



**NEAR EAST UNIVERSITY**  
**GRADUATE SCHOOL OF SOCIAL SCIENCES**  
**GENERAL PSYCHOLOGY MASTER PROGRAM**

**MASTER THESIS**

**THE ANXIETY AND DEPRESSION LEVELS AMONG  
INTERNALLY DISPLACED IN KURDISTAN REGION  
OF IRAQ**

**NIZAR ISMAT ALI**

**20135424**

**SUPERVISOR: ASSIST.PROF.DR. ZIHNIYE OKRAY**

**NICOSIA – 2015**



**NEAR EAST UNIVERSITY**  
**GRADUATE SCHOOL OF SOCIAL SCIENCES**  
**GENERAL PSYCHOLOGY MASTER PROGRAM**

**MASTER THESIS**

The Anxiety And Depression Levels Among Internally Displaced People In  
Kurdistan Region Of Iraq

Prepared by: Nizar Ismat Ali

**Examining Committee in Charge**

**Prof. Dr. Mehmet ÇAKICI**

**Chairperson of the committee**

**Psychology Department**

**Near East University**

**Assoc. Prof. Dr. Ebru Tansel ÇAKICI**

**Department of the Psychology**

**Near East University**

**Assist. Prof. Dr. Zihniye OKRAY**

**(Supervisor)**

**Psychology Department**

**European University of Lefke**

**Approval of the Graduate School of Applied and Social Sciences**

**Prof. Dr. Çelik Aruoba – Dr. Muhittin Özsağlam**



## DEDICATION

*I would like to dedicate this thesis to those who devoted their lives in order to provide me with the opportunity to improve myself; to my wonderful and great family and especially my mother who gave me a great support, encouragement and patience.*

*I sincerely dedicate this work to the soul of my late father whose advice is still in echoing in my head and brightening my way.*

## **ACKNOWLEDGEMENTS**

I would first like to express my deepest and great appreciations to Almighty and Gracious Allah for giving me the ability and patience to complete this work.

My sincere thanks go to my thesis advisor Assist. Prof. Dr. Zihniye Okray for her professional advice, support and encouragement. Without her support, this thesis would have never been completed.

Many thanks are offered to my family; especially my parents who believed in me and gave me enough love and support that brought me to this point. I also would like to thank my mother; her encouragements and sacrifices through this long process stimulated me to finish this work. Special thank goes to my friends who supported me to finish this work.

## Özet

Bu çalışma 2012-2015 yılları arasında DAESH Terör Örgütü'nün saldırıları sonucunda Irak'ın diğer bölgelerinden Irak'ın Kürdistan Bölgesine göç etmiş bireylerde psikolojik sorunların özellikle depresyon ve kaygı düzeylerine olduğunu tesbit etmeye yöneliktir.

Bu çalışmada sığınma kamplarında kalan kadın ve erkekler örneklem olarak kullanılmıştır. Zakho ve Dohuk da bulunan Chamisko ve Domiz isimli iki kampta bulunan 90'ı kadın ve 83'ü erkek olan toplam 173 katılımcı araştırmanın örneklemine oluşturmaktadır. Katılımcılar iki gruba ayrılmıştır. (87 göçmen, ve 86 göçmen olmayan). Nicel bir çalışma ile verilere ulaşılmıştır. Katılımcılara araştırmacı tarafından hazırlanan sosyo demografik bilgi formu ve Depresyon, Kaygı ve Stres Ölçeği (DASS) uygulanmıştır. DASS Lovibond & Lovibond tarafından 1995 yılında geliştirilmiştir.

Toplanan nicel veriler SPSS programıyla analiz edilmiştir. Göç yaşayan bireylerin daha yüksek depresyon ve kaygı düzeyleri olduğu tesbit edilmiştir. Bulgular aynı zamanda kadınların erkeklere oranla daha yüksek kaygı ve depresyon düzeyleri olduğunu da göstermiştir.

Bu araştırmanın sonucunda göç eden bireylerin psikolojik sorunları olduğu saptanmıştır. Bu bireylere acilen psikolojik destek gerekmektedir.



## ABSTRACT

The present study was designed to investigate the impact of psychological problems such as anxiety and depression among the people who had been internally displaced from other parts of Iraq and inhabited mostly in Kurdistan Region of Iraq in (2012-2015) due to some constant attacks from a group of terrorists named ISIS.

The present study sampled male and female immigrants who inhabit in the refugee camps in Kurdistan region. 173 participants, (90 female and 83 male) were selected from two camps (Chamisko and Domiz), and the same displaced people from Zakho and Dohuk, participated in this study. The participants were divided into two groups (87 displaced people and 86 non-displaced one). A quantitative research method was utilised to collect data. The participants were administered with a personal information questionnaire prepared by the researcher and the Depression Anxiety Stress Scale (DASS) questionnaire developed by Lovibond & Lovibond, 1995.

The quantitative data were collected and analysed by the SPSS program. The internally displaced people had higher level of Anxiety and Depression than non-displaced people. Findings also, reported that women had higher level of anxiety and depression than men.

The results of the study show that the internally displaced people have experienced some of the psychological disorders hence psychological support for them is very necessary to prevent them from psychological disorders.

## TABLE OF CONTENTS

<b>DEDICATIONS .....</b>	<b>i</b>
<b>ACKNOWLEDGMENT .....</b>	<b>ii</b>
<b>ÖZET .....</b>	<b>iii</b>
<b>ABSTRACT.....</b>	<b>iv</b>
<b>TABLE OF CONTENTS .....</b>	<b>v</b>
<b>LIST OF TABLES .....</b>	<b>viii</b>
<b>LIST OF ABBREVIATIONS .....</b>	<b>ix</b>
<b>1. INTRODUCTION .....</b>	<b>1</b>
1.1 Immigration .....	1
1.2 Internal Displacement.....	2
1.3 IDPs and Refugees .....	2
1.4 The Psychological Problems .....	3
1.4.1 Anxiety .....	3
1.4.1.1 The Effects of Anxiety.....	4
1.4.1.2 The Warning Signs (common symptoms) of Anxiety .....	5
1.4.2 Post-Traumatic Stress Disorder (PTSD) .....	6
1.4.3 Depression .....	6
1.5 Related Studies .....	9

<b>2. METHODOLOGY .....</b>	<b>15</b>
2.1 Aim of the Study .....	15
2.2 statement of the problem .....	15
2.3 Purpose of the study .....	16
2.4 Research questions .....	16
2.5 Hypothesis of the study .....	16
2.6 Participants of the study .....	17
2.7 Research instrument .....	17
2.8 Reliability and validity of the questionnaire Kurdish version .....	18
2.9 Pilot study .....	18
2.10 Procedure of the study .....	18
2.11 Data analysis .....	19
<b>3. DATA RESULTS AND ANALYSIS.....</b>	<b>20</b>
3.1 General Information about the Participants .....	20
3.2 Result Analysis Related to Research Question 1 .....	22
3.2.1 The Comparison of Anxiety According to Internally Displaced and Non- Internally Displaced .....	22
3.2.2 The Comparison of Depression According to Internally Displaced and Non- Internally Displaced .....	23
3.3 Result Analysis and Discussion Related to Research Question 2 .....	24



3.3.1 The Significant Difference between Male and Female according to the Level of Anxiety .....	24
3.3.2 The Significant Difference between Male and Female according to the Level of Depression.....	25
3.4 Reliability-Validity Study of Kurdish Form of DASS .....	25
3.5 Principal Components Analysis.....	26
<b>4. DISCUSSION .....</b>	<b>28</b>
<b>5. CONCLUSION .....</b>	<b>33</b>
5.1 Conclusion .....	33
5.2 Implication of the Study .....	34
5.3 Limitations of the study .....	35
5.4 Recommendations For Further Studies .....	36
<b>REFERENCES .....</b>	<b>37</b>
<b>APPENDENCES.....</b>	<b>46</b>

**LIST OF TABLES**

TABLE 3.1 The distribution according to Demographic Form.....	20
TABLE 3.2 Level of anxiety according to displaced and non-displaced people .....	22
TABLE 3.3 Level of depression according to displaced and non-displaced people .....	23
TABLE 3.4 Comparison of anxiety level of male and female participants.....	24
TABLE 3.5 Comparison of depression level of male and female participants .....	25
TABLE 3.6 Principal Components Analysis of DASS scale of Anxiety .....	26
TABLE 3.7 Principal Components Analysis of DASS scale of Depression .....	27

## LIST OF ABBREVIATIONS

**PTSD:** Post-Traumatic Stress Disorder

**DASS:** Depression Anxiety Stress Scale

**IDP:** Internally Displaced Persons

**RSIM:** Recommendations on Statistics of international Migration

**OCHA:** Office for the Coordination of Humanitarian Affairs

**UN:** United Nations

**SPSS:** Statistical Package for the Social Sciences

## **1. Introduction**

### **1.1 Immigration**

Immigration is the transportation of certain people from a living setting to another one such as a country to which they are non-native normally with the aim of settling down as permanent residents or citizens (Toole & Waldman, 1997 p.283-312). (Acosta, 2006, p. 39) states one may have difficulty in determining what criteria specify an immigrant because migration has a dynamic nature which alters from an ambiance to another. Thus, the underlying principles are provisional.

Immigration can have two forms, permanent and long term. Permanent immigration is the one when someone migrates to another country and does not return to his/her original homeland, whereas, long-term immigration is the situation when a person moves to another country for more or less than twelve months. Consequently, he gains the privilege of normal residence in the new country. A short-term migrant is characterized as a person who moves from his usual residence country to another one for around 3 months but not more than a year. Yet, the same case does not include the circumstances when a person moves to another country with the aim of entertainment, vacation, visiting friends or relatives, commercial travel, religious pilgrimages (UN, 1998, p.41). In its recommendations on Statistics of international Migration (RSIM), revision 1, the United Nations identifies a migrant as a person who, whether willingly or not, alters his/her residential homeland.

