

BECK DEPRESSION INVENTORY- A QUESTIONNAIRE BASED STUDY

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ABSTRACT:

AIM:To prepare a questionnaire based study on the negative moods and behavioural changes of an individuals

OBJECTIVE : To assess the degree Of various levels of depression in the individuals of age group 17-25.

BACKGROUND: Depression is seen as a response or symptom of a life stress or physical change and is not usually considered to reflect a mood disorder. There are many reasons for depression- Familial and Genetic influences. It is the tendency which makes people to bring them into a negative behaviour. There are also a several aspects of depression like temporarily depressed mood , long lasting downward or negative mood that may interfere only mildly with effective behaviour but usually temporary inability to function effectively

REASON: This research is done because the term depression is so much a part of our language and because virtually everyone has experienced problems at one time or another. Many people do not regard depression as a problem needing treatment. So with the outcome of this study an awareness of different levels of depression and their effects on health can be created.

KEYWORDS: Depression, familial, genetic.

1. INTRODUCTION:

The term depression covers a variety of negative moods and behaviour changes. Some are normal mood fluctuations and others meet the definition of clinical problems. The mood changing may be temporary or long lasting. There are several aspects of depression like temporarily depressed mood, long lasting downward or negative mood that may interfere only mildly with effective behaviour and severely depressed mood accompanied by a marked but usually temporary inability to function effectively. People use the term depression to describe a sadness that comes from a death in the family. After the death of someone they care deeply about , most survivors experience a depressed mood that is usually called grief . These feelings of depression are entirely normal. The common features of grief include physical distress such as sighing , tightness of throat , an empty feeling in the abdomen and a feeling of muscular weakness. In addition ,there may be preoccupation with the visual image of the dead person along with the guilt, feelings of loss and physical symptoms gradually disappear. Depression is of many types: dysthymic disorder ;major depressive disorder;major depressive episode ;recurrent major depressive disorders;major depressive episode with psychotic features.

Stressful life events like losing a job, being turned down for a graduate school program or loss of everything in a fire may also bring on feelings of depression. Depression is as a response or symptom of a life stress or physical change and it is not usually considered to reflect a mood disorder. The term depression is so much a part of our language and because virtually everyone has experienced problems at one time or another many people do not regard depression as a problem needing treatment.

The risk factors includes biological vulnerabilities , factors in the environment and the presence or absence of factors that promote resiliency. Risk factors affecting depression include heredity, age ,gender and lack of social support.

An important risk factor is genetic make up. Studies suggests a genetic component in both major depression and bipolar disorders. There is a much greater risk of developing a major depression if one's identical twin has had this disorder that if ones parent , brother or sister has experienced it.

Some of the symptoms of depressive disorder include dissatisfaction and anxiety changes in appetite , sleep and psychomotor functions ; loss of interest and energy feelings of guilt, thoughts of death and diminished concentration.

Symptoms of depression are also likely to occur in bipolar disorder. For this reason the term unipolar disorder is often used when discussing different types of depressive disorder to distinguish between people who have experienced one or more episodes of depression but no manic or hypomanic episode and those who have a past history that includes at least one episode of mania or hypomania. Individuals who have one or more episodes of mania or hypomania as well as periods of depression are diagnosed as having bipolar disorder.

2. MATERIALS AND METHODS:

A questionnaire based study consisting of 21 questions were prepared and it was distributed among 53 subjects consisting of 24 males and 29 females. The subjects were made to be seated comfortably. The questionnaire was rated on a 6 point scale-11-16-Mild mood disturbance; 17-20-Borderline clinical depression; 21-30-Moderate depression; 31-40-Severe depression; over 40-Extreme depression. There is no right or wrong answer and there is no time limit. The subjects were made to work rapidly and to submit the immediate response to each item. After completion by the subjects, the responses were scored and interpreted in accordance with the norms.

