

Comparing Depression Degrees in First & Last Two Years of Starting & Finishing College Education among Athletic and None Athletic Students

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Abstract. Depression is a mental disease, there is as different degrees in people. We know that depression is not only an usual reaction in front of stress, and it doesn't need to medicine but it is phenomenon that when understand well , millions of people can know yourselves better and full find remedy for their internal and environmental problem. One of the most important problems of humanity especially in towns and cities for youth are being depression and lack of planning for their future because of students of country should be accepted management of organs and companies in future, then they should become happy and hopeful to achieve successful. There fore we will see important developing in the country. However, some depression studies have shown physical exercise may improve a variety of physiological and psychological factors in depressive persons. However, the authors' objective was to compare the effects of education levels on depression. Therefore problem is that how were degree of depression desperation between students of athlete and non athlete in two years beginning and end of education? A total of, 332 athlete and non athlete students educated on two years begging and end of education aged 18–24 years were randomly selected and matched in 4 groups with 83 members .These Beck's depression questionnaires provided to subject. Data of outcome of performance were analyzed by ANOVA with repeated measures of test factor and paired post hoc.that score of depression on athlete group in two years begging and end of education were less than other groups ($p<0.001$) . these score on athlete group in two years begging and end of education were less than non athlete group in two years begging and end of education($p<0/001$) . also these score on non athlete group in two years end of education were less than non athlete group in two years begining of education ($p<0/001$).these results are same with Mangy et al notice that compared several of factors between mountaineer and ordinal people in Italy and result of Mobility et al .on according to result, athlete group in two years end of education have less depression than athlete group in two years begging education these findings are same with result of Devin et al. The research are shown that body activates can cause decreasing stress and depression. Regular training protect mental and body's health.

Key words: depression, athlete, nonathletic, two years beginning education, two years end education

1. Introduction:

Depression is a mental illness that has seen among some individuals with deferent degrees. Unlike what is saying these days about it should not assume Depression a result of modern and machines society, but it's true that it effect to expand disease to some extent. Depression is and old known disease with scientist and it is not limited to specific ages and geographic. According to World Health Organization report (W.H.O); last 2 decades were nominated as the years of increasing depression. In 1990 Depression and related disease rate climbed up to 4th. Level Worst human classified diseases which reduce the man's power ability world wide. And in year 2006 it's got even worse and got up to 2nd level. (12).Advancing in life style and progress in technology have apply pressure on human mind and led to depression in some cases. According to psychological scientist research reports such disease expansion is not related to a certain part of the world and special group of people, but is a reaction of human body to the mental pressure which applied by environment. With the same concept the development and progress of disease is not also limited to a specific world's community. Depression has its own complex and it's variety of shape and reactions. Psychology Researcher yet could not come up with an absolute discovery of causes, treatment, and recovery of disease. Experts/ Doctors don't have exact and unique solution treatment for a particular type of Depression. None or misdetection, and mistreatment of disease used to lead to an undesirable result, bad contact and worse ending

solution. Up until 1972 French Dr. Phillip Penile at the Bistre Hospital treat depressed people as an ill person whom never treated such before. Considering a great improvement of modern and machines society, we clearly witnessing the growing of most mental disease in general and Depression in particular! Paying attention to this problem will help to detect depression as a disease and to find the way for treatments.

2. Ways to detect the depression

2.1. Frofken Roar Shakh's exam:

This exam which is the Frofken Famous way to detect Depression has found by some one with the same name in 1921. In this way of detection slow motion reaction or none responding to the test question is clear. This test is made of 10 cards with different unknown ink spots on them and patient is asking to tell the meaning of his understanding of spots. Through some (preset) questions and set the length of time, an expert psychologist would pay attention to patient's health and emotional altitude, depression or the disease statues.

2.2. T.I.T Test:

This test presented in 1935 by Professor Morgan at Harvard University with 31 question cards. The prospect patient would tell expert short story about what he sees on the card/s. from story that patient write or tell the expert (psychologist), expert analyses about his understand and emotional. One of the important significant of this test is effect of the cards picture on patient sight to justify his telling story to expert which gets his attention. By asking some questions relating patients made story including his pass present and future plans expert could realize the reality of thinking and emotional. In Iran this test call " Under Found Subject".

