



Helplessness Beliefs and Social Withdrawal: The Mediating Role of Avoidant Coping

Diana. Rodrigues da Silva¹, Lucas. Fernandes^{2*}

¹ Insight - Piaget Research Center for Human and Ecological Development, Escola Higher de Education Jean Piaget, Almada, Portugal

² Department of Psychology and Consulting, University of Brasília, Brasília, Brazil

* Corresponding author email address: lucas.fernandes@unb.br

Article Info

Article type:

Original Research

How to cite this article:

Rodrigues da Silva, D., & Fernandes, L. (2025). Helplessness Beliefs and Social Withdrawal: The Mediating Role of Avoidant Coping. *Journal of Assessment and Research in Applied Counseling*, 7(2), 172-180.

<http://dx.doi.org/10.61838/kman.jarac.7.2.20>



© 2025 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: This study aimed to examine the mediating role of avoidant coping in the relationship between helplessness beliefs and social withdrawal among Brazilian young adults.

Methods and Materials: A descriptive correlational design was employed with a sample of 418 participants aged 18–35 from Brazil, selected based on the Krejcie and Morgan sampling table. Standardized instruments were used to measure helplessness beliefs, avoidant coping, and social withdrawal. Data were analyzed using Pearson correlation via SPSS-27 to determine bivariate relationships and Structural Equation Modeling (SEM) via AMOS-21 to test the hypothesized mediation model. Assumptions of normality, linearity, and multicollinearity were assessed and confirmed prior to analysis.

Findings: Results indicated significant positive correlations between helplessness beliefs and avoidant coping ($r = .51, p < .001$), helplessness beliefs and social withdrawal ($r = .43, p < .001$), and avoidant coping and social withdrawal ($r = .48, p < .001$). The SEM analysis demonstrated a good model fit ($\chi^2/df = 2.05, CFI = .96, RMSEA = .049$). Helplessness beliefs had a direct effect on avoidant coping ($\beta = 0.51, p < .001$) and social withdrawal ($\beta = 0.26, p < .001$). Avoidant coping had a significant direct effect on social withdrawal ($\beta = 0.41, p < .001$). The indirect effect of helplessness beliefs on social withdrawal via avoidant coping was also significant ($\beta = 0.21, p < .001$), confirming partial mediation. The total standardized effect from helplessness beliefs to social withdrawal was $\beta = 0.47$.

Conclusion: The findings highlight avoidant coping as a significant behavioral mechanism linking helplessness beliefs to social withdrawal. Interventions aimed at restructuring cognitive appraisals and promoting adaptive coping strategies may be effective in reducing withdrawal-related behaviors in at-risk populations.

Keywords: Helplessness beliefs; social withdrawal; avoidant coping.

1. Introduction

Social withdrawal is a behavioral pattern that entails a conscious or unconscious retreat from social interactions, often manifesting in reduced interpersonal communication, avoidance of group settings, and increased psychological isolation. Although occasional solitude can be restorative, persistent social withdrawal is frequently linked to adverse psychological outcomes, including depression, anxiety, and reduced well-being (Yoo & Marshall, 2024). In particular, the phenomenon has garnered increased attention in youth and adult populations facing ongoing stressors, social uncertainty, or learned patterns of avoidance. The complex interplay between cognitive appraisals of helplessness and behavioral coping strategies may play a pivotal role in the emergence of socially withdrawn tendencies.

One prominent factor associated with social withdrawal is helplessness beliefs—a cognitive construct referring to the perception that one lacks control over outcomes regardless of effort or action (Al-Saidi & Aldhafri, 2020). Initially conceptualized within the learned helplessness framework, these beliefs arise when individuals are repeatedly exposed to uncontrollable adverse situations, subsequently generalizing this sense of futility across various domains of functioning (Fatima & Arshad, 2024). Over time, helplessness beliefs have been implicated in a range of mental health concerns, including diminished academic achievement (Al-Saidi & Aldhafri, 2020), depression (Buchmann et al., 2021), and withdrawal from social roles (Wei & Chen, 2022). Especially in the context of chronic stress or illness, feelings of helplessness may erode an individual's motivation to engage socially or pursue meaningful activities (Sun et al., 2024).

The mechanisms by which helplessness beliefs contribute to social withdrawal, however, are neither linear nor uniform. Emerging evidence suggests that coping styles, particularly avoidant coping, may mediate this relationship (Quchani, 2023). Avoidant coping refers to cognitive and behavioral efforts aimed at evading stressors rather than confronting or managing them directly (Tomaszek & Muchacka-Cymerman, 2021). Individuals with high levels of learned helplessness may be more likely to adopt avoidant strategies—such as denial, distraction, or disengagement—when facing challenging or ambiguous social situations (Stańko-Kaczmarek et al., 2023). In turn, these strategies, while initially providing psychological relief, can foster

long-term disengagement from social networks and meaningful interactions (Carreiro et al., 2025).

