

# Investigating and comparing the levels of hopelessness in hyperactive and Autistic children

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## ABSTRACT

The aim of the present study was to investigate and compare the levels of hopelessness in hyperactive and autistic children. The present study was applied in terms of objective. Also, this study was a descriptive and causal-comparative study that compared the levels of hopelessness in hyperactive and autistic children in Bandar Abbas. Hence, it was conducted to explore the differences between the levels of hopelessness in hyperactive and autistic children. The statistical population included all hyperactive and autistic children in Bandar Abbas. The sample size was determined by 30 people, who were divided into two groups of hyperactive and autism (each included 15 people). To test the hypotheses, mean difference tests were used in SPSS software. The results showed that the significance level of hopelessness variables was less than 0.05, indicating a significant difference between hyperactive and autistic children in terms of hopelessness.

**Keywords:** A Hopelessness, Hyperactive, Autism, Bandar Abbas.

## Introduction

All human beings like to be accepted and try to achieve it. If these people suffer from disorders such as autism and hyperactivity, their level of hopelessness will change more than that of normal people. Based on Snyder's (2002) theory, hopelessness is a shocking state that is characterized by feelings of impossibility and inability and lack of interest in life [1]. As a result of hopelessness, the person becomes severely inactive and unable to assess life situations, so he or she will not be able to adapt to life changes, and over time, the person becomes more distant from the natural flow of life [2]. Autism is a disorder or problem in recognizing the emotion that is the main problem of autistic children. It is estimated that 50% of autistic children suffer from speech dysfunctions [3, 4]. Although some children are physiologically healthy to speak, they only make sounds and

noises. Children who are unable to speak may resort to limited gestures such as tools to communicate [3, 5] so that the US Centers for Disease Control and Prevention reports that the prevalence of autism spectrum disorders in 2010 was 1 in 110 (Cogel et al., 2012). Hyperactivity in children also needs attention. ADHD is a growth and developmental disorder that causes attention deficit hyperactivity disorder, in which these deficiencies are significantly disproportionate to the child's mental age. It begins in childhood and its symptoms are significantly penetrating and situational. It is usually chronic or persistent over time and is not the direct result of severe delayed language, deafness, blindness, autism, or childhood psychosis [6]. All traits seen in children with attention deficit/hyperactivity disorder are also seen in normal people, and the only difference is in the severity and persistence of the symptoms. These children actually do things that other children think about, but they do not do them. Thus, some scientists consider this disorder to be an "impulse-control disorder" [7].

In Iran, the mean number of children with this disorder is more than a thousand children under the age of 5, which is confirmed by our objective observations. It is a disorder that is rooted in lifestyle, inattention to children, nutrition, and air pollution. People with these disorders face limitations in life unless they are treated. They need to be reminded many times that they are not

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bad, stupid, and mentally disturbed, but they need help in some areas. Attention deficit hyperactivity disorder does not differentiate the person with others. They should be informed that having a disorder does not affect their intelligence. Given what was stated above and as the desired components have been studied individually so far, the aim of this study was to explain the difference between levels of hopelessness in hyperactive and autistic children.

## Theoretical foundations of study

### Hopelessness

Maslow argues that there is an innate self-actualization tendency in all human beings. Therefore, the primary condition for achieving self-actualization is the satisfaction of the four needs that are placed at the lower levels of this hierarchy. Also, human motivation is the common and innate needs that are in the hierarchy of the strongest to the weakest needs.

To study the hopelessness, the history of childhood and the fetal period is crucial. In investigating the main areas of hope, he also refers to the importance of interpersonal relationships. Having a sense that there is someone who can be trusted, especially in cases that person is important for the patient, is crucial. Lack of solidarity and the adoption of common goals leads to social disease in families, and even in communities and nations. One of the most important stresses in hopelessness is loneliness, which may be real or mental and "epidemiological" studies have shown that the prevalence of suicide is not related to the poverty of social classes or other material problems, but rather to the sense of separation from the community. For example, suicide is more common in areas where people live far away from each other. Conversely, it is seen less in places where family and other relatives are close to each other. Suicide is also more common during retirement and physical disabilities that lead to separation from the community. It should be noted that feeling of guilt or the inability and adequacy and capability is a public sense and almost everyone can be exposed to it. Everyone may experience such feelings at some point in their lives, following normal life failures.

