

Life Satisfaction and Depressive Symptom Among Alcohol Misuse in Kurdistan

A graduate research submitted to the Faculty of Science and Health in partial fulfillment of the requirements for the degree of Bachelor of Science (BSc.) in Clinical Psychology

By

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Supervisor's Approval Supervisor's Approval

Hereby, I (Sido Davood Ali) state that this graduation research entitled :(Life Satisfaction and Depressive Symptom Among Alcohol Misuse in Kurdistan):

by the student : (Hataw Ahmad Sharef) was prepared under my supervision at the department of Clinical Psychology, Faculty of Science and Health at Koya University as a requirement for the degree of Bachelor of Science (B.Sc.) in Clinical Psychology.

I have read and reviewed this work and I confirm that it is an original work to the best

of my knowledge.

Signature

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Date:

We, the examining committee, confirm that we have read this graduate research entitled:

(Life Satisfaction and Depressive Symptom Among Alcohol Misuse in Kurdistan). We have examined the student (Hataw Ahmad Sharef) in relation to all aspects of this research. In our opinion, it meets the standard of graduate research for the degree of Bachelor of Science (B.Sc.) in Clinical Psychology.

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Chapter One

Introduction

While the impact of alcohol consumption and dependence on mortality and disease is substantial, there are also many social and economic burdens resulting from the effects of alcohol on individuals, families, workplaces, and society as a whole. This means that alcohol consumption and dependence have sizable impacts on many people other than the drinker. Among the most devastating effects are insufficient fulfillments of roles; family problems, including divorce; problems with parenting at the family level; and lost productivity in the workplace (Rehm et al., 2012).

May be some of persona use alcohol to reduce depression symptoms or to reduce anxiety like show in this research: Alfredo et al. (2013), found Moderate alcohol intake within the range of 5 to 15 g/day was significantly associated with lower risk of incident depression. Specifically, wine consumption in the range of two to seven drinks/week was significantly associated with lower rates of depression

Most researchers agree that, although life satisfaction fluctuates over time (Diener, Oishi, & Lucas, 2003), in the long run, even exhilarating or traumatic events do not change it drastically. One explanation for that is that personality explains most of the variability in life satisfaction, and, as personality traits and dispositions tend to be stable over time, they create stability in levels of life satisfaction (Spector et al., 2001).

According to Saha and Gopal (2013) Chandra Most of those young people manage to handle college life stresses and challenges with aplomb, others have difficulty in adjusting. They are experiencing emotional turmoil, suffering from depressed mood, believing their lives are controlled by outside forces rather than their own efforts, and feeling discontented with life. Accordingly, this study provides information regarding the relationship between life satisfaction and depression symptom among alcohol misuse in Kurdistan.

1.1 The statement of the problem.

Jaza and Qradaxy In (2004), in one journal in Kurdistan publication some information about alcohol: is a one effect of death , nearly(5000-7000) death each year by drinking alcohol , (20-30%) of all car accident cause of death by alcohol drinking and in (10) suffocations person (8) suffocate by alcohol drinking(drinking alcohol and relation of criminal, If see the data have in up a larger number of person death by alcohol in world it is a problem.

May be alcohol have effect on the parental norms and effect in each individual in the family, like in this research show:

In a survey of first-year students in a southern university, Lo (1995) found a modest effect of parental norms, which was stronger for female than male students (Parkins, 2002).

Life satisfaction is important for person because majority person satisfaction with life if make balance between ethic and economic do not be a slave person under animal appetite if person do not have this balance mean this is not satisfaction with life and after this make any thing out the society rule and make problem for their family (Qarachatany, 2010).

About life satisfaction may be if person have depression do not hop for life or do not satisfaction in their life like in two researches found, research shows the effect of depression on life satisfaction for elderly population, and People who are suffering from depression tend to have a negative view of life. Consequently, they generally have lower level of life satisfaction as well (Review, 2010).

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Susceptibility to major depression is associated with lower life satisfaction and this connection may be further linked to genetic makeup .That is the finding of a new twin study from the Norwegian institute of public health in connection with the University of Oslo. For the study, researchers compared information between identical and fraternal twins to see whether having a vulnerability to major depression is linked to overall lifetime satisfaction . Their findings show that both men and women who met the criteria for lifetime major depression (15.8 percent and 11.1 percent respectively) experienced lower life satisfaction (Pedersen, 2012).

Depression is a one of mood disorder have in all age, in child %3 prevalence in both gender but in adolescence %8 in male and %14 in female (Hasan, 2012).

May be the depressive person has the risk for him or her self in some situation special in Kurdistan because do not have good social support, if see this ratio among depressed people you know about why depressed is important to make research: The level of suicide in depression person nearly (%15) and among this person make suicide (%30-%70) have depression (Hassan, 2009).

This research shows the relationship between obesity and depression in the population. Both obesity and depression are increasingly prevalent and associated with numerous health complications including hypertension, coronary heart disease, and increased mortality (Faith, Matz, & Jorge, 2002).

May be depressive person have some different idea a bout future more time worry bout and thinking about future, this excessive thinking may be become loss interest special for child like found in this research: Finch (1994), found that depressed children reported more problem related to loss of interest and low motivation and had a negative view of themselves, while anxious children reported more worry about the future, their well-being, and others ' reactions to them (Wenar & Kerig, 2011).

In 1996 Kessler cited in report of the chief health officer, depression is currently the most commonly diagnosed mental disorder in the United States according for 57 % of psychiatric admissions and affecting between 15 and 30% of that country' population each year. In Australia, one in four women and one in six men experience depression in their life time.

According to Marcus et al. (2012), today depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year.

And in this research show that Emerging data suggest an association between depressive symptoms and increased risk for stroke morbidity and mortality (Ramasubbu, 2003).

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1.2 Significance of the study

All research has a special significance and I can significance of this research show in some point:

1-For indication the alcohol misuses risk about (social, heath and psychology).

2-For some organization relation of this subject by using this research can decrease the problem happen by alcohol misuse.

3-The history of alcohol use or depend of alcohol is very old but the level of use is increase in Kurdistan, for that cause research about the alcohol misuse phenomenon relation of psychological problem in effect and cause of the problem happen for alcohol misuse person like (age, economic level, education level and work) have the special significance.

4- Scale depression and alcohol important or useful for some of organization to give the guide to other people.

1.3 The Aim of the Research

1- Find the relation between the alcohol and depression.