Numerous studies have demonstrated the maladaptive consequences of avoidant coping across clinical and non-clinical populations. For instance, in individuals with chronic illness, avoidant coping has been linked to poorer quality of life and heightened emotional distress (Onyedibe et al., 2021; Panda et al., 2024). Similar patterns have been observed among cancer patients, where avoidant responses mediated the effects of psychological maladjustment on interpersonal dysfunction (Lotfi et al., 2021; Trejnowska et al., 2020). Moreover, avoidant coping has been associated with higher levels of social anxiety and lower self-efficacy in face-to-face and online settings (Akan & BİRtek, 2023; Wright et al., 2022), thereby reinforcing a cycle of isolation.

Beyond clinical settings, avoidant coping also exerts a mediating role in educational and developmental contexts. For example, among graduate students, perceived helplessness has been negatively correlated with self-efficacy and social satisfaction, while avoidant strategies were linked to dissatisfaction and relational withdrawal (Yoo & Marshall, 2024). Similarly, research among adolescents reveals that avoidance-based mechanisms moderate the relationship between stress and interpersonal disengagement, particularly in the face of academic or familial pressure (Hawrot & Zhou, 2023). These findings align with broader models that conceptualize coping as a dynamic process influencing both emotional outcomes and behavioral choices (Chwaszcz et al., 2020).

Additionally, the role of personality traits in moderating the use and impact of avoidant coping has garnered increasing empirical support. Individuals high in neuroticism or low in conscientiousness may be predisposed to favor avoidant over problem-focused strategies, thereby exacerbating the negative effects of helplessness beliefs (Akan & BİRtek, 2023; Bakracheva, 2025). Moreover, action-oriented personality styles—characterized by persistence and goal-directedness—have been shown to buffer the transition from helplessness cognitions to behavioral disengagement, particularly in populations managing chronic pain or high stress (Buchmann et al., 2021).

Another line of inquiry has emphasized the influence of social and familial environments on the development and maintenance of helplessness and avoidance. Parenting style, family functioning, and interpersonal interactions are critical contextual factors shaping how individuals interpret and cope with adversity (Al-Saidi & Aldhafri, 2020; Wei &

Chen, 2022). For instance, research has shown that adolescents exposed to inconsistent or punitive parenting are more likely to develop helplessness schemas, which in turn foster avoidant coping behaviors and withdrawal (Wilson & Sia, 2022). In contrast, supportive and structured environments can promote resilience by encouraging adaptive coping strategies and fostering a sense of agency (Carreiro et al., 2025; Fatima & Arshad, 2024).

Importantly, sociocultural dynamics also contribute to the expression and consequences of helplessness beliefs and avoidance. In collectivist cultures, where social harmony and interdependence are emphasized, social withdrawal may carry different connotations and consequences than in more individualistic contexts (Sergienko et al., 2024). For example, in some Eastern contexts, withdrawal may be interpreted not as dysfunction but as a culturally appropriate response to stress or shame. Yet, even within these frameworks, persistent avoidance can lead to diminished support and psychological strain (Sergienko et al., 2024; Sun et al., 2025).

Furthermore, external stressors such as environmental instability or public health crises can amplify the impact of helplessness beliefs on social withdrawal. The COVID-19 pandemic, for instance, dramatically limited individuals' opportunities for active coping, thereby increasing reliance on avoidant strategies and deepening feelings of helplessness (Chwaszcz et al., 2020; Wilson & Sia, 2022). Longitudinal studies have shown that individuals who coped avoidantly during lockdown periods were more likely to experience depressive symptoms and social disconnection even after restrictions eased (Dohmen et al., 2022; Sun et al., 2024).

This body of literature underscores the importance of examining avoidant coping as a mediating mechanism in the link between helplessness beliefs and social withdrawal. While prior studies have investigated these variables independently, fewer have tested them within a comprehensive structural model, particularly in non-clinical populations such as young adults in developing countries. Addressing this gap, the current study explores these dynamics in a Brazilian sample

2. Methods and Materials

2.1. Study Design and Participants

This study utilized a descriptive correlational design to investigate the relationship between helplessness beliefs, avoidant coping, and social withdrawal. The target

population consisted of young adults residing in Brazil. Based on the Morgan and Krejcie sample size determination table for a population of over 10,000, a sample size of 418 participants was deemed sufficient to ensure statistical power and representativeness. Participants were selected using convenience sampling from community centers, universities, and online platforms. Inclusion criteria required participants to be aged between 18 and 35, fluent in Portuguese, and without a history of diagnosed psychiatric disorders, as self-reported. All participants provided informed consent and completed standardized self-report questionnaires in a single session.