2.3. Zong's Self Evaluate Test:

This test created by Zong in 1965 with 20 questions. In this questions prospect asked to answer 20 questions based on ever, most the times, sometimes and always. Through these question and answer to them and expert's analysis he will pay attention to prospect's psychology. This test accepted by some analyst, but only few psychologist uses it.

2.4. Simons Examinations:

This test is known as faith and photos and presented in 1984 by some one with the same name to serve mostly youth group ages between 15-20 years old. And has 20 questioning cards and divided in two equal sets of A & B. treatment or test offers in two meetings and on each meeting 10 cards examine. Most questions are about youth problems and their life demands.

2.5. Beck's Depression test:

Offered in 1961 as a questionnaire – type test that is simple and every one can evaluate without special training and experts away from any particular culture back ground. Most questions sets and concentrated on detection sign of disease as 50% to pull out negative thoughts. 15% to see about depression behavior signs and the rest of the question are about physical depression behavior questions. One of the advantages of this way of testing is its economic and standardization process, easy access and its possibility of its conversion from quality information to its quantity. Beck examinations evaluate 21 facts concerned in depression testing process such as; 1) mood, temper or nature (length period of a motion stand e.g. sadness); mood is the tendency length of permanent depression (deep in sad period). in this test 4 options consider as no sad position, and three other steps of sadness such as; low:(sometimes), medium (50/50%), and high level of sadness (always sad). Depress person usually is up-set naturally .2) Suspicious personality; depress person has no value for his prestige and personality. He is insecure about his future and hopeless to the some extend. He sees everything with negative mind. Although the negativity is out his concern, but he uses as his own. It's suspicious varied with level of depression.3) sense of failure. To a depress person life is full of failure, nothing but loosing, useless resistance, and dirty trying and degree of depression increases by increasing such feelings.4)being unsatisfied in life; Depressed person is unsatisfied with anything and anybody. 5) feel sense of sin; patient times to times ignore his advantages and good deeds and think and talk about (possible) disadvantages or unlucky facts and feed bad and guilty about things he should and could do. He thinks he caused any unpleasant accident around him. 6) Feels punishment; patient think he hasn't punished for his sins (dreamed sins and guilt) and he think everybody are aware of his sins and they are after him to punish him when they found him.7) Hate feeling; patient think he not worthless. And sometimes self hating personality leads to hate others, too. 8) Self accusing character; depressed person accuses himself for most mistakes

something he dreamed and never done.9) tend to hurt himself; depressed person mostly taunting himself for something he never done this type of thinking leads to hurt and self punishing himself and sometimes attempts to suicide. 10) Crying; crying is a sign of upsetness and confusing personality. Weak people usually use crying as a relief to eat his angers. Such crying for depressed Patients is much more and above expectation and has no particular reason sometimes. 11) Sensitivity; depressed patient is loosing his control for as little as just mentioning the little mistakes question. Just bringing the primary letters of mist... and he will finish the whole story in his negative way of thinking. 12) Singe or squat (stay away from crowd); patient is not a social person and has low confidence in public. 13) Undecided personality character; mental thinking disturbance on depressed patient reduces his strong decision as well as body movement. Sometimes even forget his thought.14) physical imaginations low count on his body fit and shape. 15) Poor motivation act. Patient usually shows slow movement for any normal act. Always feels tired and fatigue without doing anything. 16) Sleeping disorder; sleeping disorder is one of the depressed patients significant. They have light sleep and hard to fall sleep. Sometimes they asleep for 14to16 hours at night and yet thinking they are tired and more sleep. 17) Fast tiring altitude personality; like to give up whatever they are assigning to do.18) Poor or lack of appetite; Depressed patient mostly don't eat patiently and keep loosing weight. Whoever some of them losing their diet control and eats more than before diet. Some of them throwing up in the morning and don't breakfast blaming food is salty or soar or other excuses not eat.19) loosing weight; depressed patient often don't have normal appetite and doesn't eat enough. So he looses weight. (21)In 1984 U.S National Institute of people psychology held a conference about exercise and its effect on people body and mind health. Through this conference ordered and specified as follows:1) The health of man sole is depend on his safe and healthy body 2) Physical Exercises would reduce depression.3) For professional treatment and cure depression using electrical shocks and medicine along with exercise on the side is necessary. Besides the exercise as a recommended fact to cure the depressed patient. Exercise is good for changing person mood and altitudes. And also exercise increasing person self-confidence to feel and think success and turn person mind to final victory so it leads to think positive in any decision he makes. New research is more concentrating on changing human mood. These researches are working on brain's chemical transferring system centers. Among other chemical material effective on transmitting system Beta endorphins and serotonin are two substances which Beta endorphins affect on people's mood and relief the pain and even produces happiness. Serotonin also a substance that effective on good mood. Following research scientist on depression patients believe Exercise may increase the brain's serotonin level in brain and helping him to handle depression pain and resulting fresh or happy mood for person. Exercise is cheap and beneficial for the whole body. One of the monoamine theses is how the exercise may affect on body. Reviewing on monoamine theory by Ronsford in 1982; it is declared that exercise helping speeding up transferring brain's synapses ammine by generating endorphin & serotonin. These ease up transaction would help depression patient to overcome the pain. Through out study scientist research fact it proves medium level exercising help more than the heavy one. Fakninolism says: all research theories proved that exercise is good to reduces nervousness and depression syndrome and it has positive effects on all ages, children as well. One of the Physical Education goals in teaching and training process in schooling to reduces possible tension and depression among students.1n 1970 Schindle in his study an athlete appetite with absorbing 41 nonathletics and applying California Standard Test; he found out there is big different between classes of 9-12 athletic and nonathletics on psycho-facts. And it shows generally athletics are in better mood than others of their age group brackets.In other report Yandana and Hirata of Tokyo-Japan by comparing students personality test in sport club noticed the sign of depression (and manic?) among those whom stop exercising is appearing or there are much more than those whom still playing (10).In another research by Jay Adams in 1990 reports says: there is a connection between life trouble evidence and depression. The reports conclude as follow:

