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## “Imagine the World...” – About Youth Hopelessness, Sleep Disorder and Alcohol Abuse

The sense of hopelessness often accompanies adolescents, not only because of their developmental age but also the reality in which they function on a daily basis. Their closest environment, understood as home and school, involves many factors of the risk of a psychological crisis in the life of a young person. The sense of hopelessness is one of the diagnostic criteria to which particular attention should be devoted when diagnosing anxiety and depression disorders or generalized anxiety disorder (Kendler *et al.* 1992). Sleep disorders and alcohol abuse, which may coexist with the sense of hopelessness, are additional risk factors – affecting not only young people’s current quality of life but also the direction of their future development. The analysis I have carried out corresponds to the measurement of the sense of hopelessness in teenagers performed by Agnieszka Kulik and Elżbieta Sądel (2013). This study demonstrated that anxiety and low quality of life determine the sense of hopelessness in youth. The topic of the sense of hopelessness and depressiveness has been the subject of interest of researchers for many years. It is very important from the point of view of the need to support the correct development of young people. This knowledge, acquired on the basis of thorough research, constitutes a significant element of preventive mental health work. In view of the above, I decided in particular to analyse a selected scope of the manner of the mental functioning of the school youth in the context of the sense of hopelessness and selected mental disorders. The topic in question takes on an additional significance when discussed against the background of sleep disorders and alcohol abuse. The absence of sleep and continued intoxication with alcohol affect the quality of life – in particular at the key stages of human mental and physical development. This may contribute to a general lowering of the concentration on tasks and motivation to reach the anticipated goals, and even to development of escape behaviours, including a resignation from the already undertaken activities such as systematic school attendance or studying for examinations.

The sense of hopelessness is typically analysed in the context of depression. Aaron T. Beck turned particular attention to problems related to the measurement of pessimism, developing the Hopelessness Scale (Beck *et al.* 1974). Since the depressive triad he proposed originates from the cognitive model of depression, it is

also referred to as a cognitive triad. It is understood as the existence of negative thoughts in three areas of thinking: thinking about oneself, about the world, and about the future (Grzesiuk 2006). In Poland, this topic has been discussed by Piotr Oleś, who in cooperation with Andrzej Juros developed a Polish adaptation of the scale (Oleś, Juros 1985–1986). The sense of hopelessness is a certain way of self-perception, which is specific in view of a systematic incorrect explanation of the acquired experience, expectation of negative results of one's own actions, and execution of significant life goals without an objective foundation (Oleś 1996). The scale in question is directly related to the third element of Beck's depressive cognitive triad – the negative and pessimistic assessment of the future (Stach 1991). The tool consists of twenty statements to which the respondents answer in a positive or a negative way depending on whether or not they agree with them. The larger the score, the higher the persons' sense of hopelessness. The total score ranges between 0 and 20 points. The result of 0–3 reflects an absence of the sense of hopelessness, the score of 4–8 its minimum degree, 9–14 its moderate degree, while 15 points or more are tantamount to a deep sense of hopelessness. The scale is among the frequently used measurements of the quality of life and general mental welfare. It has been used, for example, by Janusz Czapiński (Czapiński 2004), Romuald Derbis (Derbis 2000), and Paweł Boski (Boski, Jarymowicz, Malewska-Peyre 1992). The reliability of the scale, depending on the population studied and the method used, ranges from 0.65 to 0.93, which makes it satisfactory (Wnuk, Hędzulek 2008).

To diagnose mental disorders in youth, the *Primary Care Evaluation of Mental Disorders Patient Health Questionnaire* [PRIME-MD – PHQ] was used (Spitzer, Kroenke, Williams 1992). It is only a screening tool designed for a primary evaluation of potential disorders. Here, primary evaluation is understood as a preliminary diagnosis requiring further, more in-depth diagnostics to confirm or deny the disturbing symptoms. These were categorized into five groups of the most frequent mental disorders: somatisation, anxiety and depression disorders, alcohol abuse, and eating disorders. In view of a deficit of precise data on the somatic health of the respondents, the diagnosing of somatization was intentionally omitted. However, without any doubt, this is a very significant area of general human welfare and should not be omitted in the presence of comprehensive data.

The study was aimed at checking the level of hopelessness and selected mental disorders most frequently diagnosed among school youth. It was assumed that the knowledge acquired as a result of the study would allow a preliminary diagnosis in selected classes, thus increasing a chance for early intervention, preventing the emergence of some problems.

