

Cognitive-Behavioural Perspective in Coping with Hopelessness

Umutsuzlukla Baş Etmede Bilişsel-Davranışçı Perspektif

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Abstract

This study is concerned with hopelessness, which is a psychological problem of high significance and has been spreading among the adults and teenagers recently. It has been related to many problems in researches and it also has become an important subject of researches in cognitive-behavioural approach. Cognitive-behavioural approach provides a fairly easy and comprehensible frame to understand its development, continuum and means to cope with it. This study deals with the explanations of this approach about hopelessness.

Keywords: hopelessness, cognitive-behavioural approach.

Özet

Bu çalışmada, son yıllarda gençler ve yetişkinler arasında artmakta olan ve psikolojik sorunlar içerisinde önemli bir yer tutan umutsuzluk üzerinde durulmaktadır. Literatürde pek çok sorunla ilişkili görülen umutsuzluk, birçok yaklaşımda olduğu gibi Bilişsel – Davranışçı Yaklaşımına yönelik araştırmalarda da önemli bir yer tutmaktadır. Bilişsel – Davranışçı Yaklaşım, umutsuzluğun gelişmesi, sürdürülmesi ve umutsuzlukla baş etmede oldukça kolay ve anlaşılır bir çerçeve sunmaktadır.

Anahtar Sözcük: umutsuzluk, bilişsel-davranışçı yaklaşım.

Introduction

Turkey, especially in European countries, draws the attention for its young population. As well as this fact can be evaluated as an advantage for the development of Turkey, but the higher rate of unemployment, inequality of opportunity in education, the higher rate of divorce, some exams in education system like entrance to secondary education (OEGS), and to higher education (YGS), Public Personnel selection examination (KPSS), and the changes made in the system of exam make the judgement for the future difficult which causes hopelessness for young people. Hopelessness is related to many problems in literature. For example in the studies of Linehan

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and Nielsen (1981), with the subjects without any clinical diagnosis, Petrie and Chamberlain (1983) with patients attempting to suicide, Kazdin, French, Unis, Esveldt-Dawson and Sherick (1983) with children, Ranieri, Steer, Lavrance, Reismiller and Piper, (1987) with psychiatric patients, Bagge, Lamis, Nadorff and Osman (2014) with university students they indicate there is positive relation between hopelessness and depression. While Alloy and others evaluates the hopelessness as related to the growth of depression (2012), Marai, (2004), Miranda, Fontes, and Marroquin (2008), Ehtiyar and Üngüren (2008), associate the hopelessness with worry.

The findings of researches conducted both in Turkey and abroad show that the symptoms of depression have been increasing especially among young people recently.

Hankin and others (1998), state that depression increases among teenagers extensively, the rate of teenagers at the ages of 15-18 clinically diagnosed with depression increased six times compared to previous year (from 3% to 18%). Peterson and others (1993) state that 25%-40% of teenagers experienced depression (Hankin Abramson and Siler, 2001). University students experienced the hopelessness at a rate ranging from 39% (The American College Health Association, 2006) to 65% (Taliaferro, Rienzo, Pigg, Miller, & Dodd, 2009).

The researches conducted in Turkey indicate that depressive symptoms increase among university students, and it usually ranks at top among other problems namely academic, identity, health, family and friendship problems (Hisli, 1988; Aydın, 1988; Çuhadaroğlu ve Sonuvar, 1992; İmamoğlu ve Yasak, 1993).

The high frequency of these psychological problems both abroad and in Turkey increases their significance for researchers. The prevalence of these problems is significant both in individual and social perspective. According to Savrun (1999), 75% of patients applying for consulting for medical support need clinical intervention, and depression ranks first among the problems reported.

Hopelessness

The explanation of hope concept will precede the one of hopelessness.

Turkish Language Organisation defines hope as “the feeling of trust developing out of expectation” (TDK, 1983). Rideout and

Montemuro (1986), cited by Dilbaz and Seber (1993), describe the hope as any amount of expectation over zero to achieve one's goal; and the hopelessness as below the zero.

