# Assessment of behavioral characteristics of patients with depressive disorder variables in psychiatric unit in sulaimani general hospital

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## Abstract:

***The objective of the study is to assessing the behavioral characteristics of patients with depressive Disorder. A descriptive study was conducted with the aim of the study. To obtain reliable and valid data, a questionnaire was developed according to the objectives of the study. A questionnaire consists of 2 parts, each of which aimed at collecting information and data as follows, part(I): general information concerning patient's socio-demographical characteristics, part (II): A list of 40 items describing expected behavioral characteristics in seven aspects. A purposive sample is used which consists of (50) in-patients in psychiatric unit in sulaimani general hospital. The patients and their relatives were interviewed for data collection procedure. The empirical field work was carried out. Descriptive and inferential statistical methods were used in the analysis of the results using mean and SD to describe behavioral characteristics. The findings revealed that the most depressive patients with the age around 35.5 years, mostly female (68%), married (58%), un employed (68%) and have low level of education, as 42% of them have basic education and 36% illiterate. In addition, the findings revealed that high mean score of 12 behavioral characteristics are identified by aspects, in negative self-concept, three behaviors are identified: "patients feel not respected by other" (M=1.84), "where no good qualities" (M=1.54) and" have no self worth" (M=1.50). In social detachment the behavior is "I prefer to sit alone" (M=1.66). In passivity "I feel I am pushed by others to actions when I am not ready" (M=1.560). In somatic complaint, the patient behaviors that have their " appetite (M=2.92), sleep (M=2.88), weight (M=2.66) are not increased. In depressive verbal content "I believe that life is nothing" and "I wish I could get rid of my life" M=1.50 and Abnormal traits "patients believe that people are unfair in interacting with them" (M=1.60).***

**Keywords:** behavioral characteristics, depressive disorders

## 1. Introduction:

Mood disorders are groups of common psychiatric disorder characterized by dysregulation of emotion. Persons exhibiting mood disorders demonstrate a range of emotions, from intense elation or irritability to severe depression. Mood disorders are now viewed as major public health problems. Depression alone has been identified as the fourth _ranked illness in the world, causing burden, morbidity, and mortality throughout many countries [4].

Reviewing the current nosological disciplines available, the DSM-IV [2] described the essential feature of these disorders as a disturbance of mood, characterized by a full or partial manic or depressive syndrome that can not be attributed to other mental disorders. Using the code 296-296.90. In ICD-10 put the group and subdivision under the main heading, mood (affective) disorders, and using the code F30-F39, here below the

comparison of classification of mood disorders by DSM-IV and ICD-10 [9].

Depression is a "whole body" illness that involves emotional, physical, intellectual and spiritual problems [12], depression is a mental disorder typically characterized by pervasive low mood, low self-esteem and loss of interest or pleasure in usual activities. Townsend (2005) Mentioned that depression is one of the most common and treatable mental disorders.

The onset of depression might be sudden into full development and spread over a period of days or weeks or the patient might experience a gradual increase in intensity of sadness and other symptomatic behaviors [6].

The behaviors of depressed patient may be placed on continuum from mild transitory affects of feeling low to severe depression. Mild depression is short-lived and usually triggered by life events, or situations outside the individual. Mild depression is common after suffering an important loss [12]. With mild depression, individuals frequently complain of feeling lost, letdown, or disappointed. Drug or alcohol use is increased during this time. Mild depression is usually self-limiting and subsides as interest in life return to normal [17].

In contrast, moderate depression, dysthymia persist over time. Feelings of depression begin to seriously interfere with activities of living because individuals lack the energy to make it through the day. Physically, they are fatigued (anergia), eating and sleeping difficulties and impaired in sexual functioning. Emotionally, these individuals feel dejected, and unable to find joy in life (Anhedonia). Feelings of hopelessness, and low self-esteem reinforce their negative outlooks. Slowed thought, concentration and failed problem solving skills [18]. Sadock (2007) stated that, persons with moderate level of depression are at higher risk of suicide as their depression increases.

When depression is severe and lasts for more than two weeks, it is called a major depressive episode [12].

The national depressive and manic-depressive Association stated that severe depression encompasses one's whole being. Energy is gone; hope and joy are only meaningless words. Truly, darkness rules. Behaviors associated with severe depressive episode are feeling of worthlessness, guilt, and despaired expressed in every thought, every movement and every activity. Physical appearance declines. Suicide is seen as the only way to cope with misery [12].