a) The connection between depression and life trouble;

b) Particular primary and basic life problem such as first family member jobless and its relationship to the whole family depression (4).

In Diano Report 1985 research: comparing 30 women tennis players with none players concluded as;There are meaningful different between two groups of players and none players and the rate of depression in significantly hire for none players. These researches have done for two groups of men player and none player as well and result was the same.In Italy Mangi and associates in 1985 consider some Psycho-facts among mountain climber and common people and compare and run Katel test between them and the result report as below; the got better grade on out going act than others. Comparing group were 10 climbers and 25

controllers and regular people. Climber and controller were in the same mood and got higher grades on test than common people (4). In another research by Martinson in 1987 over 49 men and women hospitalized patients, 43 of them finished the program. The program included psychotherapy, funthrapy and sport training. Training takes for an hour over consist of walking, skiing and swimming. The result of this research shows the average of such practice reduces the depression grading. Taking antidepressant medicine during such exercise might not giving desire result. Martison research result also help to use more appropriate medicine to help depression cure (1). Mack Mahan in 1990 concerning his experiment and reports analysis states: acceleration on exercising related reservedly or not related to anxiety, depression and self confidence (11). Bill and Associates in 1992 researched on 83 man and women 36 years old medium level depressed patients; accidentally divide his patients in two groups of standard treatment and treat them on open air therapy with 3 days running plus standard treatments for 12 weeks. After 12 weeks he found out depression on group which has done along with running greatly reduced in compare to other (5). Posture research in 1993 has done as follow: He divide his patients in two groups of running and treatment and standard play and treatment. 50 minutes each time and 3 times a week. And result was in favor of the group with just running and treatment. And their depression reduced better than the other (4). E. Mobiyaliki and Associate in 1996 through their research reported that there is a connection between walking and old ages depression (over 65 years old). As they absorbed 2084 villagers life, they found out villagers life style with more body activities has negative relationship to depression signs. It means those whom has deep in depression or less benefiting from walking and body activity. Pollack's and Associates in years 2002-2001 combining two methods of treatment as exercise therapy and mental therapy to help depression patients resulted in reducing depression degrees as patient are taking physical training along with mental treatment (4). Penninex and Associates through 2002 research in U.S. nuclear medical center (public health division) in Woke Fort University found out the affect open air exercise and resistance body practice has positive effect on depression and improve the physical ability as well (10). In another research by Sbenseon and Associate in 2005 following an article under "Depression detection among elders with memory responsibility" stat that; elders with mental memory disability patients in physical recovery achieve less benefit on recovery than their benefit from depression detection...their achievement recommend people to exercise to stay healthy and fight or fight with depression. (4). Although there has been a lot of research has done about the positive effect of physical activity on depression, but no research have found about the effect of education and depression on depression. Following research is about comparing rate of depression among 1st and last couple year's education of athletic and none athletic student.