Several reasons count for the immigration. One may leave his/her country with the hope of getting an economical success. Policies of certain countries force people to migrate their country. Many families migrate when they find their lost ones after a period and reunite in a different country. Some people leave their country due to conflicts or natural catastrophes, while some others do so just to change the environments (Guardian, 2013,p. 11).

It is inevitable to expect from immigrants to feel the same way they would feel if they stayed in their country. Many of them undergo certain psychological problems including anxiety, stress, and depression.

## **1.2 Internal Displacement**

Internal displacement is when people are forcefully removed from their homes because of war or violation of human rights but have not moved from their country of origin, Deng & Francis (2007, p.10-23). Internally displaced individuals have been obliged to flee or leave their habitual areas residence in response to war related struggles, experiences of human rights abuse and disasters of nature or human engineered disasters but have not settled beyond any recognized international border (OCHA 1999).

According to the UN (1992) IDPs are people or groups that have been pressured to relocate from their homes suddenly or unexpectedly. This may be motivated by armed struggle, internal strife, violations of human rights, natural or man-made disasters. They should however still reside in their home country.

Johnson and Thompson, (2008, p.36-47) defined IDPs are people whose abandonment of their places of habitual dwelling was precipitated by armed conflict, physical violence or violence of any kind, abuse of human rights or any form of disaster either manmade or natural but have not crossed any recognized state border.

## **1.3 IDPs and Refugees**

The distinction between refugees and IDPs is that being internally displaced entails that one remains within the designated borders of their country. Refugee is a legal status which entitles that one has certain rights and privileges including international protection while IDPs remain under the jurisdiction of their home government. IDPs are not entitled to any special rights apart from those shared by their fellow countrymen (Hathaway, 1991, p.2-3, Vincent 2000, p.29-30).



## 1.4 The Psychological Problems

### 1.4.1 Anxiety

Anxiety is a sense of fright, worrying, and restlessness normally generalized to a situation when someone overreacts to a certain situation, which one may only subjectively consider as dangerous (Bouras and Holt, 2007). Anxiety is a globally observable fact that exists among all societies, despite the fact that cultural conventions and practices influence its contexts and occurrences (Good & Kleinman, 1985, p.297-323; Guarnaccia, 1997, p.3-20). This phenomenon can be observed in all stages of life, yet it is predominantly existent among adults who are students in a global scale (Costello, et al., 2003, p. 837-844). In another attempt at characterizing anxiety, Essau et al 2000, p. 263-279) attribute the association of anxiety to some considerable negative impacts on the social, emotional and educational prosperity of children. Some of the typical effects cover the insufficiency of social interaction skills, which sometimes leads to evading to cooperating with others in social environments (Albano, et al., 2003, p. 279-329 Weeks, et al., 2009), being alone, deficient self-esteem, the fear of being rejected socially, and the inability to make companionships (Bokhorst, et al., 2001, p. 789-798 Weeks et al., 2009).

Anxiety is associated with substantial negative effects on children's social, emotional and academic success (Essau, et al., 2000, p. 263-279). Specific effects include poor social and coping skills, often leading to avoidance of social interactions (Albano, et al., 2003, p.279-329 Weeks, et al., 2009), loneliness, low self-esteem, perceptions of social rejection, and difficulty forming friendships (Bokhorst, et al., 2001 p. 789-798 Weeks et al., 2009). Rapee, et al , (2005,p73) associate anxiety to the relation between children and parents. They further fortify their point by saying that parental rejection and control are the triggering elements that cause high levels of anxiety and disorders.

When someone is anxious, he/she experience physical feelings and worrying thoughts. This can make it hard to do even simple tasks and so they begin to avoid things. Often the person does not understand why they feel as they do. When they are

relaxed they can see that their worries are over the top, but when the anxiety builds up they feel overwhelmed once again. (Baty, 2005, p. 2-5).

#### **1.4.1.1 The Effects of Anxiety**

##### **1.4.1.1i Expression of Feelings**

Anxiety affects the mental mechanism of thinking of human beings, the way we do things and the way our body responds or reacts to its habitual activities.

When anxiety gets uncontrollably overwhelming, people abnormally start expressing thoughts such as: (I cannot cope, I am going to die, and I am going mad). These typical thoughts and the like repeatedly flash into their minds automatically when they are anxious. They totally have no power over those thoughts, which are, by all means, involuntary.

##### **1.4.1.1ii Behaving in Anxiety's State**

People affected with anxiety often avoid doing things such as going out alone or chatting to people. They usually do so because they assume that they will deal with people badly, e.g. they will panic or make a fool of themselves. As an alternative to this, they adopt the avoidance strategy as they think it makes them feel better. They are unaware that the longer they avoid the possible problems, the worse they become. This typical case is so because the avoided actions get more and more associated with anxiety and consequently they find it much harder to face up the problems.

##### **1.4.1.1iii Body Reaction in Anxiety**

Anxiety can have a variety of physical symptoms, the symptoms are very repulsive and very often they are likely to show up for no detectable reason. The people experiencing anxiety are righteously concerned about having a fatal physical problem and they sometimes feel that something bad will happen to them. It is vital to realize that these symptoms and signs will cause no danger or damage to you no

matter how severe they can be (Baty, 2005, p. 2-5).

#### **1.4.1.2 The Warning Signs of Anxiety (Slade, T., et al. (2009,p20):**

##### **1.4.1.2i Behaviors**

- Avoiding socializing or going out.
- Finding ways to reduce anxiety (e.g having someone with you all the time).
- Avoiding eye contact with others.
- Using alcohol or drugs to calm down.

##### **1.4.1.2ii Thoughts**

- 'I'm going crazy.
- 'I won't have anything interesting to say.
- 'I can't control my worry.
- 'I have a serious illness that the doctors can't detect.
- 'What if germs get on my hands and I get sick?

##### **1.4.1.2iii Feelings**

Confused, anxious, tense all the time, constantly nervous, panicky, terrified, on edge

##### **1.4.1.2iiii Physical**

Blushing, trembling, heart racing, numbness, tingling, nausea, sweating, shaking, shortness of breath, and dizziness.

### 1.4.2 Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) involves constant recollection of terrifying moments of the past memories and thoughts, or mentally re-experiencing a horrific incident that led to the possession of extreme apprehension, feeling helpless, or dreadfulness.

**Other Symptoms:** Sleep problems, avoidance of places or situations that remind one of the event, and easily scared or startled; the symptoms usually appear within three months of the traumatic event, but may surface several months or even years later. Many people with PTSD have difficulty discussing their symptoms because they may be too embarrassed or scared to recall their trauma. This is common in victims of sexual abuse and in combat victims. (Ken Duchworth, 2012, p. 703-724).

(PTSD) can happen after a person experiences a traumatic event (e.g. war, assault, accident, disaster). Symptoms can include difficulty relaxing, upsetting dreams or flashbacks of the event, and avoidance of anything related to the event. PTSD is diagnosed when a person has symptoms for at least a month. (Hickie, 2000, p.15).

### 1.4.3 Depression

Depression is considered one of the most dominant psychological disorders. Symptoms of depression include poor morale, sleeping problems either insomnia or hypersomnia, recurrent thoughts of death or suicide, weight loss or gain, hopelessness, disinterest in social activities and eating problems where one eats too much or too little. Individual suffering from depression think that they are very unlucky, they are pessimistic and nostalgic. They often feel guilty and suppressed because they are unable to express their feelings easily. Depression is a common mood disorder, which inflicts decreased energy, low self-esteem and poor concentration on the afflicted. Moreover depression manifests itself with symptoms synonymous to those of anxiety (Davidson and Farlane, 2006, p.9-14).



Depression is a significant burden on global finances; it has far reaching effects on all people and is shared by people from all social ranks and groups. Recent studies suggest that depression affects 350 million individuals worldwide. The world mental health survey gathering data in 17 countries revealed that on average 1 in every 20 people has suffered from a single or multi-episodes of depression within the previous year (WHO, 2012).

Although depression is common it is still a serious illness, possibly leading to ill-conceived actions like suicide or social and professional incapacitation. The lifestyle choices by these individuals negatively affect the people around them including friends and family. Everyone occasionally feels sad, disinterested in social activities but these feels are short-lived lasting a few days. However if these feels persist then medical attention may be warranted according to Services (2011). Depression is the highest contributor to disability in both women and men however women are 50% more likely to suffer from depression than men (WHO, 2008). This prevalence of depression poses a threat to the global economy. Depression is also the foremost disease afflicting women in high- income, low as well as medium-income countries (WHO, 2008). Research in developing countries revealed that postpartum depression could subsequently lead to the infant's poor growth, according to Rahman et al (2008, p.13).

#### **1.4.3.1 Common Symptoms of Depression (Slade, T., et al. (2009))**

##### **1.4.3.1i Behavior**

- Not going out anymore
- Not getting things at work/school
- Withdrawing from close family and friends
- Relying on alcohol and sedatives
- Not doing usual enjoyable activities
- Unable to concentrate



**1.4.3.1ii Feelings**

- Overwhelmed
- Guilty
- Irritable
- Frustrated
- Lacking in confidence
- Unhappy
- Indecisive
- Disappointed
- Miserable

**1.4.3.1iii Thoughts**

- I'm a failure
- It is my fault
- Nothing good ever happens to me
- I'm worthless
- Life's not worth living
- People would be better off without me

**1.4.3.1iiii Physical**

- Tired all the time
- Sick and run down
- Headaches and muscle pains
- Churning gut
- Sleep problems
- Loss or change of appetite
- Significant weight loss or gain.

