

## **Effect of Autogenic Relaxation Therapy & Self-Management Training on Depression among adolescents: A Comparative Study**

Dr. Neharshi Srivastava<sup>a</sup>, Dr. Neeta Gupta<sup>b</sup> *(Corresponding Author)*

<sup>a</sup> Assistant Professor, Amity Institute of Behavioral and Allied Sciences,  
Amity University, Rajasthan, Jaipur, India

<sup>b</sup> Associate Professor. DAVPG College, Dehradun Uttarakhand, India

### **ABSTRACT**

The present study has tried to explore the effect of Depression in relation to Group Therapies (Autogenic Relaxation Training and Self-Management Training) among male & female adolescents. For this, different schools in Lucknow City were contacted and the respondents were selected using Quota Sampling. A total no of 200 respondents were selected through Quota Sampling from different schools of Lucknow City, U.P they were equally divided into males and females. They were further divided randomly into equal groups having different types of group therapy. Beck Depression Inventory (BDI) constructed by Beck, et al (1961) was used to measure Depression of the adolescents. A 2×2×2 factorial mixed design was utilized to conceptualize the study and analyze the obtained data. After data collection obtained data of Pre-test & Post- test of ART & SMT were analyzed by using SPSS.20 software. The obtained data were analyzed using Means, SD, and ANOVAs. The results have suggested that SMT was found to be a better technique for reducing Depression among Adolescents. Females were found to report more depression than males.

**Keywords:** Autogenic Relaxation Therapy, Depression, Self -Management Training, Adolescents

### **1. Introduction**

The term '**Depression**' covers a variety of negative moods and behavior changes. The mood change may be temporary or long lasting. It may range from relatively minor feeling of melancholy to a deeply negative view of the world and an inability to function effectively. Depression is a disturbance in mood, thought, and body characterized by varying degrees of sadness, disappointment, loneliness, hopelessness, self-doubt and guilt. Most people tend to feel depressed at one time or another; some people may experience these feelings more frequently or with deeper, more lasting effects. In some cases, depression can last for months or even years. The least intense type of depression, "feeling blue" or "being in a bad mood" is usually brief in duration and has minimal or slight effect on normal, everyday activities. With moderate depression, symptoms are more intense and last for a longer period of time. Daily activities are more difficult but the individual is still able to carry out these activities. In severe depression there may be extreme fluctuations in moods or even a complete withdrawal from daily routine and/or the outside world. Feelings of hopelessness can become so intense that thoughts

of death may occur and suicide may seem a viable option. Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being.

Depression is a mental health disorder that can affect the way you eat and sleep, the way you feel about yourself and the way you think about things. It is not a sign of personal weakness and it can't be willed or wished away. (Lucy et.al, 2015). Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and sometimes you may feel as if life isn't worth living (Roosi, 2015). Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being. People with a depressed mood can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, ashamed or restless. They may lose interest in activities that were once pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details or making decisions, and may contemplate, attempt or commit suicide. Insomnia, excessive sleeping, fatigue, aches, pains, digestive problems or reduced energy may also be present. (CDC, 2015).

Depressed mood is not always a psychiatric disorder. It may also be a normal reaction to certain life events, a symptom of some medical conditions, or a side effect of some drugs or medical treatments. Depressed mood is also a primary or associated feature of certain psychiatric syndromes such as clinical depression. People who were depressed cannot “**SNAP OUT OF IT**” and get better. Depressed people showed a blunted hormonal response. A number of studies suggested that depression is the major problem of the orphans.

According to Beck's theory (Beck et. al, 1985; Minkoff et. al, 1973), depression was the result of three basic components; the cognitive triad schemas and cognitive errors. The cognitive triad is composed of faculty perceptions. Specially, the person believes he/she has no worth, is defective or is in some other way worthless. In turn, they believe that the world is a black and horrible place and as a result do not believe that the future will be any better. All new experiences are filtered through these beliefs (i.e, schemas) and tainted, hence maintaining the depression. Finally, the consistent logical errors committed by the depressed person makes it difficult if not impossible to recognize information which contradicts their beliefs. One potential outcomes therefor, is to view suicide as the only “logical” way to escape what is deemed to be a desperately bad life that cannot possibly improve.