2-Also founds the relation between alcohol and life satisfaction.

3- Find relation between life satisfaction and depression.

4- Find the alcohol use difference among male and female.

1.4 Definition of the Term

Alcohol abuse: is a widely used term, not necessarily implying dependence that denotes the excessive consumption of alcohol on one or more occasions" (Jiang, 2009).

Depression: According to Aaron T. Beck, depression can be defined in terms of the following attributes: 1. A specific alteration in mood: sadness, loneliness, apathy. 2. A negative self-concept associated with self reproaches and self blame. 3. Regressive and self-punitive wishes: desire to escape, hide or die. 4. Vegetative changes: anorexia, insomnia, loss of libido. 5. Change in activity level: retardation or agitation (Beck and Alford, 2009, p.8).

Life-satisfaction: according to Buetell (2007), is an overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive. It is one of three major indicators of well-being: life satisfaction, positive affect, and negative affect (Diener, 1984).

Chapter two

Literature Review

In this chapter talk about alcohol and research about alcohol, life satisfaction also some research about it and depression definition, type of depression and also some research about depression.

The definition of harmful alcohol use in this guideline is that of WHOs International Classification of Diseases, 10th Revision (The ICD–10 Classification of Mental and Behavioral Disorders) (ICD–10; WHO, 1992):

a pattern of psychoactive substance use that is causing damage to health. The damage may be physical (e.g. hepatitis) or mental (e.g. depressive episodes secondary to heavy alcohol intake). Harmful use commonly, but not invariably, has adverse social consequences; social consequences in themselves, however, are not sufficient to justify a diagnosis of harmful use (Thomas F. Babor, 2011).

According to World Health Organization (WHO) alcohol is: Harmful drinking: Use of alcohol that causes complications (includes abuse and dependence).

Hazardous drinking: Use of alcohol that increases risk for complications.

Non-hazardous drinking: Use of alcohol without clear risk of complications (includes beneficial use).

The research about Relationship between alcohol use and gender on depressive symptoms, made by Zhan et al. (2012), the comparison of data between men and women revealed a significant quadratic term of alcohol use and significant interactions between alcohol use and gender on depressive symptoms. Men with an Alcohol Use Disorders Identification Test (AUDIT) score in the first and fourth quartiles were more likely to report depressive symptoms in comparison to men in the second quartile. Their Odds Ratios (ORs) and 95% Confidence Intervals (CIs) were 7.54 (2.00 28.51) and 5.06 (1.31-19.63), respectively. Among women, a linear trend was observed such that those who misused alcohol were three times more likely to have depressive symptoms than those who did not misuse alcohol (OR = 3.03, 9512).

This research about association between alcohol dependence and depression before and after treatment for alcohol dependence, the sample of the study is 188 alcohol dependent persons at intake and after six months. The result show the prevalence of depression among alcohol-dependent persons is high (63.8%) with a significant association between depression and the mean Alcohol Use Disorders Identification Test (AUDIT) score (Kuria, et al., 2012).

2.2 -Life-satisfactions

Hakanen et al. (2012), make research about: Do burnout and work engagement predict depressive symptoms and life satisfaction? A three-wave seven-year prospective study, Sample of this research At baseline, a questionnaire was sent to all dentist members of the Finnish Dental Association (FDA) (n=4588). Altogether, 3255 (71%) dentists responded to the questionnaire at baseline, and25550f those identified three years later (n=3035) took partin the follow-up (T2) (84%). In 2003, 71% of all Finnish dentists were surveyed (n=3255), and the response rate of the 3-year follow-up was 84% (n=2555). The second follow-up was conducted four years later with a response rate of 86% (n=1964).The Results show Burnout predicted depressive symptoms and life dissatisfaction: conversely, work engagement had a negative effect on depressive symptoms and a positive effect on life satisfaction.

Also relationship of depression with self esteem and satisfaction with life, and Sample of these research hundred subjects were selected randomly for this study, whose age range from 20 to 25 years. These subjects were selected from different District in West Bengal. In conclusion this study showed significant negative relationships of Depression with life satisfaction as well as with self esteem among college students (Saha, Halder, & Das, 2013).

And effects of alcohol consumption in spousal relationships on health-related quality of life and life satisfaction is another research, the study used data from a population survey of households in which all adult household members provided alcohol-consumption, life satisfaction, and quality-of-life measures. The analysis focused on the satisfaction levels and health-related quality of life of 3,110 couples living in partner relationships (either married or de facto) based on the alcohol consumption of both partners. The result show the analyses found that ex-drinkers and high-risk drinkers generally had lower life satisfaction and health-related quality of life but that the partner's drinking pattern had little effect on this measures (Livingston, 2009).

2.3 – Depression

According to Beck Depression is: Causes and Treatment, suggests that depression cannot be defined only by reference to mood. He contends that mood change may only be one element of depression and may not, in any event, always be present. His view is that the following are the key attributes by which depression may be defined:

• Specific alteration in mood, whether sadness, apathy or loneliness;

- A negative self-image involving self-blame;
- Desire for self-punishment, desire to escape, to hide or die;

• Physical or physically expressed changes such as anorexia, loss of libido or insomnia;

• Changes in level of activity, whether there be increased agitation or hyperactivity or withdrawal and inaction (Martin, 2014)

Type of depressive disorders: Disruptive mood dysregulation disorder, major depressive disorder(including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/ medication – induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder (APA, 2013).

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The signs and symptoms of depression: People with depressive illnesses do not all experience the same symptoms. The severity, frequency, and duration of symptoms Persistent: Feelings - of sadness and or anxiety, Energy - lacking in energy, Sleep over or under sleeping, Thinking - sluggishly or negatively, Interest - lost, in food, sex, or daily events, Value - not valuing oneself, Aches - headaches, chest or other pains with no physical cause, Living - seeing no point in living (yons, Oluanaigh, 'Dowd, & Gallagher, 2005) and making decisions Insomnia, early-morning wakefulness, or excessive sleeping Overeating or appetite loss Thoughts of suicide, suicide attempts, Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment. Vary depending on the individual and his or her particular illness (Health, 2011)

This research about relationship of depression with self esteem and satisfaction with life, In this research find out the relationship of Depression with Selfesteem and Satisfaction with life among college students, hundred male college students were considered for this study from different district of West Bengal whose age range from 20 to 25 years. In conclusion this study showed significant negative relationships of Depression with life satisfaction as well as with self esteem among college students (Halder & Das, 2013).