2.2. Measures

2.2.1. Social Withdrawal

To assess social withdrawal, the Social Withdrawal subscale of the Youth Self-Report (YSR), developed by Achenbach and Rescorla (2001), is widely recognized and empirically supported. This subscale is part of the Achenbach System of Empirically Based Assessment (ASEBA) and consists of 8 items specifically designed to measure tendencies toward social isolation, preference for being alone, and reduced interaction with peers. Respondents rate each item on a 3-point Likert scale ranging from 0 (not true) to 2 (very true or often true), with higher scores indicating greater levels of social withdrawal. The YSR has been validated across diverse adolescent populations and demonstrates high internal consistency (Cronbach's $\alpha > .80$) and test-retest reliability. Numerous studies have confirmed its construct and criterion-related validity in relation to other measures of social and emotional adjustment.

2.2.2. Helplessness Beliefs

Helplessness beliefs can be effectively measured using the Learned Helplessness Scale (LHS), developed by Quinless and Nelson (1988). The LHS is a 20-item self-report instrument designed to assess generalized beliefs of helplessness across various life domains. It includes items addressing personal efficacy, expectations of failure, and perceived lack of control. Participants respond on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree), with higher scores reflecting stronger beliefs in personal helplessness. The LHS has demonstrated solid psychometric properties, including good internal consistency (Cronbach's α ranging from .74 to .85) and

validated convergent validity with measures of depression and low self-esteem in both clinical and non-clinical samples.

2.2.3. Avoidant Coping

Avoidant coping was assessed using the Avoidant Coping subscales (i.e., Denial, Behavioral Disengagement, and Substance Use) from the Brief COPE Inventory developed by Carver (1997). The Brief COPE is a 28-item self-report questionnaire measuring various coping strategies individuals use in response to stress. The avoidant coping dimension specifically includes 6 items across the three relevant subscales, each rated on a 4-point Likert scale from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot). Higher aggregate scores on these subscales indicate greater reliance on avoidance-based coping mechanisms. The Brief COPE has been extensively validated in both clinical and general populations, showing strong internal consistency (α values $> .70$ for avoidant coping components) and has demonstrated convergent validity with psychological distress and maladaptive behavior patterns.

2.3. Data Analysis

Data were analyzed using SPSS version 27 and AMOS version 21. First, descriptive statistics including mean,

standard deviation, frequency, and percentage were computed for demographic and study variables. Pearson correlation coefficients were calculated to examine bivariate relationships between the dependent variable (social withdrawal) and the independent variables (helplessness beliefs and avoidant coping). Subsequently, Structural Equation Modeling (SEM) was employed in AMOS-21 to assess the hypothesized mediation model, evaluating the indirect effect of helplessness beliefs on social withdrawal through avoidant coping. Model fit indices, including CFI, TLI, RMSEA, and χ^2/df , were used to assess the adequacy of the model.

3. Findings and Results

Of the 418 participants, 238 (56.94%) identified as female and 180 (43.06%) as male. The age of participants ranged from 18 to 35 years, with a mean age of 24.72 years ($SD = 4.13$). Regarding educational attainment, 187 participants (44.74%) held a university degree, 162 (38.75%) had completed secondary education, and 69 (16.51%) were enrolled in postgraduate programs. In terms of employment status, 221 participants (52.87%) were students, 129 (30.86%) were employed full-time, and the remaining 68 (16.27%) were unemployed or working part-time.

Table 1

Descriptive Statistics for Main Study Variables

Variable	Mean (M)	Standard Deviation (SD)
Helplessness Beliefs	3.41	0.68
Avoidant Coping	2.87	0.74
Social Withdrawal	2.93	0.70

Participants reported moderate levels of helplessness beliefs ($M = 3.41$, $SD = 0.68$), indicating a tendency toward perceiving external control over outcomes. Avoidant coping also showed a moderate mean level ($M = 2.87$, $SD = 0.74$), suggesting participants sometimes relied on avoidance strategies when facing stress. Social withdrawal was similarly moderate ($M = 2.93$, $SD = 0.70$), indicating variability in interpersonal disengagement across the sample (Table 1).