Major depressive episode can occur in response to situations, events, and developmental tasks. They are frequently seen in combination with other mental health problems [4].

Frisch (2006) added that about two-thirds of those individuals who have a major depressive episode will recover completely. The other one-third may recover only partially or not at all. People who do not recover completely may have higher chance of experiencing one or more additional episodes.

Morrison (2005) mentioned that, when major depressive episodes routinely repeat themselves, for more than two years, a depressive disorder is diagnosed. It is estimated that 10% - 25% of those who develop major depressive disorder have previously had dysthymic disorder, and each year about 10% of those of the dysthymic disorder will develop a first major depressive disorder [17].

Unfortunately, persons with major depressive disorder have a high mortality rate, up to 15% of individuals with the severe major depressive disorder die by suicide. Statistical evidence also suggests that there is a fourfold increase in death rate in individuals with major depressive disorder who are over 55 years old [2].

Major depressive disorder occurs twice as often in adolescent girls and adult women as in men [11].

Symptoms may begin at any age, but the average age of symptoms onset is in the early twenties years [10]. The course of the disorder is variable, some individuals experience episodes separated by many years, where as others suffer more frequent episodes as they grow older [15].

Morrison (2005) added that families with one depressed member are at an increased risk of other members developing the disorder. Some families appear to be genetically vulnerable to depression.

Severe prolonged depression results in many physical changes and increases one's risk for illness. Major depressive disorder is a truly debilitating disorder [3].

## 2. Patients and methods

This is quantitative design; with descriptive, study carried out to assess the behavioral characteristics of in-patient diagnosed with depressive disorders.

A non-probability, purposive sample was used. Fifty in-patients with depressive disorders selected to be a sample of this study.

Inclusion criteria for sample selection:

The patients must be over 18 years of age, from both sexes, and informed consent giving by patients and key-relative. The sample was in-patient admitted to psychiatric unit.

Exclusion criteria for sample selection:

- Patients who are bipolar mood disorders.
- Patients who have other psychiatric disorders

The study is confined to psychiatric in-patient unit of general hospital in Sulaimani city. This unit serves mentally ill patients of both sexes. It is composed of two wards; male ward in the first floor, and female ward in the second floor. Each ward is composed of two rooms for patients and each contains 6 beds. There are rooms for interviewing patients, rooms for ECT treatment and recovery, and other room for the staff and this Hospital receiver patients from large geographical area of Suliamani.

A questionnaire was constructed mainly to assess the behavioral characteristics of patient diagnosed with depressive disorder. The constructions of items were based on the following scientific resources:-

1. The extensive review of related literature and studies.
2. Behaviors associated with depression listed by Morrison (2005).
3. The behavioral patterns of depressed patient's list by Al-Chani (1989).
4. Study was carried out on 10 patients with major depressive disorder selected randomly from in-patient psychiatric unit. The family key-informant and patients were interviewed by the researcher to identify behavioral characteristics of patient's.

The initial questionnaire was subjected to test of validity and reliability. The final draft of the questionnaire includes:

Part (1):

Socio-demographical data of patients with depressive disorder, to obtain general information and including:
Age, gender, marital states, level of education, occupation.

Part (2):

A list of 40 items most commonly used to characterize depressive behavior in terms of:

1. Negative self concept (include ten items, from item No. 1 to No. 10)
2. Social detachment (include four items, from item No.11 to No. 14)

3. Emotional instability (include two items, from item No. 15 to No.16)
4. passivity (include three items, from item No.17 to No.19)
5. Somatic complaints (include eight items, from item No.20 to No. 28)
6. Depressive verbal content (include seven items, from item No.29 to No.35)
7. Abnormal traits (include five items, from item No.36 to No.40)

The respondents were asked to give their view on the items according to likert scale. It is three point rating scale (agree, undecided, disagree). These rating have been scored as follows: agree=1, undecided=2, disagree=3.

The statistical procedures were applied to determine the results of present study include:

1. Descriptive statistics

This approach includes following statistics:

a. Percentage (%) to calculate the description of sample.
b. Frequency ( f )

2. Mean and standard deviation to estimate the value of some data.

- ♦ Arithmetic means (X):
- ♦ Mean of score (M.S):
- ♦ Standard deviation:

## 3. Results:

It appears from the table (1) that most frequent age group is 19-28 years and represents 38%, and least frequent group of 59-over (6%), the mean of the ages 35.56, SD±13.820. Most of the patients were females (68%), married (58%). The table reveals that most of the patients were with basic education (42%), illiterate (36%), and 6% of them are graduated from the institute and 8% of them are graduated from the university. Also table (1) shows that most of the patients are unemployed and represents (68%).

