoints are based on two psychological dimensions: (a) belief in an external vs. internal center of control, and (b) hopelessness versus no hopelessness.

### **Significance of the study**

Greater hopelessness was linked to an increase in suicide thoughts as well as more pessimistic predictions about real-life issues.

This study holds significance as it can help reduce suicidal thoughts by modifying levels of hopelessness in an individual. The interaction between negative cognitive styles and negative life events engenders a sense of hopelessness. Hopelessness is a feeling of despair or a lack of belief that things can get better. These sentiments frequently result in a lack of involvement or interest in life—and, in the worst-case scenario, suicide thoughts. Hopelessness may be overcome with the correct support and a shift in mentality.

## **CHAPTER II - REVIEW OF LITERATURE**

Phyllis Topol and Marvin Reznikoff from Fordham University (1982) investigated how thirty hospitalized suicidal adolescents were compared with thirty-four hospitalized nonsuicidal teenagers and thirty-five nonhospitalized coping youngsters (controls) on the extent of their problems, their perceptions of peer and family relationships, degree of hopelessness, and locus of control. Suicidals were found to experience the greatest total number of problems, non-suicidal the next most, and controls the fewest. Significantly more peer problems differentiated the suicidals from the other two groups, while serious family problems discriminated the three groups from each other. The controls viewed their families as the most well-adjusted, followed by the non-suicidal, while the suicidals felt their families were the most maladjusted. Suicide attempters experienced a significantly greater degree of hopelessness than all the non-attempters, and significantly more external locus of control than the controls. Some sex differences emerged in the study.

An investigation by Namrata Joshi from R.D. National College (2016), Mumbai seeking to study the two clinical populations- patients with Depression and Anxiety in the context of their attribution style - the locus of control, where it is common to have a loss or reduced locus of control in these disorders. Those diagnosed with depression showed more Externality in their locus of control as compared to those diagnosed with anxiety. Moreover, when it comes to differences in the internality of the locus of control the two groups (those diagnosed with depression and anxiety) were more or less similar (with no significant difference). The possible reason for the occurrence of no difference in terms of Internality of the locus of control, depression, and anxiety could be that both the groups tend to blame or hold themselves responsible for the consequences and internalize to an extent.

Jehad Alaedeen Zawawi and Shaher H. Hamaideh (2009) attempted to establish estimates of the prevalence of depressive symptoms, and their correlates with the locus of control and satisfaction with life among undergraduate students in Hashemite University (HU) - Jordan. Study outcomes showed a great ratio of depressive symptoms among HU students, almost half of college-aged individuals had major depression, and statistical analyses showed no relationship between externality of locus of control (Powerful others) and depression, while Externality of locus of control (Chance) was found to be significantly positively related to depression, and in line, to previous studies, a significant negative relationship was found between internality of locus of control and depression. Additionally, a significant negative relationship was found between satisfaction with life (SLS) and depression. However, Satisfaction with life was found to be the first best predictor of depressive symptoms, and Chance was found to be the second-best predictor of depressive symptoms.

İbrahim Taş and Murat İskender (2018) researched to examine meaning in life, satisfaction with life, self-concept, and locus of control among teachers by several variables. The research group was composed of 363 teachers (114 [40%] women, 219 [60%] men) working in several districts of İstanbul. A positive relationship was found between experienced meaning in life and satisfaction with life and self-concept while a negative relationship was found between experienced meaning in life and locus of control. Expected meaning in life, satisfaction with life, and locus of control were found to differ by gender. It was also determined that expected meaning in life and self-concept differed by marital status.

In a study conducted by Rabi S. Bhagat and Marilyn B. Chassie (1978), there was an attempt to examine the role of task-specific self-esteem (Korman, 1966, 1976) and locus of control (Rotter, 1966) in the differential prediction of academic performance, program satisfaction, and personal life satisfaction. It was predicted that (1) high task-specific self-esteem individuals would perform better, would be more satisfied with their program of studies and their personal lives compared to low task-specific self-esteem individuals, and (2) individuals with an internal locus of control would also perform better, would be more satisfied with their program of studies and their personal lives compared to individuals with an external locus of control. These hypotheses found strong empirical support in the study. The findings are interpreted as being strongly supportive of Korman's theory on the role of task-specific esteem and Rotter's theory on the concept of locus of control in the prediction of certain select organizational outcomes.

Mehmet A. Karaman and Joshua C. Watson (2017) administered a study comparing measures of achievement motivation, life satisfaction, academic stress, and locus of control across 307 U.S. and international undergraduate students. Descriptive statistics and MANOVA were used to analyze the variables. Hierarchical multiple regression was employed to determine the extent to which locus of control, academic stress, and life satisfaction predicted achievement motivation. The results indicated a statistically significant difference between the U.S. and international students as related to achievement motivation. Further analysis revealed significant relationships among predictor and criterion variables. Locus of control, academic stress, and life satisfaction significantly explained 18% of the variance in achievement motivation. However, a comparison of model fit between the U.S. and international students revealed no statistically significant differences.