It is normal for people to feel anxious or depressed when grieving for a loved one, losing their job, experiencing a divorce and other difficult or painful experiences that leave people feeling sad, nervous or scared. These are considered normal results

for the general life stressors. However if these feelings are recurrent thus experienced daily or nearly every day without a reasonable excuse, they affect both social and cognitive functioning of the individual. These individuals may be diagnosed of depression and or anxiety disorder. There is a distinct difference between depression and anxiety but people with depression often experience symptoms synonymous to those of anxiety for example irritability, nervousness, poor concentration, sleeping and eating problems. It should however be mentioned that each disorder has its own causes and unique emotional as well as behavioral symptoms. Most people who develop depression have a history of an anxiety disorder or episode in their lives. There is no evidence of a causal relationship between the two although most individuals experience from both (Barbee, 1998, p.15-29).

### **1.5 Related Studies**

There are several studies regarding the affecting of psychological problems such as anxiety and depression regarding people who had been internally displaced and comparing with non-displaced people such as A study by (Daoud, 2011, p.66) regarding Internal displacement and psychological problems among the Palestinian minority in Israel revealed that there was a significant positive correlation among internally displaced and psychological problems such as anxiety, depression, stress and low self-esteem. Also found that displaced persons had more level of the psychological problems than non-displaced persons. Effects of internally displaced on the psychological problems such as depression and anxiety (internally and externally problems) of Turkish children and adolescents, the study revealed that there was a significant difference among the displacement and the psychological problems. (Erol at al, 2004, p. 154). A research among internally displaced persons who were living in Hajj camp in Kaduna, Northern Nigeria found that displaced persons had more PTSD and depression than non-displaced persons( Sheikh at al., 2011, p. 3-5). In a study regarding Turkish Cypriots who had been internally displaced and non-displaced people found that displaced people had higher level of PSTD Symptoms than non-displaced people and also in the study was found that displaced people had higher level of depression than non-displaced. The degree of

displaced people was 8(9.4%) and the degree of non-displaced people was 1(2.3%) according to TSSC depression subscale.(Ergun, 2004, p. 25-26). (Cao, 2012, 11-34) was measured the affecting of depression and anxiety regarding the people who had been internally displaced into China. The result of the study indicated that there was a significant difference among internally displaced and the psychological problems such as depression and anxiety. Another study of internally displaced Colombians who had been internally displaced in 2014 due to the armed conflict in Colombia, the result of the study investigated that there was a significant difference among displacement and psychological problems such as depression and PTSD. (Christine, 2014, p. 61-62).

There are also several studies on affecting psychological problems such as anxiety and depression among internally displaced persons according to gender such as study by mujeeb, at al., 2012, p. 20-26) t measured he affecting of psychological problems such as anxiety, stress and depression among the people who had been internally displaced into Pakistan. The result of the study found that women experienced high level of anxiety, stress and depression than men. Also, a research of post-traumatic stress disorder and depression among internally displaced people in northern Uganda, found that there was a significant meaningful difference among psychological problems such as PTSD and depression and displacement and also the study reported that women displaced persons had more level of the psychological problems than men due to having been raped, kidnapped, tortured or sexually abused. (Browne, 2006, p.4). Another study of Muslims in North-Western Sri Lanka who had been displaced since 1990 due to conflict the results of the study investigated that there was a significant difference among internally displaced and psychological problems such as anxiety, depression and somatoform disorder. Also the study found that women displaced persons were more likely to report the anxiety, depression and somatoform disorder than men (Abas, 2011, p. 4).

Gender concerns for IDPs relate to women and have two core mandates which include safeguarding women against sexual abuse, abduction, forced sexual slavery, genital mutilation, torture and murder. It is also concerned with upholding



women's rights to equal opportunity and full participation in assistance programs. Gender violence is a common problem associated with displacement. Persistent physical and mental trauma follows these women because of the failure by the responsible associations to publicize the long term effects of physical abuse. According to research in Sierra Leone (1996), agencies scarcely examine protective protocol for women in-depth and are less likely to initiate or support investigative research on gender violence among IDPs.

The effects of displacement vary between the sexes and also differ because of the varying stages of crises. The damage caused by displacement is far reaching than the simple destruction of material things like property and other goods, individual's way of life and the social fabric are dismantled. Studies have shown that women are affected more acutely than men do from these disruptions to their social norms. Shifts in gender roles which should have been gradual are speed up in these times of distress where women are forced to assume stereotypically male roles. With migration as the catalyst the gender roles change at an accelerated rate. Unprecedented critical situations pose a threat to the long standing gender balance. The majority of the IDP population is comprised of women and children. In the post conflict period, social reconstruction may provide opportunities for women to continue in the roles they had assumed during the crisis and improve them (Segura-Escobar, 1997,p.17).

Gender is also seen to affect psychological functioning during the post displacement period. 50% of studies on accompanied and unaccompanied children revealed a higher prevalence of mental disorders, specifically depression and internalizing difficulties in girls than boys (Derluyn, Broekaert, 2007, p. 141-162).

Immigrating families encounter a variety of challenges and obstacles for example division of the family. The children may be separated from the parents or the family may be haphazardly split. Mixed legal statuses become a problem for most families particularly the Mexicans. The unauthorized citizenship of parents often drags children into poverty and unstable living conditions. Often undocumented parents fear deportation and are reluctant to claim the public benefits

rightfully owed their receiving government. Marta et al (2011, p.7) states that, refugees especially Southeast Asian immigrants are subject to such unhealthy and tough conditions they lose their family members in the refugee camps as in war.

Williams and Bury (1991, p.632-641) postulate that refugee youth are predisposed to becoming alcoholics, drug addicts, delinquents, suffer from depression, post-traumatic stress disorder and psychological problems. They are exposed further risk of developing these afflictions by the extent of the pre-immigration trauma, experiences of violence and separation from parents.

Jacob and Blais (1991, p.307-312) alludes while sleep problems, eating problems and developmental disorders are clear signs of trauma in younger refugee children, the indicators for older children include symptoms of depression, generalized fear, anxiety and learning problems.

Studies by Barankin et al (1989,p.21) revealed that parental depression in reaction to immigration was a prime cause of poor adaptation to change by the developing infant. Socioeconomic problems are a recurrent concern among immigrant families. For instance, in Canada, nearly a third of immigrant families live in abject poverty and find accommodation in low-income neighborhoods.

Migration precipitates tension build up in IDPs which significantly increases their likelihood of developing mental health problems as adults and also in children (Bengi-Ar-slan et al 1997, p. 118-124), (Bhugra and Jones, 2001, p. 216-223), (Halpern, 1993, p. 597-607), (Karlsen and Nazroo, 2002, p. 624-631).

Acculturation is the integration of two different cultures both physically and psychologically. In the US, Perreira et al (2006, p. 384-414) discovered that this integration enhanced the ability of immigrating young adults to navigate the new social systems and become accustomed to local traditions. In actual fact acculturation helps reduce their chances of becoming depressed and anxious as they find new pleasures in their adopted culture and surroundings. However acculturation may alienate foreign-born Latino youths from their parents and ethnic communities as



their views of the world and morality begin to differ which may in turn leave them depressed or suffering from anxiety (Umana and Alfaro, 2009, p.135-252). According to Gonzalez et al (2009, p. 115-134) and Kuperminc et al (2009, p. 213-233), the relationship between acculturation stress and generational gaps among immigrants can take various directions although mostly towards the negative results.

A research done among 385 young immigrant children aged nine to fourteen by Carola et al (2002, p.25-43) revealed that 85 percent of infants who had been detached from the presence of one or both parents for a few months or years were more likely to be depressed in future. The highest separation rates of 96 percent were experienced by Central Americans and Haitians while Chinese children had the lowest of 37 percent. These separation risk having both the mother and child suffer from depression.

Jody et al (2009, p. 91-103) from his study of Mexican children assert that children whose primary caregiver had migrated were more likely to suffer frequently from common illnesses than nonimmigrant families. A record of ten percent for immigrant primary caregivers against three percent for nonimmigrant caregivers. They also have a higher likelihood of contracting a chronic disease, seven percent versus three percent, for emotional problems a record ten percent as compared to four percent for nonimmigrant families. They are also seven percent more likely to develop behavioral problems than children of non-immigrant families.

As members of a minority group, 21 713 children under 18 in 2008 these children face additional problems. Research involving refugee populations and forced migration revealed that 80-90 percent of refugee children have been traumatized by witnessing killings or mass murders, enduring forced labor, experiences of hunger for extended periods of time (Stuart et al, 2004: 24-36). According to Tinghog et al (2007, p. 990-996), in Sweden Non-European immigrants are viewed as being at an alleviated risk of developing mental health problems because of exposure to poor social support, poverty and unemployment. Despite the abundance of Iraqi immigrants in Sweden there has been little investigation into their mental health.

WHO projections suggest that by 2030 cardiovascular diseases and depression will be the highest causes of incapacity in extreme income countries. Two surveys involving Middle Eastern immigrants suggested that this group experienced a heightened rate of psychopathology because of problems associated with gender, financial insecurity, an ineffective social network and poor socio-cultural adaptation (Al-Saffar et al, 2010, p.74-93).

An investigation on the effects of migration on mental health among Latinos and other immigrant people alluded that immigrants are confronted by various stressors that are peculiar to these groups including unplanned and involuntary uprooting from their homes, torture and other traumatic events and discrimination (Finch et al, 2000: 295-313). According to Portes and Rumbaut (2001,p.9), Zuniga (2002, p. 137-155) asserted that these are all factors contributing to the high prevalence of depression and anxiety in the immigrant population.

When individuals encounter excessive culture shock their coping mechanisms may prove insufficient. This results in a range of negative effects such as stress, personal crises, depression and anxiety (Berry, 1997, p.46).