3. Method

3.1. Participants:

Comparing health result of individuals. Applying Beck 21 question test's method to find depression levels except asking questions about sexuality desires. Participated students after answering questions getting a depression illness level grade. Questions are set for interview type and person to person completed.

3.2. Measuring Tools

Table 1-3 Depression Rates and Beck's test Advantages.

Test Grade Advantages	Rate of Depression
1-10	Natural Depression
11-16	Initial Depression
17-20	Near Average Depression
21-30	Average Depression
31-40	Serious Depression
41-63	Critical Depression

To compare and analyze the depression level among prospect students, Aaron Beck standard questioners are used (7). This questioner which offered on 1961 by Beck provided often serves depression analyst researcher. It's easy to use and doesn't need special skill or experience. This test has 21 questions and consists of: 1. Mood and manor. 2. Suspecios. 3. Failure. 4. Unsatisfy. 5. Sinful. 6. I sense 6. feel punishment 7. self haleness 8. self accusation 9. Self hurting personality 10. crying. 11. Sensitivity 12. lonely. 13. Self body exaggeration 14. Laziness 15. Job interruptions 16. fatigue (tiredness). 17. Low appetite 18. Weight loosing

19.self occupy mind.20.Busy mind. 21. Sexual activity. For each answer there are 4 options to answers and rated 0-3.

Among four choices on the test for each question, first choice shows no sign of sickness or problem and it identify with zero number. Other choices are presenting 1-3 degree of depression rate. Prospect should study all four answer and choose the appropriate answer 1-4 closes to his mood. Total scores each category adding to all category is the result of all 21 questions and applying table below is the result of test.

Table 2-3 Depression Rate with Test Grades Result:

Test result	Depression rate
0-17	Natural and Normal
17-27	Partial Depression (initiated)
28-35	Average Depression
36-63	Serious To Critical Depression

4. Measures

First prepared questionnaire presented to 4493 participants students. This questionnaire consists of following questions as: student age, athletic or none athletic, in 1st 2years of study or last 2 years of study. Then asking their personal questions and at the end According to Morgan table, 331 of them randomly and purposely among athletic and none athletic student selected and answer to Beck's depression answer sheets.

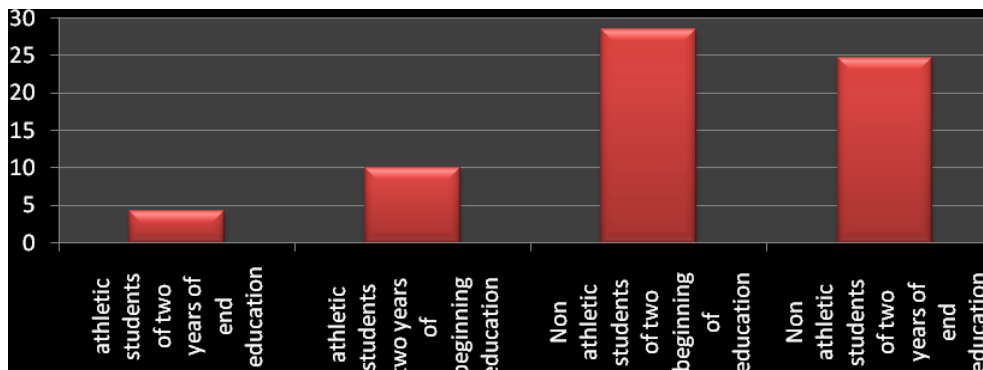
5. Statistical analyses

To analyze the information collected from prospects and comparing them to zero test (no depression statue individual), and concerning short gap and low quantity measurement divisions between them they divided in four main groups as: 1) Discussing group (central and skater), 2) variety Justifying single item repeated item tested group analysis, 3) ANOVA tested group and 4) and paired post hoc.

In this section we discuss the information collected from four groups participate student. This information includes depression test of first and 2 years study, (athletic and none athletic).after testing natural different level of distribution variable and applying– kolomogrof-smironf test ($p > 5\%$).

6. Result

Analysis variance (of all four groups test) and repeatedly valuating the variable and applying the Michele test ($p < 0.001$). Follow up Games Howell result shows that the effect of main and opposite group ($p < 0.00$). Games Howell result shows the advantages on low or no athletic depression on last 2 years of education is significant. ($p < 0.001$) comparing to result that is achieved for none athletic student on last 2 years of study. ($p < 0.001$). Same concept is achieved for first and last 2years education of none athletic students ($p < 0.001$).



