




# Domain Specific Hope as a Predictor of Psychological Symptoms During the Covid-19 Pandemic

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## ABSTRACT

The likelihood that individuals will experience psychological problems increases during the pandemic periods, and these problems usually continue after the pandemic process is over. Regarding psychological problems, some concepts, such as hope, have a protective and accelerating role of well-being. This study aims to reveal the psychological symptoms experienced by individuals during the COVID-19 pandemic process and their relationships with hope and special areas of expectancy. 412 individuals aged 18-67, who are residing in Turkey, participated in the study. The data were collected within three months from the emergence of the first case in Turkey. Brief Symptom Inventory (BSI-53), Life Domains Hope Scale (DSHS) were addressed to the participants for investigation. The results show that gender and education level significantly affect psychological symptoms and hope. That family and leisure time, among the special domains of hope, explained almost half of the variance and partially predicted psychological symptoms. Psychological symptoms increase and hope in some domains decreases with educational level increases. Women seem to have more psychological symptoms. It is necessary to conduct supportive and empowering studies for these groups. Since hope is a good predictor of psychological symptoms, all interventions that increase hope in the pandemic process will reduce psychological problems. In addition, it is recommended to investigate other protective and supportive factors that may be associated with psychological symptoms during the pandemic process.

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Psychological symptoms, hope, COVID-19 pandemic

## 1. Introduction

The new coronavirus (COVID -19) spread rapidly to many other countries after its emergence in December 2019 (Bao et al., 2020). The world has been facing a pandemic for more than a year, and the spread still has devastating consequences, especially on physical and mental health. According to the World Health Organization, "health" refers not only to the absence of disease and disability but also to "complete well-being in physical, psychological and social terms" (World Health Organization, 2007). Psychological well-being contributes to people's lives, such as healthy and longer lives, functioning social relationships, and greater success in work and achievement (Diener & Chan, 2011). In addition, psychological well-being is considered one of the protective factors for diseases such as hypertension and diabetes (Richman et al., 2005). The results of previous outbreaks have shown that the impact on mental health lasts longer than the pandemic, its prevalence is higher, and determining the psychological impact is very difficult (Shigemura et al., 2020). Stress such as fear of contagion, frustration and boredom over a long period, inadequate information, lack of personal contact with friends, lack of personal space at home, and financial loss in the family can have developmental

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and psychologically problematic and lasting effects (Brooks et al., 2020). It also leads to stress, negative mental and physical symptoms, increased anxiety, and dissatisfaction. At the same time, this situation has negative consequences on the individual's mental health (Cox et al., 2000). Positive psychology concepts such as hope (Gallagher et al., 2009), psychological well-being (Simon et al., 2021), and optimism (Çelebi et al., 2021; Snyder et al., 2000) are negatively related to mental health problems before and during the pandemic.

The social domain of hope; includes the individual's friend relationships and close environment and interaction with them. In the academic field, his courses include his interest in school and his grades. The family domain is concerned with relationships with family members, activities, and one's home life experiences. In love relationships, the focus is on the romantic field. The person's field of work includes work history, current job, and future occupation. Leisure time includes sports, music and art activities that provide satisfaction to the person outside of school or work (Sympson, 1999). Studies on domain specific hope include positive psychology concepts such as self-efficacy, optimism, academic achievement (Feldman & Kubato, 2015) and mental health problems (Shorey et al., 2012).

Hope and positive thinking are important coping strategies for healthy psychological functioning (Nunn, 1996; Snyder, 1995). Hope is one of the most important concepts in positive psychology. Recently, Seligman and Csikszentmihalyi (Seligman et al., 2014). Criticized the idea of focusing on psychopathology. Positive expectations about the future, such as hope and optimism, are viewed as effective mechanisms by which people can achieve positive mental health (Snyder et al., 2000). Hope, as a distinct and independent concept from optimism, is closely related to mental health (Gallagher et al., 2009; Mathew et al., 2014). In the literature, the concepts of courage, hope, and optimism (Chang et al., 2009; Shorey et al., 2003) are found to positively affect mental health problems such as depression and anxiety (Seligman et al., 2014). Hope is specifically defined as a positive trait that can contribute to happiness and overall health (Shorey et al., 2003). Kavradım and Özer, 2014, in their study on the concept of hope in patients diagnosed with cancer, referred to hope as a concept that empowers people and positively influences their perception of their future life. Alkan and Erdem, 2020, in their study on the relationship between the concept of happiness and temporary disability, which indicates perceived health status, state that the concepts of happiness and feeling healthy are two related concepts. The onset triggers common psychological symptoms such as stress, anxiety, and depression (Dar et al., 2017). People with high levels of hope are reported to have fewer depressive symptoms in normal circumstances (Du et al., 2016) and in times of crisis (Amau et al., 2007). Information from previous pandemics shows that people have serious concerns, such as fear of death during pandemic periods (Lui et al., 2020). Hope appears to be associated with psychological symptoms necessitates a specific assessment. When hope is examined based on private life domains, the limitation that "hope" is assessed in terms of its general and dispositional characteristics is eliminated. For example, a person's level of hope may vary across domains (Shorey et al., 2012). Therefore, in this study, hope is discussed in the context of life's social, academic, family, domestic, romantic, occupational, and leisure domains. The social domain of hope includes the individual's friendship relationships and close environment, as well as his interaction with them. In the academic domain, this includes his interest in school and his grades. The family domain involves the relationships with family members, the activities and experiences the individual has at home. In love relationships, the focus is on the romantic domain. The work domain includes the individual's career, current job, and future job. Leisure includes activities in sports, music, and the arts that provide satisfaction to the individual outside of school or work (Sympson, 1999). Studies of domain-specific hope include positive psychology concepts such as self-efficacy, optimism, academic achievement (Feldman & Kubato, 2015) and mental health problems (Shorey et al., 2012).