There is a positive correlation between acculturative stress and adjustment problems as seen in the study of Turkish university students in the US. If one is unable integrate their adoptive culture and their home culture the failure creates unease in the individual. There is however a negative correlation between social connectedness and acculturative stress (Duru & Poyrazli, 2007, p. 99-110). A study in California on adults of Mexican origin revealed displacement experiences that endanger the IDP's psychological wellbeing. Losing or being separated from family, witnessing traumatic events, discrimination or alienation, loss of social standing and evolution of family rules and roles are some of the tension sources (Finch et al 2000, p.295\_313; Portes and Rumbaut, 2001; Suarez-Orozco and Suarez-Orozco, 2001: Zuniga, 2002). In an examination of immigrant school children of 8-15 years of age, Jaycox et al (2002, p.104-110) indicated that witnessing violence prior to their move was positively related with post-traumatic stress disorder and depression.

## **2. Methodology**

### **2.1 Aim of the study**

The aim of the study was to measure the affecting of Psychological Problems such as Anxiety and Depression regarding the people who had been internally displaced and comparing with non. Internally displaced people. The research aimed to explore the relationship between the internally displaced persons and the psychological problems. This study also aimed to find out whether females have higher level of the psychological problems than males.

The present study is about the Impact of Psychological Problems such as Anxiety and Depression regarding the people who have been internally displaced in North of Iraq. Internally displaced is someone who leaves his or her city or town due to having conflict or war and flood but not internationally because they still live in their country.

### **2.2 Statement of the Problem**

It is an undeniable fact when someone moves from one place to another, he will encounter some swifts of feelings caused by internal as well as external factors. Immigration is also a sort of this phenomenon in which a group of people move from a living setting to a different environment. When certain people immigrate, they experience some psychological problems specifically if they have been forced to do so. In such a case, people undergo very severe and sudden waves of abrupt psychological problems such as depression, anxiety, and so on. They get highly traumatized by the unusual incidents, which cause some to go totally mad or get mentally disabled. Presently, thousands of people have been enforced and threatened by the current war of terrorism in Syria and Iraq to leave their living dwellings and immigrate to safer parts of both countries. They have unquestionably been influenced and are in desperate psychological state. Thus, the researcher found it important to take the opportunity to study their current situation to base his study on two





psychological problems which are depression and anxiety level of those displaced people in northern Iraq.

### **2.3 Purpose of the Study**

This study aims to investigate the level of anxiety and depression between internally displaced and non-displaced people in north of Iraq. The current research aims to explore the relationship between the internally displacement and the psychological problems. This study also aims to find out whether females have higher level of the psychological problems than males.

### **2.4 Research Questions**

To achieve the study aims, two research questions were exploited: the first question aimed to explore the level of psychological problems such as anxiety and depression between immigrants who have been internally displaced and non-displaced people. While the second questioned intended to investigate whether the psychological problems have an effect on gender.

The research questions that addressed to guide this study are:

1. Do internally displaced will have a higher level of Anxiety and Depression than non-displaced people?
2. Is there a significant difference between gender and the psychological problems?

### **2.5 Hypotheses of the Study**

1. The displaced persons will have a higher level of anxiety and depression than non-displaced persons.
2. Females will have a higher level of anxiety and depression than males.

## **2.6 Participants of the study**

The Participants were Kurds who had been internally displaced and non. Internally displaced people in Kurdistan Region of Iraq. The participants of the current study were consisted of 173 participants (83 males and 90 females) and divided into two groups. The first group consisted of 87 participants. They were people who internally displaced from other parts of Iraq. The second group consisted of 86 non-displaced people who were selected randomly from Duhok citizen. Also, oral informed consents were taken from the participants and to be volunteer was another counted variable.

## **2.7 Research Instruments**

Two instruments were used in the current study. A demographic form about the personal information of the participants was used in this study (see Appendix A). This demographic form was designed by the researcher and approved by the supervisor. This form consisted of different information, for instance; Age, Gender, Marital Status, Educational level, citizenship, immigrating time, Family members, losing any member of family, getting injure during their immigrating, and their feelings as an immigrants or internally displaced.

The second instrument was the Depression Anxiety Stress Scale (DASS) used to measure depression and anxiety, the scale was designed to evaluate aspects of depression, anxiety and stress using a multidimensional approach in adolescents and adults (Lovibond & Lovibond, 1995) (see Appendix B). The scale consisted of 42 items and divided to three subscales. 14 items were related to the depression which evaluates hopelessness, devaluation of life, self-depreciation, lack of pleasure, etc. 14 items connected to the anxiety which evaluates situational anxiety, and subjective experience of anxious affect. Finally, the last 14 items were devoted to the stress, which in turn, assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Participants were asked to use 4-point frequency scales to rate the extent to which they have experienced. Each item was marked from 0 to 3, and each number means the following:



“0” (Did not apply to me at all)

“1” (Applied to me to some degree, or some of the time)

“2” (Applied to me to a considerable degree, or a good part of time)

“3” (Applied to me very much, or most of the time)

## **2.8 Reliability and validity of the Questionnaire Kurdish version.**

DASS Scale is originally in English language and subjects of the study were Kurds so the researcher translated the Scale into Kurdish language. To verify the accuracy of the translation, the researcher asked two English language specialists, who are Kurds, to translate back the Kurdish form of the scale into English to ensure the reliability and validity of the scale.

## **2.9 Pilot Study**

Prior to the final administration of the scale, the research instrument was conducted in a pilot study on hundred people who were also Kurds to confirm the workability of the scale. Via an email, the questionnaires of the study were sent to the participants.

## **2.10 Procedure of the Study**

The form of the study was distributed among the participants who were Internally displaced and non-displaced people, also, 25-30 minutes were given to each participant to fill the form. During the process of the study, all participants were free to ask the researcher as well. So, at the end of the session the data were collected from the participants.

### **2.11 Data Analysis**

After collecting the data for each of the participants in the sample, it was time to calculate the coefficient of correlation between paired scores. Frequency, descriptive statistic, T.Test and One-Way ANOVA in SPSS statistical method were used to find out the results of the present study and internal consistency of the DASS scale. Factor analysis was done by checking the Principle Component Analysis.

### 3. Data Results and Analysis

#### 3.1 General Information about the Participants

Table below shows the frequency about the background information about the participants.

**Table 3.1 The distribution according to Demographic Form**

<b>Gender</b>	<b>n</b>	<b>(%)</b>
Male	90	(52,0)
Female	83	(48,0)
<b>Marital Status</b>		
Single	52	(59,8)
Engaged	14	(16,1)
Married	15	(17,2)
Divorced	6	(6,9)
<b>Educational Level</b>		
Primary	11	(12,6)
High School	22	(25,3)
College	26	(29,9)
Illiterate	28	(32,2)
<b>Have you lost any member of your family?</b>		
Yes	35	(40,2)
No	52	(59,8)
<b>I live in a</b>		
Camp	87	(100,0)
<b>Did you get injure when you were immigrating?</b>		
Yes	44	(50,6)
No	43	(49,4)
<b>Do you feel that, you are an?</b>		
Immigrant	19	(21,8)
Internally Displaced	68	(78,2)

As seen in the table 3.1 demographic form of the present study has been reported by frequency statistical method. The participants were male and female, the number of male was 52,0 (n=90) and the number of female participants was 48,0% (n=83). The number of participants according to Marital Status reported that the number of single participants is 59,8% (n=52), the number of engaged participants

was 16,1% (n=14), the number of married participants was 17,2% (n=15) and the number of divorced participants was 6,9% (n=6). The number of participants according to Educational level reported that the number of primary was 12,6% (n=11), the number of high school was 25,3% (n=22), the number of college was 29,9% (n=26) and the number of Illiterate was 32,2% (n=28). The number of participants according to the question was about "Have you lost any member of your family"? The number of yes was 40,2% (n=35) and the number of no was 59,8% (n=52). The number of participants according to item "I live in" the number of camp is 100,0% (n=87). The number of participants according the question was about "Did you get injure when you were immigrating"? The number of yes was 50,6% (n=44) and the number of no was 49,4% (n=43). Finally, Descriptive statistical method was used to report the items about age, family members and years of stay. So, the age range of the participants in the study was 19 to 35 and the mean of age was  $23.17 \pm 2.63$ . The range of family members in the study was 2 to 13 and the mean range of family members was  $5.50 \pm 2.13$ . Also the range of the years of stay was 1 to 3 and the mean range was  $1.11 \pm 0.46$ .

### 3.2 Results Analysis Related to the Research Question 1

*Do internally displaced have a higher level of Anxiety and Depression than non-displaced people?*

In order to answer this research question ANOVA was used to find out the significant difference of anxiety according to internally displaced people and non-displaced people.

#### 3.2.1 The Comparison of Anxiety According to Internally Displaced and Non-Internally Displaced.

Anova was used to find out the level of anxiety between internally displaced people and non-displaced people

**Table 3.2 Level of anxiety according to displaced and non-displaced people**

	<i>Internally Displaced</i>	<i>Non. Internally Displaced</i>	<i>t</i>	<i>p</i>
<b>Anxiety</b>	32.908±5.631 (n=87)	15.720±6.372 (n=86)	0.827	0.000*

$p < 0.05^*$

As the table 3.2 shows that, the mean score of Internally Displaced indicated 32.908±5.631 (n=87) and the mean score of non-internally displaced indicated 15.720±6.372 (n=86). According to P value 0,000 has been found that, there is a significant meaningful difference between Internally Displaced and Anxiety and found that, the Internally displaced have more level of anxiety than Non. Internally displaced as well.



### 3.2.2 The Comparison of Depression According to Internally Displaced and non-Internally Displaced.

Anova was used to find out the significant difference of depression between internally displaced people and non-displaced people

**Table 3.3 Level of depression according to displaced and non-displaced people**

	<i>Internally Displaced</i>	<i>Non. Internally Displaced</i>	<i>t</i>	<i>p</i>
<b>Depression</b>	34.643±7,441  (n=87)	12.662±8,456  (n=86)	0.373	0.000*

$p < 0.05^*$

Table 3.3 shows the mean score of Internally Displaced indicated 34.643±7.441 (n=87) and the mean score of non-Internally displaced indicated 12.662±8.456 (n=86). According to P value 0,000 has been found that, there is a significant meaningful difference between Depression and the internally displaced. Also, found that, The Internally Displaced people have more level of depression than non- Internally Displaced.

