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## Assessment of the Levels of Hopelessness among the Patients with Major Depressive Disorder in Sulaimani City

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### ABSTRACT

**Background and Objectives:** Major depressive disorder associated with greater morbidity and mortality. Many researchers have sought complex association between depressions with hopelessness. The level of severity of such factors can play role in the causes, recovery and prediction of depression. The main objective of this study is to assess the levels of hopelessness among patients with major depressive disorder.

**Methods:** A quantitative descriptive study design was conducted at a psychiatric clinic in the Ali Kamal Medical Consultation Center in Sulaimaniya City. A non-probability, convenient sampling was recruited of 150 patients with major depressive disorder attending the psychiatric clinic. The data was collected from December, 21st, 2017 to April 1st, 2018 by the researcher of current study through the utilization of structured interview guided by the questionnaire.

**Result:** The results show that the patients with major depressive disorder experience moderate level to severe level of hopelessness. Suicidal attempt is a highly significant factor affecting the levels of hopelessness.

**Conclusions:** The study concluded that hopelessness value on its own the strongest significant factor may represent emotional source and possibly used to handle or cope with depressed mood by the patients.

**Keywords:** Major Depressive Disorder; Depression; Hopelessness; Patients

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### INTRODUCTION

There is a growing belief that major depressive disorder (MDD) can be associated with increased feelings of powerlessness which leads to the cycle of loss. According to the cycle of loss, feelings of powerlessness leads to feelings of hopelessness, and can lead to a sense of despair which in turn leads into a deeper sense of loss . This cycle may continue overtime and perhaps leading to a suicidal behavior [1]. Research findings indicated an association between hopelessness with major depressive disorder [2, 3]. It can be the contributory factors to depression [4, 5]. In the view of Tuck [6] hopelessness is a negative emotion

characterized by a lack of hope, optimism and passion. Hopelessness is both a cause and symptom of depression, and in the context of depression, it is a strong predictor of suicide according to previous studies [7]. Lubow [8] noted that hopelessness can be a passing part of a depressive episode, or even a brief aspect of grief. Hopelessness can be a long term pattern of thinking and feeling, and it is almost inevitably the result of trauma. Living with feelings of hopelessness is very painful experience. Other studies show that hopelessness also leads to low self-esteem [9] and may lead to ineffective problem solving in depressed

patients with suicidal ideation [10]. Unfortunately, hopelessness condition is converted into specific symptom pattern of depression, and remains elusive [11]. Huen [12] defined hopelessness as a powerful emotion that often contributes to low mood and may adversely affect the perception of oneself, others, circumstances and even the world. Hopelessness can have a significant influence on human behavior as it may reflect an individual's negative view of the future. Hopelessness in the depressed patient is extremely dangerous; not only is the depressed patient expressing depressed mood and behavior, they also perseverates on the pessimistic view that life is unbearable and positive change is unfathomable. Various studies consistently reported that hopelessness is a key variable in linking depression to suicidal behavior [13]. Britton [14] pointed that there is a significant correlation between hopelessness and suicidal ideation compared to depression and it is more precise in predicting eventual suicide. A person whose thoughts are hopeless and rigid may conclude that suicide is the only choice. The hopeless person may view death as a means to an end, an opportunity to escape the pain experienced in life. In addition, the impact of hopelessness leads to a lack of adequate coping skills. A person who is experiencing the conceptual feeling of hopelessness tends to think in extremely narrow term. Some patients may deny feeling of hopelessness or depression and focus on identification of various somatic complaints as physical symptoms are more socially acceptable than those of psychological nature [15].

## METHODS

A quantitative-descriptive design was used. The study was carried out from December, 10th, 2017 to October, 1st, 2018. Ethical approval for the use of the questionnaire