Hope and hopelessness are both the presumptive reflections of attaining one's real prospective goals. Hope and hopelessness stand on opposite ends of an expectation range. Hope entails presumption about succeeding in the plans initiated where as hopelessness bears failure prejudices for the same (Dilbaz and Seber, 1993).

Abramson Metalsky and Alloy (1989) define hopelessness as expectation for negative events and, positive life events will not realize; according to Beck, Weissman, Lester and Trexler, (1974) it is a cognitive perception disorder experienced by the individuals with expectations presumed to cause negative events. So, the evaluation of hopelessness gives an opportunity for early diagnosis and intervention for the university individual with suicide possibility (Fisher & Overholser, 2013).

Hopelessness is explained in various ways in the literature. Earlier explanations are based on environmental or sociological factors. According to Frankl, (1959); Melges and Bawlyby (1969), for instance, hopelessness is related to feeling of alienation to society. Scmale (1964), deals with hopelessness in psychoanalytic approach and he states that hopelessness is made up on the phallic stage in which sexual desire awakes but individual tries to suppress it. Some others think it results from personal or interpersonal experiences or attitudes. Tough thoughts, emotions and behaviors cause despair, which results in hopelessness. The main reason for this hopelessness or futility is the rejection to face hopelessness. Thus, even the trivial and insignificant event are perceived to be serious and they threaten the individual's life (Collins and Cutcliffe, 2003).

Rose and Abramson (1992), deals with hopelessness as a process. According to that approach the negative experience of childhood especially ill-treatment exposed during childhood can contribute to create a negative interpretation style. When negative experiences for example ill-treatment exist in the life of child, he heads for the search of the reasons. At the beginning he has a tendency of making comments to protect his hope. He has specific comments on the reasons for that ill-treatment. He does not tend to generalise these reasons for other negative events nor does he impose any negative

features about himself. But when these illtreatments become cronic and common, results encouraging hope are not confirmed each time. So the child makes conclusions leading to hopelessness. He especially starts to generalize the results of illtreatments and he makes up negative comment style from the negative life experience and he ascribes negative features to himself. He gradually generalises these comments for the other negative experiences and a strict style of interpretation develops. (ct. Gibb, Alloy, Abramson ve Marx, 2003). In the study comparing the level of hope between the children living with their parents and staying at orphanages, Ören (2012) reports lower level of hopelessness in favor of the children living with their parents.

Hopelessness is fist dealt with by Beck and others (1978) in the frames of cognitive theory and then tried to be clarified through the learned helplessness theory of Seligman. The learned helplessness theory is revised by Abramson and others and renamed as the hopelessness theory of depression (Henkel, Bussfeld, Möller and Hegerl, 2002).

The Cognitive Theory of Depression

In 1960s, a great concern arose for the nature of depression and its reasons. Helplessness and hopelessness made the focal points in those theoretical studies. Beck's theory of cognitive depression, named after its developer and being one of the foremost influential, still constitutes a significant element of the cognitive theory of depression both in theory and therapy. Beck, defines the hopelessness as negative inferences and capacity reducer (Henkel, Bussfeld, Möller and Hegerl, 2002).

The client experiencing the depression has the tendency of evaluating himself, his experiences, and his future negatively. These negative thoughts result from the incorrect interpretations of experiences and events systematically. The client regards himself as the loser; believes that he has decreased in value on the subjects that he attaches importance such as the interpersonal relations, and he is unsuccessful in achieving his goals. He is not motivated for his goals due to the presumption of ending up in failure.

Many symptoms such as annoyance, inactivity, self accusation, unhappiness, and planning suicide accompany these negative thoughts. As the result of these, negative thoughts, undesirable effects, lack of motivation causing defeat reinforce each other. So the gist of cognitive concept to prevent depression, consist of techniques in which the client perceives himself as the winner; not loser, strong enough; not in need of help (Beck, 1976).