**Table (1): Distribution of the sample according to their socio-demographic characteristics**

| characteristics | Fr | % | M | SD± |
|---|---|---|---|---|
| Age | | | | |
| 19-28years | 19 | 38 | 35.56 | 13.820 |
| 29-38 years | 14 | 28 | | |
| 39-48 years | 7 | 14 | | |
| 49-58 years | 7 | 14 | | |
| 59-over years | 3 | 6 | | |
| Total | 50 | 100 | | |
| Gender | | | | |
| Male | 16 | 32 | | |
| Female | 34 | 68 | | |
| Total | 50 | 100 | | |
| Marital Status | | | | |
| Single | 18 | 36 | | |
| Married | 29 | 58 | | |
| Widow/Widower | 3 | 6 | | |
| Total | 50 | 100 | | |
| Educational Level | | | | |
| Illiterate | 18 | 36 | | |
| Basic | 21 | 42 | | |

| | | | | |
|---|---|---|---|---|
| preparatory | 4 | 8 | | |
| Institute | 3 | 6 | | |
| College | 4 | 8 | | |
| Total | 50 | 100 | | |
| Employment | | | | |
| Employed | 16 | 32 | | |
| Unemployed | 34 | 68 | | |
| Total | 50 | 100 | | |

**Table (2) Distribution of the sample's responses in negative self-concept aspect**

| No | Items / Responses | Frequency | | | | | | Descriptive | |
|---|---|---|---|---|---|---|---|---|---|
| | | A | % | U | % | D | % | M | SD± |
| 1 | I feel that I am a person with no good qualities. | 31 | 62 | 4 | 8 | 15 | 30 | 1.680 | 0.913 |
| 2 | I am unable to do things as most other people do. | 41 | 82 | 1 | 2 | 8 | 16 | 1.340 | 0.745 |
| 3 | On the whole, I am not satisfied with myself. | 42 | 84 | 1 | 2 | 4 | 14 | 1.300 | 0.707 |
| 4 | I feel I do not have much to be proud of. | 39 | 78 | 4 | 8 | 7 | 14 | 1.360 | 0.721 |
| 5 | I feel that I am an individual with no self worth. | 36 | 72 | 3 | 6 | 11 | 22 | 1.500 | 0.839 |
| 6 | I feel guilty upon my behaviors. | 42 | 84 | 1 | 2 | 7 | 14 | 1.300 | 0.707 |
| 7 | I feel that I am not respected by my family. | 29 | 58 | 0 | 0 | 21 | 42 | 1.840 | 0.997 |
| 8 | I believe that I am an unsuccessful person. | 36 | 72 | 9 | 18 | 5 | 10 | 1.380 | 0.666 |
| 9 | I feel that I have negative attitude to myself. | 42 | 84 | 2 | 4 | 6 | 12 | 1.280 | 0.671 |
| 10 | I am not certain about my future. | 35 | 70 | 3 | 6 | 12 | 24 | 1.540 | 0.862 |

*A=Agree, U=Undecided, Disorder=Disagree, M=Mean, SD=standard deviation

It appears from the table (2) that the higher frequent responses are 3 items, the first "On the whole, I am not satisfied with myself", "I feel guilty upon my behavior", "I feel that I have negative attitude to myself" (84%) for each item and least frequent responses is "I feel that I am not respected by my family" (58%).

Concerning the descriptive results, the highest mean related to the items "I feel that my family does not respect me" (M=1.840, SD±0.997). The least mean relating to the item "I feel that I have negative attitude to myself "(M=1.280, SD=±0.666)".

The table shows that the mean score for patient's self-response regarding all items of negative self-concepts aspect ranged from 1.280, SD∓0.671 to 1.84, SD∓0.997. The table shows that higher

mean score thus are above the cut-off-point mean score (1.5) which is statistically accepted as results in negative self-concept are four items and they representing behavioral characteristics in this aspect. The higher one "I feel that I am not respected by my family, mean=1.840, SD∓0.997, which is followed by the item " I feel that I am a person with no good qualities, mean=1.68, SD∓0.91". The item " I am not certain about my future, mean=1.54, SD∓0.862" and the last one " I feel that I am an individual with no self worth, mean=1.5, SD∓0.839". The other items in this aspect are below the cut-off-point mean score 1.5 and not accepted statistically. The accepted results indicate that low self-concept exist among depressed patient.