Research by Naik, Abdul Raffie; Sundaramoorthy, Jeyavel (2016) focuses on locus of control & depression and the relationship between them, as well as the demographic variables such as gender (male and female), course of study (science and arts) and locality (urban and rural) among college students of Gulbarga city. The results could not find a significant difference in depression among male and female college students, but findings showed that there is a significant difference in depression between science and arts, and between rural and urban. The findings showed that there is no significant difference in the locus of control among male & female, science & arts and urban & rural college students. The results also show that there is a significant association between depression and Locus of Control.

Tsholofelo Khumalo and Ilse E. Plattner (2019) did a cross-sectional survey with university students in Botswana assessing the relationship between locus of control and depression and to determine the impact of age and gender on this relationship. : Of the 272 participants, 47.3% scored low (minimal) levels of depression, 23.4% scored mild levels, 18.0% scored moderate levels and 11.3% scored severe levels of depression. Students who believed that they were in control of events in their lives were less likely to present with depressive symptoms ( $r = -0.29$ ,  $p = 0.000$ ), while students who believed that chance ( $r = 0.45$ ,  $p = 0.000$ ) or powerful others ( $r = 0.40$ ,  $p = 0.000$ ) controlled their lives were more likely to have high depression scores. Both internal and external locus of control, together with age, explained 31% of the variance in depression scores; gender made no significant contribution to levels of depression. The study results draw attention to locus of control as one of the cognitive variables associated with depression. Further research is needed to determine how locus of control can be addressed in the treatment and prevention of depression in university contexts.

Ana Kurtović, Iva Vuković & Martina Gajić (2018) administered a study to examine the effect of locus of control on university students' mental health and to examine possible mediational roles of self-esteem and coping. The results showed that external locus of control, lower self-liking and self-competence, as well as less problem-focused and more emotion-focused coping predict more symptoms of depression, anxiety, and stress in university students. However, mediational analysis revealed that the effect of locus of control was fully

mediated by self-esteem and coping, with self-liking and emotion-focused coping being the strongest mediators. Results suggest that beliefs about control affect beliefs about one's self-worth and coping strategies, which in turn can affect one's mental health.

Research by Santhi Periasamy and Jeffrey S. Ashby (2013) attempted to assess the relationship between perfectionism and locus of control, the researchers administered measures of multidimensional perfectionism and locus of control to two hundred and sixty-two undergraduate students. The researchers found that adaptive perfectionists and maladaptive perfectionists had significantly higher internal locus of control scores than non-perfectionists and that maladaptive perfectionists had significantly higher external locus of control-powerful others than both adaptive perfectionists and non-perfectionists.

A study by Paul M. G. Emmelkamp and Peggy T. Cohen-Ke'itenis (1969) found a relation between external locus of control orientation on the one hand and depression (Abramovicz, 1969) and phobic anxiety (Palmer, 1972) on the other hand.

Edward P. Tesiny, Monroe M. Lefkowitz, and Neal H. Gordon (1980) evaluated the relationship between childhood depression and locus of control as they relate to and consociate with measures of achievement-related behaviour and intelligence. This was accomplished by attempting to replicate existing findings indicating that (a) locus of control is negatively related to achievement and IQ and (b) locus of control and depression are positively related. Further, two hypotheses were tested, predicting that (a) depression is negatively related to achievement and IQ and (b) depression and externality acting jointly will produce the lowest achievement and IQ scores. Locus of control and depression were positively related. All measures of achievement were negatively related to both external locus of control and depression. The negative relationship also held for IQ, although it was not as strong. The joint association of depression and locus of control with achievement and IQ was evidenced by a significant correlation between canonical variates representing these two sets of variables.

Meta-analytic techniques were used by Victor A. Benassi, Charles L. Dufour and Paul D. Sweeney (1988) to review studies of the relation between locus of control and depression. Contrary to what some authors have claimed, we found that locus of control orientation and degree of depression were significantly related, that the relation was moderately strong, and that it was consistent across studies. Greater externality was associated with greater depression. Studies that included separate subscales for locus of control for positive and negative outcomes produced similar results. Seven potential mediators of the locus of control-depression relation were investigated, with only two producing significant results.

Research by Jerry M. Burger (1984) evaluated Two personality constructs, desire for control and locus of control, were related to depression among college students. Measures of levels of depression, desire for control, and locus of control were taken from subjects. It was found that locus of control scores, particularly the extent to which subjects perceived that their lives were controlled by chance, were significantly related to the depression levels. It was also found that high desire for control subjects who held external perceptions of control were most likely to seek nonprofessional help for depression. In addition, high desire for control subjects who perceived their lives as generally controlled by chance were most likely to have suicidal thoughts. The results are interpreted in terms of a general style that may promote a proneness to depression for certain individuals.

Stephen I. Abramowitz evaluated (1969) 69 university undergraduates to test the hypothesis that depression is associated with belief in external control. The results supported the hypothesis. Although the hypothesis tested and confirmed was derived from a social learning theory of personality, the data relate as well to several psychodynamic notions regarding correlates of depression. Since many psychodynamic hypotheses assume some unconscious motivation or affect, however, tests of them which employ self-report data are weak ones at best. With this caution in mind, the general notion of several psychodynamic views that frustration of aspirations and immobilization brought about by denial of aggressive impulses toward the lost love object characterize depression appears to be compatible with the results of the study.

