TEST-RETEST RELIABILITY AND CONSTRUCT VALIDITY OF THE HELPLESSNESS, HOPELESSNESS, AND HAPLESSNESS SCALE IN PATIENTS WITH ANXIETY DISORDERS¹

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Summary.—In a sample of 100 Turkish psychiatric patients with diagnoses of anxiety disorders, Lester's Helplessness, Hopelessness, and Haplessness inventory had moderate estimates of internal consistency, test-retest reliability, and construct validity.

The Helplessness, Hopelessness, and Haplessness Scale (HHH; Lester, 2001) was devised to measure separately the helplessness and hopelessness components of the Beck Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974), a widely used measure of the cognitive component of depression. Each subscale of the HHH Scale has 10 items, answered on a 6-point Likert-type scale, with anchors 1: Strongly agree and 6: Strongly disagree; Lester (2001) found that it had good internal consistency and construct validity in a sample of 69 American undergraduates. Hopelessness is a predictor of completed suicide (Lester, Beck, & Mitchell, 1979), and so it is important to explore the utility of the HHH Scale in a clinical population. Vatan and Lester (2008) confirmed the internal consistency and concurrent validity of a Turkish version of the HHH Scale using a sample of 75 Turkish psychiatric patients. The present study explored the reliability and validity of the scale further in a new sample of Turkish psychiatric patients.

The participants were 100 outpatients diagnosed with anxiety disorders, according to DSM–IV criteria by a staff psychiatrist: 36 with generalized anxiety disorder, 20 with phobias, 17 with obsessive-compulsive disorder, 13 with panic disorder, and 14 with other anxiety disorders. They were administered the Beck Anxiety Inventory (Beck & Steer, 1990), Templer's Death Anxiety Scale (1970), and Lester's Helplessness, Hopelessness, and Haplessness Scale (2001). The patients received the questionnaires randomly in one of six possible orders. Participants were 58 women and 42 men whose mean age was 33.1 yr. (SD = 10.6, range = 16–63).

Mean scores were 27.9 (SD = 14.0) for anxiety, 31.9 (SD = 5.7) for death anxiety, 35.8 (SD = 8.3) for Helplessness, 30.8 (SD = 9.3) for Hopelessness,

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and 31.3 (SD=7.8) for Haplessness. Cronbach's alpha estimates of internal consistency for the scales were .92 for the Beck Anxiety Inventory, .73 for Templer's Death Anxiety Scale, .64 for Helplessness, .84 for Hopelessness, and .64 for Haplessness. The 3-wk. test-retest correlations were .69, .61, .73, .52, and .52, respectively.

Anxiety scores were associated significantly with Helplessness, Hopelessness, and Haplessness scores (Pearson rs = .36, .39, and .20, respectively, two-tailed ps < .05). Death Anxiety scores were significantly associated with Helplessness and Hopelessness scores (rs = .22 and .24, respectively, p < .05), but not with Haplessness scores (r = .14). Helplessness scores were significantly associated with Hopelessness and Haplessness scores (rs = .57 and .45, respectively, p < .001), but Haplessness and Hopelessness scores were not significantly associated (r = .17). The scores on the three scales are not, therefore, independent.

The Helplessness, Hopelessness, and Haplessness Scales, therefore, had low to moderate internal consistency and test-retest reliability in this sample of psychiatric patients, perhaps a result of having only 10 items in each subscale.² The internal consistencies were lower than those obtained for college students by Lester (2001) which ranged from .75 to .87, as might be expected in a clinical population. Further research is needed to explore the utility of the HHH Scales, singly or in combination, in predicting suicidality.

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²The Beck Hopelessness Scale has 20 items.

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