### 3.3 Results Analysis Related to the Research Question 2

#### *Is there a relationship between Gender and the Psychological problems?*

In order to answer this research question, T.Test was used calculate the effects of psychological problem on gender. Anxiety and depression effects on gender was explained separately:

#### 3.3.1 The Significant Difference between Male and Female according to the Level of Anxiety

T.Test was used calculate the effects of anxiety on the gender as one can see in the table below.

**Table 3.4 Comparison of anxiety level of male and female participants**

	<i>Male</i>	<i>Female</i>	t	p
<b>Anxiety</b>	21.866±8.914  (n=46)	27.072±11.429  (n=41)	0.000	0.001*

p<0.05\*

In the table 3.4 shows, the mean score of the male participants indicated 21.886±8.914 (n=46) and the mean score of the female participants indicated 27.072±11.429 (n=41). According to P Value 0,001 has been found that, there is a significant meaningful difference between Gender and Anxiety. It also found that, Female participants have more level of Anxiety than Male participants.

### 3.3.2 The Significant Difference between Male and Female according to the Level of Depression

T-Test was used calculate the effects of depression on the gender as one can see in the table below.

**Table 3.5 Comparison of depression level of male and female participants**

	Male	Female	t	p
Depression	21.022±10.822  (n=46)	26.638±15.598  (n=41)	0.000	0.006*

$p < 0.05^*$

In the table 3.5 shows the mean score of the male participants indicated 21.022±10.822 (n=90), the mean score of the female indicated 26.638±15.598 (n=83). According to P Value 0,006 has been found that, there is a meaningful difference between Gender and Depression. It also found that, Female Participants have more level of Depression than Male participants.

### 3.4 Reliability-Validity Study of Kurdish Form of DASS

After the statistical analyzes was done the internal consistency of the scale was found as  $\alpha = .76$  for anxiety scale and  $\alpha = .76$  also for depression and 14 items to each scale found as reliable scale.

### 3.5 Principal Components Analysis

Consistent with investigations of the factor structure of DASS scale, a principal components analysis was conducted on the 28-item. The Kaiser-Meyer-Olkin measure of sampling adequacy was .84, also indicating a statistical set of data for factor analysis (Staquet, Hays & Fayres, 1998).

To determine the number of factors to extract, the researchers used a scree test (Cattell, 1996). The resulting scree plot displays the relationship between eigenvalues and factors. The scree plot suggested a two-factor solution. For the whole sample, the two factor solution accounted for 49.003% of the total variable. According to factor analysis two items of anxiety are not related with emotional it might have more relation with physicality. These two items are item 1 and 2 in the scale, which about ("I was aware of dryness of my mouth") and 2 which about ("I experienced breathing difficulty (ex, excessively rapid breathing, breathlessness in the absence of physical)"). The resulting factors their respective factor loading are presented in Table 1 and 2.

**Table 3.6 Principal Components Analysis of DASS scale of Anxiety**

Items of Anxiety	Factor 1	Factor 2
I felt terrified	.86	.01
I felt scared without any good reason	.82	-.12
I felt I was close to panic	.80	.06
I found myself in situations that made me so anxious	.80	-.12
I had a feeling of shakiness (eg, legs going to give way)	.80	-.02
I was worried about situations in which I might panic and make a fool of myself	.77	-.08
I feared that I would be "thrown" by some trivial but unfamiliar task	.74	.06
I experienced trembling (eg, in the hands)	.73	.07
I had a feeling of faintness	.71	.32
I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	.69	.05
I had difficulty in swallowing	.63	.16
I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	.42	.23
I was aware of dryness of my mouth	.23	.72
I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	.40	-.57



In the table 3.6 according to factor analysis shows that, the item ("I was aware of dryness of my mouth") and the item (" I experienced breathing difficulty (ex, excessively rapid breathing, breathlessness in the absence of physical exertion)") are not related with anxiety or emotional but it might have more relation with physicality.

**Table 3.7 Principal Components Analysis of DASS scale of Depression**

Items of Depression	Factor 1	Factor 2
I could see nothing in the future to be hopeful about	.85	.24
I felt that life was meaningless	.84	.25
I felt I wasn't worth much as a person	.84	.27
I felt sad and depressed	.82	.25
I felt that life wasn't worthwhile	.80	.25
I felt that I had nothing to look forward to	.78	.42
I found it difficult to work up the initiative to do things	.77	.19
I felt that I had lost interest in just about everything	.77	.37
I couldn't seem to get any enjoyment out of the things I did	.73	.16
I felt down-hearted and blue	.72	.06
I couldn't seem to experience any positive feeling at all	.72	.38
I felt I was pretty worthless	.46	.16
I just couldn't seem to get going	.12	.95
I was unable to become enthusiastic about anything	.39	.85

In the table 3.7 according to factor analysis shows that, all the items are related with depression.

#### 4. Discussion

The present study aimed to investigate the level of anxiety and depression among internally displaced and non-displaced persons in Kurdistan Region of Iraq. Also the study aimed to find out whether females have higher level of anxiety and depression than males. DASS Scale is originally in English language and subjects of the study were Kurds so the researcher was translated the scale into Kurdish language. To verify the accuracy of the translation, the researcher asked two English language specialists, who are Kurds, to translate back the Kurdish form of the scale into English to ensure the reliability and validity of the scale. So, internal consistency (Cronbach's alpha) was computed to assess the internal reliability of the DASS scale. The reliability coefficient for DASS scale was sufficiently high ( $\alpha = .76$ ). According to factor analysis of the scale of the study found that there are only two items of anxiety are not related with emotional or anxiety but it might have more relation with physicality. These two items are "I was aware of dryness of my mouth" and the item "I experienced breathing difficulty ex. excessively rapid breathing, breathlessness in the absence of physical exertion".

The results of the first question in the current study have been supported; the first hypothesis which was the displaced persons will have a higher level of anxiety and depression than non-displaced persons, according to the finding of the study revealed that the internally displaced persons had higher level of anxiety than non-displaced persons. Several studies also revealed that people who had been internally displaced or immigrated had higher level of anxiety and depression than displaced persons such as a study by Daoud regarding Internal displacement and psychological problems among the Palestinian minority in Israel revealed that there was a significant positive correlation among internally displaced and psychological problems such as anxiety and depression. ( Daoud, 2011, p.66) Also, found that displaced persons had more level of anxiety and depression than non-displaced persons. Another study was measured the affecting of depression and anxiety regarding the people who had been internally displaced into China. The result of the study indicated that there was a significant difference among internally displaced and

the psychological problems such as anxiety and depression. The study also revealed that internally displaced persons had higher level of anxiety and depression than non-displaced persons (Cao, 2012, p.11-34). A study about effects of internally displaced on the psychological problems such as depression and anxiety (internally and externally problems) of Turkish children and adolescents, the study revealed that there was a significant difference among the displacement and the psychological problems. And found that displaced persons had higher level of anxiety and depression than non-displaced. (Erol et al., 2004, p.154). A study by Christine, of internally displaced Colombians who had been internally displaced in 2014 due to the armed conflict in Colombia, the result of the study investigated that there was a significant difference among displacement and psychological problems such as depression and PTSD. (Christine, 2014, p.61-62). The study also investigated that internally displaced people had higher level of psychological problems such as depression and anxiety. In a study regarding Turkish Cypriots who had been internally displaced and non-displaced people found that displaced people had higher level of PTSD Symptoms than non-displaced people and also in the study was found that displaced people had higher level of depression than non-displaced. The degree of displaced people was 8(9.4%) and the degree of non-displaced people was 1 (2.3%) according to TSSC depression subscale.(Ergun, 2004, p.25-26). A research among internally displaced persons who were living in Hajj camp in Kaduna, Northern Nigeria found that displaced persons had more PTSD and depression than non-displaced persons (Sheikh et al., 2011, p.3-5).

Many researches about affecting psychological problems such as posttraumatic stress disorders and depression had reported that who had been immigrated had higher level of anxiety and depression than normal people such as a study by (Tinghog et al., 2007, p.90-96) Non-European immigrants in Sweden are considered to be at particularly higher risk of psychological problems such as anxiety and depression because increased exposure to risk factors like poor social support, unemployment and financial instability. Another study found that younger refugee children experiencing trauma typically exhibit sleep disorders, eating disorders, and developmental problems, while older refugee children typically display depression,



fear, anxiety, and learning difficulties. (Jacob and Blais, 1991, p.307-312). A research by Barankin, et al., (1989) found a significant relationship between parental depression upon immigration arrival and poor adaptation of their children to immigration. It is still a fact, that, many immigrant families face socioeconomic challenges in their new countries. For example, in Canada, almost one third of immigrant families live in poverty, residing in low-income neighborhoods. And also found that immigrants' people had higher level of anxiety and depression than normal people.

The results of the second research question of the study revealed that female participants had higher level of anxiety and depression than male. Most researches had reported that female had higher level of psychological problems such as anxiety and depression than male for instance a study on affecting psychological problems such as anxiety, stress and depression among the people who had been internally displaced into Pakistan. The result of the study found that women experienced high level of anxiety, stress and depression than men. mujeeb, at al., 2012, p.20-26). Another research of Muslims in North-Western Sri Lanka who had been displaced since 1990 due to conflict the results of the study investigated that there was a significant difference among internally displaced and psychological problems such as anxiety, depression and somatoform disorder. Also the study found that women displaced persons were more likely to report the anxiety, depression and somatoform disorder than men (Abas, 2011, p.4). Also a research of post-traumatic stress disorder and depression among internally displaced people in northern Uganda, found that there was a significant meaningful difference among psychological problems such as PTSD and depression and displacement and also the study reported that women displaced persons had more level of the psychological problems than men due to having been raped, kidnapped, tortured or sexually abused. (Browne, 2006, p.4). Relations between sex and psychological functioning also show much variation. In about half the studies of accompanied and unaccompanied children, the prevalence of mental health disorders, notably depression and internalising difficulties, was higher in girls than in boys. ( Derluyn. B, 2007, p.63). And according to (Sierra, 1996) Gender concerns for internally displaced women primarily relate to two core



issues: protection safeguarding women and girls from rape, abduction, forced sexual slavery, genital mutilation torture and murder; and upholding their rights to equal access and full participation in assistance programs. Gender violence is a common feature of displacement. Chronic physical and mental trauma persists because responsible parties fail to concern themselves with or to publicize the lasting effects of physical abuse. Agencies rarely examine protection issues in depth, much less initiate or support investigative research on gender violence in IDP populations.