The study was carried out on a group of 71 persons of legal age, composed of 69% girls and 31% boys. They were students of secondary schools – all attending the final year class. Participation in the study was voluntary and anonymous. Before the students started to fill in the tests, they were informed about the aim and course of the study in which they had decided to take part. The results showed that 43.7% of the young respondents do not experience hopelessness, 35.2% feel a minimal sense of hopelessness, 14% present a mild level of hopelessness, and

7.1% suffer from a deep sense of hopelessness. This means that the sense of hopelessness is felt by more than a half of the respondents (56.33%). Additionally, the study revealed that the disorders most frequently experienced in this group of persons include sleep disorders (48.57%) and a tendency for alcohol abuse (21.43%). Sleep disorders may be suffered by persons experiencing emotional tension and a difficult time. They may also be related to circadian rhythm disorders, which is important for the diagnosis of depressive disorders. Research shows that among children and youth with mental disorders, problems with sleep are a frequently occurring coexisting irregularity that it is very difficult to treat (Krysiak-Rogala, Jernajczyk 2013). Problems with falling asleep, insomnia or excessive sleep are often ignored not only by teenagers themselves, but also by their families. The current model of functioning in the society assumes a fast professional development and multitasking during the performance of often contrasting activities, which causes an excess of duties. Dissatisfaction with the results of one's work and decreased motivation or concentration are only some of the elements of chronic tiredness young people increasingly experience. A drive for success and being the best causes people to expect a lot from themselves. Apart from this, their closest environment presents increasingly growing demands. The constantly growing demands at home or school may considerably discourage activity, and foster a search for “imaginary worlds”, where the reality is created by the desire for the sense of safety and never-ending pleasure, soothing the pains of the soon commencing adulthood. The impossibility to meet the often excessively high ambitions is connected with the lowering of the quality of life and a search for easily available ways of coping with the experienced psychological burden.

As shown above, sleep disorders are very frequent among adolescents, and the share of persons abusing alcohol is also high. A national Polish study devoted to the problem of alcohol consumption revealed that the problem concerns 23% of the study participants (Wojtyła, Bojar, Biliński 2010). It also co-existed with depression (Deas, Brown 2006). It is believed that alcohol abuse is a rule among youth with mental disorders, and that a dual diagnosis should give rise to a special alertness of specialists (Galaif *et al.* 2007).

It results from the research presented that school youth experiences the sense of helplessness and faces consequences of alcohol abuse and sleep disorders. Therefore, it is worth wondering whether there is a relation between the anxiety concerning the future related to the sense of hopelessness and the use of destructive strategies of coping with difficult situations. The strategies adopted by adolescents are possibly ways in which they try to cope with stress. Stress causes changes in the functioning of our bodies at three levels: physiological (e.g. accelerated pulse, increased sweating, muscle tension), psychological (e.g. anxiety, sense of isolation, self-esteem instability) and behavioural (including impulsiveness, sleep disorders, and alcohol abuse). Richard Lazarus and Susan Folkman define coping with stress as the constant changing of cognitive and behavioural efforts aimed at controlling concrete external and internal requirements burdening or exceeding our resources. Lazarus identifies two basic stress-coping functions: the instrumental function

oriented at the problem, and the function relating to the control of unpleasant emotions understood as emotional tension or negative emotional states (Lazarus 1986). The researchers attempted to systematise ways of coping with stress, identifying: confrontation (i.e. defence of one's standpoint), fighting with difficulties to satisfy one's needs, planning of solving the problem (i.e. planned action in response to the stressing situation), distancing oneself (i.e. undertaking an effort aimed at moving the problem away), avoidance (understood as the application of the escape strategy, fantasizing or initiating wishful thinking), self-accusation, self-aggression, self-control taking the form of refraining from experiencing unpleasant emotions, the search for support, and positive revaluation, i.e. the search for and concentration on the so-called good sides to the stressful situation with a view to diminishing the sense of failure or loss (Lazarus 1986).

It is worth discussing the quality of life, mental health and ways of coping with difficult situations in particular with young people. Taking into account the availability of psychoactive substances and a low level of awareness of coping with emotional tension among school youth, the problem in question should be considered a priority. Educational establishments, parents and guardians, should develop their competences in the area of constructive ways of coping with difficult, stressful situations. Schools should deliver classes aimed at development and support in the area of social competences and alternative ways of solving disputes (such as school mediations, including peer ones), and it would be worthwhile to include them in the school's preventive and pedagogical programme. The pedagogical process offers a chance for development and future consolidation of the desired behaviour among youth. It provides a possibility for supporting the correct development of young persons' personalities and preparing them for the difficulties resulting from adult life in a way that is for them.

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## Summary

### *"Imagine the World..." – About Youth Hopelessness, Sleep Disorder and Alcohol Abuse*

Adolescents often experience the sense of hopelessness, not only because of their age and stage of development but also the reality (especially school) in which they function on a daily basis. Hopelessness is one of the diagnostic criteria that should be met during the diagnosis of depressive disorders. It can coexist with sleep disorders and a tendency to alcohol abuse, which are additional risk factors that affect not only the current quality of life, but also the future of young people.

The aim of the study was to search for answers to the question of whether school children experience a sense of hopelessness. Another goal was to combine these results with the possibly comorbid mental disorders and discuss the possible impact of social expectations on the perception of reality by adolescents.

The study was conducted on a group of 71 adult students of the final year in a public secondary school in the Pomeranian voivodship. The research was based on two tools: the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ), which evaluates the symptoms of the five groups of mental disorders, and the Beck Hopelessness Scale. It has been shown that 43.7% of the young people do not experience a sense of hopelessness, 35.2% feel a mild sense of hopelessness, 14% present a moderate level of hopelessness, and 7.1% suffer from a profound sense of hopelessness. In addition, it was discovered that the most common disorders in this group of subjects include sleep disorder (48.57%) and a tendency to alcohol abuse (21.43%).

### Keywords

sense of hopelessness, mental disorders, adolescents

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