**Table (3) Distribution of the sample's responses in social detachment aspect**:

| No | Items \ Responses | Frequency | | | | | | Descriptive | |
|---|---|---|---|---|---|---|---|---|---|
| | | A | % | U | % | D | % | M | SD± |
| 11 | I feel I am alone even when I am with group. | 37 | 74 | 5 | 10 | 8 | 16 | 1.420 | 0.758 |
| 12 | I prefer to sit alone. | 33 | 66 | 1 | 2 | 16 | 32 | 1.660 | 0.939 |
| 13 | I dislike communicate and exchanging jokes with others. | 38 | 76 | 0 | 0 | 12 | 24 | 1.480 | 0.862 |
| 14 | am turning away from speaker | 45 | 90 | 1 | 2 | 4 | 8 | 1.180 | 0.560 |

*A=Agree, U=Undecided, Disorder=Disagree, M=Mean, SD=standard deviation

The table (3) shows that the higher frequent responses occur in the item "I am turning away from speaker" represents 90%", followed by the item "I dislike communicating and exchanging jokes with others", which represents 76% and the least one "I prefer to sit alone" 66%.

Concerning the descriptive statistic, the highest mean score relating to the item "I prefer to sit alone"(M=1.660, SD±0.939). The least mean score relating to the item "turning away from the speaker "(M=1.180, SD±0.560).

The table shows that higher mean score which are above the cut-off-point mean score (1.5). In this aspect there is only one item and it represents the behavioral characteristics and the item " I prefer to sit alone" M=1.66, SD∓0.939. The other items were under the cut-off-point (1.5).

**Table (4): Distribution of sample's responses in emotional instability aspect**

| No | Items \ Responses | Frequency | | | | | | Descriptive | |
|---|---|---|---|---|---|---|---|---|---|
| | | A | % | U | % | D | % | M | SD± |
| 15 | I feel suddenly angry | 45 | 90 | 0 | 0 | 5 | 10 | 1.200 | 0.606 |
| 16 | I can not control my emotion | 44 | 88 | 1 | 2 | 5 | 10 | 1.220 | 0.657 |

*A=Agree, U=Undecided, Disorder=Disagree, M=Mean, SD=standard deviation

The table (4) shows that the higher frequent patient's responses in the item "I feel suddenly angry" represents (90%), and least frequent responses in the item "I cannot control my emotion" (88%). Concerning the descriptive result, the highest mean score relating to item "I cannot control my emotion "(M=1.220, SD±0.657). The least mean score is related to item "I feel suddenly angry "(M=1.200, SD±0.606).

This table reveals that the mean score of two items, "I feel suddenly angry (M=1.200, SD±0.606)" and "I can not control my emotion (M=1.220, SD±0.657)" relating emotional instability.

**Table (5): Distribution of samples responses regarding the aspects of Passivity aspect**

| No | Responses / Items | Frequency | | | | | | Descriptive | |
|---|---|---|---|---|---|---|---|---|---|
| | | A | % | U | % | D | % | M | SD± |
| 17 | I allow my problems to accumulate without taking action. | 42 | 84 | 1 | 2 | 7 | 14 | 1.300 | 0.707 |
| 18 | I avoid the difficult situations. | 42 | 84 | 4 | 8 | 4 | 8 | 1.240 | 0.591 |
| 19 | I feel I am pushed by others to actions when I am not ready. | 36 | 72 | 0 | 0 | 14 | 28 | 1.560 | 0.907 |

*A=Agree, U=Undecided, Disorder=Disagree, M=Mean, SD=standard deviation

The table (5) shows that the higher frequent responses occur in items "I allow my problems to accumulate without taking action" and "I avoid the difficult situations" represent 84% for each item, and the least frequent response is "I feel I am pushed by others to actions when I am not ready" represent 72%".

Concerning the descriptive result, the highest mean score is for item "I feel I am pushed by others to actions when I am not ready" (M=1.560, SD±0.907). The least mean score for the item "I avoid the difficult situations" (M=1.240, SD±0.591).

