

INFLUENCE OF PSYCHOTHERAPY AND GENDER ON DEPRESSION AMONG STUDENTS

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Abstract

This study centered on influence of psychotherapy and gender on depression among students. Sixty (60) participants were used in the study (30 males and 30 females). Fifteen (15) of the males and 15 of the females were administered only positive self-talk and 15 participants of the females, and 15 of the males were administered exercise and positive self-talk. Thirty (30) participants of the males and 30 participant of the females were administered only exercise. The participants were drawn from the students of Nnamdi Azikiwe University, Awka. Beck Depression Inventory were used in the study. While the 3-way ANOVA were also used in the study to test three hypotheses. The Researcher found out that there is no significant difference on the effect of exercise when it is combined with positive self-talk on depression than using only exercise. The researcher also found out that those administered with high level of exercise will have a significant increase in reducing depression than those administered with low level of exercise. The implication and recommendation where made for further study.

Introduction

In Nigeria, repression is one of the major psychological disorders that affect many people. This type of psychological problem affect both young and old and therefore, psychotherapy can help to alleviate the problem which is non-psycho pharmacological treatment.

Psychotherapy is a treatment process to help people deal with psychological issues such as depression, anxiety, and posttraumatic stress disorder (Laslie, 2015). Unfortunately, many people are unaware of how it works or how problematic untreated mental health issues can be. Exercise can be defined as a physical activity that is planned, structured and repetitive for the purpose of conditioning any part of the body (Medical Dictionary 9th edition, 2009). Exercises are of different types. American Physical Therapy Association (2009), defined Isotonic exercise as the active exercise without appreciation change in the force of muscular contraction with shortening of the muscle. They also defined isometric exercise as the active exercise performed against stable resistance, without change in the length of the muscle.

We also have Aerobic exercise. Aerobic exercises are those exercise that help to increase cardiovascular fitness by improving the body's use of oxygen and allowing the heart to work less strenuously (Obidigbo, 2006). Aerobic exercise includes running, cycling, swimming and dancing. Positive self-talk are those words people say to themselves for encouragement (Morah, 2008).

Exercise and Depression

A research that was conducted in Nigeria by Adeniyi, Okafor, and Adeniyi, (2011), on Depression and physical activity in a sample of Nigerian adolescents; the study was a cross-sectional study. The data for this cross-sectional study were collected from, 1,100 Nigerian adolescents aged 12-17 years. Depressive symptomatology and physical activity were assessed using the children's Depression Inventory (CDI) and the physical activity questionnaire-Adolescent version (PAQ-A) respectively. Independent t-tests, Pearson's moment correlation and multi-level logistic regression analysis for individual and school area influences were carried out on the data at $P < 0.05$. The researchers found out that

older adolescents are more likely to suffer from depression symptoms than younger adolescents. Schuch (2016) composed a well written and interesting systematic review examining the relationship between exercise and major depressive disorders (MDD) from a neurobiological perspective and he later found out that exercise has a positive impact on reducing of depression.

Exercise is also considered vital for maintaining mental fitness, and it can reduce stress. A study conducted by Michael, (2011) shows that exercise is very effective at reducing fatigue, improving alertness and concentration, and at enhancing overall cognitive function. This can be especially helpful when stress has depleted your energy or ability to concentration. When stress affects the brain, with its many nerve connections, the rest of the body feels the impact as well. Or, if your body feels better, so does your mind. Exercise and other physical activity produce endorphins – chemicals in the brain that act as natural painkillers – and also improve the ability to sleep, which in turn reduces stress. Science has also provided some evidence that physically active have lower rates of anxiety and depression than sedentary people. Exercise may improve mental health by helping the brain cope better with stress. In one study, conducted by Jasper, (2014), on effect of exercise on anxiety and depressive disorders and he found out that those who got regular vigorous exercise were 25 percent less likely to develop depression or an anxiety disorder over the next five years.