Another research about adolescent depression, alcohol and drug abuse, the Diagnostic Interview Schedule was employed to ascertain the prevalence of major depressive disorder (MDD), alcohol and substance abuse in a sample of 424 college students aged 16 to 19 years. And the Result show applying DSM III criteria, the prevalence of MDD was 6.8 per cent; of alcohol abuse, 8.2 per cent; and of substance abuse 9.4 per cent. Alcohol abuse was associated with MDD, but not with other

psychiatric diagnoses. Substance abuse was associated both with MDD and with other psychiatric diagnoses as well. The onset of MDD almost always preceded alcohol or substance abuse suggesting the possibility of self-medication as a factor in the development of alcohol or substance abuse (Deykin, Levy, & Wells, 1987).

Zhan et al. (2012), is Another Research gender differences in the relationship between alcohol use and depressive symptoms in St. Petersburg, Russia. sample of this research among (307) Patients who attended a clinic for sexually transmitted infections in St. Petersburg, Russia. Logistic regression models were applied for the analyses is the Result show the comparison of data between men and women revealed a significant quadratic term of alcohol use and significant interactions between alcohol use and gender on depressive symptoms. Men with an AUDIT score in the first and fourth quartiles were more likely to report depressive symptoms in comparison to men in the second quartile. Their Odds Ratios (ORs) and 95% Confidence Intervals (CIs) were 7.54 (2.00-28.51) and 5.06 (1.31-19.63), respectively. Among women, a linear trend was observed such that those who misused alcohol were three times.

The research under address the relationship between depression, satisfaction with life and social interest. Written by Shaun A. Saunders and Cherie Roy, and the Sample of this researches the participants were 87 students (33 males, 54 females). The result shows the correlation between the BDI the SII, and SWLS, were all significant. Females scored significantly higher on the SII than males. Females scored significantly higher on the SII than males. Females scored significantly higher on social interest than did males. However, there is no significant difference in scores on depression between males and females (Saunders. & Roy, 2011).

The research dimensions of mental health; depression, anxiety and life satisfaction. And Participants were 364 college students from Ankara University in Ankara, Turkey. There were 188 male (% 51.6) and 176 female (% 48.4) students whose ages ranged from 19 to 25 yrs (M= 22.31, SD=1.20). The results pointed out anxiety scores, depression scores and the hopelessness scores statistically significantly correlated with the satisfaction with life. The subjects scored 19 and 19+ from BDI were chosen as depressed (N=63) group. The subjects scored 26 and 26+ from BAI were assigned as anxious group (N=31). The subjects having a higher scores from cutt-off points of the both BDI and BAI were assigned as depressed-anxious (N=35). Under the cut off points from BDI and BAI were assigned as "normal" group (N=235) (Guney, Kalafat, & Boysan, 2014)

Another research General health mediates the relationship between loneliness, life satisfaction and depression, and the sample of research to examine the associations between life satisfaction, loneliness, general health and depression among 172 medical students in Malaysia. Results of the research life satisfaction was negatively and significantly correlated with suicidal attitudes, loneliness and depression; and positively with health, which was negatively and significantly correlated with depression and loneliness. Self-concept was negatively correlated with loneliness and depression, depression was positively and significantly correlated with loneliness. Mediational analyses showed that the effects of loneliness and life dissatisfaction on depression were fully mediated by health (Swami, et al., 2007)

The research Dimensions of mental health: Life satisfaction, positive affect, anxiety and depression. Psychological well-being and psychological distress are often regarded as distinct, if not orthogonal dimensions of mental health. Based on analyses in this paper, we consider the distinction misleading. Four dimensions seem worth measuring in general population surveys: life satisfaction, positive affect, anxiety and depression. Furthermore, one of the well-being dimensions, life satisfaction, is quite strongly correlated with a distress dimension, depression. A person is unlikely to be both satisfied with life and depressed, but may be satisfied and anxious (Headey, Kelley, & Wearing, 1993)

Another research Life satisfaction and depression in a 15-year follow-up of healthy adults, sample of research This is a 15-year prospective cohort study with a nationwide sample of healthy Finnish adults (N=9679), aged 18–45, results a strong linear association was found between concurrent LS and BDI scales (r=0.6). With an LS cut-off point of 11/12, moderate/severe depression (BDI \geq 19) was detected with 87% sensitivity, 88 % specificity and a 94% area under the ROC curve. Longitudinally, a strongly increased risk of moderate/severe depression in 1990 was observed among the dissatisfied (LS 12–20) compared with the satisfied (LS 4–6) in 1975 (OR=6.7; 95 %CI 4.2–10.9) and in 1981 (OR=10.4; 6.1–17.6) (Heli Koivumaa-Honkanen, 2004)

Chapter Three

Research Method

In this chapter describe about sample population also validity, reliability, research instrument, data collection and in the end chapter about Statistical technique (data analysis).

3.1.1 Method: (descriptive qualitative study) researcher in this research used the Alcohol Use Disorders Identification Test (AUDIT) to measure alcohol and the 21item measured depressed mood (BDI - II: Beck et al., 1996), life satisfaction (SwLS: Diener et al., 1985), among (99)alcohol use.

3.1.2 Population: Population of the study is alcohol use in Suleimany. Sample of the study also get in this population.

3.1.3 Sample: The sample of the study is (99) participants in Sulimany casino about the gender (50) are female and (49) of them are male. About the place have four group (city to village) mean of place (\underline{M} = 2.22) and (SD= 1.16) for detail see in table(1), also have economic level compose of five group (very good until very bad) mean is (\underline{M} = 3.11) and (SD = 1.49), range of age compose of six group (from 20 and above 45) mean of age is (\underline{M} = 2.87) and (SD = 1.27), about work also have six group (unemployed to other (business, artist...) mean of work (\underline{M} = 3.39) and (SD = 1.44) and for education level compose of three group (illiterate to academic) mean of education is (\underline{M} = 2.48) and (SD = 0.71), all the Socio-demographic characteristics shown in the table 1.