It appears from this table, that higher mean score in Passivity aspect is only one item and it is, "I feel I am pushed by others to actions when I am not ready" (M=1.560, SD±0.907) .

It appears from this table, that higher mean score in Passivity aspect is only one item and it is, "I feel I am pushed by others to actions when I am not ready" (M=1.560, SD±0.907) .

**Table (6): Distribution of sample responses in somatic complaints aspect**

| No | Responses / Items | Frequency | | | | | | Descriptive | |
|---|---|---|---|---|---|---|---|---|---|
| | | A | % | U | % | D | % | M | SD± |
| 20 | I feel that my weight is decreased | 35 | 70 | 8 | 16 | 7 | 14 | 1.440 | 0.732 |
| 21 | I feel that my weight is increased | 6 | 12 | 5 | 10 | 39 | 78 | 2.666 | 0.688 |
| 22 | I feel that my health is not good. | 47 | 94 | 0 | 0 | 3 | 6 | 1.120 | 0.479 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 23 | At times I have headache | 49 | 98 | 0 | 0 | 1 | 2 | 1.040 | 0.282 |
| 24 | My appetite is poor | 43 | 86 | 0 | 0 | 7 | 14 | 1.280 | 0.701 |
| 25 | My appetite has increased. | 2 | 4 | 0 | 0 | 48 | 96 | 2.920 | 0.395 |
| 26 | My sleep has increased | 3 | 6 | 0 | 0 | 47 | 94 | 2.880 | 0.479 |
| 27 | My sleep decreased. | 42 | 84 | 0 | 0 | 8 | 16 | 1.320 | 0.780 |
| 28 | At times I have constipation | 44 | 88 | 0 | 0 | 6 | 12 | 1.240 | 0.656 |

*A=Agree, U=Undecided, Disorder=Disagree, M=Mean, SD=standard deviation

It appears from the table (6) that the higher frequent responses related to the item "I have headache" represents"98%. The least frequent item is that "my appetite has increased" represents 4%.

This table reveals that three items out of nine items relating to somatic complaints with mean scores higher. The disagreement responses of patient represent 96% to item "My appetite has increased" the patient's disagree 96%, M=2.92, SD∓0.395, the other items "My sleep has increased" the patient's disagree response represents 94%, M=2.880, SD∓0.479, the last one "I feel that my weight is increased" the patient's disagree response 78%, M=2.66, SD∓0.688. The patient's responses of these items contrast. These three items represent behavioral characteristics in this aspect.

**Table (7): Distribution of samples responses in depressive verbal content aspect**

| No | Responses / Items | Frequency | | | | | | Descriptive | |
|---|---|---|---|---|---|---|---|---|---|
| | | A | % | U | % | D | % | M | SD± |
| 29 | I feel that I hold the sadness of people | 46 | 92 | 0 | 0 | 4 | 8 | 1.160 | 0.548 |
| 30 | I feel that tired in my life | 45 | 90 | 3 | 6 | 2 | 4 | 1.140 | 0.452 |
| 31 | I always want to cry | 44 | 88 | 1 | 2 | 5 | 10 | 1.220 | 0.615 |
| 32 | I feel very sad with out any cause | 38 | 76 | 0 | 0 | 12 | 24 | 1.480 | 0.862 |
| 33 | I wish I could get rid of my live | 37 | 74 | 1 | 2 | 12 | 24 | 1.500 | 0.863 |
| 34 | I believe that life is nothing. | 37 | 74 | 1 | 2 | 12 | 24 | 1.500 | 0.863 |
| 35 | I feel that I have no desire in life. | 39 | 78 | 2 | 4 | 9 | 18 | 1.400 | 0.782 |

*A=Agree, U=Undecided, Disorder=Disagree, M=Mean, SD=standard deviation

It appears from the table (7) that the higher frequent responses represent item "I feel that I hold the sadness of people" (92%), followed by "I feel that tired in my life" 90%. In addition, the least frequent items "I wish I could get rid of my live" and "I believe that life is nothing" represents 74% for each items.

The table indicates that the mean score for patient's self-response regarding items of depressive verbal content aspect ranged from 1.500, SD∓0.863 to 1.140, SD∓0.452.

It appears from the table (7) that the higher mean score related to the items" I wish I could get rid of my life" M=1.50, SD∓0.863 and "I believe that life is nothing" M=1.50, SD∓0.863, these two items represent behavioral characteristics in this aspect.

