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Comparison of obsessive beliefs, life expectancy, and conflict resolution styles of mothers of autistic and none-autistic children

Masoumeh Salimi¹ and Mozhgan Hayati²

¹Department of General Psychology Department, Islamic Azad University, Saveh Branch, Iran
²Faculty of Payam-e Noor University, Iran

ABSTRACT

In this research, the researcher studied the comparison of obsessive beliefs, life expectancy, and conflict resolution styles of the mothers of autistic and none-autistic children. The statistical population of this research consisted of all the mothers of autistic children who visited the counseling center of the educational system in Tehran, district 5 for psychotherapy services, and also the mothers of none-autistic children. Through the mentioned population, a sample of 60 individuals was chosen using the simple random sampling (30 mothers of autistic children and 30 mothers of none-autistic children). According to the results, there is a significant difference between obsessive beliefs, life expectancy, and conflict resolution styles of the mothers of autistic and none-autistic children. The obsessive beliefs of the mothers of autistic children are higher than the mothers of normal children, the life expectancy of the mothers of normal children is higher than the mothers of autistic children, and the mothers of autistic children have a higher conflict resolution than the mothers of none-autistic children.

Keywords: obsessive beliefs, life expectancy, conflict resolution styles, autism disorder.

INTRODUCTION

Problem statement

Autism is a developmental disorder (of social relationships) which is determined by abnormal communication and verbal behaviors. The symptoms of this behavior occur before the age of three and the main cause of the disorder is unknown. This disorder is more prevalent among boys. The economic and social status and the lifestyle and educational level of parents aren't effective in occurrence of autism. The disorder impacts on normal development of brain in fields of social interactions and communication skills. The children and adults with autism have problems with verbal and non-verbal communications, social interactions, and the activities due to playing. The disorder makes it difficult for them to communicate with others and the outside world. In some cases, the masochistic behavior and aggression are also seen in the patients. Repetitive motions (clapping and jumping), unusual responses to individuals, attachment to objects, and resistance to change are seen in these patients, and there may be unusual sensitivities in the five senses (eyesight, auditory, tactility, olfactory, and gustatory). The central core of the autism disorder is the disorder in communication [1]. The autistic disorder is determined by severe and pervasive damages in different developmental fields including the disorder in social interaction skills and communication skills, and it can also cause clichéd behaviors and activities. Due to some features like linguistic, communicational, behavioral, and social abnormalities and also late diagnosis, the autistic disorder causes a variety of psychological pressure on the patients' families and relatives. This disorder can be normally diagnosed by the age of three; however it can be

diagnosed before two years by careful examination of the children's behavior. These children may limit the interactions and social activities of their families and may influence on intrapersonal relations of them. As a negative impact, they may also cause their mothers to leave their career because of the responsibilities due to caring for the autistic children. The life revolves around the autistic children in these families. Having autistic children causes depression, anxiety, stress, and shame in their parents. Researches have indicated that having autistic children can cause negative impact on marital relationships, because it could cause more argument about the autistic children and their treatment and care which result in more gaps between the couple [2]. Rieff *et al* [3] believe that the autistic children can't understand and read others' minds; they have serious issues of understanding others' beliefs, motivations, and excitements, therefore, they may find the social world frightening and confusing. In a research titled "Comparison of hope and concern in mothers of children with autism spectrum disorders (199 mothers) and down syndrome (60 mothers)", Ogeston *et al.* [4] indicated that the mothers of the autistic children have lower life expectancy and more future concerns in comparison with the mothers of the children with down syndrome. Mothers of the autistic children may be overwhelmed by their children's issues and may lose their hope and be concerned of gaining their goals through negative emotions about their abilities that can be effective in their meaning of life. Held semi-structured to study the impact of autistic children on their mothers, Koydemir and Tosun [5] indicated that the psychological experiences of these mothers is the same as the mothers of the children with other disabilities. According to the mentioned, the researcher seeks to answer the following question: is there any significant difference between obsessive beliefs, life expectancy, and conflict resolution styles of mothers of autistic and non-autistic children?