Table 1

| Demograph | y |
|-----------|---|
|-----------|---|

| Variabl | e | number | Percent% | |
|----------|--|--------|----------|--|
| Place: | city | 41 | 41.4 | |
| | district | 21 | 21.1 | |
| | sub-district | 29 | 29.3 | |
| | Village | 17 | | |
| | | | 17.2 | |
| Economi | c: very good | 24 | 24.2 | |
| | Good | 10 | 10.1 | |
| | Middle | 14 | 14.1 | |
| | Bad | 29 | 29.3 | |
| | Very bad | 20 | 20.2 | |
| Age: | 20 - 25 | 3 | 3.0 | |
| - | 26-30 | 13 | 13.1 | |
| | 31 - 35 | 17 | 17.2 | |
| | 36 - 40 | 39 | 39.4 | |
| | 41 - 45 | 14 | 14.1 | |
| | 46 – Above | 13 | 13.1 | |
| Work: | unemployed | 10 | 10.1 | |
| | labour | 21 | 21.2 | |
| | Clerk | 19 | 19.2 | |
| | Teacher | 27 | 27.3 | |
| | Advocate | 13 | 13.1 | |
| | other (businessman, artist, capitalist, journalist | 9 | 9.1 | |
| Educatio | n: illiterate | 13 | 13.1 | |
| | Student | 25 | 25.3 | |
| | Academe | 61 | 61.6 | |

3.2 Research Instruments: Satisfaction with Life Scale (Diener et al., 1985). The instrument consists of 4 statements) e.g., "In most of my ways my life is close to my ideal") for which participants are asked to indicate degree of agreement in a 7-point Likert scale (1 strongly disagree, 7 strongly agree). The life satisfaction score was established by summarizing the 4 statements for each participant. The Beck Depression Inventory (BDI): this consists of 21- items and was designed to assess of depression. The Alcohol Use Disorders Identification Test (AUDIT) which includes 10 questions use.

3.3.1 Alcohol Use Disorders Identification Test

The test has fulfilled many of the expectations that inspired its development. The AUDIT was developed and evaluated over a period of two decades, and it has been found to provide an accurate measure of risk across gender, age, and cultures, which consists of 10 questions about recent alcohol use, alcohol dependence symptoms, and alcohol-related problems (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001)

The Alcohol Use Disorders Identification Test (AUDIT) which includes 10 questions with a total score that ranges from 0 to 40 was used to measure alcohol use. A score of 8 or higher is usually indicative of hazardous drinking (Shaboltas, Skochilov, Zhan, Kozlov, Krasnoselskikh, & Abdala, 2012).

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3.3.2 Beck Depression Inventory

Researcher take Depression scale translated to Kurdish from researcher (Raheem, 2013), in Mental Health Center in Sulamany.

For assessment depression researcher use Beck scale, The BDI was developed in 1961, adapted in 1969, and copyrighted in 1979. A second version of the inventory (BDI-II) was developed to reflect revisions in the Fourth Edition Text Revision of the Diagnostic and Statistical Manual of Mental Disorders (JRank, 2014).

This depression inventory is now a commonly used instrument that helps evaluate the mental state of an individual and measure the severity of his/her depression. It consists of a form with a set of 21 questions which a patient needs to fill up .Each answer has been rated between 0 and 3, according to the intensity of depression symptoms (Mukherjee, 2009).

3.3.3 Life satisfaction scale: Ed Diener was born in 1946 in Glendale, California, and grew up on a farm in the San Joaquin Valley of California. He received his bachelor's degree in 1968 at California State University at Fresno. He worked two years as an administrator for Kings View Community Mental Health Center.(Scott Plous, 2013).

Life satisfaction scale was developed by Ed Diener and Emmons in (1985). It is a 5 item Liker scale each item scores from (extremely disagree) to (extremely agree). The total score ranges from 5 to 35. lower score represents lower level of life satisfaction and higher score represents higher level of life satisfaction.(Kamal, Rehman, Ahmad, & Nawaz, 2013).

3.4 Validity

Linguistic validity: about the translated of the life satisfaction scale translated by two English teachers after translate two English teachers in English department assessment for this scale and one of them give %65 and another give %70 for this translate. And alcohol scale translated by 4 student in English department this scale two time translated and researcher choice a good one for this research, and by one teacher in English department make assessment for this scale and give them %88 for this.

3.4 Reliability: This is focused on investigation of failure processes and renewal of technical objects, and on solving problems of ensuring their functioning. Earlier these problems were in the center of attention of the traditional reliability theory. (Shubinsky & Schabe, 2012). Then the data analyze by (SPSS) program with computed to fine out (Cronbach's Alpha), that for each variable finding. Reliability for each life satisfactions scale depression and alcohol: The Cronbach's α for the Life Satisfaction is (0.87).and The Cronbach's α for the Beck Depression is (0.94) and for Alcohol is (0.78), show in table (2)

Table 2

| Variable | Chronbach's Alpha | N of Items |
|-------------------|-------------------|------------|
| life satisfaction | 0.94 | 21 |
| Depression | 0.87 | 3 |
| Alcohol | 0.78 | 10 |

Reliability for life satisfaction, depression and alcohol

3.5 Data collection procedure

Data for the alcohol misuse has been collected in Sulimany casino at (2014) through Satisfaction with Life Scale (Diener et al., 1985, the Beck Depression Inventory (BDI) and the Alcohol Use Disorders Identification Test (AUDIT). The questioner was distributed to alcohol misuse by trained research assistants; the project staff after one week collects all data.

3.6 Statistical technique

For analysis of the data in this statistical package for social sciences (SPSS Version 20) is used to obtain the results. A number of statistical measures are constructed and analyzed. (Frequencies, means, t-test were used to analyze the data), the quartiles were separately calculated for men and women because men and women might have different drinking patterns. Also use the correlation for found relation between variable.

Chapter Four

Result Discussion

This chapter presents the study for statistical data analysis they are presented according to the research aim (descriptive and relation).finally, this chapter present the conclusion of the study as wall as its limitations also at the end of the chapter, the present some suggestion and recommendations.

4.1 Relation between Depression and alcohol

The present study found a significant association between alcohol use and depressive symptoms, and this association differed by gender. The result indicate that alcohol and depression have statistically significant (p = .02) and (r = -.254) had negative correlation between alcohol and depression mean when the person drinking the depression level become decrease see in table 3.

Table 3

Descriptive Statistics (Correlations between alcohol and depression)

| Variable | Mean | Std.Deviation | Sig. (2-tailed) | Pearson Correlation |
|------------|-------|---------------|-----------------|---------------------|
| | | | | |
| | | | | |
| Alcohol | 28.26 | 3.04 | 0.021 | -0.254 |
| Depression | 38.27 | 11.77 | | |

*. Correlation is significant at the 0.05 level (2-tailed).