Relaxation can help to relieve the symptoms of depression, stress and anxiety. Although the cause of the anxiety will not disappear, you will probably feel more able to deal with it once you have released the tension in your body and cleared your thoughts. The autogenic relaxation technique involves relaxing the muscles to make you feel calmer.

**Autogenic** means something that comes from within you. In this relaxation technique, you use visual imagery and body awareness to reduce stress. You repeat words or suggestions in your mind to relax and reduce muscle tension. For example, you may imagine a peaceful setting and then focus on controlled, relaxing breathing, slowing your heart rate, or feeling different physical sensations, such as relaxing a body part.

effect of autogenic relaxation therapy & self-management training on depression among adolescents:  
a comparative study

**Self -Management** skills have been defined as “the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life” (WHO, 2014). ‘Adaptive’ means that a person is flexible in approach and is able to adjust in different circumstances. ‘Positive behavior’ implies that a person is forward looking and even in difficult situations, can find a ray of hope and opportunities to find solutions. Self management skills include psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner.

Adolescents need more attention, more tolerance, more support & more guidance, to move smoothly with social context & practices. These adolescents are an active part of society, prove them & search the new horizons of happiness & relationship, so **the present study is an attempt to manage Depression among adolescents through Self-Management and Autogenic Relaxation Training.**

## **2. Significance of Study:-**

Depression is a serious problem for adolescents, is the most significant biological and psychological risk factor for adolescent’s suicide. Adolescence is a developmental period when youth begin to experience a desire for intimacy and increased responsibilities both socially and individually. A number of factors influence how adolescents navigate this period of change. Positive outcomes are more likely if adolescents engage in healthy activities, have adequate social support, and are connected with their families. However, the negotiation of developmental tasks in adolescents may also be quite challenging and difficult, leading to the onset of adolescent severe depression, and ultimately suicide. Depression is one of the most common reasons adolescents seek treatment. Most of the time for most adolescent’s depression is a passing mood. The sadness, loneliness, grief, and disappointment we all feel at times are normal reactions to some of the struggles of life. With the right support, some resilience, an inner belief that there will be a brighter day, and decent coping skills, most teens can get through the depressed mood that happens occasionally when life throws them a curve ball. But sometimes depression doesn't lift after a few hours or a few days. Instead it lasts, and it can seem too heavy to bear. Several studies are suggested that adolescents are particularly prone to depression (Singh et.al, 2016). Adolescents may cycle through this cognitive, affective, and behavioral process numerous times, with each cycle leading to greater dysfunction and depressed mood. The coping process is particularly important in adolescence because the adolescent is confronted with many depressive episodes, life stressor and strain for the first time and has not yet developed a repertoire of coping responses from which to draw. Poor Coping Strategies are responsible for depression and suicidal ideation. Coping Behavior is an important component of psychosocial competence, by which an adolescent is able to balance and manage the developmental tasks of this stage of the life cycle. These problems are very crucial among adolescents. A major responsibility of psychologist is to help adolescents and specially orphans suffering from depression, suicidal ideation, behavioral problems and emotional disturbances. Orphan adolescents need help to cope up with their Suicidal Ideation and Depressive thoughts and for this it is important to first identify their present level and then try to reduce their Suicidal Ideation & Depression and do efforts for improving Coping Strategies.

## **Why Group ART & SMT?**

Group therapy is a kind of psychological therapy that takes place with a group of people together rather than with an individual during a one to one session. While the term can technically be applied to any kind of psychotherapy that is delivered to a group, it is most commonly associated with a specific therapy type that makes use of the group dynamic. Group therapy can be based on any theoretical approach, from cognitive-behavioral to humanistic. The present study has utilized two types of Group Therapy for intervention of Depression. They are Autogenic Relaxation and Self-Management Training. Group Therapy was specially planned for the present study because the study has tried to deal with very major issues 'Depression of Orphan Adolescents', so it was necessary to get them realize that they are not the only ones who are facing Depressive thoughts. This feeling of universality makes the respondents relaxed and more comfortable in handling their problems. Another point of using Group Therapy in the present study was that it took lesser time otherwise it would not been possible to counsel all the respondents in one to one sessions by two different Group Therapies.