Prior to conducting the main analyses, the assumptions for Pearson correlation and SEM were assessed. Normality was confirmed through skewness and kurtosis values, which

ranged from -0.91 to 0.78 and -0.85 to 1.04 respectively, all within the acceptable range of ± 2 . Linearity and homoscedasticity were verified using scatterplots, showing a consistent distribution of residuals without curvature or funneling. Multicollinearity diagnostics revealed variance inflation factor (VIF) values between 1.23 and 1.61, indicating no multicollinearity issues. For SEM, Mardia's multivariate kurtosis was 2.17, supporting the assumption of multivariate normality. Additionally, no missing data exceeded 2% per item, and Little's MCAR test was nonsignificant ($\chi^2 = 53.82$, $df = 61$, $p = .721$), suggesting that the missing values were random and ignorable.

Table 2

Pearson Correlation Coefficients Between Study Variables (N = 418)

Variables	1	2	3
1. Helplessness Beliefs	—		
2. Avoidant Coping	.51** (p < .001)	—	
3. Social Withdrawal	.43** (p < .001)	.48** (p < .001)	—

The correlation analysis revealed significant positive relationships among all variables. Helplessness beliefs were significantly correlated with avoidant coping ($r = .51, p < .001$) and social withdrawal ($r = .43, p < .001$). Avoidant

coping also had a strong positive correlation with social withdrawal ($r = .48, p < .001$), indicating that reliance on avoidance strategies is linked to greater social disengagement (Table 2).

Table 3

Model Fit Indices for the Structural Equation Model

Fit Index	Value	Recommended Threshold
χ^2 (Chi-Square)	124.82	—
df	61	—
χ^2/df	2.05	< 3.00
GFI	0.95	> 0.90
AGFI	0.92	> 0.90
CFI	0.96	> 0.95
RMSEA	0.049	< 0.06
TLI	0.95	> 0.95

The model fit indices indicate a good overall model fit. The ratio of chi-square to degrees of freedom ($\chi^2/df = 2.05$) falls within the acceptable range. Additionally, GFI (.95), AGFI (.92), CFI (.96), and TLI (.95) all meet or exceed

recommended thresholds. RMSEA was also below the cutoff (.049), confirming the model's appropriateness (Table 3).

Table 4

Path Coefficients for the Structural Model (N = 418)

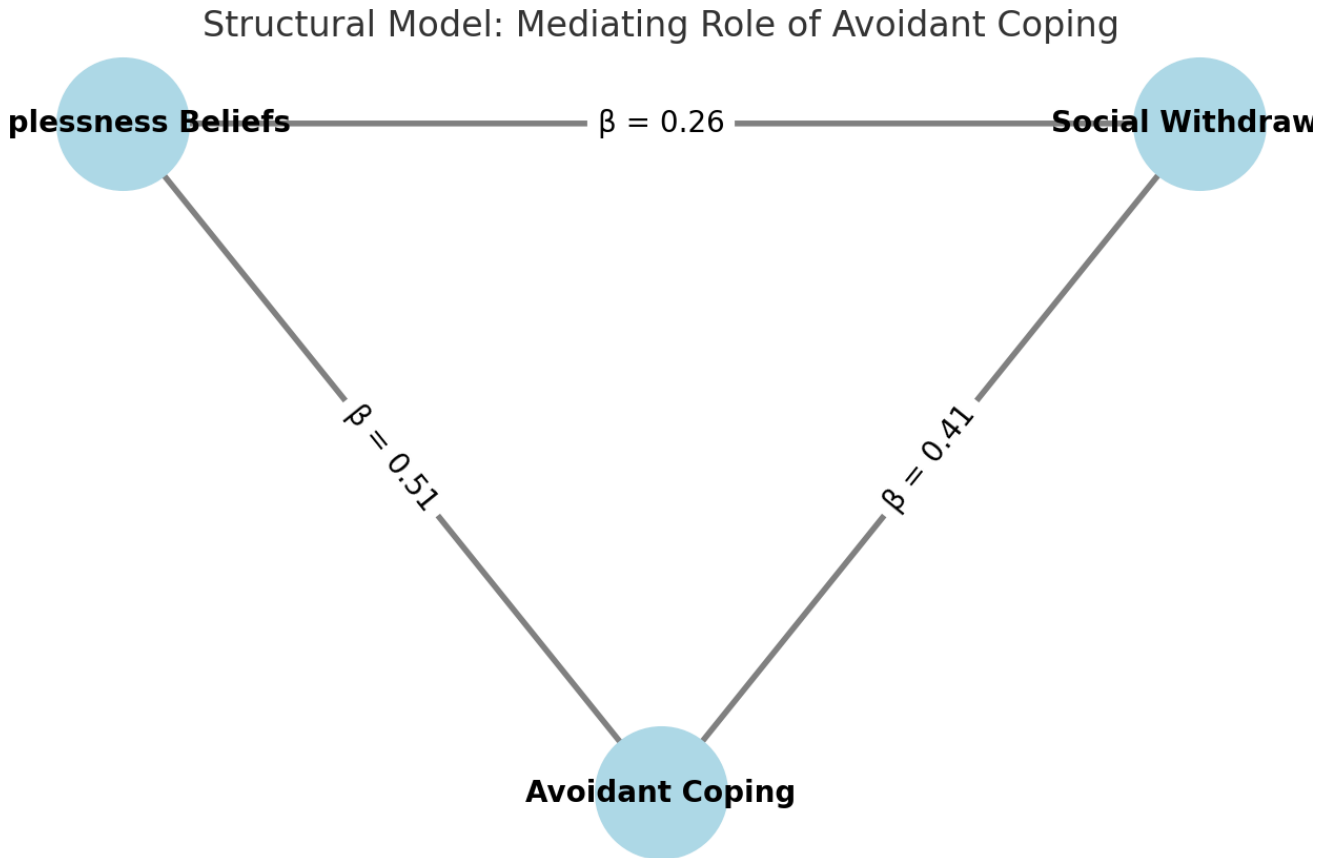
Path	B	SE	β	p
Helplessness → Avoidant Coping	0.52	0.06	0.51	< .001
Helplessness → Social Withdrawal	0.27	0.07	0.26	< .001
Avoidant Coping → Social Withdrawal	0.39	0.05	0.41	< .001
Helplessness → Social Withdrawal (Indirect via Avoidance)	0.20	0.04	0.21	< .001
Helplessness → Social Withdrawal (Total)	0.47	0.06	0.47	< .001