4.2 Relation between life satisfaction and alcohol

Also no statistically significant between life satisfaction and alcohol (p = .696) and have negative correlation between two variable mean if person drinking have no satisfaction with life, correlation is (r = -.042), show in table 4.

Table 4

Descriptive Statistics (Correlations between alcohol &life satisfaction)

| variabe | Mean | Std.Deviation | Sig. (2-tailed) | Pearson Correlation |
|---------|-------|---------------|-----------------|---------------------|
| alcohol | 28.26 | 3.044 | .696 | 042 |
| Life | 20.92 | 3.26 | | |

4.3 Relation between life satisfaction and depression: no statistically significant between life satisfaction and depression (p = .693) and have negative relation between them mean when person have no or (low level) satisfaction with life have the high level of depression (r = -.042) as shown table 5.

Table 5

Descriptive Statistics(correlation between life satisfaction &depression)

| Variable | Mean | ean Std.Deviation Sig. (2-tailed) | | Pearson Correlation | |
|------------|-------|-----------------------------------|------|---------------------|--|
| | | | | | |
| | | | | | |
| Life | 20.92 | 3.26 | 0.69 | -0.04 | |
| Depression | 38.27 | 11.77 | | | |

4.4. Also about gender difference: no statistically significant between male and female for depression but the level of depression is more in female than male, mean of male is ($\underline{M} = 35.36$) and (SD = 11.079) and mean of female is ($\underline{M} = 41.38$) and (SD = 11.82) about the alcohol between gender it is not statistical significant between male and female but the level of drinking in female is more than in male mean for male is ($\underline{M} = 28.17$) and (SD = 3.17) mean and St.Deviation for female is($\underline{M} = 28.37$) and (SD = 2.93), show in table 6.

Table 6

| Variable | gender | Ν | M | SD | t | sig |
|------------|--------|----|-------|-------|--------|------|
| Depression | male | 47 | 35.36 | 11.07 | - 2.51 | 0.89 |
| | female | 44 | 41.38 | 11.82 | | |
| | Male | 46 | 28.17 | 3.17 | -0.30 | 0.89 |
| Alcohol | Female | 43 | 28.37 | 2.93 | | |

Group Statistics (depression & gender difference)

4.5 discussions

The present study found a significant association between alcohol use and depressive symptoms, and this association differed by gender. About the result of this study have statistically significant between depression and alcohol and have negative correlation between them, this result nearly in this study the research under address Association between Alcohol Dependence and Depression before and after Treatment for Alcohol Dependence, Have significant association between depression and the mean AUDIT score (Kuria, et al., 2012). And the research Alcohol intake, wine consumption and the development of depression: the present study has different result with this research, the result is Moderate consumption of wine may reduce the incidence of depression, while heavy drinkers seem to be at higher risk (Gea, et al., 2013)

About relation between life satisfaction and alcohol have no statistically significant between two variables and have negative correlation this result nearly in that result, the research under address: Effects of Alcohol Consumption in Spousal Relationships on Health-Related Quality of Life and Life Satisfaction, The result show the analyses found that ex-drinkers and high-risk drinkers generally had lower life satisfaction and health-related quality of life (Livingston, 2009, p. 383-390).

Also for relation between life satisfaction and depression no statistically significant between life satisfaction and depression and have negative correlation between them in this research compare to this research have opposite result the research about relationship of depression with self esteem and satisfaction with life, this study showed significant negative relationships of Depression with life satisfaction (Saha, Halder, & Das, 2013).

About gender difference have no statistically significant between male and female, opposite of this result, Zhan et al. (2012), research about gender differences in the

relationship between alcohol use and depressive symptoms, in the Result show the comparison of data between men and women revealed a significant quadratic term of alcohol use and significant interactions between alcohol use and gender on depressive symptoms.

4.6 Conclusion

The results of this study show that the depression is statistically significant with alcohol (p = .02), if the person drinking more alcohol the level of depression is decrease mean have negative correlation (r = -.254) between tow variable for relation alcohol wit life satisfaction is not statistically significant (p = .696) have negative correlation (r = -.042), mean if person when drinking more the have low level of life satisfaction, also life satisfaction is not significant with depression (p = .693), mean if a person have satisfaction of life do not mean that person is not have depression it is not relation of life satisfaction have negative correlation (r = -.042), and age it is not statistically significant with alcohol and depression.

About the relation of alcohol for depression and life satisfaction only statistically significance with depression and age is no statistically significance for alcohol also but the level of female alcohol misuse is larger than male and the level of depression also in female is more than male.

4.7 Limitations

About limitation have some limitation at the first researcher can not go to the casino by some of social culture for this cause can not get the participant for research all casino opened in night special family casino it is one limitation and about female if asked any of one do not tell us I am drinking alcohol because if tell you about that thinking that her respect become decrease in society and about the question have in form do not understand need to read one by one for all participants because have some question about depression and alcohol it is difficult to understands easy for some one have high level of education can not understand easy and about some one have low level of education do not understand any thing about that at that time must to read for them.

4.8 Suggestions

Alcohol misuse relation of depression disorder like in some research found for that cause need more information about it, in this research have some definite aim by this aim show the result, but have another aim to make research about it for that cause researcher suggest for that researcher make research about alcohol relate of depression and life satisfaction:

1-make experimental research inside the casino and out side and make different between them to know about effect alcohol on depression and life satisfaction.

2-also make another research about effect alcohol on depression and life satisfaction.

3- And research among alcohol misuse about car accident and family problem relate of alcohol.

4-also make research about the number of divorce and relate of alcohol and depression.

4.9 Recommendations

1- The low should not allow drinking alcohol under age (18) year, and have some ruled do not let to seller to sell the alcohol under age (18).

2- Publicity information about alcohol misuse in advertisement and another way to give individual society information about the risk of alcohol in psychological and social problem especially in family.

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Appendix

English appendix

1.1 The Alcohol Use Disorders Identification Test: Interview Version Read questions as written

0 points - Never

1 point - Monthly or less 2 points - 2 to 4 times a MONTH 3 points - 2 to 3 times a WEEK

1. How often do you have a drink containing alcohol?

Questioner may skip to Questions 9 and 10 if reply to Question 1 is never, or if both answers to

Q 2 and 3 are 0.

2. How many units of alcohol do you drink on

a typical day when you are drinking?