The result according to age revealed that there was no significant difference among age and psychological problems among participants of the study. All the participants were between 19-35 years of age so, may this is due to having the nearly ages of participants because, according to Ericson's stages of developmental, the stage of young adulthood starts at age 20-39 (Erikson, E. (1950).

Finally the finding of the present study revealed that there was no significant difference among the psychological problems such as anxiety and depression and marital status of the displaced people may this is because of most of the participants were at the stage of young adulthood. The results of the study also found that there was no significant difference among the psychological problems according to educational level, it may due to most of the participants at the same level or background, where did come from? Was also one of the questions in the demographic form so, most of the displaced persons came from Kobani, Shengal and Zommar. All the displaced participants had come in 2012 to 2015 according to the question which was about when did you immigrate? The range according to family members was between 2 to 13 and all the displaced participants were living in two camps, which Chmishko was in Zakho and Domiz in Dohuk. The result according to the question, which was about, did you get injure when you were immigrating? Found that there was so significant among the question and the psychological problems because all the displaced people were immigrating suddenly due to having war and victim so, most of them had seen the same situation especially the females such as sexual abuse, rape, torture. Raping girls and killing children and adults in front of their families and during their immigrating they were living without basic

sources of living; for example food, water and in general physical needs for more than two weeks it may, hence the female participants felt or had higher level of psychological problems such as anxiety and depression than male participants, because the people who have been sacrificed more are females. Finally the last question of the demographic form was about do you feel as an immigrant or internally displaced so, it has been found that there was no significant difference among the question and the psychological problems such as depression and anxiety it may because more than 78% were feeling as an internally displaced.

## 5. Conclusion

### 5.1 Conclusion

This study measured affecting of psychological problems such as anxiety and depression regarding the people who have been internally displaced in Kurdistan Region of Iraq and comparing with non-displaced persons. The total number of all participants of the study was 173. The total number of displaced participants was 87 and the total number of non-displaced persons was 86. Displaced participants were living in two camps Domiz Camp and Chamishko Camp and all the participants had been selected randomly as well. Participants answered the questionnaire of the study (DASS scale), which prepared by Lovibond P. and Lovibond S. (1995). To collect the data SPSS statistical method have been used to analyze the quantitative data.

The current study aimed to investigate the level of anxiety and depression among internally displaced and non-displaced people in Kurdistan Region of Iraq. The study also aimed to find out whether females have higher level of anxiety and depression than males. Many researches such as Ergün (2004, p. 25-26) and Berry (1990, p.201-234) had reported that people who had been internally displaced or immigrated had higher level of anxiety and depression than normal people. Others studies by Sierra (1996) and Derluyn (2007, p.141-162) had reported that female had higher level of psychological problems such as anxiety and depression than male. The finding of the study reported that there was a statistically meaningful difference between psychological problems such as anxiety and depression among the internally displaced people. Also, found that the mean score of internally displaced- people was higher than non-displaced people. Finally the finding of the study reported that women had higher level of anxiety and depression than men.

The results of the current study are fruits of DASS scale. The study is original since it is the first time to be presented about the internal displaced people in Kurdistan. The displaced people were obliged to abandon their place due to some constant attacks from a group of terrorists named ISIS. The displaced people had come from difference cities and towns such as Shengal, Kobani, and Zommar.

Regarding the used scale, it has been interpreted into Kurdish language while it was originally written in English Language.

## **5.2 Implication of the Study**

As the current study concluded that the most of selected participants from the refugee camps have anxiety and depression. Their level of anxiety and depression may defer from one to another according to their age and psychological history record. Data indicated that their level of anxiety and depression might be change according to some contexts.

1. As the knowledge gained from this study about the effectiveness and efficiency of psychological organizations and psychological sessions. So, these immigrants need more psychological organizations so they get as required sessions and support as they need.
2. As it had been noticed the lack number of psychologists to treat the large number of the immigrants. So, this required employing more psychologists for helping displaced people and having sessions to decrease their psychological problems.
3. Providing a better and safe environment for children since they have been influenced the most from this war and this affected them psychologically more than the adults. Also, the childhood is the most sensitive age. So, opening some fun and learning centers for children will make them busy from what is going around them.



### **5.3 Limitation of the Study**

This study is accomplished with the immigrant camps in Kurdistan region in 2014-2015. As the study is achieved its aims, but still there are some limitations:

According to the number of the participants of the current study, the small number of participants which are 173, might not be representative for all of the big number of the immigrants inhabiting in Kurdistan region.

The study carried out only with two refugee camps, the findings of this study may not be generalized to other groups at other refugee camps in all parts of Kurdistan.

Finally, according to DASS scale has been found that, there was a significant meaningful difference among displacement and psychological problems such as anxiety and depression. Hence, this does not determine that the displaced people are newly suffering from the psychological disorders since we are not quite sure of their psychological history.

#### 5.4 Recommendations for Further Studies

1. As this study is carried out with only adults aged between 19-35, further study can be conducted with different ages such as children and aged people.
2. This study provides a useful insight in regard to the areas of the level of anxiety and depression, further studies are needed to investigate other psychological problems such as mental retardation and autism.
3. This study recommends additional research on the level of psychological problems to compare immigrants from different refugee camps in Kurdistan region.
4. This study focused on the level of anxiety and depression between internal displaced and non- displaced people. Further study is recommended to investigate the level of anxiety and depression between internal displaced and immigrants.
5. Finally, as the current study did not focus on the relation between psychological problems and religion since the participants had been selected randomly. So, further studies are suggested to investigate the effect of different religions on the psychological problems.

## References

- Abas M, Adikari A, Panala G, Siribaddana S, Sumathipala A and Stewart R, 2011. **Prolonged Internal Displacement and Common Mental Disorders in Sri Lanka.** Colombo: Science facility press.
- Acosta, P. 2006. **International Migration.** 1<sup>st</sup>.ed. Washington: psychological association press.
- Albano, A. M., Chorpita, B. F. & Barlow, D. H, 2003. **Childhood anxiety disorders.** New York: childhood facility press.
- Barankin, T., Konstantareas, M., & DeBosset, F, 1989. 5<sup>th</sup> ed. **Adaptation and immigration.** Jerusalem: Library of Congress Cataloging.
- Barbee, J. G, 1998. **anxiety and depression.** New york: 2<sup>nd</sup> ed. American Psychological Association (APA).
- Baty, H, 2005. **"Understanding Anxiety"** ,Department of Clinical Psychology  
<https://scholar.google.com/scholar?q=Baty,+2005.+Understanding+Anxiety>  
 [10/11/2014]
- Bengi-Arslan, L., Verhulst, F. C., Van der Ende, J., & Erol, N. (1997). Understanding childhood (problem) behaviors from a cultural perspective: comparison of problem behaviors and competencies in Turkish immigrant, Turkish and Dutch children. **Social psychiatry and psychiatric epidemiology**, vol. 32 no 8, 477-484.
- Bengi-Arslan L, Verhulst FC, Crijnen AAM, 2002. Prevalence and determinants of minor psychiatric disorder in Turkish im- migrants living in the Netherlands. **Soc Psychiatry Psychiatr Epi-demiol** vol.37,118-124.
- Berry J W, 1990. **Psychology of Acculturation.** Lincoln: Braska facility press.
- Berry, J. W., & Sam, D. L. (1997). Acculturation and adaptation. **Handbook of cross-cultural psychology**, vol. 3, :291-326.

Bhugra D, Jones P, 2001. **Migration and mental illness**. 5<sup>th</sup> ed. new york. Advances in Psychiatric Treatment Press.

Bokhorst, K., Goossens, F. A. & de Ruyter, P. A, 2001. Early detection of social anxiety: Reliability and validity of a teacher questionnaire for the identification of social anxiety in young children. **Social Behavior and Personality**, vol. 29, 787-798.

Bouras, N.; Holt, G, 2007. **Psychiatric and Behavioral Disorders in Intellectual and Developmental Disabilities**. 2<sup>nd</sup> ed. British library: Portsmouth.

Browne J, Bayard R, Ocaka K, Oyok T and Sondrop E, 2006. “**Factors associated with post-traumatic stress disorder and depression amongst internally displaced persons**” in northern Uganda.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2635937/> [21/2/2015]

Cao Y, Hwang S and Juan, 2012 “**Project-induced displacement, secondary stressors, and health**” Tokyo <http://www.urban.org/url.cfm?ID=311182>. [21/3/2015]

Carola Suárez-Orozco, Irena Todorova, and Josephine Louie, 2002. “Making Up for Lost Time: The Experience of Separation and Reunification among Immigrant Families,” **Family Process** vol. 41, 625–43.

Christine K, Heek and Stammel N, 2014. “**When hope and grief intersect: Rates and risks of prolonged grief disorder among bereaved individuals and relatives of disappeared persons**”[http://theses.cz/id/6pftcu/Kryptoanaly\\_\\_za/bin/LangStats/english/topwords.txt](http://theses.cz/id/6pftcu/Kryptoanaly__za/bin/LangStats/english/topwords.txt). [20/3/2015]

Costello E. J., Mustillo S., Erkanli A., Keeler G. & Angold A, 2003. Prevalence and development of psychiatric disorders in childhood and adolescence. **Arch Gen Psychiatry**, vol. 60 : 837-844.