### 3. Review of Literature:-

**Henary et.al (2018)**, the purpose of this study was to examine the effectiveness of Motivational Therapy on decreasing depression and suicidal ideation of orphaned girls living in orphanage. One week prior to final examinations, participants were randomly assigned to either Motivational group or a control group. Beck Depression Inventory was administered before and after participation. Motivational Therapy activities included motivational stories audio-video material and role playing. Result revealed that a brief period of motivational counseling significantly reduce depression and suicidal ideation, which may have implications for motivational therapy programs that offer methods for helping orphaned children coping with depression and suicidal ideation. **Sharma et.al, (2018)**, In a longitudinal study of over 300 patients with depression, women with higher severity ratings for depression were greater risk for suicide attempts, compared to men. **Weiss et.al (2019)**, the aims of this study were to identify the degree to which gender influences suicide risk among orphans with Depression. Study demonstrates that suicide risk is greatest for male and female during a depressive episode. **Jorm et.al (2019)**, examined the effect of Mindfulness Breathing on the level of depression among orphans. Results have shown that there is significant effect of regular practicing of mindfulness breathing on depression level among orphans. **Hermenau et.al (2018)**, the aim of this study was to investigate the effects of a cognitive behavioral intervention combined with a Progressive Muscular Relaxation Technique on depression among orphans. This study supported the hypothesis that the cognitive behavioral intervention combined with a Progressive Muscular Relaxation Technique could decrease the depression level and the effectiveness was lasting.

### 4. Research Methodology

#### ✓ Objectives

1. To explore Depression in relation to Group Therapies (Autogenic Relaxation Training and Self-Management Training) among male & female adolescents
2. To explore Gender Differences on Depression among adolescents .
3. To explore interactions of Group Therapy (ART and SMT), Conditions (Pre and Post) and Gender (Male and Female) on all the dimensions of Depression among male & female adolescents.

#### ✓ Hypotheses:-

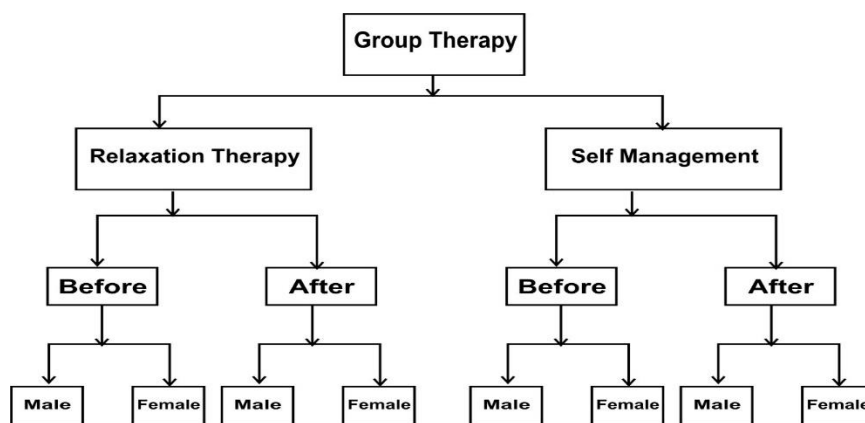
effect of autogenic relaxation therapy & self-management training on depression among adolescents:  
a comparative study

1. The respondents with Autogenic Relaxation Training and Self Management Training will differ significantly from each other on Depression.
2. There will be a significant gender difference on Depression among male and female adolescents.
3. There will be a significant difference in Pre-test and Post-test conditions of both the therapies (ART and SMT) on Depression among male and female adolescents.
4. There will be a significant interaction between Gender (Male and Female) and Therapy (ART and SMT) on Depression.
5. There will be a significant interaction between Conditions (Pre and Post) and Gender (Male and Female) on Depression.
6. There will be a significant interaction between Conditions (Pre and Post) and Therapy (ART and SMT) on Depression among male and female adolescents.
7. There will be a significant interaction between Conditions (Pre and Post), Gender (Male and Female) and Therapy (ART and SMT) on Depression.