Exercise as Part of Therapy

According to Wenger, (2014), regular exercise works as well as medication for some people to reduce symptoms of anxiety and depression, and the effects can be long lasting. One vigorous exercise session can help alleviate symptoms for hours, and a regular schedule may significantly reduce them over time. Like all forms of therapy, the effect can vary: some people may respond positively, others may find it doesn't improve their mood much, and some may experience only a modest short-term benefit. Nonetheless, researchers say that the beneficial effects of exercise on physical health are not in dispute, and people should be encouraged to stay physically active. A research conducted by Petruzzello and Landers (1994), showed that constant exercise reduces depression among people.

Positive self-talk is a health behaviour that has potentially far-reaching effects. Although it will most likely be used by those who have a high internal locus of control and place a high value on health, it can also help relatively healthy people in health "maintenance" programmes. Self-talk is categorized as being positive or negative. As its label implies, positive self-talk has good implications for people's mental and physical well-being. However, the negative is not all bad. The key to using self-talk is to strive for an appropriate balance (which is a tenet of holistic medicine itself) between the two.

The use of positive self-talk has been linked to the reduction of stress, in turn, can affect other positive health changes. Positive self-talk, like thoughts, is not neutral because it triggers behavior in either a positive or negative direction. Beliefs shaped our positive self-talk, which in turn affects our self-esteem.

However, negative thinking as the "thinking of choice, "may not be so bad, because it heightens people's sensitivity to the situation they are facing. They are likely to think more clearly.

Instead of categorizing negative self-talk as "negative," it might be better to call it "logical and accurate" self-talk. Braiker (1989) emphasizes the "responsible" use of self-talk. She warns against confusing positive inner dialogue with positive

thinking, happy affirmations, or self-delusions. Logical, accurate self-talk recognizes personal short-comings, but also modifies them to help people define a plan of correction.

Okoye (2007) conducted a research on locus of control, gender and marital status as determinants of depression among teachers, he used two hundred and eight primary school teachers, male = 11, female = 197 whose age ranged between 24 and 60 with mean age 42.96 years and SD = 6.32 years served as participants in the study. The participants were selected from the 22 primary schools and there are 325 teachers (Dunukofia Local Government Education Authority Records, 2006). Two hundred and forty (240) teachers were selected in which "Yes" and "No" were written on different pieces of papers and folded. These were put in a nylon bag from where the subjects picked the piece of papers. If a subject picked "yes" he/she takes a questionnaire on locus of control after which he/she would be given another questionnaire on depression.

Out of the two hundred and four questionnaires distributed; two hundred and eight were actually returned and used; while thirty two were discarded for supplying incomplete information. The participants were all Nigerian teachers who were currently serving in Dunukofia L.G.A of Anambra State at the time of the study. The researcher found out that locus of control did not determine depression among teachers. Those who were of internal locus of control did not differ- with those who were external locus of control. Gender was not a determining factor in depression among teachers and finally, marital status married or single did not determine depressive episode among teachers used in the study.

Statement of Problem

Recently, people are realizing that chemotherapy (drug treatment) may not really be the treatment of choice for psychological problems. As a result of this, most people are now looking forward for treatment techniques that does not involve taking of drugs. Psychotherapy, through non- psychopharmacological means, may not give individuals the type of control that they crave for. Hence, individual may resist some form of psychotherapy that puts them directly under the control of the psychotherapist. Such clients prefer therapies that will enable them carryout the treatments themselves after the initial training. Exercising and positive self talk gives them the type of control that they desire. Therefore, the present study seeks to determine whether exercising and talking positively to self will reduce feeling of depression among persons.

Purpose of the Study

The purpose of this study is to examine whether talking positively to one self will help to reduce depression among people. The study will also examine whether non- psychopharmacological treatment techniques can help to reduce symptoms of depression.