The SEM results confirmed that helplessness beliefs had a significant direct effect on both avoidant coping ($\beta = 0.51, p < .001$) and social withdrawal ($\beta = 0.26, p < .001$). Avoidant coping also had a significant direct effect on social withdrawal ($\beta = 0.41, p < .001$). The indirect effect of

helplessness on social withdrawal through avoidant coping was significant ($\beta = 0.21, p < .001$), indicating partial mediation. The total effect of helplessness beliefs on social withdrawal ($\beta = 0.47, p < .001$) underscores the compound influence of both direct and mediated pathways (Table 4).

Figure 1

Model with Beta Coefficients



4. Discussion and Conclusion

The present study aimed to investigate the mediating role of avoidant coping in the relationship between helplessness beliefs and social withdrawal among Brazilian young adults. Correlational analysis indicated significant positive associations between helplessness beliefs and social withdrawal, and between helplessness beliefs and avoidant coping. Avoidant coping also showed a significant positive correlation with social withdrawal. Structural Equation Modeling (SEM) further confirmed that avoidant coping partially mediated the relationship between helplessness beliefs and social withdrawal. These findings suggest that individuals who perceive themselves as helpless are more likely to resort to avoidant coping strategies, which in turn heightens their tendency to withdraw from social engagement.

The strong association between helplessness beliefs and social withdrawal reinforces previous research linking cognitive perceptions of powerlessness with interpersonal

disengagement. Consistent with the learned helplessness theory, individuals who consistently experience uncontrollable circumstances may develop a generalized belief in their inability to affect change, leading to behavioral passivity and withdrawal (Al-Saidi & Aldhafri, 2020; Fatima & Arshad, 2024). This finding aligns with earlier models of psychosocial dysfunction, where cognitive schemas of ineffectiveness erode motivation and willingness to participate in social activities (Lotfi et al., 2021; Wei & Chen, 2022). Furthermore, as individuals internalize these helplessness beliefs, their engagement with social networks weakens, often reinforcing a negative feedback loop of isolation and perceived inadequacy (Yoo & Marshall, 2024).

The mediation analysis revealed that avoidant coping significantly accounted for part of the effect of helplessness beliefs on social withdrawal. This finding supports the hypothesis that avoidant coping acts as a behavioral conduit through which maladaptive cognitive patterns exert their influence on social behavior. In other words, when individuals perceive themselves as unable to change

outcomes, they are more inclined to avoid confronting stressors altogether—choosing disengagement, denial, or distraction rather than active problem-solving (Tomaszek & Muchacka-Cymerman, 2021). These avoidance patterns, though temporarily alleviating distress, undermine longer-term social functioning and interpersonal connectedness (Stańko-Kaczmarek et al., 2023). This supports earlier work suggesting that avoidant coping is not only maladaptive in high-stress contexts like illness or academic pressure but also critical in mediating broader cognitive-emotional outcomes (Carreiro et al., 2025; Quchani, 2023).