3. RESULTS:

Table 1:

Subjects	Average Score
No of males	21
No of females	18
Overall	19.45

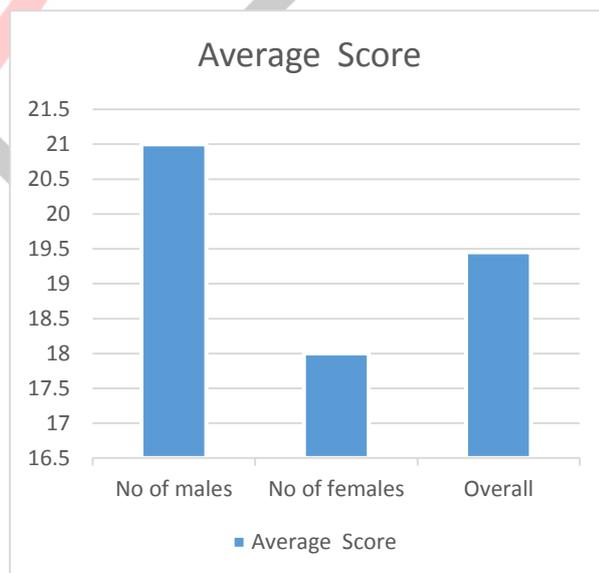
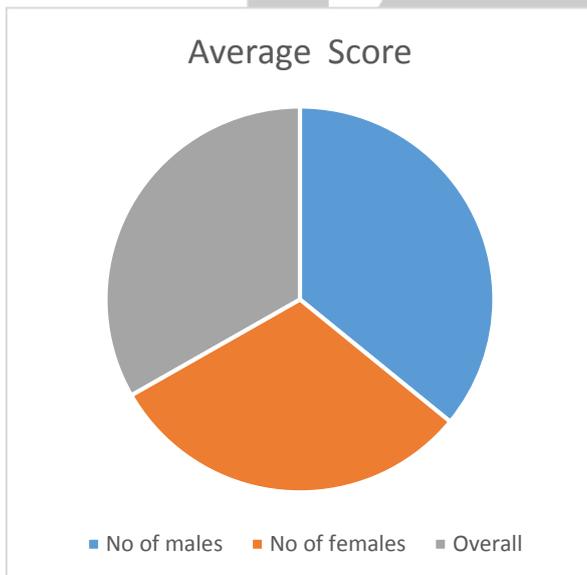


Table 2:

	Females	Males
High	42	47
Low	0	0

Table 3:

S.No	Range	Levels of depression	No.of subjects	Average score
1	1-10	Normal	19	6.21
2	11-16	Mild mood disturbance	3	16
3	17-20	Borderline clinical depression	6	18.5
4	21-30	Moderate	12	25
5	31-40	Severe	8	33
6	Over 40	Extreme	3	44.3