### Hyperactivity

The National Institutes of Health at the ADHD Conference in 1998 announced this disorder as a serious public health problem. The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) specified several criteria to diagnose it so that a child should meet at least 6 out of 9 criteria of both lists (attention deficit type and hyperactive type) and show a significant dysfunction. The symptoms should:

- occur in more than one situation.
- last at least 6 months.
- appear before the age of 7<sup>[8]</sup>.

ADHD children are hostile, aggressive, self-centered, and authoritarian. If ADHD children also have a behavioral disorder, they will also suffer many social problems.

ADHD children also have problems with emotional self-regulation in social relationships. Psychological disorders along with attention deficit/hyperactivity disorder are similar in childhood and adulthood. People in adulthood have anti-social, passive, and aggressive behaviors and also suffer from the symptoms of personality disorders and drug abuse<sup>[9]</sup>. Children with ADHD have minor injuries in some parts of their brain that are responsible for paying attention, concentrating, and regulating motor activity. Children's attention problems are seen in visual/auditory activities and issues that require mental effort. Today, educating parents and families has become very important and necessary because parents' level of knowledge on the process of development and the weaknesses and capabilities of their children are closely associated with their properly educating and dealing with them, especially in times of difficulties and crises. Hence, it can be stated that an aware and informed family raises healthy and informed children.

### Autism

Autistic children are often mistaken with quiet children because they do not have high expectations of their parents. After the neonatal period, they do not show any dependence on individuals, but they become dependent on mechanical objects<sup>[10]</sup>. The main diagnostic lists used for autistic children are the Rimland Diagnostic List for Children with Behavioral Disorders<sup>[4]</sup> and the British working party diagnostic system<sup>[11]</sup>. Although autistic children's intelligence scores vary from very intelligent to severely retarded, about 80 percent are retarded. During the neonatal period, about two-thirds of autistic people are severely disabled and unable to care for themselves, but 5 to 17 percent of them have a social life. Autistic children's IQ tests, like other children, predict their academic achievement, future employment, and social status<sup>[12]</sup>. Autistic children show unusual responses to environmental events or stimuli<sup>[13]</sup>. These children are often described by their parents as "immersed in their own world."

The results of several studies refer to the role of neurological factors in the etiology of autism<sup>[14]</sup>. No specific association has been found between autism and mild neurological symptoms. Although specific treatment has not been found for autism so far, there are appropriate treatments that can help these children benefit from more abilities, and even examples of complete recovery have been observed in these children. These methods help reduce child behavioral disorders and teach the child to work independently so that the child can meet his or her own needs independently, and it gradually leads to a normal life. Since behaviors and disorders in autistic children are so varied, several treatment programs have been considered for them, each of which has shown successful results. In the treatment of autistic children, it should be noted that the treatment method for each child should be planned according to his or her abilities and the severity of his or her disorders. Treatments that are based on autism child include: 1- The autism child himself or herself, 2- His or her parents, and 3. Therapists. It is clear that the child is the point around which the planning set is organized, and his or

her needs for rehabilitation will determine the content of specific plans. Also, the preparation of parents and the methods of preparation used by therapists are associated with the needs of the child <sup>[15]</sup>.

## Methodology

The research method was a causal-comparative type of description. It compared the levels of hopelessness in hyperactive and autistic children in Bandar Abbas. The statistical population of the study included all hyperactive and autistic children in Bandar Abbas. As the researcher accessed 30 people eligible for the present, the samples included 30 people who were divided into two groups of hyperactive and autistic (each included 15 people).

## Data collection tools

### Kazdin Children Hopelessness Questionnaire

In 1983, Kazdin et al. developed a measuring tool to measure children's hopelessness. In 1986, Kazdin et al. published the results of their research in which the mentioned scale was used on 262 6-13-year-old children admitted to the hospital. The Children Hopelessness Scale has 17 items that children determine their opinion by placing the letter T (true) or F (false) in front of it after reading each item. The maximum score of 17 indicates severe hopelessness.

