

A COMPARATIVE STUDY OF THE LEVEL OF DEPRESSION AMONG THE SPORTSMEN RECRUITED IN THE CORPORATE AND GOVERNMENT SECTORS AND THEIR ADJUSTMENT TO THE WORKING CONDITIONS

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INTRODUCTION:

Today in the market we witness a lot of depression among the corporate mass, moreover it is related with the young group. The research scholar has tried to analyze the depression level among the playing corporate and government employers and their adjustment to their working conditions. The research scholar is in pursuit to guide the young mass to involve in sports for buffering the depression level and learn the adjustment. The population is growing by leaps and bounds at the same time the employed mass in corporate and government is also rising abruptly. Everybody is in pursuit to attain jobs not only for bread and butter but for the growing craze of comfort and luxury. The pressure of the parents and the ambition of the youngster are making them unaware of the stress they are sustaining due to the unavailability of the jobs at hand in government and they are opting the jobs in corporate world which is challenging at all moments. Hence lot of suicidal cases is witnessed in the society.

On the other side human life is a constant process of adjustment in which the individual has to learn to give suitable responses to inner and outer stimuli. It involves a complex relationship between an individual's needs, the opportunities the environment provides for satisfying these need and the individual's capacities for making the most of these opportunities or overcome the obstacles. Here the research scholar is in pursuit to find out the level of adjustment qualities among the sportsmen in corporate and government sectors. Sportsman of any sport whose education is in different faculties where one will be accommodated in the government sector whereas the other is fighting in the corporate sector. The level of adjustment is again an age effecting factor which is to be considered along with sports activities. The level of adjustment plays a major role in the societal and domestic relationships.

Depression:

Depression is the neurotic or psychotic disorder marked by sadness, inactivity, difficulty in thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feeling of dejection and hopelessness, and sometimes suicidal tendencies. Probably the most common psychiatric complaint, depression has been described by physicians from at least the time of Hippocrates, who called it melancholia. Its course is extremely variable from person to person; it may be fleeting or permanent, mild or severe. Depression is more common in women than in men. The rates of incidence increase with age in men, while the peak for women is between the ages of 35 and 45. Its causes can be both psychosocial (e.g., the loss of a loved one, unavailability of job etc.) and biochemical (chiefly, reduced quantities of the monoamines Norepinephrine and serotonin). Treatment is usually a combination of psychotherapy and drug therapy. A person who experiences alternating states of depression and extreme elation is said to suffer from Bipolar disorder.

To measure the severity of depression in adults and adolescents aged 13 years and older the Beck Depression Inventory (BDI-II), designed and constructed by Aaron T. Beck, Robert A. Steer, and Gregory K. Brown was designed to act as an indicator of depressive symptoms based on diagnostic criteria in the DSM-IV. Historically, depression was described in psychodynamic terms as “inverted hostility against the self”. By contrast, the BDI was developed in a novel way for its time: by collating patients’ verbatim descriptions of their symptoms and using these to structure a scale which could reflect the intensity or severity of a given symptom.

Three important features impacting depression: (1) Negative feelings towards oneself. (2) Negative feelings arising from repeated failure or inability to do well in various aspects of life personal, professional, or both. (3) Negative feelings due to illness and disease.

Adjustment:

Adjustment can be defined as a process of making suitable responses to inner and outer stimuli. It is the relationship between an individual’s needs and his environment. Adjustment is the process by which the individual attempts to maintain a level of psychological and physiological equilibrium or more simply, adjustment refers to behaviour directed toward tension reduction. It is also true that the personality of an individual consists of his persistent tenderness to make certain kind of adjustment between his needs and situation. A balanced personality is the result of proper adjustment of an individual to his environment.

Criteria for good adjustment: four criteria have been suggested by psychologists to judge the adequacy of adjustment. They are (1) Physical Health (2) Psychological Comfort (3) Work Efficiency and (4) Social Acceptance.