During pandemics, the number of people whose mental health is usually greater than the number of people affected by infection (Reardon, 2015). Stress in the pandemic process causes the pandemic to exhibit significant vulnerability for the individual and a direct health-related threat. During the pandemic, psychosocial situations such as high levels of stress and anger symptoms, sudden lifestyle changes, economic difficulties, and hopelessness have occurred (Shanahan et al., 2020). Changes in social relationships and life (Yelboğa & Açıkgöz, 2020), both positive and negative changes in family relationships (Özyürek & Çetinkaya, 2021), difficulties in interpersonal relationships (Artan et al., 2021), and increasing psychological problems (Ripon et al., 2020; Yazıcı et al., 2021) have been reported. Hope is a significant predictor of life satisfaction (Karataş et al., 2021).

Stress occurs when the demands of the environment or the intrinsic demands of a person exceed his or her ability to cope (Lazarus & Folkman, 1984). In this case, assessing hope or coping stress and the psychological symptoms it causes seems important. It is known that hope plays a protective role against depressive thoughts, attitudes, and mood states (Feldman & Snyder, 2005). In this direction, it is considered important to understand the psychological symptoms that occurred during the pandemic and to assess the level of privacy and hope and people's coping mechanisms. Given the information from previous pandemics, it is necessary to know the important variables related to psychological symptoms to design psychosocial support programs to be prepared to cope with the pandemic process (Decosimo et al, 2019) and implement mental health protection measures. The present study aims to examine hope for private living spaces as predictors of mental health symptoms during the pandemic process COVID -19. To this end, the variables gender, education level, and age is known to predict psychological symptoms were controlled for, and the predictive power of specific domains of hope for family, social relationships, academics, work, leisure, and romantic traits was assessed. It seems important to examine the hope that seems to be associated with the psychological well-being and physiological health of individuals in the pandemic process that comprehensively affects life and health. Given the complex nature and impact of the pandemic process, it is anticipated that an assessment of individuals' areas of hope will provide more detailed information than the general assessment of their levels of hope.

## **2. Methodology**

### **2.1. Research Model**

This research was carried out based on the predictive correlational model. Predictive correlational studies are those in which one variable is attempted to be predicted based on the relationships between the variables (Fraenkel & Wallen, 2009).

### **2.2. Research Sample**

The sample of the study was determined using the convenience sampling method. 412 individuals aged 18 and over residing in Turkey in March and April 2020 were found within this research. The minimum sample size for the study is "50+8m" as Tabachnick and Fidell (2013) suggested. In this study, m (number of the independent variable) is 6. In this regard, the minimum number for the study sample was 98. 317 of the participants are women (76.9%), and 95 of the participants (23%) are men. The average age of individuals in the 18-67 age range is 30; the average age of women is 29, and men is 33.2. The demographic characteristics of the participants are as follows: 51 of the participants (12%) have a chronic disease, 361 of the participants (88%) have no chronic disease; 159 of the participants (39%) are married, 253 of the participants are single (61%); 136 of the participants have children (33%), 276 of the participants have no children (67%); 184 (43%) of the participants work, 177 (43%) of the participants are students, 51 (12%) of the participants do not work; 362 (88%) of the participants were at home during the isolation process, and 50 (12%) of the participants went to work. 203 (49%) of participants live in the metropolitan area, 116 (28%) of participants live in the province, 76 (19%) of participants live in the district, and 17 (4%) of participants live in the village.