Our results align with studies conducted in clinical and non-clinical settings that emphasize the detrimental impact of avoidant coping on psychosocial functioning. For example, individuals dealing with chronic illness who relied more on avoidant strategies were found to experience heightened distress, poorer social integration, and lower quality of life (Onyedibe et al., 2021; Panda et al., 2024). Similarly, in research involving patients with cancer, avoidant coping significantly mediated the relationship between mental adjustment and psychological well-being, suggesting a cross-contextual relevance of this coping style (Lotfi et al., 2021; Trejnowska et al., 2020). These findings underscore that avoidant coping is not merely a transient response but a sustained behavioral style with profound implications for social health and functioning.

Our findings also contribute to the growing understanding of the interplay between personality, cognition, and coping. Research has shown that individuals with certain personality configurations—such as high neuroticism or low conscientiousness—are predisposed to develop helplessness schemas and rely more heavily on avoidance-based coping mechanisms (Akan & BİRtek, 2023; Bakracheva, 2025). This suggests that individual differences may moderate the pathways leading from cognitive appraisal to behavioral withdrawal, reinforcing the idea that interventions should be both cognitively and temperamentally sensitive. Additionally, volitional control and motivational orientation have been identified as key moderators that protect against the translation of helplessness beliefs into social dysfunction (Buchmann et al., 2021).

Contextual and familial factors also play a significant role in shaping the trajectory from helplessness to social withdrawal. Parenting styles, family cohesion, and perceived social support have been shown to either buffer or amplify helplessness beliefs and avoidance tendencies (Al-Saidi & Aldhafri, 2020; Wilson & Sia, 2022). Adolescents exposed to inconsistent or authoritarian parenting, for instance, are

more likely to adopt passive or avoidant coping strategies in social contexts, thus compounding the effects of early learned helplessness (Hawrot & Zhou, 2023). Conversely, nurturing environments that promote autonomy and resilience appear to foster adaptive coping, which can mitigate the progression toward social withdrawal (Carreiro et al., 2025). These findings point to the importance of early intervention and systemic approaches that address the family and social milieu, not just individual traits or cognitions.

Cultural considerations are equally important when interpreting these results. Brazil, as a collectivist society, places a high value on social affiliation, interdependence, and group harmony. Within such a framework, persistent social withdrawal may carry significant psychological and social penalties, including stigmatization, exclusion, and reduced support (Sergienko et al., 2024; Sun et al., 2025). However, cultural norms may also shape the acceptability of certain coping styles. For instance, in contexts where emotional restraint or self-reliance is encouraged, avoidant coping may be more prevalent and less readily pathologized. This complexity calls for culturally nuanced interpretations of behavioral and cognitive patterns related to withdrawal.

Our study's findings also intersect with the literature on environmental and situational stressors. Recent global crises, such as the COVID-19 pandemic, have illuminated how reduced agency and constrained environments can exacerbate helplessness and avoidance tendencies (Chwaszcz et al., 2020). During lockdowns, many individuals experienced a loss of control over daily routines and social contacts, which increased reliance on avoidant strategies and deepened feelings of helplessness (Dohmen et al., 2022; Sun et al., 2024). These findings underscore the relevance of our model in both chronic and acute stress contexts, highlighting the need for flexible coping resources and resilience-building strategies.

Notably, our study supports the use of integrated cognitive-behavioral models that address both appraisal and response patterns in interventions aimed at mitigating social withdrawal. By identifying avoidant coping as a mediating variable, the findings suggest that behavioral strategies—particularly those that promote active engagement, problem-solving, and emotional regulation—could serve as critical levers in disrupting the chain between helplessness and withdrawal. Evidence from mindfulness-based interventions, cognitive-behavioral therapy, and resilience training supports this integrative approach (Bakracheva, 2025; Stańko-Kaczmarek et al., 2023).

In conclusion, the current study offers robust evidence that avoidant coping significantly mediates the relationship between helplessness beliefs and social withdrawal. These findings are consistent with both theoretical frameworks and empirical literature across clinical, educational, and social domains. They emphasize the importance of targeting both cognitive and behavioral components in psychological interventions, particularly in populations vulnerable to social disconnection.