Research hypotheses

The First hypothesis: there is a significant difference between obsessive beliefs of the mothers of autistic and non-autistic children.

The Second hypothesis: there is a significant difference between life expectancy of the mothers of autistic and non-autistic children.

The third hypothesis: there is a significant difference between conflict resolution styles of the mothers of autistic and non-autistic children.

MATERIALS AND METHODS

The methodology of the present research was casual-comparative. The statistical population of this research consisted of all the mothers of autistic children who visited the counseling center of the educational system in Tehran, district 5 for psychotherapy services, and also the mothers of non-autistic children. Through the mentioned population, a sample of 60 individuals was chosen using the simple random sampling (30 mothers of autistic children and 30 mothers of non-autistic children). The tools used in this research were the obsessive beliefs questionnaire, the styles of conflict resolution questionnaire, and Miller's life expectancy questionnaires. In order to analyze the data in this research, the descriptive statistics (frequency, percentage, standard deviation and etc.) and inferential statistics (analysis of variance (ANOVA) for study of the relationship of demographic variables and research hypotheses, and covariance analysis test of the relationship between independent variables) were used.

Research tools

A) Obsessive beliefs questionnaire: the OCCWG group has formulated the obsessive beliefs questionnaire (OBQ - 44) as a tool to evaluate the role of cognitions in etiology and maintenance of obsession. OBQ -44 includes ineffective beliefs, sense of responsibility/threat assessment, perfection/need to have certainty (PC), and importance of controlling thoughts (ICT). Adding the scores of the three subsets, the total score of the obsessive beliefs is resulted. This tool has an appropriate internal consistency (0.92) and reliability coefficient (0.82) [6].

B) Conflict resolution questionnaire: the conflict tactics scale (CTS) was designed by Straus [7] including 28 questions scored from 1 to 7 based on the Likert scale. The questionnaire consists of the 5 subscales of verbal, negligence, forgiveness, termination, and misbehavior. The subject would answer the two sets of questions about her and her husband. In the researches of Dibaji Foroushani *et al* [8] the minimum and maximum coefficients of Cronbach's alpha conflict resolution strategies questionnaire subscale were calculated respectively 0.57 for the verbal subscale and 0.93 for the misbehavior subscale.

C) Miller's life expectancy questionnaire: which is a diagnosis test including 48 aspects from hopefulness to frustration, and the listed articles in it are based on the hidden or obvious behavioral statements of the chosen hopeful or disappointed individuals. In front of each aspect representing a behavioral sign, there are sentences written as follows (very disagree=1, disagree=2, neutral=3, agree=4, very agree=5). Each of individuals scores by selecting the true sentences. The values of scores of each aspect vary from 1 to 5. The total score expresses the hope or despair. In the Miller's test, the score range is from 48 to 240, and if someone gains the point of 48, they are considered as completely hopeless, while the score of 240 represents the maximum hopefulness. 12 sentences of the Miller's questionnaire are negative sentences which are: 18, 25, 16, 13, 11, 28, 31, 33, 34, 38, 39, and 27. These numbers are scored reversely in evaluations and scoring. To determine validity of the questionnaire, Hosseini [9] used the criterion score question. Therefore, the total score of the questionnaire and the criterion question score are correlated that determines a positive significant relationship between them ($r=0.61$). To determine the reliability of the questionnaire, the two methods of Cronbach's alpha and split half were used and the coefficients were respectively 0.090 and 0.89. To determine the reliability in the researches of Hosseinian and Shafienia [10] the two methods of Cronbach's alpha and split half were also used, and the coefficients were respectively 0.69 and 0.65 that express acceptable coefficients for the questionnaire. To calculate the validity of the questionnaire, the total score of the questionnaire and the criterion question score, questioned in the same time in the testes, were correlated that determined the positive significant relationship between them ($r=0.61$). The validity of the questionnaire for the total scale was 0.95 and 0.94 using Cronbach's alpha.