A study by Xiaobo Yu and Guanhua Fan (2014) examined the mediating effect of self-esteem on the relationship between locus of control and depression among Chinese university students. Correlational analyses indicated that external locus of control was related to self-esteem and depression, and self-esteem was related to

depression. Structural equation modeling analysis showed that self-esteem partially mediated the influence of locus of control on depression.

Lawrence G. Calhoun, Thomas Cheney, and A. Stephen Dawes designed an investigation to examine the relation of depression to locus of control and to the perceived causes of depression in a nonpsychiatric population. Although there is evidence suggesting that depressives tend to be self-blaming, assuming personal responsibility for their depressed condition (Beck, 1967), there is also some indication that depressed persons view events that affect them as being beyond their personal control. Although previous studies have reported general relationships between locus of control and depression (Abramowitz, 1969), present findings indicate possible sex differences in the relationship between mood and locus of control and between mood and the perceived causes of depression. Within the present normal sample, externality was related to the presence of relatively enduring symptoms of clinical depression for both male and female subjects, as well as to simple depressed mood for males. Female subjects, however, showed an unreliable relation between externality and simple depressed mood, and further, a positive relation between the degree of depressed mood and the tendency to hold oneself responsible for it.

Victor Molinari and Prabha Khanna (1981) s study proposed that the low-order-correlations reported in the literature between externality and two indices of pathology would be heightened if the externality construct was differentiated into defensive and congruent externality. Defensive externals, who have low expectations of success in achieving valued goals and adopt external beliefs as a defense against feelings of personal failure, should be prone to anxiety; congruent externals, with their sincere belief that reinforcement is not contingent upon their own behavior, fit into the "learned helplessness" paradigm and should become depressed. Results of the study are equivocal. Congruent externality does manifest a significant positive correlation with depression, but this correlation is low. Defensive externality is significantly positively correlated with debilitating anxiety, but the correlation is greater for congruent externality. Internality is significantly negatively correlated with both depression and debilitating anxiety

Terry J. Prociuk, Lawrence J. Breen and Richard j. Lussier examined the relationship between hopelessness, defined as a system of negative expectancies about the future, and two theoretically relevant constructs : internal-external locus of control, and depression. Two samples of 67 and 44 undergraduates were administered the Beck, et al. Hopelessness Scale, the Rotter Internal-External Scale, and the Beck Depression Inventory. The data of both samples supported the predictions that hopelessness would be positively related to external locus of control and to depression.

In research by S. Jaswal and A. Dewan aiming to assess the relationship between locus of control and depression. Initial ideas about Locus of control and maladjustment. It was felt that extreme internals would be so obsessed with personal responsibility that extreme guilt would produce maladjustment. However, nearly all research evidence found only a linear positive relationship between maladjustment and externality.

Pamela A. Aiken Donald H. Baucom conducted two studies to clarify the relationship between locus of control and depression. In the first study, 157 students rated the mood level of Rotter's I-E items. As predicted, the external responses were rated as significantly more depressive in lone than the internal responses. This result suggested that the frequently found relationship between depression and external locus of control might be artefactual, resulting from the mood level rather than the content of the external responses. In the second study, 10% students completed the Beck Depression Inventory and the I-E; as predicted, the scales were significantly positively correlated. However, also as predicted, the correlation was no longer significant once the mood level was partied out from the I-E items.

Research study by Elizabeth J. Costello examined the relationship among depression, locus of control of reinforcement, and age in 26 depressed, female psychiatric outpatients, 26 nondepressed controls, and 55 undergraduate students (23 male, 32 female), of whom 18 were depressed. With age partialled out, the correlation between external locus of control and depression increased. The association between external locus of control is neither a simple function of age nor a response to hospitalization because the depressed Ss in this study were outpatients.

C. J. S. Nekanda-Trepka, S. Bishop and I. M. Blackburn proposed that suicidal wishes in depressed patients can be reduced by modifying hopelessness (Beck et al., 1979). Hopelessness, as measured by Beck's Hopelessness Scale, has been shown to correlate strongly with suicidal indices in clinical groups. However, normative data from depressed patients are lacking. Moreover, it has yet to be shown that hopeless individuals manifest the specific cognitive distortions on which cognitive therapy focuses. Results indicate that pessimism is common among depressed patients, although there can be considerable individual differences. Factor analysis revealed five cognitive factors which need replication from larger studies. In a second study, 20 depressed patients were interviewed to assess the significance of different levels of hopelessness. Greater hopelessness was associated both with an increase in suicidal wishes and with more negative expectations about real-life problems. These findings emphasize the importance of hopelessness in depressed suicidal patients and provide indirect support for the intervention proposals advanced by cognitive theorists.

A study by Tansu Mutlu, Zafer Balbag, Fatih Cemrek (2010) aimed to find out the role of self-esteem, locus of control, and big five personality traits in predicting hopelessness of students. Results indicated that internal locus of control; self-esteem and extraversion predicted hopelessness.