(1) Physical Health: the individual should be free from physical ailments like headache, indigestion, ulcers etc. These physical symptoms in individual have sometimes psychological origin and may impair his physical efficiency.

(2) Psychological Comfort: one of the most important facts of adjustments is that individual have no psychological diseases as anxiety, depression, phobia etc.

(3) Work Efficiency: the person who makes full use of his occupational or social capacities may be termed as well-adjusted in his social setup.

(4) Social Acceptance: Every person wants to be socially accepted by other persons. If a person obeys social norms, beliefs and set of values, we may call him well-adjusted, but if he satisfies his needs by antisocial means, then he is called maladjusted. However societies differ in deciding the universally accepted criteria of good behaviour.

Adjusting and Mal-adjusting Behaviour: In the case of adjusting behaviour the needs of the individual are satisfied and the environmental demands are also met in a constructive manner. This enables the person to meet future problems more constructively. The adaptation is successful and contributes to the further growth and development of the person. In mal-adjusting reactions, the individual tries to escape or deny the problem and as a result, he is in a state of anxiety and tension. Mal-adjusting behaviour is unrealistic and the problem continues instead of getting solved. In extreme form of mal-adjusting, the person becomes mentally ill.

PROCEDURE:

The data is collected from two different groups of sportsman recruited in corporate and government sectors in Aurangabad between the age group of 21 to 30 years. The first group named after Group-1 Sportsman employed in corporate sector ranging between the age group of years 21 to 30 years and the second group named Group-2 Sportsman employed in government sector of the similar age group. In all 84 subjects were selected out of which 42 were sportsmen employed in corporate sectors and 42 were sportsmen employed in government offices of Aurangabad. The data is then segregated for knowing respective level of depression and level of Adjustment among the two different past groups.

Administration of the Inventories:

(A) PRECAUTIONS: (1) Good rapport should be established with the subjects. (2) The subjects were not allowed to read the statements prior to the actual administration of the test. (3) The subjects should not leave any item unanswered. (4) The subject should read carefully the instructions given on the front page of the test booklet. (5) All the questions, queries and doubts of the testee regarding the test should be clarified by the research scholar.

(B) INSTRUCTIONS: Necessary instructions were given to the subjects regarding the Inventory and asked them to answer as they were feeling from last few days including today i.e., the day they answered the inventory. They were also asked to read the instructions printed on the front page of the test booklet. After getting confirmed that the subjects have understood the instruction, the actual administration of the test was carried out. When he/ she have completed the questionnaires, the inventory sheet was collected from him/ her.

(C) ACTUAL ADMINISTRATION: The subjects were given the booklets. They are asked to fill in their personal information on the front page of the test booklet. They are also asked to read the instructions carefully printed on the booklet. Again above instruction were given and after getting confirmed that the subjects understood the instructions, the actual administration of the test was carried out. The subjects after reading each statement carefully and marked (X) in front of either 'Yes' or 'No' alternative, and when they completed the test, it was taken back from them.

METHODOLOGY:

(1) Depression Scale:

Description of the test: The Beck Depression Inventory – Second Edition (BDI-II) is a 21 item self-report instrument. Administration of the BDI-II is usually completed in 5 to 10 minutes; the BDI-II is a paper and pencil completed questionnaire and can be self administered or presented orally. The tool consists of 21 items that are self-rated on a 4-point scale ranging from 0 to 3. The total raw scores can range from 0 to 63, and are then converted into descriptive classifications based on cut scores.

Tools: (1) Beck Depression Inventory (BDI-II) Designed and constructed by Aaron T. Beck, Robert A. Steer and Gregory K. Brown, (2) Manual (3) Pencil and paper.

Scoring: After the group of the selected subjects has completed the test, the score were added for each of the 21 questions and obtained a total score. The highest score for each of the twenty-one questions is three; the highest possible total for the whole test would be sixty-three if

the subjects marked number 3 on all the questions. The lowest score for each question is zero, so the lowest possible score for the test would be zero if the subject marked zero on each question. The following chart indicated the relationship between total score and level of depression.