### Scoring and interpretation method

The questionnaire has 17 questions and aims to measure children's hopelessness level. Its questions are in the form of two-option questions, in which each answer that matches the questionnaire key will receive score 1, and non-match options will receive a score of 0. The questionnaire key is presented in the following Table:

**Table 1 Scoring of Children's Disappointment Questionnaire**

question	true answer	question	true answer	question	true answer
1	F	7	F	13	T
2	T	8	T	14	T
3	F	9	T	15	T
4	F	10	T	16	F
5	F	11	F	17	T
6	F	12	T		

To obtain the general score of the questionnaire, the sum of all scores of the questions was calculated. This score will range from zero to 17. The higher the score, the higher the child's hopelessness.

Validity and reliability: Kazdin et al. obtained a reliability coefficient of 52% through the test-retest method with a 6-week period interval. Its alpha coefficient was obtained at 0.97 and the reliability coefficient was reported at 96% by Spearman Brown's split-half method. Confirmatory factor analysis (GFA) was performed to investigate the validity of this scale. The results

showed that there was a negative and significant relationship between the feeling of loneliness and self-esteem. Also, the fit index of Asher and Wheeler's child loneliness scale was at a good level. Cronbach's alpha coefficient was also used for its reliability and the value of this coefficient for this questionnaire was obtained at 0.75, which indicates the good reliability of this scale. Cronbach's alpha table is as follows:

**Table 2- Cronbach's alpha table**

row	indicator	reference	reliability coefficient
1	hopelessness	questions 1-17	925.0

## Methods of data analysis and statistical methods

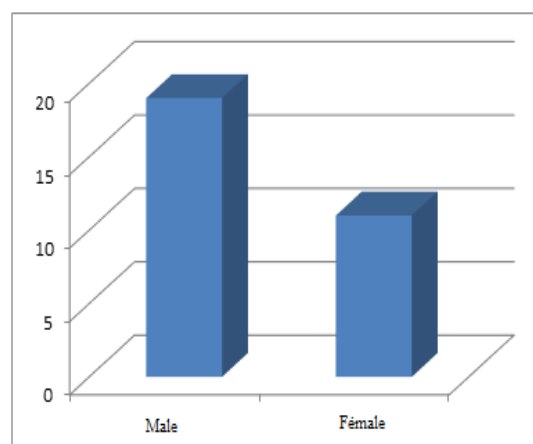
After collecting the data, they were analyzed through SPSS version 20 software. In this method, the data were first encoded and entered into the software. Then, the data were analyzed using two methods of descriptive and inferential statistics in three sections. First, the statistical tables of frequency distribution and percentage, mean, and variance were used to describe the samples' opinions on the questions. Then, the research hypotheses were assessed based on examining the questions using inferential statistics and using the analysis of covariance and independent t-test.

## Results

### Descriptive characteristics of demographics

In this section, descriptive statistics, charts, and Tables of the samples' demographic characteristics were presented. It is important to provide descriptive statistics for a better understanding of the population and its general characteristics and better analyzing of the relationship between variables.

Gender: Chart 1 shows the frequency distribution of respondents based on gender. As shown, the majority of the research samples (n=10, 10%) were "female" and 20 people (20%) were "male".



**Chart 1- Gender of respondents**

## Disorder type

The sample was selected equally from the two statistical populations of hyperactive and autistic children.

**Table 3: Descriptive statistics for hyperactive children**

variable	mean	SD	variance	sum
hopelessness	2000.12	37852.4	171.19	00.63

**Table 4: Descriptive statistics for autistic children**

variable	mean	SD	variance	sum
hopelessness	6000.4	58170.3	829.12	00.189

The significance level of normality test

**Table 5: Significant level of normality test of parenting style variable**

variable	significance level
hopelessness	449.0

Hypothesis testing

There is a difference between hopelessness levels of hyperactive and autistic children.

In this section, to investigate whether there is a significant difference between the hopelessness levels of hyperactive and autistic children or not, Independent T-test was used.

**Table 6: Independent T-test results to compare the level of hopelessness in hyperactive and autistic children**

variable	F	sig	t	df	Sig. (2-tailed)
hopelessness	490.0	inter-group	751.-5	28	001.0
		intra-group	751.-5	941.26	001.0

The independent sample test table of the Levene's test shows that two variances are equal, we will use the first row of results, but if the Levene's test shows that the variances of the two samples are not equal, the second row of results will be used. In this example, the Sig value, which indicates the significance level of the Levene's test, is 0.490, indicating that the two samples have equal variance (whenever the sig number is less than 0.05 at the 5% level, and whenever it is less than 0.01 at the 1% variance level, the two samples are not equal. Hence, we used the first row. In this study, the T value was 0.490 and sig showed a value of 0.490, and since the sig value was greater than 0.05, it was concluded that the two samples were significantly different from each other. As a result, there was a difference between hopelessness levels of hyperactive and autistic children.