ANOVA

Sig.	F	Mean Square	df	Sum of Squares	depression
.000	591.690	11072.630	3	33217.889	Between Groups
		18.714	328	6138.048	Within Groups
			331	39355.937	Total

Multiple Comparisons

Dependent Variable:depression

(I) group	(J) group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval		
					Lower Bound	Upper Bound	
Games-Howell	active 2	active 1	-5.72289	.80265	.000	-7.8098	-3.6360
		inactive 2	-24.18072	.59192	.000	-25.7172	-22.6442
		inactive 1	-20.34940	.53669	.000	-21.7439	-18.9549
	active 1	active 2	5.72289	.80265	.000	3.6360	7.8098
		inactive 2	-18.45783	.78346	.000	-20.4962	-16.4195
		inactive 1	-14.62651	.74262	.000	-16.5623	-12.6907
	inactive 2	active 2	24.18072	.59192	.000	22.6442	25.7172
		active 1	18.45783	.78346	.000	16.4195	20.4962
		inactive 1	3.83133	.50755	.000	2.5131	5.1495
inactive 1	active 2	20.34940	.53669	.000	18.9549	21.7439	
	active 1	14.62651	.74262	.000	12.6907	16.5623	
	inactive 2	-3.83133	.50755	.000	-5.1495	-2.5131	

*. The mean difference is significant at the 0.05 level.

Table2: Dependent Variable:depression

7. Discussion

According to the tests results of last two years of athletic student group and compare it with other students whom were not athletic, it found out, depression among athletic was significantly less and obvious. Comparing these result with Mangy and associates result in 1985 compared few mental facts among mountain climber and common people (none climber) in Italy by Chattel's exam and analyzing the result it proved that mountain climber has better grades in general and out going in respect to none athletic participates.And with Mobiliki .E. and Associates in 1996 , Will and Co-operates in 1992 whom they had some research on 83 men with 36 years old of age and sick with medium level depression patients. Randomly they put on treatment and therapy in two groups. One group put (1). Under standard treatment and the other one (2). in open air treatment, running 3 days weekly for 12 days. After 12 weeks both groups sickness has been evaluated and the result was in favor of open air and up illness greatly reduced (5).

U.S.A university of Duke's scientist following some research and study found out whoever exercise three times a week, it would be as effective as a depression medicine and he could safe his life from unsatisfactorily, misact, and depression.

Heart specialist Professor Reynar Hum Burt 45 of Lipestick University on its report has written: Human exercise and activity could be considered as a medicine for heart patient exchange for heart therapy. He believes exercise increasing heart patient life that suffers from heart vane blocking (4). According to research result of last two years of education, athletic students had less depression comparing to none athletic.This result also reported in Dwain and Associates 1983. Probably the type of sport or exercise to reach the ideal goal is important and effective. The years of study and schooling may be lead to some adjustments and reduction in depression. Bodily activity recommended as a body fit, high blood pressure cure, fatness treatment, and worldwide research report it also could be an alternative option to cure and reduce, stop extending or stop all mental disease including depression (2). Regular exercise (everyday) and body activity

will make a man's body and sole. And it would prevent getting ill and weak as often as others and increases give more hope and happiness to his life. Proper exercising will help body to provide better nerving system and give self confidence, making right choice at the critical moments in life. Depression and mental tension not just related to brain function, but it also affect to man's body (5). Body exercise would cause better regulating blood pressure. So nerve system can operate and react promptly on order. It leads control the mental acts and reduces the emotional pressure Having a strong body fit would give self confidence to a person. Regular performing any type of sports on firm schedule will prepare person to fight against loneliness and partial depression and having stronger body means less depression chance (3). Everyday Exercising which leads to seat and increasing heart beat will reduce anxiety and depression and also increasing the production of endorphin, donprophies, and vonkelophine which they are natural reliever and relaxed (11). How much exercise is not important, but regular daily schedule is important and effective to work on some one with depression experiences. For other people, fighting to physical illness in known to all and recently according to scientist research, it has been approved that such exercise also beneficial and suitable to mental improvement as well and it will cure human emotional illness such as nervousness and worries which may leads to some type of depression. Yet stop taking medicine by sever depression patient is not recommended, but they should continue to exercise and take advantage of that. This way these people will a great chance to fight, recover or improve their illness.

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