Total Score	Level of Depression
1 – 10	These ups and downs are considered normal
11 – 16	Mild mood disturbance
17 – 20	Borderline clinical depression
21 – 30	Moderate depression
31 – 40	Severe depression
Over 41	Extreme depression

A persistent score of 17 or above indicates that one may need professional treatment.

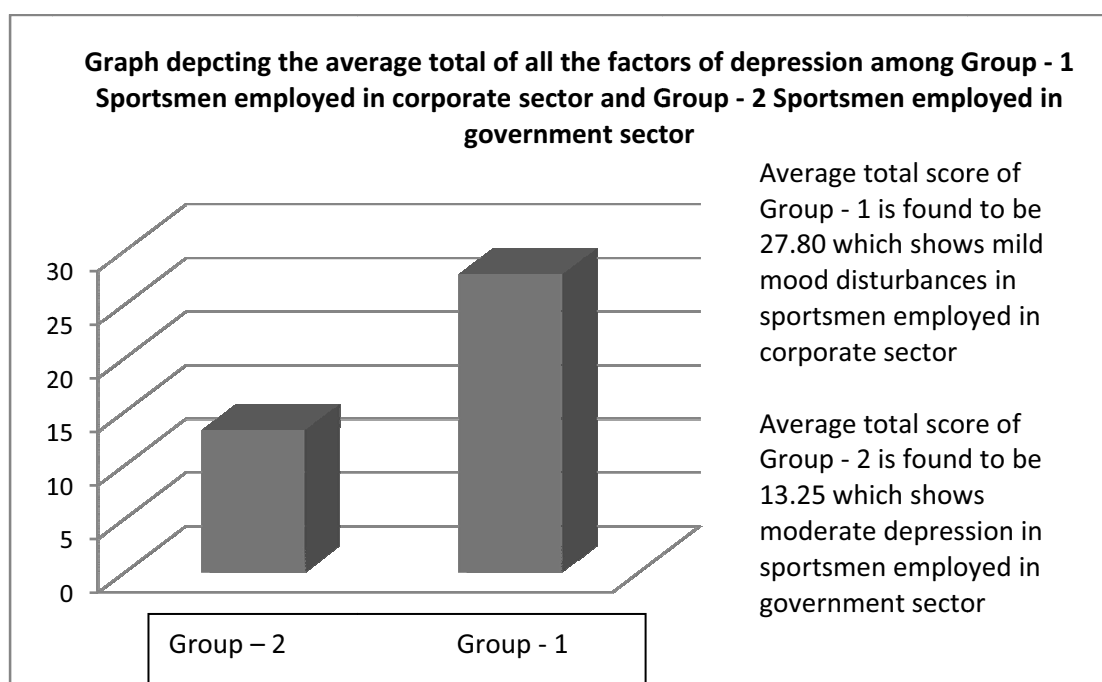
FINDINGS:

Table: exhibiting the depression level among the two different educated unemployed sportsmen– Group-1 and educated unemployed non-sportsmen – Group-2