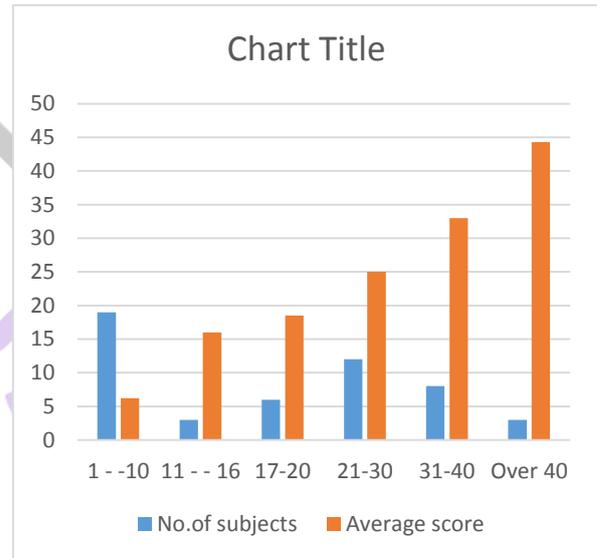
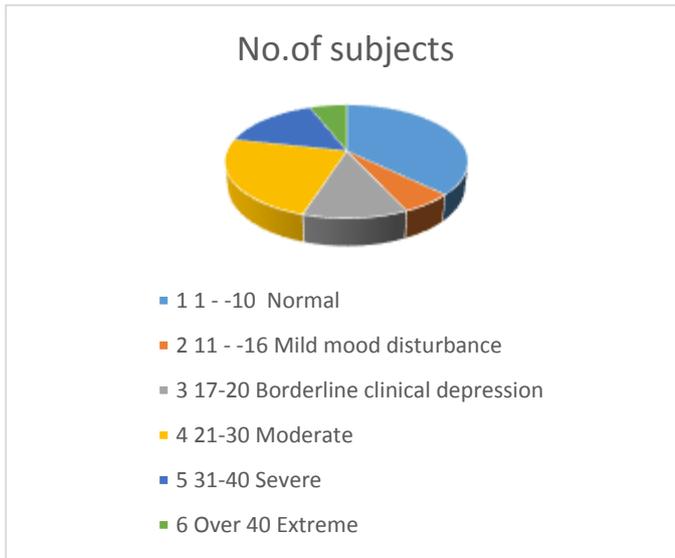


Table 4:

S.No	Range	Levels of depression	No.of males	Average score
1	1-10	Normal	8	6.8
2	11-16	Mild mood disturbance	0	0
3	17-20	Borderline clinical depression	3	18
4	21-30	Moderate	5	25.4
5	31-40	Severe	6	33.3
6	Over 40	Extreme	2	45.5