3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

AUDIT-C Score /12 (complete f

questionnaire if score is 3 or more)

4. How often during the last year have you found that you were not able to stop drinking once you had started?

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

6. How often during the last year have you needed an alcoholic drink in the morning to

| | 0 points - 1 or 2 drinks |
|---|------------------------------|
| l | 1 point -3 or 4 drinks |
| | 2 points - 5 or 6 drinks |
| | 3 points -7 or8 or9 drinks |
| | 4 points - 10 or more drinks |

| 0 points - Never |
|----------------------------------|
| 1 point - Less than monthly |
| 2 points - Monthly |
| 3 points - Weekly |
| 4 points - Daily or almost daily |

| 1 | |
|---|--|

| 0 points - Never |
|----------------------------------|
| 1 point - Less than monthly |
| 2 points - Monthly |
| 3 points - Weekly |
| 4 points - Daily or almost daily |
| |

| 0 points - Never | |
|----------------------------------|--|
| 1 point - Less than monthly | |
| 2 points - Monthly | |
| 3 points - Weekly | |
| 4 points - Daily or almost daily | |

get yourself going after a heavy drinking session?

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

0 points - Never 1 point - Less than monthly 2 points - Monthly 3 points - Weekly 4 points - Deily or almost daily

0 points - Never

2 points - Monthly 3 points - Weekly

0 points - No, never

2 points - Yes, but not in the last year 4 points - Yes, during the last year

1 point - Less than monthly

4 points - Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

9. Have you or someone else been injured as a result of your drinking?

| 0 points - No, never | |
|--|--|
| 2 points - Yes, but not in the last year | |
| 4 points - Yes, during the last year | |

10. Has a relative or friend or a doctor or another health worker been concerned about

your drinking or suggested you cut down?

The Alcohol Use Disorders Identification Test

(AUDIT) Score = /40

Scores of 8 or more are considered an indicator of hazardous and harmful alcohol use.

1.2 The Satisfaction with Life Scale

By Ed Diener, Ph.D.

DIRECTIONS: Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number in the line preceding that item. Please be open and honest in your responding.

- = 1Strongly Disagree
- =2Disagree
- = 3Slightly Disagree
- =4Neither Agree or Disagree
- = 5Slightly Agree
- = 6Agree
- =7Strongly Agree
- 1. _____In most ways my life is close to my ideal.
- 2. _____The conditions of my life are excellent.
- 3. _____I am satisfied with life.
- 4. So far I have gotten the important things I want in life.
- 5._____If I could live my life over, I would change almost nothing



بەشداربوىبەرىز، ئەوەى ى كەلەبەردەست دايە ، بريتىلەسى قۆرم بەئاما نجى ئە نجامدانىتويز ينەوەيەكلەبارەى (رازى بوون لەژيان, نيشانەكانى خەمۆكى لەنيزوان ئەو كەسانەى خواردنەوە كحووليەكان بەكاردينىن) فۆرمى يەكەمبريتيەلە(پيزوانە يخواردنەوە كحووليەكان) دووەم بريتيەلە (پيزوانەى رازى بون لەژيان) وە سى يەم بريتيەلە (ييزوانەى خەمۆكى).

تێبينى/ تەواوىزانياريەكانتەنيابۆمەبەستىتوێژينەوەبەكاردىٚ وبەتەواويپارێزراودەبێت.

-بەدانانى نيشانەى راست لەناوچوارگۆشەكان وەلامى ئەو پرسيارانەبدەرەوە

| پ1/ رهگەز:- 1-نير 2-مى |
|---|
| پ2 / شوێنىلەدايكبوون :- |
| 1-شار 2- قەزا 3- ئاحيە 4- گوند (دى) |
| پ5/ بارىئابوورىت:- |
| 1-زۆرباش 2- باش 3- مامناوەند 4- خراپ |
| 5- زۆرخراپ |
| تكايه بەنوسين وەلامى ئەو پرسيارانەبدەوە:- |
| پ3/ تەمەن :- |
| پ4/ کارو پیشەت :- |
| پ6/ ئاستىخوينىدى:- |

2.1 خشتهى ژماره1 :- :- بيوانهى ئەلكحول

| ۑێۏ | هی خواردنه | ن خواردنه | | | | | | | | |
|--|------------|--------------------|-------------------|---------------------------------|---------------------------|--|--|--|--|--|
| | | | ھەئب | ردنهکان ردنهکان | | | | | | |
| دنەوەتھەيەكەكحونىتيابىت؟ | ھەرگىز | مانگانه | 2– 4جارلەمانگئ | 2-3جارئەھەفتەيەك. | 4 جاريانزياتر ئەھەفتەيەك. | | | | | |
| فودى ارد)ئەخۆيتەوەكەكحولىتيايە ئەرۆژىكىئاساىكاتىكەئەخۆيتەوە؟ | 1يان2 | 4يان3 | 5يان6 | 7يان9 | 10يان زياتر | | | | | |
| نەوەلەبۆنەيەكدا(6)جاريانزياتر؟ | ھەرگىز | كەمترلەمانگانە | مانگانه | هەفتانە | رۆژانە يان بەزۆرى رۆژانە | | | | | |
| | ھەرگىز | | | | | | | | | |
| ڔݛﺩﻭﻭ، ﭼﻪﻧﺪﺟﺎﺭﺗﯚﻧﻪﻭﻩﺗﺒﯚﺩﻩﺭﻛﻪﻭﺗﻮﻩﻳﺎﻧﭙێﺘﺰﺍﻧﻴﻮﻩﻛﻪﺗﯚﺗﻮﺍﻧﺎۍﺌﻪﻭﻩﺗﻨﻴﻪﻛﻪ ئەوەلەوكاتەىكەدەستتيىكردوە؟ | ھەرگىز | کەمتر ئەمانگانە | مانگانه | هەفتانە | رۆژانەيانبەنزىكەى رۆژانە | | | | | |
| ردوودا، چەندجارشكستت هێناوەنەوچاوەروانيەئاساييانەىكە فواردنەوە؟ | ھەرگىز | كەمتر ئەمانگانە | مانگانه | ھەقتانە | رۆژانەيانبەنزىكەيرۆژانە | | | | | |
| ڔدوو، چەندجارتۆپيويستتبەئەوەبووەكەبەيانيا نخواردنەوە بخۆيتەوەبۆئە ەنەبەيانيانپاشمەجليسيّكىبەھيّزىخواردنەوە؟ | ھەرگىز | كەمتر ئەمانگانە | مانگانه | هەفتانە | رۆژانەيانبەنزىكەيرۆژانە | | | | | |
| ېردوو، چەندجارتۆھەستتبەگوناح(ھەلە)يانپەشيمانىكردووەدواىخواردنە | ھەرگىز | كەمتر ئەمانگانە | مانگانه | هەفتانە | رۆژانە | | | | | |
| بردوو ، بیرتلەوبیۆوتواناییەکردۆتەوەکەبەسەرتھاتووەکە چىرویداوەلەشەوى راردنەوە؟ | ھەرگىز | كەمتر ئەمانگانە | مانگانه | هەفتانە | رۆژانەيانبەنزىكەيرۆژانە | | | | | |
| ئوشىئازاربووەلەئە نجامىخواردنەوەىتۆ؟ | نەخىر | بەڭىّ,بەلأم ئەسائى | , رابردوودا ئەبوو | بەڭىّ, ئەماوەى ساڭى رابردووبوو | | | | | | |
| ڮؾٳڹۮڮؾۅٚڔێڮؾٳڹڮ؋ڛێۣڮؾ <i>ڗۑۑڛ</i> ۑۅٚڔؽؾ؋ڹۮڔۅۅڛؾۑۑۣێۺڹؾٳۯؽڮڔۮۅ؋ۮ؋ڔۑٵڔ؋ؾۅٳ ۥۅ؋ۦ۠ | نەخىر | بەڭىّ,بەلأم ئەسائى | ر رابردوودا ئەبوو | بەٹیّ, ئەماوەى سائى رابردوو بوو | | | | | | |