An investigation by Terry W. Moore and Joseph G. P. Paolillo (1984) attempted to help reduce the confusion by examining the relationships of the criterion variable, depression, to seven predictor variables, hopelessness, external locus of control, personal responsibility of external locus of control, general hostility, overt hostility, covert hostility, and length of treatment. Over 50% of the variance of depression was explained by hopelessness, 7% of the remaining variance was explained by covert hostility and approximately 1% was explained by length of treatment. These findings support the views of depression in which hopelessness and covert hostility are regarded as important correlates of depression. No relationship between depression and overt hostility was noted, suggesting that advocating outward expression of hostility will not alleviate depression.

Mary E. Fogg, Susan M. Kohaut, William F. Gayton (1977) examined the relationship between hopelessness and locus of control with separate analyses reported for male and female subjects. The correlations suggest that the relationship between hopelessness and a belief that behavioural outcomes are determined by luck, chance, or fate exists only for male subjects. This is consistent with previous studies that have examined the relationship between locus of control and depression.

## CHAPTER III – RESEARCH METHODOLOGY

### AIM

The aim of the present research is to assess the relationship among depression, hopelessness, and locus of control among young adults.

### OBJECTIVES

- To assess the relationship between depression and hopelessness.
- To assess the relationship between depression and locus of control.
- To assess the relationship between locus of control and hopelessness.
- To assess the level of depression in young adults.
- To assess the level of hopelessness in young adults.

### HYPOTHESIS

H<sub>10</sub>: There is no significant relationship between depression and hopelessness.

H<sub>1a</sub>: There is a significant relationship between depression and hopelessness.

H<sub>20</sub>: There is no significant difference in levels of depression in males and females

H<sub>2a</sub>: There is a significant difference in levels of depression in males and females.

H<sub>30</sub>: There is no significant difference in levels of hopelessness in males and females.

H<sub>3a</sub>: There is a significant difference in levels of hopelessness in males and females.



## SAMPLE

Participants were selected by using a random sampling method. 60 individuals (n = 60) who fell under the age range of 18 years to 30 years old considering the population of the country in preferred range of participants required for the study. These individuals were given consent form to participate in the study and both male and female participants were allowed to participate to get a better perspective and make the investigation benefitting for all.

## RESEARCH DESIGN:

This is a correlational research design. A correlational research approach examines correlations between variables without requiring the researcher to control or manipulate any of them. This type of research is descriptive, unlike experimental research that relies entirely on scientific methodology and hypothesis.

The intensity and/or direction of the link between two (or more) variables is represented by a correlation. A correlation might have either a positive or negative direction.

Correlational research has three main characteristics. They are:

- **Non-experimental:** Correlational study is non-experimental. It means that researchers need not manipulate variables with a scientific methodology to either agree or disagree with a hypothesis. The researcher only measures and observes the relationship between the variables, without altering them or subjecting them to external conditioning.
- **Backward-looking:** Correlational research only looks back at historical data and observes events in the past. Researchers use it to measure and spot historical patterns between two variables. A correlational study may show a positive relationship between two variables, but this can change in the future.
- **Dynamic:** The patterns between two variables from correlational research are never constant and are always changing. Two variables having a negative correlation in the past can have a positive correlation relationship in the future due to various factors.

## VARIABLES

### Independent Variable:

The independent variable (IV) is the characteristic of a psychology experiment that is manipulated or changed by researchers, not by other variables in the experiment.

The independent variable in this study are the **young adults**.

### Dependent Variable:

The dependent variable (DV) is the characteristic of a psychology experiment that is being measured or tested.

The dependent variables in this experiment are **depression, hopelessness, and locus of control**.

## PROCEDURE

Participants were given the questionnaires for each variable i.e. Beck's Depression Inventory, Beck's Hopelessness Scale and Rotter's Locus of control scale. The method of collecting the required data was done in online survey filling using google forms. Only those participants were considered to participate in the research who gave their consent to be a part of this investigation.

## ASSESSMENT INSTRUMENTS / MEASURES

### Beck's Depression Inventory:

This is a 21-question multiple-choice self-report inventory, developed by Aaron T. Beck. The clinical observations were organised into 21 symptoms and attitudes that were graded on a scale of 0 to 3 in terms of severity. When the test is scored, a value of 0 to 3 is assigned for each answer and then the total score is compared to a key to determine the depression's severity, with highest score to achieve being 63 and lowest is 0. The 21 symptoms and attitudes were: (1) Mood, (2) pessimism, (3) Sense of Failure, (4) Lack of Satisfaction, (5) Guilt Feelings, (6) Sense of Punishment, (7) Self-dislike, (8) Self-accusation, (9) Suicidal Wishes, (10) Crying, (11) Irritability, (12) Social Withdrawal, (13) Indecisiveness, (14) Distortion of Body Image, (15) Work Inhibition, (16) Sleep Disturbance, (17) Fatigability, (18) Loss of Appetite, (19) Weight Loss, (20) Somatic Preoccupation, and (21) Loss of Libido.

