

TO COMPARE THE DEPRESSION LEVEL OF PLAYERS AMONG DIFFERENT GAMES AT PUNJABI UNIVERSITY, PATIALA.

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ABSTRACT

This study aims to compare the depression level of players among different games at Punjabi University, Patiala. **Participants** -In this study, 60 players of different games (Football, Volleyball, Basketball, Hammer Throw, Discus Throw and Wrestling) were included. **Tool**- 'Beck Depression Inventory (II)' Questionnaire was used as a tool for collecting data. According to this scale, there are 21 questions used to determine the level of depression symptoms in players. The criteria measures chosen were analysed by descriptive analysis and one sample t-test to compare the level between the team games players and individual players. The level of significance chosen to test the hypothesis was 0.05, p, 0.05. The collected data was analysed and one sample t-test to compare depression levels among different games. **Result**- To obtain data statistically represent the mean of depression in team games (such as football, volleyball, and basketball) is 11.06 and the Standard Deviation is 3.84 whereas in case of the individual game (such as Weightlifters Hammer Throwers, Discus Throwers) the mean value is 14.80 and Standard Deviation is 3.53. The calculated t-value is varied among players of different games, so the above results the significant difference in depression is found between team game players and individual game players of Punjabi University, Patiala.

Keywords: BDI, Depression, Team Games, Individual Games.

INTRODUCTION

Depression is a common illness worldwide, with more than 300 million people affected (WHO, 2017). Depression is one of the diseases that affect people and can change their personality of people, people cannot make the decision, and they cannot feel any pleasure in their life; so the first step of treating depression among people is by using the tools for evaluating of depression. Depression is basically refers to something more than simply a state of unhappy mood. It is considered as a syndrome that involves

depressed mood coupled with disorders, psychomotor changes, and some other somatic and vegetative difficulties (Bentall, 1999). According to Peveler et al.(2002), depression is an emotional problem that is identifiable with symptoms like constant and developing low mood as well as loss of interest or pleasure in normal activities. Individuals who suffer from serious medical conditions are highly likely to become depressed.

Generally, depression is identified as a condition of moderate mood or a loss of

enjoyment, that affects people's well-being, intelligence and behavior (Joorman, 2009). Depression is unlike usual mood fluctuations and short-lived emotional responses to dare in everyday life. Especially if depression symptoms occur over a long time, they become more severe. It will become a serious health problem. A depressed person will affect his or her work, personal, and family life. In the worst conditions, this problem can lead to suicide. Moreover 800 000 people lose their life due to suicide every year. Suicide becomes the second largest cause of death in 15-29-year-old (WHO,2017). The current time period of the second half of the twentieth century has observed a gradual increase in the depression in many places of the world. Organizations noted that mainly 7% - 10% of total world's population suffer from depression (Sherbini, 2001). Depression is the most common psychological problem that merely affects everyone personally or by a family member. It is a problem that includes symptoms such as retardant in thoughts, speeches, and movements, feeling of worthlessness, weakness, and in addition to slowness in physiological functions. Depression is an adverse effect of stressful conditions that happened in one's life. The unliked or wrecked condition will definitely affect the psychological and physical functions of an individual. Depression is a significant risk factor for suicidal ideations and attempts, highlighting numbers that appear to be on the rise during recent years, with colleges and universities the critical importance of appropriate attention and intervention (MH Salehian et al 2011). As the reporting growing numbers of reports of depression and suicidal ideations and intentions at their mental health facilities. Sometimes these incidences cause people to be depressed such as failure in school life, loss of loved ones or understanding problems. Depression is of many types like major depression, minor depression and dysthymic disorder, bipolar, unipolar, and endogenous depression.

Recurrent depressive disorder is a disorder that involves repeated depressive episodes. During these episodes, the person experiences a depressed mood, loss of interest and enjoyment, and reduced energy leading to diminished activity for at least two weeks. Many people with depression also suffer from anxiety symptoms, disturbed sleep, and appetite and may have feelings of guilt or low self-worth, and poor concentration. The bipolar affective disorder is the type of depression that typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, the pressure of speech, inflated self-esteem and a decreased need for sleep. Nowadays, physical illness is one of the major cause of depression, as well as stress, aging and changes in lifestyle, are also other reasons.

Today, many doctors and psychiatrists use various methods of treating mental disorders. Depression is commonly treated with antidepressants or psychotherapy, but some people prefer alternatives such as exercise. It can be concluded that there is a significant lack of current research combining the fields of depression and sports.

MATERIAL AND METHODS

A cross-sectional questionnaire study was carried out at the Punjabi university Patiala. In this study players of state and national level were included. In order to calculate the level of depression present in the players beck depression inventory (BDI-II) equipment was used the study. In BDI (II) there are 21 questions that nearly explain the severity of depression.