Beck explains the depression with three concepts in his model: These are; cognitive triangle, quiet acceptance, and cognitive faults. Cognitive triangle contains negative attitudes towards ego, future and environment. The individual supposes himself to be inadequate and deficient and perceives the life as full of barriers and compelling events. He is desperate for his future. He thinks he will experience barriers, disappointments and deprivations. Quiet acceptance (schemas), consists of some rules and beliefs that the person himself cannot explain. The individual bases his attitudes and behaviors on these rules. The concept of cognitive faults is used to signify the difference in thinking and mental functioning styles of individuals with depression symptoms (Beck and Lester, 1973; Beck, Kovacs and Weissman, 1979).

Beck, Steer, Kovacs and Garrison (1985), regard the negative self-conception to be an important part of triangle. The theory suggests cognitive triangle to have a significant role in depression and hopelessness is regarded as a key variable for depression.

In cognitive behavioral theory, hopelessness has a focal role in explaining development and endurance of depression. According to the theory, hopelessness is regarded as previous potential reasons rather effective at initiation and sustaining the depression. In this extent hopelessness is evaluated as a trait factor making the individual vulnerable against certain stimulants (Henkel and others, 2002).

Hopelessness is the reflection of current negative perceptions onto the future. When an individual experiences long term reflection, he regards the current difficulties will continue for ever. The individual with a tendency for hopelessness, has a certain cognitive pattern for the future which repeatedly suggest that the future holds no favorable possibility at all. This cognitive pattern is triggered whenever the individual attempts to think about his future and he shows characteristic emotional and motivational symptoms created with the effects of experiences that he dislikes (Beck and Rush, 1978; Greene, 1989).

According to this model, earlier life experiences lead the individuals to create some schemas or believes about themselves and world and then they use them to evaluate and direct their behaviour. Some of these believes are strict, resistant to change. So they are called as dysfunctional believes. For instance ‘Should someone think ill of me, I cannot be happy’. But dysfunctional believes alone do not cause clinical depression. When some critical events are experienced by the individual and his believes are activated, the problem arises. Once the dysfunctional believes are activated, they cause creation of negative automatic thoughts. Negative automatic thoughts occur in the brain of individual spontaneously rather than being a product of intentional process, and negative feelings accompany them. Those thoughts can be related to current or past experiences or prediction of future events and they can cause development of depression marked with behavioral symptoms (decrease in activity, stagnation, etc.), motivational symptoms (loss of interest, laziness, etc), emotional symptoms (anger, guiltiness, etc), cognitive symptoms (difficulty in focusing, uncertainty etc.), physical symptoms (loss of appetite,

insomnia, etc). Once the depression occurs, negative automatic thoughts increase their frequency and intensity while functional believes decrease gradually. So the vicious cycle initiates. (Hawton, Salkovskis, Kirk and Clark, 1989). The cycle is shown in the diagram 1:

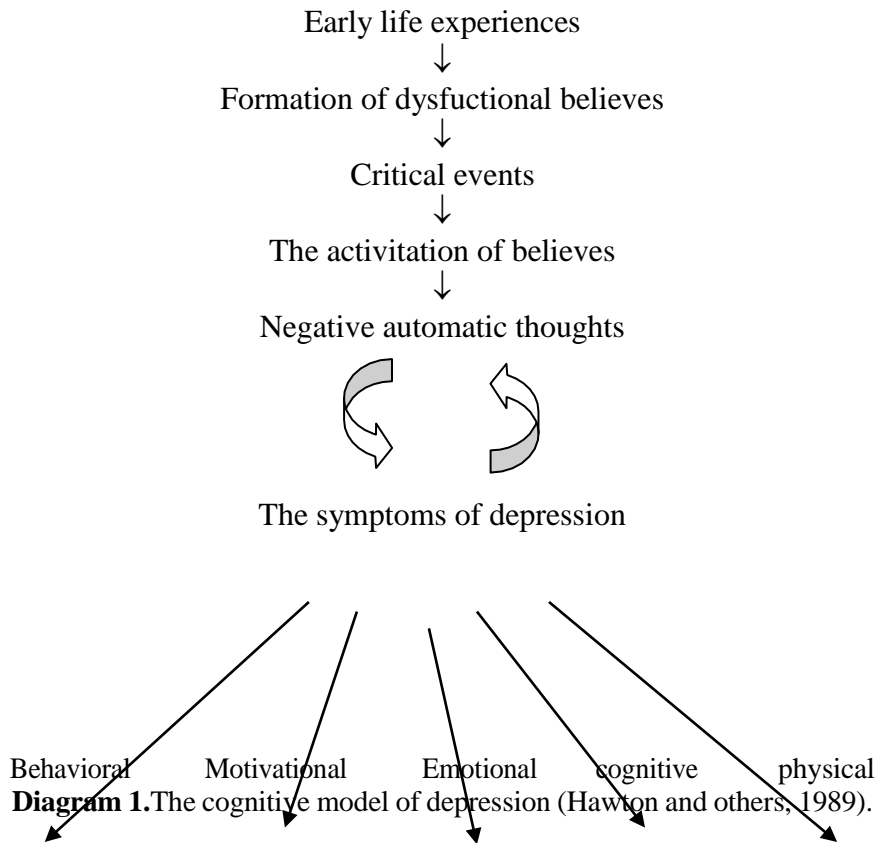


Diagram 1. The cognitive model of depression (Hawton and others, 1989).

Hopelessness Theory of Depression

Clinicians and psychopatologists claims that depression is not a single psychological disorder but a heterogeneous group psychological disorder with regard to its reasons, instruction, symptoms, theraphy and prevention. These are hopelessness depression and self – critical / autonomous depressions. Hopelessness depression partly includes the latter. But the relation between them is not known exactly (Abramson Alloy and Hogan, 1997).

The hopelessness theory of depression stresses that hopelessness as a special type of depression as-yet unidentified, have a special style, and names it as hopelessness depression. According to the theory, hopelessness depression can differ from other kinds with regard to reasons, symptoms, instruction, and prevention (Whisman and Pinto, 1997; Henkel and his friends, 2002).

Abramson and others (1989), state that there is an occasion setters leading the individual to the hopelessness. These are strict and general interpretations of individual related to his personal traits, the negative reason and result of events.

Abramson and others state that (1989), it is a sufficient reason for occurrence of hopelessness depression to think one will not get the intended results or any kind of negative inference, and he has nothing to avoid these presumed negative results. Hopelessness is a fact closely related to the cognitive structure and information processing of the individual. Negative daily life events; negative, long-lasting and generalized deductions from these events are among the main factor sustaining the feeling of hopelessness.

The hopelessness theory of depression presents a theoretical formulation that stresses on the fact that the life experiences and their interpretation can cause the formation of depression. According to theory, at occurrence of any negative life event, the individual thinks himself to be cause and it is permanent, (it will last forever) and general (it will affect many life events). The theory states that depression can be characterized both with anxiety and hopelessness (Swendsen, 1997).

According to attribution theory, people want to know the reasons of events to control and estimate them. Depressive people ask the question “why” when they encounter with a traumatic and an uncontrollable event and their interpretation style is like that: they interpret the results of negative events as internal (self attribution), strict (continuous) and general (it will effect other sides of life); and positive results as external (caused by luck or others), temporary (they will not continue any longer) and unusual (Kapçı, 1995). According to the theory, negative interpretation style is evaluated as significant risk factor of depression symptoms and is named as the depression of hopelessness. In the theory, helplessness is accepted as trigger of

hopelessness. So once the hopelessness occurs, hopelessness is inevitable (Henkel and others, 2002).

Abramson and others (1989), state that even such factors as relations between people, developmental process and genetical factors can cause the development of hopelessness besides cognitive factors and that can turn into the hopelessness depression. Zhou, Chen, Liu, Lu and Su (2013) investigated the relation between self awareness, hopelessness depression and cognitive forms in a study carried out on 418 university students. The results of the research show the inverse correlation between self awareness both hopelessness and negative cognitive forms. Individuals with more negative cognitive forms also have more symptoms of depression.

Each of these factors affects the hopelessness depression of individuals. As these factors increase, hopelessness also increases and once the hopelessness increases then hopelessness depression is inevitable. Because the hopelessness is seen as adequate reason for this special type of depression (Abramson and others, 1989; Abela, 2002).