Findings

There were 31.7 percent high school graduate individuals, 21.7 percent associate degree individuals, 30 percent bachelor's degree individuals, and 16.7 percent master's degree and higher individuals. 15 percent of the respondents were below 25 years, 18.3 percent were between 25 and 30 years, 53 percent were between 30 and 35 years, and 13.3 percent were above 35 years.

Table 1. Covariance analysis test to assess the mean difference of obsessive beliefs

	Sum of squares	DOF	Average of squares	F	Sig. level
Modified model	0.832	1	0.832	6.878	0.011
Separated	778.152	1	778.152	6433.126	0.000
Group	0.832	1	0.832	6.878	0.011
Error	7.016	58	0.121		
Total	786.005	60			
Total modified	7.848	59			

As you can see, the achieved significance level is 0.011 for the modified model which is less than the test alpha (0.05). Therefore, there is a significant difference between obsessive beliefs of mothers of autistic and none-autistic children.

Table 2. Covariance analysis test to assess the mean difference of life expectancy

	Sum of squares	DOF	Average of squares	F	Sig. level
Modified model	1.544	1	1.544	14.075	0.000
Separated	796.919	1	796.919	7263.088	0.000
Group	1.544	1	1.544	14.072	0.000
Error	6.364	58	0.110		
Total	804.826	60			
Total modified	7.908	59			

As you can see, the achieved significance level is 0.000 for the modified model which is less than the test alpha (0.05). Therefore, there is a significant difference between life expectancy of mothers of autistic and none-autistic children.

Table 3. Covariance analysis test to assess the mean difference of conflict resolution styles

	Sum of squares	DOF	Average of squares	F	Sig. level
Modified model	0.832	1	0.832	6.878	0.011
Separated	778.157	1	778.157	6433.126	0.000
Group	0.832	1	0.832	6.878	0.011
Error	7.016	58	0.121		
Total	786.005	60			
Total modified	7.848	5			

As you can see, the achieved significance level is 0.011 for the modified model which is less than the test alpha (0.05). Therefore, there is a significant difference between conflict resolution styles of mothers of autistic and non-autistic children.

Table 5. The relationship between the disease and responses to the research questions

		Sum of squares	DOF	Average of squares	F	Sig. level
Obsessive beliefs	Intergroup	6.973	1	6.973	14.154	0.000
	Intragroup	28.575	58	0.493		
	Total	35.549	59			
Life expectancy	Intergroup	1.544	1	1.544	14.075	0.000
	Intragroup	6.364	58	0.110		
	Total	7.908	59			
Conflict resolution styles	Intergroup	0.832	1	0.832	6.878	0.011
	Intragroup	7.016	58	0.121		
	Total	7.848	59			

As you can see in the table above, the achieved significance level for all the research variables is less than the test alpha (0.05). Therefore it can be said that there is a significant difference between the mothers of autistic children and the mothers of normal children in terms of obsessive beliefs, life expectancy, and conflict resolution styles.

Table 6. The relationship between age and responses to the research questions

		Sum of squares	DOF	Average of squares	F	Sig. level
Obsessive beliefs	Intergroup	2.975	1	0.992	1.705	0.176
	Intragroup	32.573	58	0.582		
	Total	35.549	59			
Life expectancy	Intergroup	0.166	1	0.055	0.401	0.753
	Intragroup	7.741	58	0.138		
	Total	7.908	59			
Conflict resolution styles	Intergroup	0.246	1	0.082	0.604	0.615
	Intragroup	7.602	58	0.136		
	Total	7.878	59			

As you can see in the table above, the achieved significance level for all the research variables is greater than the test alpha (0.05). Therefore it can be said that there isn't a significant difference between age of the mothers of autistic children and normal children in terms of obsessive beliefs, life expectancy, and conflict resolution styles.