**Table (8): Distribution of sample responses in abnormal traits aspect**

| No | Responses / Items | Frequency | | | | | | Descriptive | |
|---|---|---|---|---|---|---|---|---|---|
| | | A | % | U | % | D | % | M | SD± |
| 36 | I have fear with no cause | 42 | 84 | 1 | 2 | 7 | 14 | 1.300 | 0.707 |
| 37 | I see trouble dreams often | 42 | 84 | 1 | 2 | 7 | 14 | 1.300 | 0.707 |
| 38 | I feel that people are unfair in interacting with me | 41 | 82 | 0 | 0 | 9 | 18 | 1.600 | 0.782 |
| 39 | I am in doubt with my abilities to create work | 43 | 86 | 0 | 0 | 7 | 14 | 1.280 | 0.701 |
| 40 | At times my thought is suddenly blocked | 45 | 90 | 1 | 2 | 4 | 8 | 1.180 | 0.560 |

*A=Agree, U=Undecided, Disorder=Disagree, M=Mean, SD=standard deviation

It appears from the table (8) that the higher frequent responses found in the item "at times my thought is suddenly blocked" represents 90%, and the least frequent responses related to item "I feel that people are unfair in interacting with me" represents 82%.

The table indicates that the mean score for patient's self-response regarding items of abnormal traits aspect ranged from 1.600, SD∓0.782 to 1.180, SD∓0.560.

The table (8) shows that one item out of five items was statistically accepted and its mean score 1.6, SD∓0.782, this item is "I feel that people are unfair in interacting with me". This item represents behavioral characteristics in this aspect.

## 4. Discussion:

These results are in agreement with [16] who found that generalized negative view the self is a distinguishing feature of depression. Also Winokur (1994) found that low self-esteem linked to high level of depression. The result of this study indicates that negative self-concept identified with 4 items and they represent the behavioral characteristics in this aspect of patient with depressive disorder (Table 2).

The item of this aspect indicates that the patient expresses social-isolation behavior. That is similar to Fortinash (2000) who mentioned that social withdrawal is common with depression and interpreted that, client's gets no satisfaction from outings or activities with family and friends, they added that Client's mood state and negativity may prevent people from wanting to be with them and will increase their isolation from others (Table 3).

The result of this table was in contrast with result of Al-Chani (1989) who found the emotional instability is one of main feature of behavioral pattern of depressive patient (Table 4).

The results of the table (5) are in agreement with Al-Chani (1989). Morrison (2005) stated that passivity might be expression of aggression toward others as indirect and nonassertive ways; covert hostility and resentment masked over compliance and passive.

The disagreement self-response of these items, these patients they have no weight gain, no increased appetite and no increased sleep (items No.21, No. 25, and No.27). Although the other three items give such explanation but they are below cut-off-point, it means that patient may understand these items better than the others, because of their fluctuation in this aspect (Table 6).

These two items are expression of recurrent thought of death and with excessive focus on worthlessness. this result is in agreement with many studies [1], also this result goes with explanation mentioned by Fortinash (2000) who stated that thoughts of suicide may occur in a large portion's of depressive clients, and negative thinking is often apparent with the feeling of worthlessness and they added that clients ruminate about past deeds and their negative view of themselves and the world (Table 7).

Some studies, Muhsin (1989) and Al-Chani (1989) found that occurrence of depression often incorporates overly high expectation of self and others that is converted in early worth linked with fulfillment of such expectations and approval that follow from significant others, when expectation of self and others are unrealistic, person may manifest his reaction into disappointment and low self-esteem (Table 8).

## 5. Conclusions:

In regard to assessment of behavioral characteristic in each aspect, it is concluded that:

1. In negative self- concept, four behavioral characteristics identified .Negative self- concepts mean disability behaviors reflected in powerlessness, hopelessness, and purposeless.
2. In social detachment, one behavioral characteristics. This means that depressive patients have poor capacity to establish relationship with other and according to NANDA (North American Nursing Diagnoses Association) that these patients were diagnosed with social-withdrawal pattern of behavior.
3. Passivity is identified in terms of " pushed by others to actions when they feel not ready (M=1.56). This behavioral characteristic is closely related to masked hostility and aggression and the nurse should be aware of this behavior for safety measure.
4. Somatic complaints identified with three behavioral characteristics. It is concluded that somatic concomitants are expression feeling and emotions because the depressed patient in this study they have incapacity to verbalize their emotions in greater social accepted stander level.
5. Depressive verbal content is expressed in two behavioral characteristics. It is indicated a negative thinking apparent with suicidal ideation and worthlessness.
6. Abnormal traits are identified by one behavioral characteristic .Delusion is persistence among these patients.