- Daoud N. Shankardass K. O'Campo P. Kim Anderson, Ayman K and Agbaria, 2011. Social science and Medicine "**Internal displacement and health among the Palestinian minority**" in Israel. <http://www.nihfw.org/doc/Current%20Awareness%20Service> [21/3/2015]
- Davidson JR, McFarlane AC, 2006. **mental health problems**. 9<sup>th</sup> ed. New york: Psychological Association press.
- Deng, Francis, 2007. **The guiding principles on internal displacement**. New york: psychological disorders press.
- Derluyn and Broekaert, 2007. **Different perspectives on emotional and behavioral problems I n unaccompanied refuge children and adolescents**. <https://scholar.google.com/citations?user=syVZv88AAAAJ&hl=en> [14/4/2015]
- Dopheide JA, 2006. **Recognizing and treating depression in children and adolescents**. 2<sup>nd</sup> ed. USA: Canada, Simultaneously.
- Duru, E., & Poyrazli, S, 2007. Personality dimensions, psychosocial-demographic variables, and english competency in predicting level of acculturative stress among turkish international students. **International Journal of Stress Management**, vol.14 no 1. 1037-1072.
- Ergün D, Çakici E, Çakici M, 2004. **Comparing psychological responses of internally displaced and non-displaced Turkish Cypriots**. <http://doc.rct.dk/doc/tort2008.1.3.pdf> [27/4/2015]
- Erikson, E, 1950. **Childhood and society**. 1<sup>st</sup> ed. New York: Norton press.
- Erol N, Munir K, Öner Ö, Simsek Z, 2004. **Effects of internal displacement and resettlement on the mental health of Turkish children and adolescents**. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3124382/> [21\3\2015]

- Essau, C. A., Conradt, J., Petermann, F, 2000. Frequency, comorbidity and psychosocial impairment of anxiety disorders in German adolescents. **Journal of Anxiety Disorders**, vol. 14, 263-279.
- Finch BK, Kolody B, Vega WA, 2000. Perceived discrimination and depression among Mexican-origin adults in California. **J Health Soc Behav**.vol.41 no3 :295-313.
- Gallo, J. J., Rabins, P. v., & Anthony, J. C, 1999. Sadness in older persons: 13-year follow-up of a community sample in Baltimore, Maryland. **Psychological Medicine**, vol. 29 no 2. 341-350.
- Gibson, M, 1988. **Accommodation without assimilation**. New york: Cornell University Press.
- Good, B. J. & Kleinman, A. M, 1985. **Culture and anxiety**. 2<sup>nd</sup> ed. New york. Psychology Press Erlbaum.
- Gonzales N, Fabrett F, Knight G, 2009. **Acculturation, enculturation, and the psychological adaptation**. United state: Sage Publications.
- Guardian, 2013. **Immigration and psychological problems**. 1<sup>st</sup> ed. New york. Psychological Assessment press.
- Guarnaccia, P. J, 1997. **A cross-cultural perspective on anxiety disorders**. 3<sup>rd</sup> ed. New York: Guilford Press.
- Halpern D, 1993. Minorities and mental health. *Social science*. vol 36:597-607
- Hartsell, Z, 2005. Health care illiteracy: implications for providers. **JAAPAI Journal of the American Academy of Physician Assistants**, vol, 18 no 5 :41-42.
- Hathaway, J.C, 1991. **The Law of Refugee Status**. Toronto: Butterworths.

- Hickie, B, 2000. **Educational Health Solutions**; Reproduced with permission  
www.spheregp.com.au . [20/3/2015.]
- Janssen MMM, Verhulst FC, Bengi-Arslan I, Erol N, Salter CJ, Crijnen AAM, 2004.  
Comparison of self-reported emotional and behavioural problems in Turkish  
immigrant, Dutch and Turkish adolescents. **Soc Psychiatry Psychiatr  
Epidemiol** vol. 39:133–140.
- Jaycox LH, Stein BD, Kataoka SH, Wong M, Fink A, Escudero P, Zaragoza C, 2002.  
Violence exposure, posttraumatic stress disorder, and depressive symptoms  
among recent immigrant schoolchildren. **J Am Acad Child Adolesc  
Psychiatry**, vol, 41:1104–1110.
- Jacob, A. G., & Blais, D, 1991. Social interaction of Salvadoran refugees. **Journal of  
the National Association of Social Workers**, vol, 39, 307-312.
- Jody Heymann and others, 2009. “The Impact of Migration on the Well-Being of  
Transnational Families: New Data from Sending Communities in Mexico,”  
**Community, Work and Family** vol, 12, no. 1, 91–103.
- Johnson H, Thompson A, 2008. The development and maintenance of post-traumatic  
stress disorder (PTSD) in civilian adult survivors of war trauma and torture: A  
review. **Clinical Psychology Review**, vol, 28 no, 1 :36-47.
- Karlsen S, Nazroo JY, 2002. Relation between racial discrimination, social class, and  
health among ethnic minority groups. **Am J Public Health** vol, 92:624–631
- Ken Duckworth, 2012. **Medical Director National Alliance on Mental Illness**, 4<sup>th</sup>  
ed. New York: American Assessment Press.
- Kuperminc G, Wilkins N, Roche C, Alvarez-Jimenez A, 2009. **Risk, resilience, and  
positive development**: United State: Sage Publications.



- Lovibond, H.S. & Lovibond, P.F, 1995. **Manual for Depression Anxiety Stress Scale.** Sydney: Psychology Foundation.  
<http://www2.psy.unsw.edu.au/groups/dass/> [17/12/2014]
- Marta T. Ron Haskins, 2011, **Immigrant Children.** 1<sup>st</sup> ed. British: Portsmouth.
- McLeod, J. D., & Shanahan, M. J, 1996. Trajectories of mental health. **Journal of Health and Social Behaviour**, vol,37, 207-220.
- Mujeeb. Arooj. Zubair and Aisha, 2012. **Resilience, Stress, Anxiety and Depression** American: California University Press.
- Murad SD, Joung IMA, Lenthe FJ van, Bengi-Arslan L, Crijnen AAM, 2003 Predictors of self-reported problem behaviours in Turkish immigrant and Dutch adolescents in the Netherlands. **J Child Psychol Psychiatry** vol, 44:412–423.
- Olsen, L, 1988. **Crossing the schoolhouse border**, American: Organization of Immigration Press.
- Payne, S, 2006. **Mental health, poverty and social exclusion.**  
<http://www.poverty.ac.uk>. [19/3/2015]
- Perreira K, Chapman M, Stein G, 2006. Becoming an American parent: Overcoming challenges and finding strength in a new immigrant Latino community. **J Fam Issues**, vol, 27:1383–1414.
- Phinney, J.S, 1991. Ethnic identity and self-esteem: A review and integration. **Hispanic Journal of Behavioral Sciences**, vol, 13, 193 – 208.
- Portes A, Rumbaut RG, 2001. **Children of immigrants.** in America. Berkeley, CA: University of California Press,
- Priest, R. G., Vize, C., Roberts, A., Roberts, M., & Tyke, A, 1996. Lay people attitudes to treatment of depression: Results of an opinion poll for Defeat



- Depression Campaign just before its launch. **British Medicine Journal**, vol, 313 no 7061 :858-859.
- Putnam, R. D, 2000. **Bowling alone**. New York: Simon & Schuster.
- Rahman A, Patel V, Maselko J, Kirkwood B, 2008. The neglected 'm' in MCH programmes—why mental health of mothers is important for child nutrition. **Trop Med Int Health**, vol,13: 579-83.
- Rapee R.H., Kennedy S., Ingram M., Edwards S. and Sweeney L, 2005. Prevention and early intervention of anxiety disorders in inhibited preschool children, **Journal of Consulting and Clinical Psychology**. Vol, 13: 67-73.
- Rumbaut, R.G, 1994. The crucible within: Ethnic identity, self-esteem, and segmented assimilation among children of immigrants. **International Migration Review**,vol, 28, 748 - 794.
- Segura-Escobar, Nora and Donny Meertens, 1997. Uprootedness Gender and Internal Displacement in Colombia, **Beyond Law**, Vol. 6 :51-54.
- Services, U. D, 2011. **depression**. 2<sup>nd</sup> ed. United State : National Institutes of Health NIH Publication.
- Sheikh T. Mohammed, Agunbiade T. Joseph L. Wiliam N. Ebiti and Adekeve O, 2011. **Psycho-trauma, psychosocial adjustment, and symptomatic post-traumatic stress disorder among internally displaced persons in Kaduna, Northwestern Nigeria**. <http://www.ncbi.nlm.nih.gov/pmc/articles> [21/3/2015].
- Sierra Leone, 1996. **Psychological problems and immigration**. London: Category library.
- Slade, T., et al, 2009,p.20. **The mental health of Australians 2: Report on the 2007 national survey of mental health and wellbeing**. Canberra: Department of Health andAgeing. <https://www.bspg.com.au/dam/bsg/product?client=BEYONDBLUE&prodid=BL/0885&type=file> ) [18/12/2014]

- Spence, S. H., Najman, J. M., Bor, w., OCallaghan, M. J., & Williams, G. M, 2002. Maternal anxiety and depression, poverty and marital relationship factors during early childhood as predictors of anxiety and depressive symptoms in adolescence. **Journal of Child Psychology and Psychiatry**, vol, 43 no, 4 :457-469.
- Stuart Lustig and others, 2004 .“Review of Child and Adolescent Refugee Mental Health,” **Journal of the American Academy of Child and Adolescent Psychiatry** vol, 43, no.1. :24–36.
- Suárez-Orozco C, Suárez-Orozco M, 2001.. **Children of immigration**. Cambridge, MA: Harvard University Press.
- Sullivan MM, Rehm R, 2005. Mental health of undocumented Mexican immigrants: A review of the literature. **ANS Adv Nurs Sci**, vol, 28 :240–251.
- Tinghog P , Al-Saffar S , Carstensen J , Nordenfelt L, 2010.The association of immigrant and non-immigrant specific factors with mental ill health among immigrants in Sweden. **Int J Soc Psychiatry**, vol, 56 no.1 :74-93.
- Tinghob P , Hemmingsson T , Lundberg I, 2007. To what extend may the association between immigrant status and mental illness be explained by socioeconomic factors? **Soc Psychiatry Psychiatrist Epidemiol**.vol, 42 no.12 :990-996.
- Toole, M., & Waldman, R, 1997. The public health aspects of complex emergencies and refugee situations. **Annual Review of Public Health**, vol,18, :283-312.
- Umaña-Taylor AJ, Alfaro EC, 2009. **Acculturative stress and adaptation**. United State Sage Publications.
- UN, 1992. **Unit:ed Nations Commission on Human Rights**, [https://www.google.com.cy/?gws\\_rd=cr,ssl&ei=67SRVafNDMf-](https://www.google.com.cy/?gws_rd=cr,ssl&ei=67SRVafNDMf-) [17/2/2015]
- United Nations,1998. **Recommendations on Statistics of International Migration**, revision 1. New York: United Nations.