Result and Discussion

Hopelessness is a problem related to many psychological problems such as depression and suicide and it is mainly common among teenagers. Hopelessness has negative effects on finding solutions, producing something, using the available knowledge effectively and being successful (Şengül and Güner, 2012).

Hopelessness is mostly reported to be related to lower socio-economic level, (Özmen, Dündar, Çetinkaya, Taşkın and Özmen, 2008), indecent working conditions, chronic illnesses, habit of smoking and alcohol (Deveci, Ulutaşdemir and Açıık, 2011), problem solving efficacy (Dündar, 2008, Oğuztürk, Akça and Şahin, 2011), worry of finding a job (Aydın, Erdoğan, Yurdakul and Eker, 2013), physical, sexual and emotional trauma in childhood (Özen, Antar and Özkan, 2007) and social support level (Arslantaş, Adana, Kaya and Turan, 2010).

Related literature has various explanations for hopelessness. For example; according to Frankl, (1959); Melges and Bawlbly (1969) hopelessness is related to the feeling of alienation to the society. Scmale (1964), dealt with hopelessness in psychonalatic approach and

he stated that hopelessness is developed in phallic stage in which sexual desire awakens but the individual tries to suppress it. Rose and Abramson (1992), take the hopelessness as a developmental process and caused by negative childhood experiences especially exposed to negative treatments in childhood.

Hopelessness is first dealt with by Beck and others (1978) in the frames of cognitive theory. The theory asserts prior life experiences lead to creation of certain believes. Although they are applied to in behaviourist evaluation and management, these believes are not always functional and positive. Certain problems can arouse at the occurrence of some critical events as they may activate negative and dysfunctional believes. Once the dysfunctional believes are activated, they cause automatic successive negative thoughts. Automatic negative thoughts occur in the brain suddenly rather than being a product of purposeful process, and negative feelings accompany them. These thoughts result in the development of depression. According to cognitive behaviorist theory there can be some decrease in the feeling of hopelessness if these negative and dysfunctional believes are revealed and changed with positive and functional ones. The studies in literature state the efficiency of cognitive behaviourist theory to deal with hopelessness. Yerlikaya (2006), for instance, conducted a research on the effects of the education program developed on basis of cognitive behaviourist theory to determine the hopelessness level of pupils attending primary education. The program was found to lower the hopelessness level of the pupils.

Alavi, Sharifi, Ghanizadeh and Dehbozorgi (2013), investigated the efficiency of cognitive behaviourist theory in reducing the thoughts of suicide and hopelessness of adolescences aged 12-18 and attempted to suicide once at least in their lives. They formed two groups with 30 participant with suicide attempts in the last three months. Cognitive behaviorist theory developed by Gruba Stanley and his friends was applied to one of the groups for 12 weeks. The findings revealed that cognitive behaviourist theory was an effective approach to decrease the thought of suicide and feeling of hopelessness in individuals who attempted to suicide once in their life.

Singer, Addington, Dobson and Wright (2013), searched the efficiency of cognitive-behaviourist theory in 10 clients with earlier

psychosis. The clients were applied cognitive therapy for 16-22 sessions by a certificated therapist, and a decrease in the feeling of hopelessness and belief of losing, dysfunctional manners was observed besides an increase in their self esteem.

Cognitive behaviourist theory can be concluded to offer clear frames to explain development of hopelessness, its endurance and cope with it.

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Uzun Özet

Giriş

Türkiye, özellikle Avrupa ülkeleri arasında bünyesinde barındırdığı genç nüfusla dikkat çekmektedir. Bu durum, ülkenin kalkınması ve geleceği açısından bir avantaj olarak değerlendirilmekle birlikte, Türkiye’de işsizlik oranının yüksekliği, eğitimde fırsat eşitsizliği, boşanma oranının yüksekliği, eğitim sisteminde yer alan Orta Öğretime Geçiş Sınavı (OGES), Yükseköğretime Geçiş Sınavı (YGS), Kamu Personeli Seçme Sınavı (KPSS) gibi sınavlar ve sınav sistemlerinde yapılan değişiklikler geleceğe ilişkin doğru tahminlerde bulunmanın zorluğunu beraberinde getirmekte ve bu durum gençlerde umutsuzluğa neden olmaktadır.