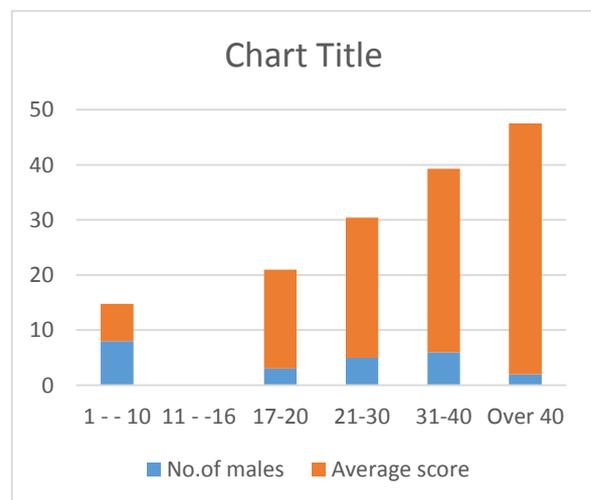
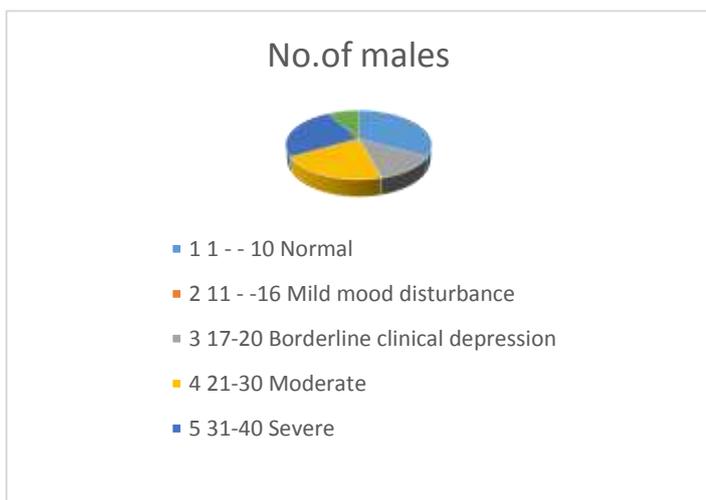
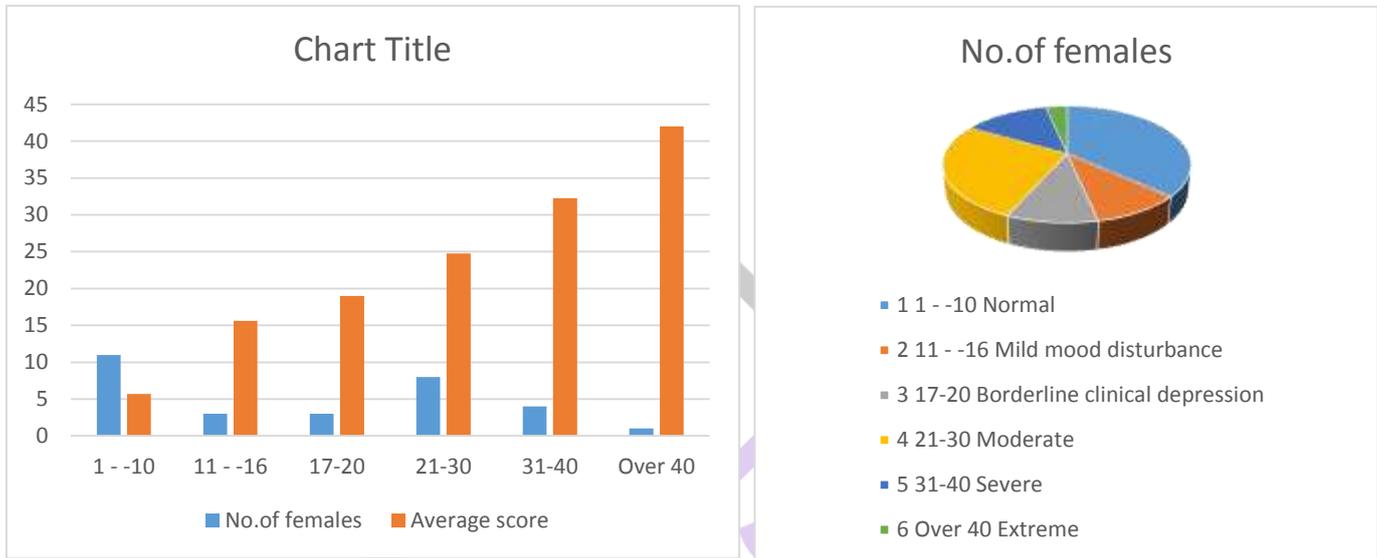


Table 5:

S.No	Range	Levels of depression	No.of females	Average score
1	1-10	Normal	11	5.7
2	11-16	Mild mood disturbance	3	15.6
3	17-20	Borderline clinical depression	3	19
4	21-30	Moderate	8	24.75
5	31-40	Severe	4	32.25
6	Over 40	Extreme	1	42



4. DISCUSSION:

The present experiment has been conducted to assess the levels of depression of the subjects using a questionnaire based study. Depression is seen as a response or symptom of a life stress or physical change and is not usually considered to reflect a mood disorder. It is the tendency which makes people to bring them into a negative behaviour. Assessing emotional intelligence helps us to identify strengths and weaknesses in individuals and in groups which is the first step towards individual or group facilitation. The n value of this experiment is 53. In the overall dimension, the average found is 19.45. From the above graphs, it can be clearly seen that the values of strength in males is 47 whereas that of females is 42 which is of high degree level and the values of attention needs in subjects who have low depressed states is found to be 0 in males and 0 in females. On analysing in the the 6 point scale for the complete group data with the 6 point scale of males and females respectively, extreme levels of depression was found to be high in males which is 45.5, whereas in females, the extreme condition is 42. Therefore we can conclude that the males get more depressed than the females.

CONCLUSION:

The subjects show varying scores in all dimensions. Both males and females show high score in their respective dimensions. Therefore from this present experiment we can conclude that males are more depressed than females. Hence individuals differ in their levels of depression.

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