[https://www.google.com.cy/?gws\\_rd=cr,ssl&ei=67SRVafNDMf-ywO\\_rZnQDw#q=Unit:ed+Nations+Commission+on+Human+Rights](https://www.google.com.cy/?gws_rd=cr,ssl&ei=67SRVafNDMf-ywO_rZnQDw#q=Unit:ed+Nations+Commission+on+Human+Rights)  
[19/3/2015]

UN OCHA, 1999. **Handbook for Applying the Guiding Principles on Internal Displacement.** OCHA/The Brookings Institution, Washington.  
[https://www.google.com.cy/?gws\\_rd=cr,ssl&ei=67SRVafNDMf-ywO\\_rZnQDw](https://www.google.com.cy/?gws_rd=cr,ssl&ei=67SRVafNDMf-ywO_rZnQDw)  
[5/2/2015]

Vernez, G. and Abrahamse, A, 1996. **Immigrants**, 1<sup>st</sup> ed. U.S: Education. Santa Monica, C.A.: RAND Corporation.

Vincent, Marc, 2000. **IDPs: rights and status**. 2<sup>nd</sup> ed. Canada: Research Investigation Press.

Weeks, M., Coplan, R. J. & Kingsbury, A, 2009. The correlates and consequences of early appearing social anxiety in young children. **Journal of Anxiety Disorders**, Vol, 21 no. 2 :211-219.

Williams, C. L., & Berry, J. W, 1991. Primary prevention of acculturative stress among refugees: Application of psychological theory and practice. **American Psychologist**, vol, 46, :632-641.

World Health Organization, 2008. **The Global Burden of Disease**.  
[http://www.who.int/healthinfo/global\\_burden\\_disease/GBD\\_report\\_2004update\\_full](http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full)  
[5/2/2015]

World Health Organization, 2012. **World suicide prevention** [http://www.who.int/mediacentre/events/annual/world\\_suicide\\_prevention\\_day/en/](http://www.who.int/mediacentre/events/annual/world_suicide_prevention_day/en/) Accessed  
[5/2/2015]

Zuniga M, 2002. **Immigration**. New York: Haworth Social Work Practice Press.

## APPENDENCES

Dear Participant

Please take a few minutes to read the following information on this research carefully before you agree to participate. If at any time you have a question concerning the study, please feel free to ask the researcher who will provide more information.

The study is being conducted by Nizar Ismat under the supervision of Assist Prof. Dr Zihniye Okray. It aims to investigate the anxiety and depression levels among internally displaced in Kurdistan Region of Iraq.

The data and the information of the participants will be kept confidential and will mealy be used for academic purpose.



## APPENDIX A (English version)

### (General information about the participants)

1. Age.....
2. Gender    a) Male            b) Female
3. Marital Status    a) Single        b) Engaged    c) Married    d) Divorced
4. Educational Level    a) Primary    b) high school    c) college    d) illiterate
5. Where did you come from?.....
6. When did you immigrate? .....
7. Family Members
8. Have you lost any member of your family?    a) Yes        b) No
9. I live in a    a) Camp        b) building
10. Did you get injure when you were immigrating?    a) Yes        b) No
11. Do you feel that you are as an?    a) Immigrant    b) Internally displaced

Thank you for your valuable contribution to the study. Your participation is greatly appreciated.

**APPENDIX B (English version)**

**(The Depression Anxiety Stress Scale (DASS) questionnaire developed by Lovibond & Lovibond, 1995)**

<b>The items about Anxiety:</b>				
0 Did not apply to me at all				
1 Applied to me to some degree, or some of the time				
2 Applied to me to a considerable degree, or a good part of time				
3 Applied to me very much, or most of the time				
1	I was aware of dryness of my mouth	0	1	2 3
2	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2 3
3	I had a feeling of shakiness (eg, legs going to give way)	0	1	2 3
4	I found myself in situations that made me so anxious	0	1	2 3
5	I had a feeling of faintness	0	1	2 3
6	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2 3
7	I felt scared without any good reason	0	1	2 3
8	I had difficulty in swallowing	0	1	2 3
9	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2 3
10	I felt I was close to panic	0	1	2 3
11	I feared that I would be "thrown" by some trivial but unfamiliar task	0	1	2 3
12	I felt terrified	0	1	2 3
13	I was worried about situations in which I might panic and make a fool of myself	0	1	2 3
14	I experienced trembling (eg, in the hands)	0	1	2 3

**The items about Depression:**

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree, or a good part of time

3 Applied to me very much, or most of the time

15	I couldn't seem to experience any positive feeling at all	0	1	2	3
16	I just couldn't seem to get going	0	1	2	3
17	I felt that I had nothing to look forward to	0	1	2	3
18	I felt sad and depressed	0	1	2	3
19	I felt that I had lost interest in just about everything	0	1	2	3
20	I felt I wasn't worth much as a person	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3
22	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
23	I felt down-hearted and blue	0	1	2	3
24	I was unable to become enthusiastic about anything	0	1	2	3
25	I felt I was pretty worthless	0	1	2	3
26	I could see nothing in the future to be hopeful about	0	1	2	3
27	I felt that life was meaningless	0	1	2	3
28	I found it difficult to work up the initiative to do things	0	1	2	3

## (Anxiety) نیکه رانی

0 گهلن ناگونجیت

1 کیم جارا

2 هندهک جارا

3 گلهک جارا

3	2	1	0	1 نهز ب هسکرنا دهقی دکهم
3	2	1	0	2 نهز هست ب دلتهنگی دکهم
3	2	1	0	3 نهز هست ب لهرزینی دکهم (نموونه . لهرزینا پیا)
3	2	1	0	4 نهز هست ب نیگه رانی و ترسی دکهم
3	2	1	0	5 نهز هست ب گنشیوونی دکهم
3	2	1	0	6 نهز هست ب خوهدانی دکهم و پلا گهرماتی بیهرز دییت
3	2	1	0	7 نهز هست ب ترسی دکهم بی نه گهر
3	2	1	0	8 نهز هست کهم کو من جهزا خارنی نه مایه
3	2	1	0	9 نهز هست ب زنده لیدانیت دلی دکهم
3	2	1	0	10 نهز هست ب بزدیانی دکهم
3	2	1	0	11 نهز هست کهم کو نه مینه د زانی دا ( ترس ژ مرنی)
3	2	1	0	12 نهز هست ب ترسی دکهم و یی نیگه رانم کو بییته بزدیان
3	2	1	0	13 نهز یی نیگه رانم و هست ب کیماسینی دکهم
3	2	1	0	14 نهز هست ب لهرزینی دکهم (نموونه . لهرزینا دهستا)



## (Depression) خه موکي

0 گهلن ناگونجیت

1 کیم جارا

2 هنده ک جارا

3 گهله ک جارا

3	2	1	0	1 نهز هست ب نه رنني یی دکهم
3	2	1	0	2 نهست هست دکهم کو من نیدي جهز نه مایه د جلاکین روزانه دا
3	2	1	0	3 نهز هست دکهم من چ تشت نینه کو نیدي بو بزییم
3	2	1	0	4 نهز هست ب خه موکي و بیزاریی دکهم
3	2	1	0	5 نهز هست کهم کو من گرنکیا هه می تنستی ز دهست دایه
3	2	1	0	6 نهز هست کهم کو من بهایی خو ز دهست دایه وه ک مروڤ
3	2	1	0	7 نهز هست کهم کو زیان نیدي یا بی مضایه
3	2	1	0	8 نهز هست کهم کو نه شتم خوشی د وان کاراندا بیه من کو بهری نوکه من خوشي ینت بر
3	2	1	0	9 نهز هست ب خه مگینی دکهم و نزانم دی چهوا هستی خو ده بریم
3	2	1	0	10 نهز هست ب بیزاریی دکهم و من جهزا کاری نه مایه
3	2	1	0	11 نهز هست کهم کو خوشي و جوانی چ گرنکیا خو نه مایه لدهف من
3	2	1	0	12 نهز هست کهم کو پاشه روژی چ گرنکیا خو نه مایه لدهف من
3	2	1	0	13 نهز هست کهم کو زیانی چ راما نا خو نه مایه
3	2	1	0	14 نهز هست کهم کو نیدي یاب زه حمه ته هه ولدان بو کاری

## **AUTHORIZATION OF THE SCALE**

----- Forwarded Message -----

From: "Peter Lovibond" <[p.lovibond@unsw.edu.au](mailto:p.lovibond@unsw.edu.au)>

To: [NizarIsmatAli@gmail.com](mailto:NizarIsmatAli@gmail.com)

Sent: Monday, December 8, 2014 at 9:03 PM

Dear Nizar,

You are welcome to carry out a Kurdish translation