of this study was issued by research ethical committee of the college of Medicine/ University of Sulaimani. Verbal informed consent was taken from patients and relatives prior to participation and interviewing by the researcher for data collection. This study was carried out at a psychiatric clinic in Ali Kamal Medical Consultation Center which is affiliated to the Teaching Hospital in Sulaimani City. A non-probability, convenient sample of 150 patients previously diagnosed with major depressive disorder who attended the psychiatric department were recruited. Criteria for selection included: patients who have a diagnosis of major depressive disorder and are currently non-psychotic as assessed by the consulting psychiatrist; males and females ages 18 years and above and on regular treatment. Patients who have a diagnosis of major depressive disorder with any co-morbid psychiatric or medical illness were excluded from the study. A questionnaire developed to achieve objectives of this study and Beck Hopelessness Scale (BHS) used. This scale includes a list of 20 items with true/false keyed with total score ranging from 0-20 (0-3 minimal hopelessness, 4-8 mild hopelessness, 9-14 moderate hopelessness, and 15-20 severe hopelessness). Statistical package for social science (SPSS) version 22 was used for data analysis. Descriptive statistical data analysis was consist of frequencies, percentage, mean, and standard deviation. Inferential statistical data analysis was consist of Cronbach's Alpha , t-test, and Analysis of variance (ANOVA).

## RESULTS

Table (1) shows that one-third of the sample (34.0%) are in the age group (28-37) years, and only (4.6%) of them are in age group more than 58 years. The mean of this age group  $37.5 \pm 11.3$ . More than half were male (66%) and married (58%).

Furthermore, 26% completed primary school education, while 20% graduated from a college or institution. Two-thirds (66%) of the study sample are not employed, with barely sufficient economic status 52% and the majority of them were

from urban area (78%) and only 6% of them were from rural area; In regard to religious status, the table shows that the majority of the participants (74%) engage in religious practice and the least of them (12%) do not engage in any religious practice.

**Table 1:** Distribution the socio-demographic characteristics of the sample

Sociodemographic	Characteristics	Frequency	(Percentage)
Age	18-27 year	31	(20.7)
	28-37 year	51	(34)
	38-47 year	40	(26.7)
	48-57 year	21	(14)
	58 Year or more	7	(4.6)
	Mean ± SD	37.5 ± 11.03	
Gender	Male	99	(66)
	Female	51	(34)
Marital status	Single	33	(22)
	Married	87	(58)
	Divorced	24	(16)
Educational level	Widowed	6	(4)
	Illiterate	36	(24)
	Primary school	39	(26)
	Intermediate school	24	(16)
Occupation	Secondary school	21	(14)
	Institute or university	30	(20)
Residential area	Employed	51	(34)
	Unemployed	99	(66)
	Urban	117	(78)
Economic status	Sub urban	24	(16)
	Rural	9	(6)
	Sufficient	24	(16)
Religious-status	Somehow sufficient	78	(52)
	Insufficient	48	(32)
	practice	111	(74)
Total	Partial practice	21	(14)
	Non practice	18	(12)
<b>Total</b>		<b>150</b>	<b>(100)</b>

Table (2) shows that more than half of the depressed patients their duration of illness ranged from 1-5 years (58%), and least percentage is from 16-20 years (4%). The majority of the study sample (74%) have no admission to mental hospital, only 10% of them have admitted once and 4% have their three times of hospitalizations and the same percentage (4%) have more than four times of hospitalizations. Two third of the sample (68%) have no suicidal attempt

while 32% of them have suicidal attempt and 12% of them attempted more than four attempts, then 8% of them attempted three attempts, also the same percentage (6%) of them attempted one or two attempts. Around two-thirds of the study sample (68%) have no family history of mental illness, while 36% have family history of mental illness among them 24% related second degree of kinship while only 6% related to first and third degrees of kinship.

**Table 2 :** Distribution of the sample according to their psychiatric history characteristics

Psychiatric history	Clinical characteristics	Frequency	(Percentage)
<b>Duration of illness</b>	1-5 years	87	(58)
	6-10 years	36	(24)
	11-15 years	12	(8)
	16-20 years	6	(4)
	21-25 years	9	(6)
<b>Number of hospitalization</b>	Non	111	(74)
	1 time	15	(10)
	2 times	12	(8)
	3 times	6	(4)
	4 times and more	6	(4)
<b>Suicidal attempt</b>	No	102	(68)
	Yes	48	(32)
<b>Number of Suicidal attempt</b>	No attempt	102	(68)
	1 attempt	9	(6)
	2 attempt	9	(6)
	3 attempt	12	(8)
	4 attempt and more	18	(12)
<b>Family history of mental illness</b>	No	96	(64)
	Yes	54	(36)
<b>Family member with illness</b>	Non	96	(64)
	First degree	9	(6)
	Second degree	36	(24)
	Third degree	9	(6)
<b>Total</b>		150	(100)