Research Questions

The research questions of this study are as follows:

1. Will there be any statistically significant difference on the effect of exercise when it is combined with positive self-talk on depression than using only exercise.
2. Will there be any statistically significant difference between males and females on the influence of exercise and positive self-talk on depression.
3. Will there be any statistically significant difference among those administered high level of exercise than those administered with low level of exercise on reducing of depressive symptoms.

Research Hypotheses

1. There will be a statistically significant difference on the effect of exercise when it is combined with positive self-talk on depression than using only exercise.
2. There will be a statically significant difference between male and female on the influence of exercise and positive self-talk on depression.
3. There will be a statistically significant difference among those administered with high level of exercise than those administered with low level of exercise on reducing of depressive symptoms.

Methodology

This study is a survey research that is aimed at investigating whether exercising and talking positively to one self will reduce feeling of depression among persons.

Participants

Sixty (60) participants were used in the study. They comprise of Thirty (30) males and Thirty (30) females. Fifteen (15) participants of the females and fifteen (15) of the males were administered both Exercise and positive self-talk. Furthermore, fifteen (15) of the males and fifteen (15) of the females were administered only positive self-talk (Morah, 2008). In this technique, Morah (2008), recorded' positive self-talk that depressed person can say repeatedly to enhance their self esteem, recondition their thoughts and dispel negative assertions that depressed has been saying to themselves over a long period. Also, thirty (30) participants of the males and thirty (30) of the female were administered only exercise. During the exercise, fifteen (15) participants of the males and fifteen (15) of the females were administered low exercise and fifteen (15) participants of the males and fifteen (15) of the females were administered high exercise. However, the participants were aged 20-31 years with a mean age of 25 years. They are all unmarried students. They are all undergraduates in Nnamdi Azikiwe University, Awka.

Instrument

Beck Depression Inventory (BDI). BDI is a 21 item inventory with four response format rating from 0 to 3 with 0 measuring no symptoms of depression and 3 measuring highest level of depression. The test is used in both clinical and research work. Positive self-talk of Morah (2008) are recorded positive talk developed as an adjunct to therapy. It has been used to treat depression patients. Research has shown that exercise reduces depression; hence, recorded exercise guide was used to increase the physical activity of the participants.

Validity and Reliability of the Instrument

Since Beck's Depression Inventory (BDI) is widely used, its validity is not in doubt, nevertheless, its reliability was also ascertained when it was administered to 60 students of Nnamdi Azikiwe University, $r(60) = .83$ (Cronbach Alpha) $r(60) = .76$ (Guttman Split-half) and $r(60) = .76$ (Spearman Brown split - half).

The reliability test becomes necessary since the instrument was developed and used in different society from ours.

Procedure: A notice instructing individuals that need psychological help on reduction of symptoms of depression were placed at strategic places within the campus. They registered at the psychological services centre. Those selected were taken to the field opposite Nnamdi Azikiwe University Model Primary School on agreed dates and time. They were asked to jog round the field ten times and after that they will do sea up and press up ten times in each session. Data were gathered after every exercise. Over ten

sessions of exercise were done twice a week. Those that administered low exercise were allowed to practice exercise for 20minutes and those that was administered high exercise were allowed to practice exercise for 45 minutes on each session.

Research design and Statistics: The research design is 2x2x2 factorial design involving a 3-way analysis of variance which was used for the statistical analysis.

Analysis and Presentation of Results

In this chapter the results of data collected and computed are presented. The mean and standard deviations are shown in table 1 below.

Independent Variable	Mean (x)	Standard deviation (SD)	Number of participants
MEX&PST	19.3	4.16	15
FEX&PST	30.8	6.6	15
MPST	23.6	6.66	15
FPST	33.6	7.6	15
MEX	26.5	8.02	30
FEX	26.4	9.42	30
TOTALLL	26.7	7.07	120

Table 1: Themeantable of hypothesis one, two and Three

Summary Table of 2x2x2 AN OVA showing the summary of the results of hypotheses one, two and three which stated as follows:

1. There will be a statistically significant difference on the effect of exercises when it is combined with positive self-talk on depression than using only exercise.
2. There will be a statistically significant difference between male and female on the influence of exercise and positive self-talk on depression.
3. There will be a statistically significant difference among those administered with high level of exercise than those administered with low level of exercise on reducing of depressive symptom

Table 2: ???