Hem yurt dışında hem de Türkiye’de yapılan bazı araştırma bulguları özellikle gençler arasında depresif belirtilerin son yıllarda giderek arttığına dikkat çekmektedir. Psikolojik sorunlarda meydana gelen bu artış, bu sorunlara gösterilen ilgiyi de giderek arttırmaktadır. Çünkü bu sorunların yaygınlığı hem bireysel hem de toplumsal boyutta önemli bir sorun olarak görülmektedir.

Umutsuzluk

Umut, bireyde ummaktan doğan güven duygusudur. Rideout ve Montemuro, umudu, bir amacı gerçekleştirmede sıfırdan fazla olan beklentiler; umutsuzluğu ise bir amacı gerçekleştirmede sıfırdan az olan beklentiler şeklinde tanımlamaktadır.

Hem umut hem de umutsuzluk, bireyin gelecekteki gerçek amaçlarına ulaşma olanaklarının olası yansımalarıdır. Rose ve Abramson, umutsuzluğu gelişimsel bir süreç olarak ele almaktadırlar. Bu yaklaşıma göre olumsuz çocukluk yaşantıları, özellikle çocuklukta maruz kalınan kötü muameleler olumsuz yorumlama stilinin gelişimine katkı yapabilirler. Olumsuz yaşantılar, örneğin, kötü muamele bir çocuğun yaşamında varolduğunda bu olayların sebeplerini araştırmaya yönelir. Yani başlangıçta çocuk umut duygularını koruyacak yorumlar yapma eğilimindedir. Çocuk bu kötü muamelenin sebeplerine ilişkin özel yorumlar yapar. Bu sebepleri diğer olumsuz olaylara genelleme ve kendisine ilişkin olumsuz özellikler yükleme eğiliminde değildir. Ancak bu kötü muameleler yaygın ve kronik olduğunda çocuğun umut duygusunu teşvik eden sonuçlar her defasında doğrulanamaz. Böylece çocuk umutsuzluğa yol açan çıkarımlar oluşturmaya başlar. Özellikle kötü muamelenin

sonuçlarını genellemeye başlar ve bu olumsuz yaşantılardan olumsuz yorumlama stili oluşturur ve kendisine ilişkin olumsuz özellikler atfeder. Giderek bu yorumları diğer olumsuz yaşantılarına genelleylebilir ve katı bir olumsuz yorumlama stili geliştirir.

Depresyonun bilişsel kuramı

Bilişsel davranışçı yaklaşımın depresyonun gelişmesi ve sürmesine yönelik açıklamalarında umutsuzluk merkezi bir rol oynamaktadır. Bilişsel - davranışçı yaklaşıma göre umutsuzluk, daha çok depresyonun başlangıç ve sürdürülmesinde önceki potansiyel sebepler olarak görülür. Bu kapsamda umutsuzluk, belirli çevresel uyarıcılara karşı kişinin savunmasızlığına yol açan bir özellik faktör olarak değerlendirilir.

Umutsuzluk, şimdiki olumsuz algıların geleceğe yansımadır. Kişi uzun süre yansıtımlar yaptığında, şimdiki güçlüklerin sonsuza dek devam edeceğini düşünür. Umutsuzluğa eğilimli kişi, gelecek için belirli bir bilişsel örüntüye sahiptir ve bu örüntü geleceğin hiçbir iyi olasılığı içermediğini yineler. Kişi geleceği hakkında düşünmeye başladığında bu bilişsel yapı uyarılır ve kişi hoşlanmadığı deneyimlerin etkisi ile umutsuzluğun tipik duygusal ve motivasyonel belirtilerini göstermeye başlar.