Internal consistency for the BDI ranges from .73 to .92 with a mean of .86. (Beck, Steer, & Garbin, 1988). Similar reliabilities have been found for the 13-item short form (Groth-Marnat, 1990). The BDI demonstrates high internal consistency, with alpha coefficients of .86 and .81 for psychiatric and non-psychiatric populations respectively (Beck et al., 1988).

A meta-analysis of the BDI's internal consistency estimates yielded a mean coefficient alpha of 0.86 for psychiatric patients and 0.81 for nonpsychiatric subjects. The concurrent validities of the BDI with respect to clinical ratings and the Hamilton Psychiatric Rating Scale & Depression (HRSD) were also high. The mean correlations of the BDI sample with clinical ratings and the HRSD were 0.72 and 0.73, respectively, for psychiatric patients. With nonpsychiatric subjects, the mean correlations of the BDI with clinical ratings and the HRSD were 0.60 and 0.74, respectively. Recent evidence indicates that the BDI discriminates subtypes of depression and differentiates depression from anxiety.

Beck, A. T., Steer, R. A., & Carbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical psychology review*, 8(1), 77-100.

### Beck's Hopelessness Scale:

This is a 20-item self-report inventory developed by Dr. Aaron T. Beck that was designed to measure three major aspects of hopelessness: feelings about the future, loss of motivation, and expectations. The BHS moderately correlates with the Beck Depression Inventory, although research shows that the BDI is better suited for predicting suicidal ideation behaviour. The internal reliability coefficients are reasonably high (Pearson  $r = 0.82$  to  $0.93$  in seven norm groups), but the BHS test-retest reliability coefficients are modest ( $0.69$  after one week and  $0.66$  after six weeks)

Aiken, L.R. (2002) "Psychological Testing and Assessment." New York: Allyn & Bacon

Beck A.T. (1988). "Beck Hopelessness Scale." The Psychological Corporation.

### Locus of control Scale:

This is a 29-item questionnaire that measures an individual's level of internal-external control, that was designed by Julian B. Rotter. The LCS is a forced choice questionnaire in that respondents must select a response choice that provides a specific answer to each item. For each item, the respondent must select the statement they agree with the most from an 'a' or 'b' option, for example, (a) 'Children get into trouble because their parents punish them too much.' or (b) 'The trouble with most children nowadays is that their parents are too easy with them'. The 29-item version contains six filler items to make ambiguous the purpose of the test. Scores range from 0 to 13, with lower scores indicating internal control and higher scores indicating external control. The LCS is widely used and has been translated into over 40 languages.

Internal consistency estimates were relatively stable. The Internal-External Locus of Control Scale demonstrated satisfactory coefficient alphas and test-retest reliability for a 1-month period. Additionally, Rotter also reported that this scale correlates well with other methods used to assess locus of control such as questionnaire, Likert scale, interview assessments, and ratings from a story-completion technique. Its discriminant validity is indicated by the low levels of relationships with such variables as adjustment, social desirability, or need for approval, political liberalness, and intelligence. Its construct validity comes from predicted differences in behaviour for individuals and involves attempts to control the environment, achievement motivation, and resistance to subtle suggestion.

Rotter JB. Generalized expectancies for internal versus external control of reinforcement. Psychol Monogr. 1966;80(1):1-28. PMID: 5340840

## STATISTICAL TREATMENT OF DATA

The following statistical techniques were used to analyze the data:

### Arithmetic Mean:

Arithmetic mean is often referred to as the mean or arithmetic average. It is calculated by adding all the numbers in a given data set and then dividing it by the total number of items within that set. The arithmetic mean (AM) for evenly distributed numbers is equal to the middlemost number.

$$\bar{x} = \frac{\sum f_i x_i}{\sum f_i}$$

### Standard Deviation:

Standard Deviation is a measure which shows how much variation (such as spread, dispersion, spread,) from the mean exists. The standard deviation indicates a "typical" deviation from the mean. It is a popular measure of variability because it returns to the original units of measure of the data set.

$$SD = \sqrt{\frac{\sum |x - \bar{x}|^2}{n}}$$

### T-test:

A t-test is a statistical test that is used to compare the means of two groups. It is often used in hypothesis testing to determine whether a process or treatment actually has an effect on the population of interest, or whether two groups are different from one another.

$$t = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{s^2 \left( \frac{1}{n_1} + \frac{1}{n_2} \right)}}$$

### Karl Pearson's coefficient of correlation:

The Pearson Correlation Coefficient is used to determine the strength of a linear relationship between two variables; we do not need to assess if there is no such relationship. It's also known as the product-moment correlation coefficient (PMCC), and it's indicated by the letter "r." It's a common statistical metric. For continuous data scales, the correlation coefficient ranges from -1 to +1. Formula =  $\rho(x,y) = \frac{\sum[(x_i - \bar{x}) * (y_i - \bar{y})]}{(\sigma_x * \sigma_y)}$

## CHAPTER IV – RESULTS AND DISCUSSION

### Descriptive Findings

The present study gave the insight about the interplay among depression and hopelessness in young adults.