5. Limitations & Suggestions

Despite its strengths, this study is not without limitations. First, the cross-sectional design limits the ability to infer causality between helplessness beliefs, avoidant coping, and social withdrawal. Longitudinal studies are needed to examine how these variables evolve and interact over time. Second, all data were collected using self-report measures, which are subject to biases such as social desirability and retrospective distortion. Third, although the sample was demographically diverse within Brazil, cultural factors may limit the generalizability of findings to other national or regional contexts. Furthermore, we did not control for potential moderating variables such as personality traits, socioeconomic status, or prior mental health conditions, which could influence the observed relationships.

Future studies should adopt longitudinal and experimental designs to better understand the temporal and causal dynamics of the proposed model. It would also be beneficial to examine potential moderators such as gender, emotional regulation capacity, or social support in influencing the mediating role of avoidant coping. Incorporating objective behavioral or physiological data alongside self-report measures could provide a more comprehensive picture of social withdrawal tendencies. Additionally, cross-cultural comparative studies would help to elucidate how sociocultural norms shape both the expression of helplessness and the use of coping strategies.

Practitioners working with socially withdrawn individuals, particularly in educational or clinical settings, should assess for underlying helplessness beliefs and patterns of avoidant coping. Interventions should focus on enhancing problem-focused coping and self-efficacy while gradually exposing clients to manageable social challenges. Psychoeducational programs that incorporate cognitive restructuring, coping skills training, and mindfulness practices may be particularly effective in mitigating avoidance and promoting social re-engagement. Educators

and policymakers should also consider implementing preventive programs that cultivate resilience and emotional literacy early in life to counteract the development of maladaptive cognitive-behavioral cycles.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

- Akan, Ş., & BİRtek, D. (2023). The Role of Basic Personality Traits, Cognitive Coping Strategies in Social Anxiety Symptoms. *Acibadem Universitesi Saglik Bilimleri Dergisi*. <https://doi.org/10.31067/acusaglik.1319964>
- Al-Saidi, F. H., & Aldhafri, S. (2020). The Effect of Parental Styles on Academic Achievement: The Mediating Role of Learned Helplessness Among 10th Grade Students in Al Batinah North Governorate From Sultanate of Oman. *Journal of Educational & Psychological Sciences*, 21(03), 41-71. <https://doi.org/10.12785/jeps/210302>
- Bakracheva, M. (2025). Personality Predictors of Flourishing and Learning to Flourish. *International Journal of Cognitive Research in Science Engineering and Education*, 13(1), 141-156. <https://doi.org/10.23947/2334-8496-2025-13-1-141-156>