تكايەئەووەٽامەىكەراستەبۆتبىخەرەناوبازنەوە:-

2.2 خشتهی ژماره 2 پيوانهی رازی بوون له ژيان

ئاراستەكردن: ئەخوارەوە پێنجدەستەوا ژھەيەكە تۆدەتوانىپێيرا زىبىتياننا، دەتوانىئەو پێوانانەبەكاربێنيلە(1-

7)کەرەزامەندىيتۆنىشاندەداتبەديارىكردنىيەكىكلەوھەئبژاردانە ، تكايە بەراشكاوى و راستگۆيانە وەٽامبدەرەوەO نيشانەى(ادابنى بۆ ئەو ھەئبژاردنەى كە ئە گەٽت دەگونجى

| | پيۆواندى رازيبون ئەژيان | | | | | | | | |
|--|-------------------------|-----------|--------------|---------------|--------------------|---------|----------------|--|--|
| پرسیار | <u>ھەڭپژاردنەكان</u> | | | | | | | | |
| | 1-زۆرنارازىم | 2-نارازيم | 3- کهمیّك | -4 نەرازىم | 5- کەمیک | 6-رازيم | 7- زۆردازيم | | |
| لەزۆربەى رووەكانەوەژيانم نزيكەلەخەونەكانم | | | نارازيم | نەنارازىم | راذيم | | | | |
| بارودۆخو گوزەرانىم زۆرباشە . | | | | | | | | | |
| تائێستا زۆربەى شتەگرنگەكانى ژيانم بەدەست ھێناوە كە پێويستمەلەژيا نمدا | | | | | | | | | |
| ئەگەربىٽتو ژيانم ئاوابروات بەريّوە كەواتە من ھيچم نەگۆراوە يان ھيچ گۆرانكاريەكم نەكردوەيان ناكەم | | | | | | | | | |

2.3 خشتهى ژماره 3:- ييوانهى خەمۆكى

ئاستەكان لە ژمارە (سفر بۆ سێ) ئەو ژمارەى لەگەڵ تۆ دەگونچى تكايە بيخەرە ناو بازنەوە

- 1-خەمبارى
- 0 من ههست به خه مباری ناکه م
- 1 من زۆربەي كات ھەست بەخەمبارى دەكەم
 - 2 من ههمووكات ههست به خهمبارى دهكهم
- 3 من ئەوەندە خەمبارو ناشادم كەبەرگەى نا گرم
 - 2- رەشبىنى
 - 0 من بەرامبەرداھاتووم بيۆورەنيم.
- 1 من بەرامبەرداھاتووم زۆربينورە ترم ئە يينشتر
 - 2 من پێشبينى ناكەم شتم بۆجێبه جێببێت
- 3 من هەستدەكەم داھاتووم جنى نائومىد ييەو تەنھا بەرەوخرا پتردەچىت
 - 3 شكستەكانى رابردوو
 - 0 من ههست ناکهم شکست خواردووم
 - 1 من تووشى شكست بووم زياد لمومى كمدمبوايه تووشببم
 - 2 كەدەروا نمەرابردوو زۆ رشكست دەبىنم
 - 3 من هەست دەكەم وەك كەسىك بەتەواوى بريتىم ئەشكست
 - 4-ئەدەست دانى چيٚژوئارەزوو
- 0 من وەك پيشتر چيژدەبينم ئەوشتانەى كەبەئە نجامدانيان چيژم دەبينى

- 1 من وەك پێشتر چێژ نابينم ئەوشتانەى كەچێژم ئێدەبينين 1
- 2 من زۆركەم چێژنەوشتانەدەبىنم كە پێشتر چێژم نێدەبىنىن
- 3 ناتوانم هیچ چیژیک لهوشتانه ببینم، که پیشترچیژم لیدهبینین.

5-ھەستى تاوانبارى

- 0 من ههست به تاوانبارییهکی دیاریکراوناکهم
- 1 من هەست بەتاوانبارى دەكەم بەرامبەر زۆرشت كەكردوومن يان دەبووبم كردنايە
 - 2 من زۆربەى كات ھەست دەكەم تەواو تاوانبارم
 - 3 من هەمووكاتىك ھەست بەتاوانبارى دەكەم
 - 6 –ھەستى سزادراوى
 - 0 من ههست ناکهم کهسزادراویم
 - 1 من هەست دەكە مرەنگە سزابدرىم
 - 2 من پیشبینی دهکهم سزابدریّم
 - 3 من ههستدهکهم سزادراوم
 - 7- رق لەخۆبوونەوە
 - 0 من هەستم بەرامبەرخۆم ھەر وەك پێشتروايە
 - 1 من متمانهم به خوم له دهست داوه
 - 2 من بەرامبەر بەخۆم نائومىدم
 - 3 من رقم لەخۆمە
 - 8- رەخنە ئەخۆگرتن
 - 0 من لەبارى ئاسايى زياتر رەخنە لەخۆم ناگرم يان لۆمەى خۆم ناكەم