**Table 1: Mean Value of depression and hopelessness (in young adults)**

Variables	Mean	Median	SD	N
Depression	18.833	16	13.357	60
Hopelessness	10.7	11	6.612	60

The mean value for females and males was found to be 21.733 (S.D=2.845) and 15.833 (S.D= 1.837) in depression. The mean values for females and males was found to be 9.833 (S.D= 1.079) and 11.6 (S.D= 0.957) in hopelessness as shown in Table 1.

**Table 2: Correlation among depression and hopelessness in young adults.**

Variables	Depression	Hopelessness
Depression	1	0.0406
Hopelessness	0.0406	1

Table 2 depicts the correlation(r) between the variables (Depression and hopelessness). The P- value is 4.061E-12 therefore it is significant at 0.76. The value of negative correlation is -0.041. the degree of freedom is 59.

**Table 3: T-test of depression in young adults (males and females).**

Variables	N	Mean	dF	T - value	Level of significance
Males	30	15.83	58	1.74	Not significant
Females	30	21.73			

Table 3 compares depression in males and females. Mean value of males and females was 15.83 & 21.73 respectively. The t value came out to be 1.74. The value of degree of freedom is 58. The P value is not significant.

**Table 4: T-test of hopelessness in young adults (males and females).**

Variables	N	Mean	dF	T-value	Level of significance
MALES	30	11.6	58	1.22	Not significant
FEMALES	30	9.83			

Table 4 compares hopelessness in males and females. Mean value of males and females was 11.6 & 9.83 respectively. The t value came out to be 1.22. The value of degree of freedom is 58. The P value is not significant.

### Discussion & conclusion

This study examines the relationship between depression and hopelessness in young adults, and the difference in levels of depression and hopelessness in males and females. In the study, 60 participants were selected, out of which 30 were females and 30 were males of the age group 18 to 30 years. Beck's hopelessness scale and Beck's depression inventory were employed to assess the depression and hopelessness levels in male and female young adults.

## Limitations

The study's weakness was that the participants' incorrect or dishonest replies may have contributed to skewed distributions of the variables internet addiction and well-being.

The sample size for this study was 70 people, with 30 females and 30 men divided into two groups based on gender. In order to generalize the findings, the sample size could be increased.

Only young individuals (18–30 years old) were included in the study's sample.

## Future direction and implications

Future studies would benefit from examining the relationship of depression and hopelessness in young adults. There is a need to explore the nature and extent of the impact of depression and hopelessness on suicidal thoughts as well. More extensive research is needed to explore their relationship.

## CHAPTER V – REFERENCES

- Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological review*, 96(2), 358.
- Aiken, P. A., & Baucom, D. H. (1982). Locus of control and depression: That confounded relationship. *Journal of Personality Assessment*, 46(4), 391-395.
- Abramowitz, S. I. (1969). Locus of control and self-reported depression among college students. *Psychological reports*, 25(1), 149-150.
- Benassi, V. A., Sweeney, P. D., & Dufour, C. L. (1988). Is there a relation between locus of control orientation and depression?. *Journal of abnormal psychology*, 97(3), 357.
- Bae, S. Y., & Kim, S. H. (2016). Analysis of convergent influence of self esteem, depression, hopelessness, locus of control and type a behavior pattern on job seeking stress among some college women. *Journal of Digital Convergence*, 14(12), 323-333.
- Burger, J. M. (1984). Desire for control, locus of control, and proneness to depression. *Journal of personality*, 52(1), 71-89.
- Costello, E. J. (1982). Locus of control and depression in students and psychiatric outpatients. *Journal of clinical psychology*, 38(2), 340-343.
- Calhoun, L. G., Cheney, T., & Dawes, A. S. (1974). Locus of control, self-reported depression, and perceived causes of depression. *Journal of Consulting and Clinical Psychology*, 42(5), 736.
- Emmelkamp, P. M., & Cohen-Kettenis, P. T. (1975). Relationship of locus of control to phobic anxiety and depression. *Psychological Reports*.
- Fogg, M. E., Kohaut, S. M., & Gayton, W. F. (1977). Hopelessness and locus of control. *Psychological Reports*.
- Hamlyn-Wright, S., Draghi-Lorenz, R., & Ellis, J. (2007). Locus of control fails to mediate between stress and anxiety and depression in parents of children with a developmental disorder. *Autism*, 11(6), 489-501.
- Jaswal, S., & Dewan, A. (1997). The relationship between locus of control and depression. *Journal of personality and clinical studies*, 13, 25-28.
- Joshi, N. (2016). A study on the locus of control in patients with depression and anxiety. *Indian Journal of Mental Health*, 3(2).
- Kurtović, A., Vuković, I., & Gajić, M. (2018). The effect of locus of control on University Students' Mental Health: possible mediation through self-esteem and coping. *The Journal of psychology*, 152(6), 341-357.