Procedure

In general, the BDI (II) needs between 5 to 10 minutes to complete. This is comparable to the average amount of time that is needed to complete the BDI -1(Ball, Archer,&Imhof,1994). Players with severe depression disorder often take longer than average.

Scoring

The BDI-II is scored by adding the answers marked for the 21 questions. Each question is numbered on a 4-point scale ranging from 0 to 3. If an exchange has made multiple endorsements for an item, the alternative with the highest rating is used. The maximum total score is 63.

Special notice must be given to the correct score of Changes in Sleeping Pattern and

Changes in appetite items. Each of these items has seven options given as 0,1a,1b,2a,2b,3a,3b to differentiate between increases and decreases in behavior. If a higher number option is chosen by the participant, the presence of higher symptoms should be clinically noted for diagnostic purposes.

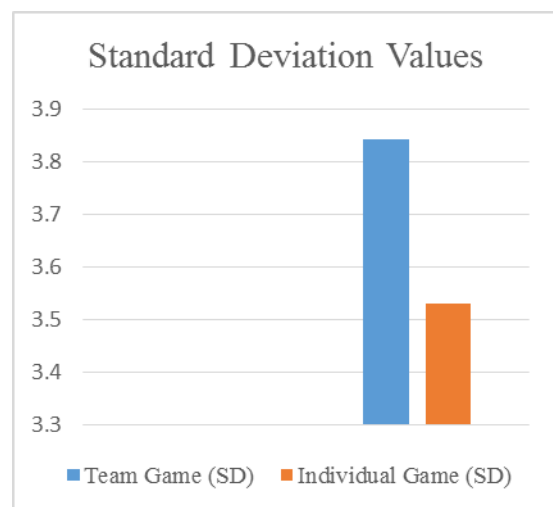
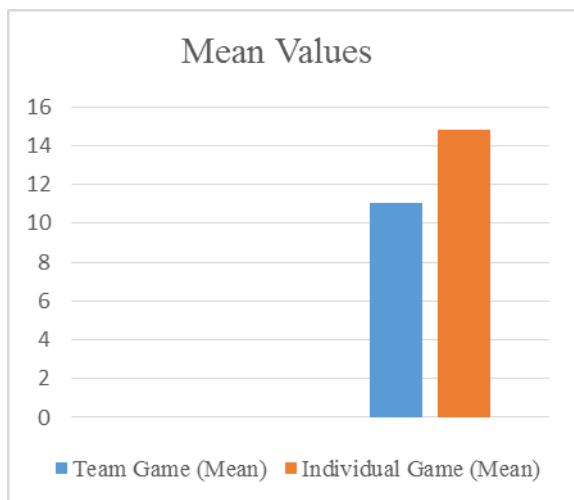
RESULTS AND DISCUSSION

Sr.no	Total score	range
1	0-13	minimal
2	14-19	mild
3	20-28	moderate
4	29-63	severe

Source –Beck, A.T.,& Steer, R.A.(1996)

Statistical Analysis: For the adequate interpretation of the data the statistical analysis Such as Mean, Standard Deviation and T- Test is applied.

Sr. No	Individual players (Weightlifters, hammer throwers)	Team game players (basketball, volleyball, football)	T value
Mean value	14.80	11.06	0.00029
Standard Deviation	3.53	3.84	



The current study is to compare the rate of depression level among male players of different games at Punjabi university, Patiala. The result shows that there is a significant difference between them. Our study shows that individual game players have a higher value of depression score of 14.80 whereas the team games have values 11.06. By participating in group exercises and team games the individual player is placed in an environment where it is more likely that he will interact with others. Mehmet Kumartalsi *et al.*, (2015) study shows a statically significant difference between their depression levels ($p < 0.05$). In that study, it has been determined that elite wrestling athletes are more depressed compared to elite taekwondo athletes. It is certainly known that factors affecting the physiological balance and psychological state of the athlete cause depression. Players in team sports are less affected by these factors than players in individual sports. Biological explanations of disordered mood focus on the effects of brain chemicals such as serotonin and dopamine; drugs used to treat depression and that affect the level of these three neurotransmitters, either alone or in combination. (Ruhe *et al.*, 2007). A family history of depression may increase the risk. It was thought that depression is a complex trait and there are probably many different genes that each exert small effects, rather than a single gene that contributes to disease risk. Other factors such as failure in the individual events. Many of the risk factors such as socioeconomic status or parental relationships will affect the individual behaviour. Therefore, one can conclude that the high scores of depression were caused by these risk factors and can one assume that the tight schedule of daily training and competition are underlying causes.

Conclusion: It is concluded in the study that depression score is higher in individual game players than that of team game players. Higher score of depression may be due to non-interacting session or training as they perform independently whereas, lower

depression score in team games may be due to cohesion between the team players as they interacts with each other on the different training sessions and competitions. The individual players should work on this psychological factor so that the performance of players at different platforms will not be affected.

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