## Discussion and Conclusion

The present study was conducted to compare the hopelessness levels in hyperactive and autistic children. The results were as follows: Testing the hypothesis showed that there is a significant difference between hopelessness levels of hyperactive and autistic children. The results of the independent t-test showed that the t value was 5.751 and its significance level was 0.000, which was less than 0.05, so the null hypothesis was rejected and the research hypothesis was confirmed. In other words, there is a difference between hopelessness levels of hyperactive and autistic children. In this regard, the researcher found no research evidence to confirm or reject this conclusion. However, empirical evidence can be used in explaining it. Children who were less able to identify the path to achieve their goals and did not have sufficient motivation to follow their goals experience more failure in life and social situations. Failure strengthens a sense of inefficiency and disability in the child and it increases the feeling of hopelessness in achieving the goals. Increased hopelessness further increases the child's inability to achieve goals and puts him or her in a vicious cycle that leads to increasing hopelessness.

The results of the present study are consistent with those of the previous studies. Nasri et al. (2015) investigated the effectiveness of teaching cognitive-social skills on reducing aggression and increasing the social acceptance of preschool children<sup>[16]</sup>. Their research was a trial with a pre-test-post-test design and with a control group. The statistical population of the study consisted of all pre-school boys in Bandar Anzali in the academic year of 2013-2014. The study sample consisted of 24 preschool children who were selected using a random cluster sampling method and randomly assigned into two experimental and control groups. To collect the data, a preschool aggression questionnaire and a social acceptance questionnaire were used, and 12 sessions of teaching Ladd and Mize cognitive-social skills model (1983) were performed in children of the experimental group. The results of the covariance analysis showed that teaching cognitive-social skills led to a significant reduction in total aggression scores and subscales, and the results of covariance analysis showed a significant increase in social acceptance in the experimental group compared to the control group. Since aggressive children have low social acceptance, it seems that implementing a cognitive-social skills program by learning skills such as cooperation and participation, helping others, and taking turns in children leads to social acceptance and reduced aggression in them.

Mousavi, et al. (2014) compared the levels of the theory of mind among children with autism, mental retardation, attention deficit-hyperactivity disorder, and normal children<sup>[17]</sup>. Their research method was descriptive and causa. The samples were selected among students with autism using a convenience and cluster random sampling method. To collect data, Morris et al. (1999) theory of mind test was used. The obtained data were analyzed using a multivariate statistical analysis method. The analyses showed that children with autism in the whole test and theory of mind subtests obtained the lowest score and mentally retarded children obtained scores lower than the more active

group and normal children obtained higher scores. Also, a significant difference was found among four groups, but the levels of the theory of mind were not significantly different in the two genders. Sanat Negar, et al. (2012) in their research examined the effectiveness of group storytelling on reducing the hopelessness and loneliness of female children in quasi-family centers<sup>[18]</sup>. The research method was quasi-experimental and the population included all primary school girls of quasi-family centers in Mashhad. Among them, 26 people from three eligible centers were randomly selected and assigned into the experimental, control, and quasi-control groups. They responded to Kazdin's (1983) Children Hopelessness Scale and Asher, Hymel, and Ranshaw (1984) Children Loneliness Scale before the test, after the test, and 1 month later in the follow-up stage. Group storytelling was presented to the experimental group in 10 sessions, two sessions per week, 1.5 hours per session, and the data were processed by analysis of variance with repeated measures.

The results showed a significant difference between hopelessness levels in the experimental group and quasi-control and control groups in the pre-test to post-test stages, but this difference was not significant from the post-test stage to the follow-up stage. The difference between the mean loneliness of the experimental group and the mean loneliness of quasi-control and control groups from the pre-test stage to the post-test stage was not significant and this non-significant difference was also observed in the follow-up. Based on the results, to further investigate this issue, future research is recommended to consider the correlation of hopelessness with other structures to examine the possible role of hopelessness in many mental disorders and chronic physical illnesses.

It is also recommended that the present study be conducted at different levels of education and the results be compared with each other.

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