- Kennedy, B. L., Lynch, G. V., & Schwab, J. J. (1998). Assessment of locus of control in patients with anxiety and depressive disorders. *Journal of Clinical Psychology*, 54(4), 509-515.
- Khumalo, T., & Plattner, I. E. (2019). The relationship between locus of control and depression: A cross-sectional survey with university students in Botswana. *South African Journal of Psychiatry*, 25.
- Loas, G. (1998). Anhedonia, alexithymia and locus of control in unipolar major depressive disorders. *Psychopathology*, 31(4), 206-212.
- Moore, T. W., & Paolillo, J. G. (1984). Depression: Influence of hopelessness, locus of control, hostility and length of treatment. *Psychological Reports*, 54(3), 875-881.
- Mutlu, T., Balbag, Z., & Cemrek, F. (2010). The role of self-esteem, locus of control and big five personality traits in predicting hopelessness. *Procedia-Social and Behavioral Sciences*, 9, 1788-1792.
- Molinari, V., & Khanna, P. (1981). Locus of control and its relationship to anxiety and depression. *Journal of Personality Assessment*, 45(3), 314-319.
- Nekanda-Trepka, C. J. S., Bishop, S., & Blackburn, I. M. (1983). Hopelessness and depression. *British Journal of Clinical Psychology*, 22(1), 49-60.
- Naik, A. R., & Sundaramoorthy, J. (2016). The relationship between locus of control and depression among college students of Gulbarga city. *Indian Journal of Health & Wellbeing*, 7(5).
- Prociuk, T. J., Breen, L. J., & Lussier, R. J. (1976). Hopelessness, internal-external locus of control and depression. *Journal of Clinical Psychology*.
- Periasamy, S., & Ashby, J. S. (2002). Multidimensional perfectionism and locus of control: Adaptive vs. maladaptive perfectionism. *Journal of College Student Psychotherapy*, 17(2), 75-86.
- Phillips, W. M. (1980). Purpose in life, depression, and locus of control. *Journal of Clinical Psychology*, 36(3), 661-667.
- Rubinstein, G. (2004). Locus of control and helplessness: Gender differences among bereaved parents. *Death studies*, 28(3), 211-223.
- Reznikoff, P. T. M. (1982). Perceived peer and family relationships, hopelessness and locus of control as factors in adolescent suicide attempts. *Suicide and Life-Threatening Behavior*, 12(3), 141-150.
- Robinson, B. E., & Kelley, L. (1998). Adult children of workaholics: Self-concept, anxiety, depression, and locus of control. *American Journal of Family Therapy*, 26(3), 223-238.
- Tesiny, E. P., Lefkowitz, M. M., & Gordon, N. H. (1980). Childhood depression, locus of control, and school achievement. *Journal of Educational Psychology*, 72(4), 506.
- Whitman, L., Desmond, S. M., & Price, J. H. (1987). Development of a depression locus of control scale. *Psychological reports*, 60(2), 583-589.
- Yu, X., & Fan, G. (2016). Direct and indirect relationship between locus of control and depression. *Journal of health psychology*, 21(7), 1293-1298.

## APPENDIX

### Appendix A

#### Beck's Depression Inventory

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully. And then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