- 1 من لهجاران زياتر رهخنه له خوّم دهگرم
- 2 من لهسهر ههموو هه له كانم ره خنه له خوم ده كرم
- 3 من ئەسەر روودانى ھەرشتىكى خراپ ئۆمەى خۆم دەكەم
 - 9- بيرى خۆكوشتن يان ئارەزووى خۆكوشتن
 - 0 من هیچ بیرۆكەيەكى خۆكوشتنم نییه
- 1 من بيرۆكەى خۆكوشتنم ھەيە، بەلام , وەھانىيە جێبەجێى بكەم
 - 2 من حەزدەكەم خۆم بكوژم
 - 3 من خوّم دەكوژە ئەگەر ھەئم بوّ برەخسىّت
 - 10 -گريان
 - 0 من هيچ زياترله جاران ناگريم
 - 1 من زیاترلهجاران دهگریم
 - 2 من بۆھەرشتىك بچوكىشبىت دەگرىم
 - 3 من هەست دەكەم دەمەويْت بگريم، بەلام ناتوانم
 - 11 –بىٰ ئۆقرەيى
 - 0 من لەبارى ئاسايى زياتربى ئۆقرەنيم يان راچلەكاونيم
- 1 من ھەست دەكەم لەبارى ئاسايى زياتر بيْئۆقرەم يان راچٽەكاوم
 - 2 من ئەوەندە نائارام وبىٰ ئۆقرە م كەجيْبەخۆم ناگرم
- 3 من ئەوەندە نائارام وبى ئۆقرەم،كەدەبىت بجوڭىم يان شتىك بكەم
 - 12 ئەدەستدانى بايەخ
 - 0 من بايەخم بەخەئكى وچالاكييەكان لەدەستنەداوە

- 1 من لهجاران كهمتر بايهخ به خه لكىو شتهكاندهدهم
- 2 من زۆربەى بايەخى خۆم بەخەڭكىو شتەكان ئەدەستداوە
 - 3 زۆر قورسە بەلامەوە بايەخ بەھەرشتىك بدەم

13- رارا**ي**ى

- 0 من هەروەكپيشتر بە باشى بريار دەدەم
- 1 من برِياردان بەلامەوە قورسترە وەك لەبارىئاسايى 1
- 2 من زۆر زياتر له جاران قورسايى له بريارداندا ده بينم
 - 3 من كيشهم ههيه له كهن ههر بريارداني كدا.
 - 14-بي به هابوون
 - 0 من هەستناكەم بيْبەھام
- 1 من خۆم بەكەسێك نابينم كەبەھاداروبەسوودبم وەك پێشتر
 - 2 من ھەست دەكەم زۆر بىلبەھام بەراورد بەخەلكانى تر
 - 3 من هەست دەكەم تەواو بينبەھام

15- ئەدەستدانى وزە

- 0 من ودك هدميشه وزدو توانام هديه
 - 1 من وزدو توانام له پيشتر كه متره
- 2 من هينده وزهمن ييه، كهزؤرشت بكهم
- 3 من هيْنده وزهم نييهكههيچ شتيْك بكهم
 - 16- گۆران ئەشيوازى خەوتن
- 0 منهیچگۆرانیکملهشیوازىخەوتنمداھەستپینەكردوه
 - 1. من هەندێك زياترلەبارى ئاسايى دەخەوم

- 1من ھەندێك كەمترلەبارى ئاسايى دەخەوم
- أ. من زۆر زياترلەبارى ئاسايى دەخەوم
- 2ب. من زۆركەمترلە بارى ئاسايى دەخەوم
 - 13. من زۆربەي كاتەكانى رۆژ دەخەوم
- 3. 1-2 كاتژميْرزووترخەبەرم دەبيْتەوە وخەوم ئيْناكەويْتەوە 3. 1-2 كاتژميْرزووترخەبەرم دەبيْتەوە وخەوم ئيْناكەويْتەوە
 - 17- ھەڭچوون
 - 0 من لەبارى ئاسايى زياترھەٽناچم
 - 1 من لهبارىئاسايى زياترهەڭدەچم
 - 2 من زۆر زیاترلهباری ئاسایی هه لدهچم
 - 3 من هەمووكاتىك زوو ھەلدەچم
 - 18- گۆړانى ئارەزووى خواردن
- 0 من هيچ گۆړانيکم له ئارهزووى خوارد نمدا ههست پێ نه کردووه
 - 1i. من ئارەزووىخواردنم كەمێك لەبارى ئاسايى كەمترە
 - 1ب. من ئارەزووى خواردنم كەميْك لەبارىئاسايى زياترە
 - 12. من ئارەزووى خواردنم زۆرلەجاران كەمترە
 - 2ب. من ئارەزووى خواردنىم زۆرلەبارىئاسايى زياترە
 - . من ئارەزووى خواردنم بەھيچ شيوەيەك نييە
 - 3ب. من هه میشه شهیدای خواردنم
 - 19- قورسى ئەتركيز
 - 0 من تەركىزم وەك ھەمىشەباشە
 - 1 من ناتوانم وەك ييْشترتەركيزبكەم.

- 2 قورسە بەلامەوە بۆماوەيەكى درىژ ئەسەر شتىك تەركىز بكەم
 - 3 من لاموايه ناتوانم له سه رهيج شتيك ته ركيز بكه م
 - 20- ماندو يْتى يان شەكەتى
 - 0 من لهبارىئاسايى زياترشەكەتوماندو نيم
 - من لهباری ئاسایی ئاسانتر شهکهتوماندو دهبم 1
- 2 من شەكەتوماندوترم ئەوەى زۆرشت بكەم كە پيشتردەم كرد
- 3 من زۆرشەكەتومان دوترم ئەوەى كەزۆربەى ئەوشتانە بكەم كە پێشتردەم كرد.
 - 21- ئەدەستدانى ئارەزووى سۆكسى
 - 0 منبەمدواييانەتيْبىنىھىچگۆرانىكملەئارەزووىسىكسىمدانەكردوە
 - 1 من ئارەزووىسىكسىم ئە يىشتركەم ترە
 - 2 من ئيستا ئارەزووى سيكسيم زۆركەمە
 - 3 من بەتەواوەتى ئارەزووىسىكسىم ئەدەستداوە