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# هەڵسەنگاندنی شێوازی هەڵسوکەوتی ئەو نەخوشانەیە کەخەمۆکیان هەیە لەنەخۆشخانەی گشتی سلێمانی یەکەی دەروونی

**ئارەزوو عادل جاسم**
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## پوختە

**بە پێی ئەم ئامانجە ئامادەکراوە، ئامانجی گشتی ئەم توێژینەوەیە هەڵسەنگاندنی شێوازی هەڵسوکەوتی ئەو نەخوشانەیە کەخەمۆکیان هەیە. ئەم توێژینەوەیە توێژینەوەیەکی لێکۆڵینەوەی (وەسفی) یە، بۆ بەدەست هێنانی داتایەکی باوەر پێ کراو وياسیی بێ وە پرسیار نامەکە پەرەی پێ دراوە. پرسیار نامەکە پێکهاتوە لە دوو بەش: بەشی یەکەم زانیاری گشتی نەخۆشەکە بە پێی دیمۆگرافی کۆمەلایەتیکەی. بەشی دووەم بە پێی هەڵسوکەوتی نەخۆشەکە. سامپلی توێژینەوەکە بە شێوەی هەڕەمەکی هەڵبژێرا کە لە (50) نەخۆش پێکهاتبو کە نەخۆشی خەمۆکیان هەبوو وە سەردانی یەکەی دەروونی لە نەخۆشخانەی گشتی سلێمانییان کردووە. شێوازی چاوپێکەوتن بەکارهینرا بۆکۆکردنەوە زانیاری لە نەخۆش و کەس و کاریان، توێژینەوەکە بەشێوەیەکی پراکتیکی ئە نجامدراوە سەرەتایی توێژینەکە لە کۆتایی شوباتی 2010 وە دەستی پێکرد تا سەرەتایی شوباتی 2011 کۆتایی هات.بۆ شیکردنەوەی دەرئە نجامی توێژینەوەکە ئاماری وەسفی و شیکردنەوە بەکار هێنراوە. دەرئە نجامی توێژینەوەکە دەریخست کە ئەو نەخۆشانەی خەمۆکیان هەیە، ناوەندی تەمەنیان 35.5 ساڵە، بەزۆری ئافرەتن 68٪، زۆربەیان خێزاندارن 58٪ ، ڕادەی خوێندەواریان نزمە 42٪ خوێندنی بنەڕەتی ، 36٪ نەخوێندەوارن ، زۆربەیان بێ ئیشن 68٪ . لەگەڵ ئەوەیشدا، دەرئە نجامی توێژینەوەکە دەریخست ئەو نەخۆشانەی کە خەمۆکیان هەیە وە ناوەندی هەڵسوکەوتەیان بەرزە ، ئەویش 12 هەڵسوکەوتن: بیرۆکە خراپەکانی خۆی 3هەڵسوکەوتن (نەخۆشەکە واهەست دەکات هیچ ڕێزێکی نیە لە لایەن خەڵکەوە (M=1.84)، جۆری بیرکردنەوەیان باش نیە (M=1.54)، کەسێکی بێ بەهایە (M=1.50).جیابونەوەی کومەلایەتی (حەز دەکەم بە تەنها دابنیشم (M=1.66).سستی (حەزناکەم هیچ کارێك نە نجام بدەم وەهەرکارێك نە نجام نەدەم کەسانی تر پێم دەکەن (M=1.56).(سکالای لەش(جسدی).(دڵبردن(شهیه) (M=2.92)، خەو (M=2.88). کێش (M=2.66) ئەمانە زیاد ناکەن.ناوەرۆکی زارەکی کەسانی خەمناك (وا هەست دەکەم ژیان هیچ نیە وە حەزدەکەم لەم ژیانە دەربچم (M=1.50). ڕوخساری ناسروشتی (نەخۆشەکە وا هەست دەکات کە هیچ کەس راست گۆنیە لە گەڵیدا (M=1.60).