Table 7. The relationship between education and responses to the research questions

		Sum of squares	DOF	Average of squares	F	Sig. level
Obsessive beliefs	Intergroup	1.928	3	0.643	1.070	0.369
	Intragroup	33.621	56	0.600		
	Total	35.549	59			
Life expectancy	Intergroup	0.415	3	0.138	1.033	0.385
	Intragroup	7.493	56	0.134		
	Total	7.908	59			
Conflict resolution styles	Intergroup	0.694	3	0.231	1.812	0.156
	Intragroup	7.153	56	0.128		
	Total	7.848	59			

As you can see in the table above, the achieved significance level for all the research variables is greater than the test alpha (0.05). Therefore it can be said that there isn't a significant difference between education of the mothers of autistic children and normal children in terms of obsessive beliefs, life expectancy, and conflict resolution styles.

CONCLUSION

The first hypothesis: there is a significant difference between obsessive beliefs of mothers of autistic and none-autistic children.

Based on the research findings and considering the significance level which is less than 0.05, it can be said that the research hypothesis is confirmed. In other words, there is a significant difference between obsessive beliefs of the mothers of autistic and none-autistic children. This finding is consistent with the research findings of Afshari [11], Shu et al [12], and Gray [13].

The Second hypothesis: there is a significant difference between life expectancy of mothers of autistic and none-autistic children.

Based on the research findings and considering the significance level which is less than 0.05, it can be said that there is a significant difference between life expectancy of the mothers of autistic and none-autistic children. This finding is consistent with the research findings of Ogeston, Macintosh and Meyer [4], and Lloyd & Hastings [14].

The third hypothesis: there is a significant difference between conflict resolution styles of the mothers of autistic and none-autistic children.

Based on the research findings and considering the significance level which is greater than 0.05, it can be said that there is a significant difference between conflict resolution styles of the mothers of autistic and none-autistic children. This finding is consistent with the research findings of Rieff et al. [3], Baron-Cohen [15].

In expression of the achieved differences between the mothers of the autistic children and other mothers, some ability-lowering features of the autism disorder can be pointed out that create many problems in families and require care, education, and special and continuous treatment of the autistic children. The limited progress of the autistic children in education, treatments, and the ambiguity of the future of these children are of other factors that can justify the lowness of life expectancy, increase of obsessive beliefs, and the difference in styles of conflict resolution in the mothers of the autistic children.

REFERENCES

- [1] Rogers .SJ (2009). *Autism Res.* doi:10,1002/aur.81. PMID 19582867.
- [2] Hobart HM, Smith W. (2008). 33(1-2): 37-47.
- [3] Rieff, C., Terwoget, M.M., & Stockmann, L. (2010). *Journal of Autism and Developmental Disorders*, 30,195-203.
- [4] Ogeston, Paula, L., Mackintosh, Virginia, H. & Myers, Barbara, J. (2013), 5(4), 1378-1384.
- [5] Koydemir, S. & Tosun, U. (2014). *Procedia and Behavioral Sciences*, 1, 2534- 2540.
- [6] Shams, G., Karam Ghadiri, N., Esmaili, Y., Rahiminezhad, F. and Ebrahim Khani, N. (2006). *Journal of Cognitive Science*, 8(2), pp. 53-65.
- [7] Straus, Murray A. (1979). *Journal of Marriage and the Family* 41 (1): 75–88.
- [8] Dibaji Foroushani, F. (2008). (unpublished master's thesis). Islamic Azad University, Roudehen, Tehran.
- [9] Hosseini,F.(2006). *Iran Journal of Nursing (IJN)*, Volume 14 , Number 56 ; Page(s) 86 To 89.
- [10] Hosseinian, S. and Shafienia, A. (2005). *New Thoughts on Education*, Vol. 1, Issue 4, pp. 7-22.
- [11] Afshari, R. (2004). PhD thesis, University of Social Welfare and Rehabilitation, Tehran.
- [12] Shu, B. C., Lung, F. W., Chang, Y. Y. (2000). *Journal of Medical Science*, 16(6), 308-314.
- [13] Gray, D. (2003). *Gender and coping: Social Science and Medicine*, 56, 631-642.
- [14] Lloyd, T. J. & Hastings, R. (2009). *Journal of Intellectual Disability Research*, 53, 9657 -9668.
- [15] Baron-Cohen, S. (2008). *Basil Blackwell*, 26(1), 233-251.