#### 1. Sadness

0. I do not feel sad.

1. I feel sad much of the time.

2. I am sad all the time.

3. I am so sad or unhappy that I can't stand it.

#### 2. Pessimism

0. I am not discouraged about my future.

1. I feel more discouraged about my future than I used to.

2. I do not expect things to work out for me.

3. I feel my future is hopeless and will only get worse.

#### 3. Past Failure

0. I do not feel like a failure.

1. I have failed more than I should have.

2. As I look back, I see a lot of failures.

3. I feel I am a total failure as a person.

#### 4. Loss of Pleasure

0. I get as much pleasure as I ever did from the things I enjoy.

1. I don't enjoy things as much as I used to.

2. I get very little pleasure from the things I used to enjoy.

3. I can't get any pleasure from the things I used to enjoy.

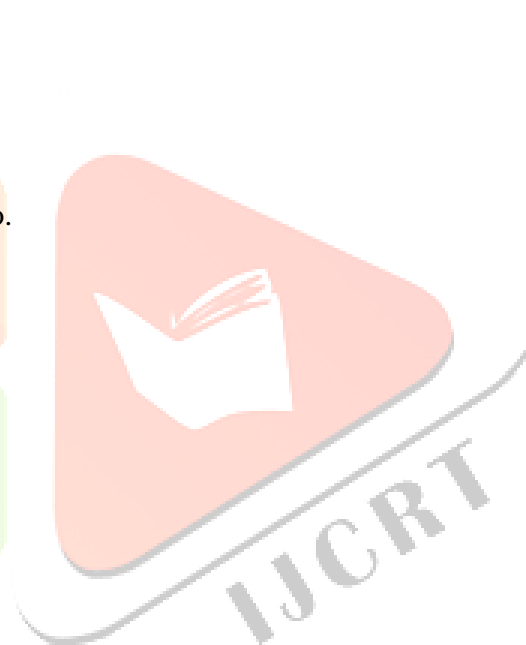
#### 5. Guilty Feelings

0. I don't feel particularly guilty.

1. I feel guilty over many things I have done or should have done.

2. I feel quite guilty most of the time.

3. I feel guilty all of the time.



## 6. Punishment Feelings

0. I don't feel I am being punished.

1. I feel I may be punished.

2. I expect to be punished.

3. I feel I am being punished.

## 7. Self-Dislike

0. I feel the same about myself as ever.

1. I have lost confidence in myself.

2. I am disappointed in myself.

3. I dislike myself.

## 8. Self-Criticalness

0. I don't criticize or blame myself more than usual.

1. I am more critical of myself than I used to be.

2. I criticize myself for all of my faults.

3. I blame myself for everything bad that happens.

## 9. Suicidal Thoughts or Wishes

0. I don't have any thoughts of killing myself.

1. I have thoughts of killing myself, but I would not carry them out.

2. I would like to kill myself.

3. I would kill myself if I had the chance.

## 10. Crying

0. I don't cry anymore than I used to.

1. I cry more than I used to.

2. I cry over every little thing.

3. I feel like crying, but I can't.

## 11. Agitation

0. I am no more restless or wound up than usual.

1. I feel more restless or wound up than usual.

2. I am so restless or agitated, it's hard to stay still.

3. I am so restless or agitated that I have to keep moving or doing something.

## 12. Loss of Interest

0. I have not lost interest in other people or activities.

1. I am less interested in other people or things than before.



2. I have lost most of my interest in other people or things.

3. It's hard to get interested in anything.

### 13. Indecisiveness

0. I make decisions about as well as ever.

1. I find it more difficult to make decisions than usual.

2. I have much greater difficulty in making decisions than I used to.

3. I have trouble making any decisions.

### 14. Worthlessness

0. I do not feel I am worthless.

1. I don't consider myself as worthwhile and useful as I used to.

2. I feel more worthless as compared to others.

3. I feel utterly worthless.

### 15. Loss of Energy

0. I have as much energy as ever.

1. I have less energy than I used to have.

2. I don't have enough energy to do very much.

3. I don't have enough energy to do anything.

### 16. Changes in Sleeping Pattern

0. I have not experienced any change in my sleeping.

1 I sleep somewhat more than usual.

1b I sleep somewhat less than usual.

2a I sleep a lot more than usual.

2b I sleep a lot less than usual.

3a I sleep most of the day.

3b I wake up 1-2 hours early and can't get back to sleep.

### 17. Irritability

0. I am not more irritable than usual.

1. I am more irritable than usual.

2. I am much more irritable than usual.

3. I am irritable all the time.

## 18. Changes in Appetite

0. I have not experienced any change in my appetite.

1a My appetite is somewhat less than usual.

1b My appetite is somewhat greater than usual.

2a My appetite is much less than before.

2b My appetite is much greater than usual.

3a I have no appetite at all.

3b I crave food all the time.

## 19. Concentration Difficulty

0. I can concentrate as well as ever.

1. I can't concentrate as well as usual.

2. It's hard to keep my mind on anything for very long.

3. I find I can't concentrate on anything.

## 20. Tiredness or Fatigue

0. I am no more tired or fatigued than usual.

1. I get more tired or fatigued more easily than usual.

2. I am too tired or fatigued to do a lot of the things I used to do.

3. I am too tired or fatigued to do most of the things I used to do.

## 21. Loss of Interest in Sex

0. I have not noticed any recent change in my interest in sex.

1. I am less interested in sex than I used to be.

2. I am much less interested in sex now.

3. I have lost interest in sex completely.

Total Score: \_\_\_\_\_

## APPENDIX B

### Beck's Hopelessness Scale

The following is a self-report inventory designed to measure levels of hopelessness. Please answer each question by circling true or false based on how you have been feeling in the past weeks, including today.

1. I look forward to the future with hope and enthusiasm. TRUE FALSE
2. I might as well give up because I can't make things better for myself. TRUE FALSE
3. When things are going badly, I am helped by knowing they can't stay that way forever. TRUE FALSE
4. I can't imagine what my life would be like in 10 years. TRUE FALSE
5. I have enough time to accomplish the things I most want to do. TRUE FALSE
6. In the future, I expect to succeed in what concerns me most. TRUE FALSE
7. My future seems dark to me. TRUE FALSE
8. I expect to get more of the good things in life than the average person. TRUE FALSE
9. I just don't get the breaks, and there's no reason to believe I will in the future. TRUE FALSE
10. My past experiences have prepared me well for my future. TRUE FALSE
11. All I can see ahead of me is unpleasantness rather than pleasantness. TRUE FALSE
12. I don't expect to get what I really want. TRUE FALSE
13. When I look ahead to the future, I expect I will be happier than I am now. TRUE FALSE
14. Things just won't work out the way I want them to. TRUE FALSE
15. I have great faith in the future. 16. I never get what I want so it's foolish to want anything. TRUE FALSE
17. It is very unlikely that I will get any real satisfaction in the future. TRUE FALSE
18. The future seems vague and uncertain to me. TRUE FALSE
19. I can look forward to more good times than bad times. TRUE FALSE
20. There's no use in really trying to get something I want because I probably won't get it. TRUE FALSE