Table(3)shows statistically non-significant difference between calculated mean ( =9.860) and theoretical mean (x=10) (-test =0.367 SD ± 4.676) at ≤ 0.05 level. The results indicate that the level of hopelessness in general, was moderate among the patients with major depressive disorder. Table (4) shows that the distribution of the patients according to the hopelessness scale index. The table shows that 40% of the total patients were having moderate level of hopelessness and the mean score

ranged from 9-14, followed by 30% who experienced mild levels of hopelessness and the mean score ranged from 4-8, then 18% who experienced levels of severe hopelessness and the mean score ≥ 15, and 12% of the total sample were experiencing minimal level of hopelessness and the mean score ranged from 0-3. Table (5) shows that there was statistically highly significant mean score of hopelessness (-test =9.1204 at <0.001) in regard to patients attempted suicide.

**Table 3 :**the significant difference between calculated mean and theoretical mean in hopelessness measures for the sample using -test

Variable	Sample	Calculative mean	standard deviation	theoretical mean	t – value	Level of significance
hopelessness	150	9.860	4.676	10	0.367	Non-significant

**Table 4 :**Distribution of the sample according to the level of hopelessness

Statistical Indicator	Level of hopelessness				Total
	Minimal Score	Mild Score	Moderate	Sever Score	
	0-3	4-8	Score 9-14	≥15	
Frequency	18	45	60	27	150
Percentage	%12	%30	%40	%18	%100

**Table 5 :**the differences of mean scores of hopelessness in regard to suicide attempt factor among patients

Variables	Suicide attempt	Number	Mean score	Standard Deviation	t – value	Level of significant
Hopelessness	No	102	8.41	3.96	9.1204	0.001
	Yes	48	12.93	4.60		

\* SEM = (0.3233 and 0.3756), df = 298

## DISCUSSION

The findings showed that both the observed mean score 9.860 4.676 and theoretical mean score 10.0 4.676 have statistically non-significant differences ( $p > 0.05$ ) which means that high distribution of the study sample experiences moderate level of hopelessness (40%). Findings are consistent with results of Ribeiro [16] study in USA and Vass [17] study in UK. Hopelessness is the subjective appraisal of negative expectations about the occurrence of highly valued outcomes coupled with the sense that one lacks control over desired to event in the future [18]. Hopelessness has been related to the onset or development of depression [19]. In a systematic review study by Soundy [20], hopelessness was identified as a major barrier to recovery from depression. A recent study noted that hopelessness is a powerful emotion that often contributes to low mood and can play a mediating role to effects symptoms and subjective recovery [12]. Although, the results of this study revealed a moderate (40%) to severe (18%) level of hopelessness among study patients, the mechanism of how hopelessness influences depression is not an objective of this study. However Fortinash and Worret [11] stated that unfortunately the specific mechanisms of hopelessness is converted into the specific symptom pattern of depression and hopelessness condition remains elusive. It is evident based on the results of present study that patients with major depressive disorder clearly experience a condition of hopelessness. In this study, suicidal attempts is a significant factor effecting hopelessness level ( $p < 0.001$ ). These results are consistent with the study by Pomplim [19], Kaviani [1] and Ribeiro [16] which determined that hopelessness has been related to the onset or development of depression and is associated with suicidal ideation.

It is also recognized as better predictor for suicidal intent than depression. These results are also in line with studies by Fortinash and Worret [11] which reported that suicide behaviors are symptoms of depressive episodes, other symptoms of depression relating to apathy, lack of motivation, and sadness. These symptoms as well as other symptoms of depression are all believed to flow from the condition of hopelessness.

## CONCLUSION

Most of patients in this study were males with a mean age of 37.5 years, unemployed, living in urban areas, practicing religious activities and they were less likely to be admitted to hospital although duration of illness ranged from 1-25 years. The patients experience moderate level of hopelessness. Suicidal attempt is a highly significant factor affecting the levels of hopelessness.

## RECOMMENDATION

Importance of assessing hopelessness in patients with major depressive disorder and provide critical evidence of the need for nurses and clinicians to encourage patients to participate in social and recreational outpatient activities.

## CONFLICT OF INTEREST

The author report no conflict of interest.

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