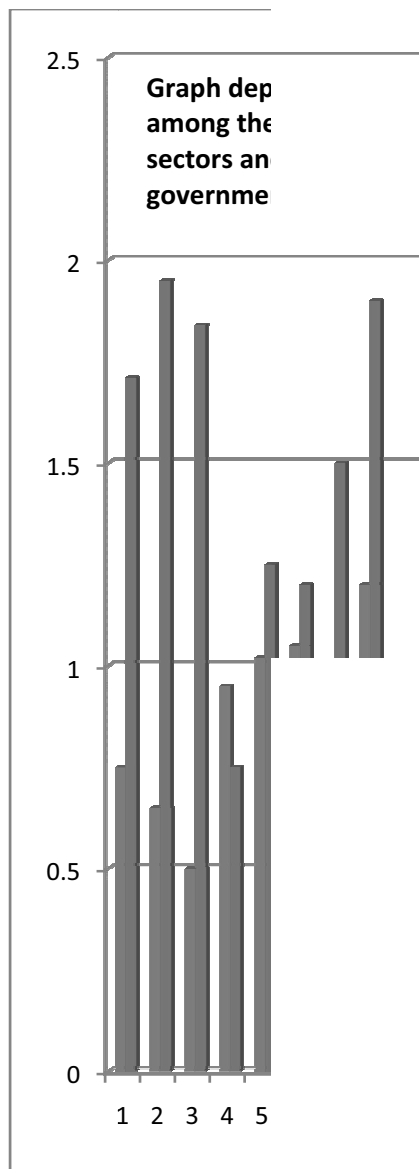
Q. No.	Factor	Average Score of Group-1 (n=42)	Comment of the sportsmen employed in corporate sectors	Average Score of Group-2 (n=42)	Comment of the sportsmen employed in government sectors
1	Sadness	1.71	They feel sad all the time.	0.75	They feel sad much of the time.
2	Pessimism	1.95	They feel that they do not expect things to work out for them.	0.65	They feel more discouraged about their future than they used to be.
3	Past Failure	1.84	As they look back, they see a lot of failures.	0.50	They not feel like a failure.
4	Loss of Pleasure	0.75	They get as much pleasure as they ever did from the things they enjoy.	0.95	They don't enjoy things as much as they used to.
5	Guilty Feeling	1.25	They also don't feel particularly guilty	1.02	They don't feel particularly guilty
6	Punishment Feelings	1.20	They feel that they may be punished.	1.05	They feel that they may be punished
7	Self-Dislike	1.50	They have lost confidence in themselves.	0.60	They feel as the same about themselves as ever.
8	Self-Criticalness	1.90	They criticize themselves for all their faults.	1.20	They are more critical of themselves than they used to be.
9	Suicidal Thoughts or Whishes	0.35	They don't have any thoughts of killing themselves.	0.30	They don't have any thoughts of killing themselves.
10	Crying	0.70	They cry more than they used to.	0.45	They don't cry anymore than they used to.
11	Agitation	1.25	They feel more restless or wound up than usual.	0.55	They are no more restless or wound up than usual.
12	Loss of Interest	1.65	They have lost most of their interests in other people or things.	0.75	They have less interested in other people or things than before.
13	Indecisiveness	0.75	They find it more difficult to make decisions than usual.	0.50	They make decisions about as well as ever.

14	Worthlessness	1.65	They feel more worthless as compared to other people.	0.80	They don't consider themselves as worthwhile and useful as they used to.
15	Loss of energy	1.02	They have less energy than they used to have.	0.25	They have as much energy as ever.
16	Changes in Sleeping pattern	1.35	They sleep somewhat less than usual.	0.50	They sleep somewhat more than usual.
17	Irritability	2.05	They are much more irritable than usual.	1.00	They are more irritable than usual.
18	Changes in Appetite	1.50	Their appetite is somewhat reduced than usual.	1.20	Their appetite is somewhat reduced than usual
19	Concentration difficulty	1.55	They can't concentrate as well as usual.	0.65	They can concentrate as well as ever.
20	Tiredness or Fatigue	1.25	They get more tired or fatigued more easily than usual.	0.25	They are no more tired or fatigued than usual.
21	Loss of Interest in Sex	0.65	They have not noticed any recent change in their interest in sex.	0.35	They have not noticed any recent change in their interest in sex.
	Average Total	27.80	Moderate depression	13.250	Mild mood disturbances

Graph: depicting the average total of all the factors of depression among Group - 1 Sportsmen employed in the corporate sector and Group - 2 Sportsmen employed in government sector.



Graph: exhibiting the compa
Sportsmen employed in corpor
sectors



**Red colour bars shows the ave
sectors where as blue colour
employed in government sector**

CONCLUSION:

It is concluded from the avera
follows:

(1) Average total score of Group
accountability of those employe
government sectors.