### **2.3. Data Collection**

This study obtained data online using Brief Symptom Inventory (BSI-53), Life Domains Hope Scale (DSHS), and Personal Information Form. Qualitative data were obtained with two semi-structured open-ended questions in the Personal Information Form. The study's data were collected within three months from the emergence of the first case in Turkey.

*Personal Information Form.* The questions of gender, age, marital status, education level, whether they had COVID-19 or not were included in the research.

*Brief Symptom Inventory (BSI-53).* Brief Symptom Inventory is a Likert-type self-assessment inventory developed by Derogatis (1992) that provides a general psychopathology assessment. The Short Symptom Inventory is the short form of SCL-90-R, consisting of 9 sub-dimensions and 53 items, which emerged from studies conducted with SCL-90-R. It is a multidimensional symptom screening scale developed to capture psychological symptoms that may arise in various psychiatric and medical patients as in normal samples. BSI consists of five factors as "Anxiety", "Depression", "Negative self-concept", "Somatization" and "Hostility" in its Turkish adaptation by Şahin and Durak (1994). In the adaptation study, the Cronbach's alpha of the

subscales are .85, .81, .80, .71, .72 and .94 in total, respectively. In this study, the Cronbach's alpha of BSI total score is .96, while the Cronbach's alpha values of the sub-dimensions are as follows: .87 (Anxiety), .91 (Depression), .90 (Negative self-concept), .78 (Somatization), and .78 (Hostility).

*Life Domains Hope Scale (DSHS)*. The DSHS is a measure of hope in different life domains. This 48-item measure contains 6 domain scales: social, academic, family-home, romantic, work, and leisure (Snyder et al, 1997). Respondents rate each item on a 1 (definitely false) to 8 (definitely true) scale. Researchers have provided evidence supporting the reliability and validity of the DSHS [26]. This scale, adapted into Turkish by Özbay, Terzi & Aydoğan (2011), was found to be valid and reliable in Turkish culture. Different studies obtained similar results (Mutlu, 2017; Şakar, 2019). In this study, the Cronbach's alpha of DSHS total score is .95, while the Cronbach's alpha values of the sub-dimensions are as follows: .84 (Social), .89 (Academic), .90 (Family-home), .93 (Romantic), .86 (Work), and .94 (Leisure).

#### 2.4. Data Analysis

Preliminary analyses before regression analysis found that the assumptions of covariance, normality, and linearity were confirmed. Before the parametric tests, the data were examined for their assumptions. Since the data were collected via online forms, there are no missing values in the data set. Mahalanobis distances and z scores were calculated to examine the extreme values, and 3 data were not included in further analyses. When normality was examined, the skewness and kurtosis coefficients were found to be in the range of -1 to +1. The scatter plot showed multiple normalities close to the normal distribution, and the linearity assumption was satisfied.

Concerning the research question, a regression model was estimated to predict psychological symptoms. In the stepwise regression model, the VIF ranged from 1.03 to 1.22, and the tolerance ranged from .81 to .96. In the second step, when the subscales of hope were included in the model, the VIF was found to range from 1.05 to 1.39, and the tolerance ranged from .71 to .95.

#### 2.5. Ethical

Ethical permission was obtained from the Hasan Kalyoncu University (13.04.2020/804.01-BABBFCF3).

### 3. Findings

When the correlations between variables are examined before Stepwise Regression Analysis (Table 2), it is seen that there is a low-level negative relationship between psychological symptoms and academic and romantic hope sub-dimensions, and a moderate negative relationship in social relations, family-home, work and leisure hope sub-dimensions.

Table 2 shows the results of the stepwise regression analysis, which was performed to examine the sub-dimensions of hope to predict psychological symptoms.

**Table 1.** Correlations between all variables

Variables	1	2	3	4	5	6	Mean ± SD
1. Psychological Symptoms	1.00						58,24 ± 39,47
2. Social Relations Hope	-.30**	1.00					45.33 ± 9.97
3. Academic Hope	-.27**	.52**	1.00				49.96 ± 9.50
4. Romantic Hope	-.18**	.45**	.35**	1.00			41.77 ± 12.75
5. Family-Home Hope	-.53**	.34**	.39**	.23**	1.00		50.42 ± 12.72
6. Work Hope	-.30**	.50**	.56**	.45**	.40**	1.00	48.59 ± 10.54
7. Leisure Hope	-.35**	.45**	.47**	.28**	.44**	.58**	50.46 ± 11.47

As shown in Table 2, the first stepwise regression model included hope in the parental home as a significant predictor of the model ( $R = .28$ ,  $F(1, 411) = 166.66$ ,  $p < .01$ ). In the second model, hope in the parental home and hope in leisure are significant predictors ( $R = .30$ ,  $F(2, 411) = 89.677$ ,  $p < .01$ ). In the third model, in addition to family hope and leisure hope, social hope is the significant predictor of psychological symptoms. The tested model describes 30% of the total variance ( $R = .31$ ,  $F(3, 411) = 61.687$ ,  $p < .01$ ).