Source	SS	DF	MS	F	D
Total	85385	199	-	-	-
SS/MFEXSPT	76.6	2	38.3	0.01	>.05
SSM/F/PST	311349.41	4	311349.4	85.8	<.05
SSM/FEX	43198	1	43198	11.90	<.05
SSM/F Interactions	430824	3	143608	39.6	<.05
Error	700063	193	3627.2	-	-

Interpretation:

The result showed in hypotheses one that the calculated F ratio value was less than the tabulated F ratio at 0.5 level of significance. This result showed that there is no statistically significant difference on effect of exercise when it is combined with positive self-talk on depression than using only exercise for this reason, the hypotheses was rejected. The result also showed in hypotheses two that the calculated F ration value was greater than the tabulated F ratio at .05 level of significance. This result showed that there is statistically significant difference between male and female on the influence of exercise and positive self-talk on depression. For this reason, the hypothesis was accepted. The result showed in hypotheses three that the calculated F ratio value was greater than the tabulated F ratio at .05 level of significance.

This result showed that there is statically significant difference among those administered with high level of exercise than those administered with low level of exercise on reducing of depressive symptom. For this reason, the hypothesis was accepted.

Finally the result showed that there is significant interactive influence between males (Exercise and positive self-talk) females (Exercise and positive self-talk), Male exercise and female exercise on depression. This was based on the fact that the calculated F ratio value was greater than the tabulated F ratio at .05 level of significance.

Discussion

The first hypothesis, which stated that there will be a statistically significant difference on the effect of exercises when it is combined with positive self-talk on depression than using only exercise was rejected. This means that positive self-talk and exercise could be used as therapeutic regimes to treat depression in our society. It is in consonance with the earlier findings of Petruzzello and Landers (1994) that constant exercise reduces depression.

They examined the results of 27 narrative reviews that had been conducted between 1960 and 1991 and found that in 81% of them, the authors had concluded that physical activity/fitness was related to anxiety reduction and depression following exercise and there was little or no conflicting data presented in these reviews.

The second hypothesis which states that there will be a statistically significant difference between males and females on the influence of exercise and positive self-talk on depression was accepted. This means that psychotherapy helps to reduce depression in males than in females. A positive mental attitude as a basis for self-talk does not require self-dilution. The development of optimistic thought patterns requires essentially three things; recognizing self-talk for what it is, dealing with negative messages, and harnessing the positive for the greater good of individual person. By using inner speech, people can influence their health states, but the benefits potentially react beyond that. To make self-talk positive, people must change what goes into their subconscious. All this hinges on recognition of inner message (self-talk).

The third hypothesis which states that there will be a statistically significant difference among those administered high level of exercise than those administered with low level of exercise on reducing of depressive symptoms was accepted.

Finally, exercise as a therapy cannot work alone without positive self-talk in reduction of depression, so both of them serve as a psychological vitamin in psychotherapy.

Conclusion

Based on the outcome of the research, the researcher concludes that there is no significant difference on the effect of exercise when it is combined with positive self-talk on depression than using only exercise. The researcher concludes that males differ significantly in positive self-talk than their females counterparts.

They also conclude that those administered with high exercise will have a significant increase in reducing of depression than those administered with low exercise.

Recommendations

This research study should be carried out in another locality other than Nigeria with greater sample of participants. This will help to generalize the findings.

Also people should not focus only on pharmacological treatment such as antidepressant drugs e.g.' selective serotonin reuptake inhibitor, tricyclic compounds, monoamine oxidase inhibitors, Lithium and strontium salts.

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