- Buchmann, J., Baumann, N., Meng, K., Semrau, J., Kühl, J., Pfeifer, K., Vogel, H., & Faller, H. (2021). Volitional Action Control and Depression in Chronic Pain: Does Action Versus State Orientation Moderate the Relations of Pain-Related Cognitions to Depression? *Current Psychology*, 42(9), 7591-7608. <https://doi.org/10.1007/s12144-021-01914-1>
- Carreiro, J. P., Cardoso, S., Teques, P., Teques, A. P., & Ribeiro, J. L. P. (2025). Satisfaction With Social Support and Quality of Life Among Portuguese Patients With Breast Cancer: Mediating Effects of Coping Styles—Cross-Sectional Study. *Healthcare*, 13(3), 297. <https://doi.org/10.3390/healthcare13030297>
- Chwaszcz, J., Palacz-Chrisidis, A., Wiechetek, M., Bartczuk, R., Niewiadomska, I., Sławska, P., & Wośko, P. (2020). Quality of Life, Resources, and Coping During the First Weeks of the COVID-19 Pandemic by People Seeking Psychological Counselling Before the Pandemic. <https://doi.org/10.31234/osf.io/ryv8g>
- Dohmen, M., Braat-Eggen, E., Kemperman, A., & Hornikx, M. (2022). The Effects of Noise on Cognitive Performance and Helplessness in Childhood: A Review. *International journal of environmental research and public health*, 20(1), 288. <https://doi.org/10.3390/ijerph20010288>
- Fatima, T., & Arshad, E. (2024). Relationship of Locus of Control, Learned Helplessness and Coping Strategies Among Patients With Chronic Illness. *International Journal of Multidisciplinary Research Updates*, 8(2), 001-011. <https://doi.org/10.53430/ijmru.2024.8.2.0048>
- Hawrot, A., & Zhou, J. (2023). Parent-Child School-Related Interactions and Helplessness in Maths: The Role of Maths Self-Efficacy. *European Journal of Psychology of Education*, 39(2), 1353-1370. <https://doi.org/10.1007/s10212-023-00740-2>
- Lotfi, A. H., Monirpoor, N., & ZarghamHajebi, M. (2021). Providing a Structural Model of Early Helplessness in Cancer Patients Based on Early Maladaptive Schemas (EMSs) and Coping Strategies With the Mediating Role of Family Codependency. *Aftj*, 2(3), 511-534. <https://doi.org/10.61838/kman.aftj.2.3.26>
- Onyedibe, M. C. C., Ugwu, L. E., Nnadozie, E. E., & Onu, D. U. (2021). Cancer Coping Self-Efficacy Mediates the Relationship Between Mental Adjustment to Cancer and Health-Related Quality of Life in Persons With Cancer. *South African Journal of Psychology*, 52(3), 325-337. <https://doi.org/10.1177/00812463211061071>
- Panda, T. K., Swami, M. K., Suthar, N., Pareek, P., Vishnoi, J. R., & Singh, K. (2024). Relationship Between Perceived Social Support, Mental Adjustment to Cancer, and Depression Among Patients With Breast Cancer. *Australasian Psychiatry*. <https://doi.org/10.1177/10398562241306950>
- Quchani, M. (2023). The Mediating Role of Coping Styles in the Association Between Perfectionism and Learned Helplessness in Students' Population. *Annales Médico-Psychologiques Revue Psychiatrique*, 181(7), 619-627. <https://doi.org/10.1016/j.amp.2022.07.010>
- Sergienko, E. A., Tsiring, D. A., Pakhomova, Y. N., & Пономарева, И. В. (2024). The Role of Subjective Age in the System of Psychological Factors in the Course of the Disease in Men With Prostate Cancer. Part II. Subjective Age and Other Psychological Factors in the Course of the Disease in Men With Prostate Cancer. *Counseling Psychology and Psychotherapy*, 32(4), 155-173. <https://doi.org/10.17759/cpp.2024320408>
- Stańko-Kaczmarek, M., Kardasz, Ł., Koza, J., Piwońska, M., Siwińska, W., & Sokołowska, K. (2023). Uważność a Radzenie Sobie Ze Stressem U Kobiet I Mężczyzn. *Człowiek I Społeczeństwo*, 55, 141-162. <https://doi.org/10.14746/cis.2023.55.8>
- Sun, Q., Ho, K. Y., Yue-e, W., Qin, S., Chen, S., Lin, Y., & Peng, J. (2025). Illness Cognitions and Psychological Distress Among Young and Middle-Aged Couples With Colorectal Cancer: A Dyadic Study. *Journal of Health Psychology*. <https://doi.org/10.1177/13591053251325028>
- Sun, Q., Yue-e, W., Qin, S., Chen, S., Lin, Y., & Peng, J. (2024). Dyadic Effects of Illness Cognition and Psychological Distress Among Young and Middle-Aged Couples With Colorectal Cancer: The Mediating Role of Dyadic Coping. <https://doi.org/10.21203/rs.3.rs-3916812/v1>
- Tomaszek, K., & Muchacka-Cymerman, A. (2021). The Mediating Effect of Student School Burnout on the Relationship Between Coping Strategies And Internet Addiction. *Current Issues in Personality Psychology*. <https://doi.org/10.5114/cipp.2021.110085>
- Trejnowska, A., Goodall, K., Rush, R., Ellison, M., & McVittie, C. (2020). The Relationship Between Adult Attachment and Coping With Brain Tumour: The Mediating Role of Social Support. *Psycho-Oncology*, 29(4), 729-736. <https://doi.org/10.1002/pon.5325>
- Wei, R.-j., & Chen, Y. (2022). The Associations of Family Functioning With Learned Helplessness: A Moderated Mediating Model. 1092-1104. https://doi.org/10.2991/978-94-6463-064-0_114
- Wilson, M. J. A., & Sia, S. K. (2022). Buffering Role of Positive Religious Coping Against the Helplessness of Elderly People Under Covid Stress. *Working With Older People*, 27(1), 26-33. <https://doi.org/10.1108/wwop-02-2022-0006>
- Wright, M. F., Wachs, S., Yanagida, T., Ševčíková, A., Dědková, L., Bayraktar, F., Aoyama, I., Kamble, S. V., Macháčková, H., Li, Z., Soudi, S., Lei, L., & Shu, C. (2022). Coping With Public and Private Face-to-Face and Cyber Victimization Among Adolescents in Six Countries: Roles of Severity and Country. *International journal of environmental research and public health*, 19(21), 14405. <https://doi.org/10.3390/ijerph192114405>
- Yoo, H. J., & Marshall, D. T. (2024). Exploring Graduate Students' Perceived Helplessness, Self-Efficacy, Social Support and Satisfaction. *Studies in Graduate and Postdoctoral Education*, 16(1), 73-89. <https://doi.org/10.1108/sgpe-12-2023-0113>