Bu modele göre, ilk yaşam deneyimleri, bireylerin kendileri ve dünya hakkında bazı şema ya da inançlar oluşturmalarına yol açar ve bunlar da sonradan davranışı değerlendirmede ve yönetmede kullanılırlar. Bu inançlardan bazıları da katı, aşırı ve değişmeye dirençlidirler. Bu yüzden de işlevsel olmayan inançlar olarak adlandırılırlar. Örneğin, “eğer birileri benim için kötü düşünürse, ben mutlu olamam”. Ancak işlevsel olmayan inançlar tek başına klinik depresyona yol açmazlar. Bireyin yaşamında bazı kritik olaylar olduğunda ve bunlar da bireyin inançlarını aktive ettiğinde problem oluşur. İşlevsel olmayan inançlar bir kez aktive olduğunda olumsuz otomatik düşüncelerin oluşmasına yol açarlar. Olumsuz otomatik düşünceler, amaçlı bir sürecin ürünü olmaktan çok aniden bireyin kafasından geçerler ve bu düşüncelere olumsuz duygular eşlik eder. Bu düşünceler, mevcut yaşantılara, gelecekteki olayların tahminine ya da geçmişteki bir olaya ilişkin olabilir ve sonuçta depresyonun gelişmesine yol açarlar: Davranışsal belirtiler (aktivite düzeyinde düşüş, geri çekilme v.b.), motivasyonel belirtiler (ilgi kaybı, tembellik v.b.), duygusal belirtiler (kızgınlık, suçluluk v.b.), bilişsel belirtiler (yoğunlaşma güçlüğü,

kararsızlık v.b.), fiziksel belirtiler (iştah kaybı, uykusuzluk v.b.). Depresyon bir kez oluştuğunda olumsuz otomatik düşünceler giderek daha çok ve daha yoğun meydana gelir ve işlevsel inançlar giderek azalır. Böylece kısır döngü oluşur.

Sonuç ve Tartışma

Umutsuzluk, başta depresyon ve intihar olmak üzere pek çok psikolojik sorunla ilişkili olan ve son yıllarda özellikle gençler arasında yaygın olan bir sorundur. Umutsuzluk, bireyin sorunlara çözüm üretebilme, üretim yapabilme, mevcut bilgilerini etkili kullanabilme becerilerini ve başarılarını olumsuz yönde etkilemektedir. Umutsuzluğun; düşük sosyo-ekonomik düzeyle, olumsuz çalışma koşulları, kronik hastalık durumu ve sigara ve alkol kullanımı ile, problem çözme becerileri ile, iş bulma endişesi ile, çocukluk çağındaki duygusal, fiziksel ve cinsel ve sosyal destek düzeyi ile ilişkili olduğu da araştırmalarla elde edilen sonuçlar arasındadır.

Umutsuzluk, bilişsel kuram çerçevesinde ilk kez Beck ve diğerleri tarafından ele alınmıştır. Bu modele göre, ilk yaşam deneyimleri, bireylerin bazı inançlar oluşturmalarına yol açarlar. Davranışı değerlendirmede ve yönetmede kullanılmalarına rağmen bu inançlar her zaman işlevsel ve olumlu değildirler. Bireyin yaşamında bazı kritik olaylar olduğunda ve bunlar da bireyin bu olumsuz ve işlevsel olmayan inançlarını aktive ettiğinde problem oluşur. İşlevsel olmayan inançlar bir kez aktive olduğunda olumsuz otomatik düşüncelerin oluşmasına yol açarlar. Olumsuz otomatik düşünceler, amaçlı bir sürecin ürünü olmaktan çok aniden bireyin kafasından geçerler ve bu düşüncelere olumsuz duygular eşlik eder. Bu düşünceler sonuçta depresyonun gelişmesine yol açarlar. Bilişsel – Davranışçı Yaklaşımına göre, bireyin bu olumsuz ve işlevsel olmayan düşünce ve inançları ortaya çıkarılıp daha olumlu ve işlevsel olanlarla değiştirildiğinde umutsuzluk duygusunda da bir azalma olur.

Sonuç olarak bilişsel – davranışçı yaklaşımın, umutsuzluğun gelişmesi, sürdürülmesi ve umutsuzlukla baş etmede kolay, açık ve anlaşılır bir çerçeve sunduğu söylenebilir.