**Table 2.** Stepwise Regression Analysis on the Psychological Symptoms

Predictor Variables	B	SE B	$\beta$	t	p	R <sup>2</sup>	Total adjusted R <sup>2</sup>
Model 1						.28	.28
Family-home Hope	-1.668	6.719	-.538	-12.910	.000		
Model 2						.30	.30
Family-home Hope	-1.472	.143	-.475	-10.290	.000		
Leisure Hope	-.484	.159	-.141	-3.052	.002		
Model 3						.31	.30
Family-home Hope	-1.421	.145	-.458	-9.820	.000		
Leisure Hope	-.357	.170	-.104	-2.107	.036		
Social relations Hope	-.384	.186	-.097	-2.067	.039		

#### 4. Discussion and Conclusion

This study examined the role of hope in predicting psychological symptoms during the pandemic period COVID -19. As predicted, hope was associated with psychological symptoms. However, the striking finding was that hope predicted only the subdimensions of psychological symptoms of family-home, leisure, and social relations. The present study found that the family-home, leisure, and social relations subdimensions of hope predicted psychological symptoms. When people's hopes increase, it contributes positively to physical and mental health (Seçer & Yazıcı, 2018), while hopelessness causes depression (Sayar et al., 2000) and anxiety symptoms (Abromson et al., 1989). Studies conducted during the pandemic show that hope is a protective factor for psychological symptoms (Gallagher et al., 2021; Oktan, 2012; Söner et al., 2021), that people spend more time at home with their family and become closer to each other (Bitan et al., 2020) because they are afraid that a family member might get sick or because they are afraid of losing a family member (Prime et al., 2020). In times of a pandemic, some families may become vulnerable while others may develop resilience (Colhoun & Tedeschi, 2014). Individuals were constantly concerned about their family's health even though they remained isolated at home, suggesting that the family is a system that is greatly affected by the COVID -19 process (Prime et al., 2020). The reason that hope for leisure predicted mental health symptoms might be related to their inability to continue daily routines during the pandemic or to assume that they placed a high value on leisure and spent time with hobbies at home (McFayden et al., 2021).

The pandemic also produced mixed results regarding changes like social relationships. In addition to studies indicating that social relationships were negatively impacted by conditions such as the isolation of the pandemic (Luykx et al., 2020; Sommerland et al., 2021), there are also studies indicating the importance of perceived social support (Özmete & Park, 2020). The results found that the academic, occupational, and romantic subdimensions of hope were not significant predictors of psychological symptoms. This situation can be interpreted as the first actions taken in the pandemic are the conversion of educational institutions to distance learning, and the closure of workplaces (Varol & Tokuç, 2020), so academic and vocational domains are not prioritized list of individuals. Looking at the sub-dimension of a romantic relationship, it can be said that the unmarried (romantic) group did not cohabit during the quarantine process, they took less responsibility, acted more autonomously and individually. In this context, the dissatisfaction with the relationship was lower (Artan et al., 2021). It is also possible to view the research findings in the context of the hierarchy of needs. Because the pandemic suddenly became a life-threatening situation and impacted many areas of life, the health of the affected individuals, their families, and their loved ones likely came first. In Maslow's hierarchy of needs, survival and safety come first; after these needs are met, higher-order needs such as belonging, liking/loving come to the fore (McLeod, 2007).

Consequently, while hope is a protective factor for mental health, extraordinary times such as pandemics can lead to differences in the relationship between mental health and hope. Furthermore, hope reduces psychological symptoms by supporting psychological well-being, but it is considered important to assess the sub-dimensions of hope.

#### 5. Limitations and Recommendations

This research was carried out early in the pandemic process. From this point of view, the results should be interpreted to reflect the uncertainties of the pandemic process. From Turkey's point of view, since the study was conducted during the first six months of the COVID-19 outbreak, the results are likely to reflect more

anxiety and uncertainty. In addition, the vast majority of participants are women, which should be considered as a limitation. This point should be considered when interpreting the research results from the point of view of women. Another limitation that will affect the generalizability of research results is that the number of graduate participants in terms of educational level is less than others. For this, it would be more meaningful to evaluate the results as people with high school and lower education levels and people with university and higher education levels.

In order to see the long-term effects of the pandemic process, it may be useful to design new studies with the variables of the current research. In addition, working with more inclusive samples in terms of age, educational status, and socio-economic status variables may contribute to the subject. Considering the relationships between hope and psychological symptoms in terms of practitioners working in mental health and education, studies to support hope can be planned.

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