✓ **Research Design**

A 2×2×2 factorial mixed design was utilized to conceptualize the study and analyze the obtained data. Three classificatory variables were used to classify the respondents into eight categories. The first classificatory variable being Group Therapy which was divided into two types i.e. Autogenic Relaxation Training & Self Management Training were matched on two conditions of therapy i.e. Pre & Post (the second classificatory variable). The third classificatory variable corresponding to the sex of the respondents led to two categories of Gender i.e. Males & Females. The classificatory scheme yielding the respondents is as follows:-

**Figure 1 - The Distribution of the Respondents**

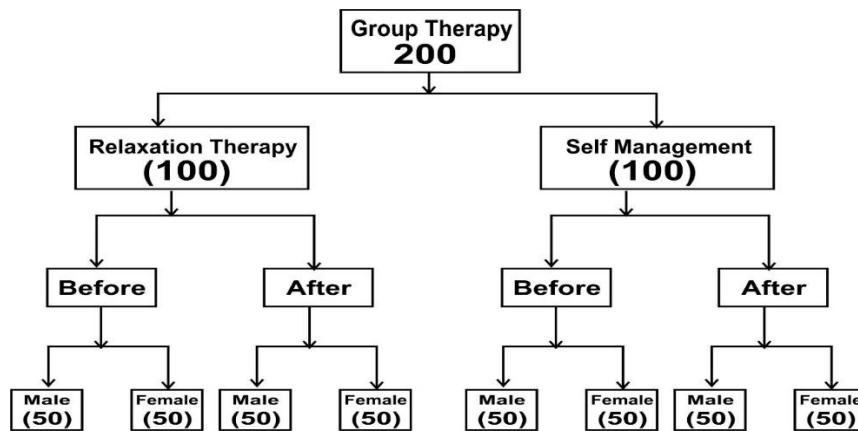


✓ **Sample & Sampling**

The purpose of the present study was to see the impact of Autogenic Relaxation Training & Self Management Training (Types of Group Therapy) on Depression among adolescents. For this, different schools in Lucknow City were contacted and the respondents were selected using Quota Sampling. A total no of 200 respondents were selected through Quota Sampling from different schools of Lucknow

City, U.P they were equally divided into males and females. They were further divided randomly into equal groups having different types of group therapy. The sample scheme is given as an under:-

**Figure 2 - The Distribution of the Respondents**



**Tools Used:-**

- Beck Depression Inventory (BDI) constructed by **Beck, et al (1961)** was used to measure Depression of the adolescents.

**Therapies Used:-**

- **Autogenic Relaxation training:-**

Autogenic training is a relaxation technique first introduced by German psychiatrist Johannes Heinrich Schultz in 1932. First, the trainee is encouraged to settle into a comfortable position—sitting upright, reclined, or lying down. What is most important is that the chosen posture promotes calm relaxation. The therapist begins by using verbal cues to guide the trainee's breathing and direct attention to certain parts of the trainee's body. The verbal cues can encourage sensations of heaviness and warmth, which can then lead to deep relaxation. The therapist might lead the cues, have the trainee repeat them, or have the trainee say them silently, depending on the level of training the individual has received.

Some of the verbal cues that may be learned include:

I am completely calm (say once).

My right arm is heavy (say six times).

I am completely calm (say once).

My right arm is warm (say six times).

I am completely calm (say once).

My heart beats calmly and regularly (six times).

I am completely calm (say once).

My breathing is calm and regular ... It breathes me (six times).

I am completely calm (say once).

Once the lesson is finished, the therapist will help the trainee “cancel” the relaxation session. One phrase that is commonly used is “Arms firm—Breathe deeply—Open eyes.” The session

## effect of autogenic relaxation therapy & self-management training on depression among adolescents: a comparative study

concludes, and the trainee is encouraged to practice what has been learned at home, outside of the session. Each session expands on the last lesson until the trainee and therapist feel confident that the process can be conducted independently

### ➤ **Self- Management Training (SMT)**

Self- Management Training (SMT) is a systematic intervention approach for evoking change in Depressive adolescents. It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change. Hence, the Self Management Training (used in present study) is some experiential and motivational learning selected along with the process used in psychotherapy. These practices direct a person in the path of happiness, compassion, selflessness, change negative thoughts into positive thinking (which help a person to cope with depression and suicidal ideation) and improve positive coping skills. There are many Self -Management techniques in tradition which could play an important role to make life better and which may have therapeutic effects. This Self-Management Training is the processes of realization about the qualities of individual which differentiate him from others. Self -Management Training given by the Self- Management Training Manual (Gupta & Neharshi, 2018). This manual consist various experiential and motivational activities.

- **Self-Awareness** is an experiential learning used in present study which is very close to Self-Actualization (Concept of Maslow).
- **Effective Communication** skills are very important in present scenario, because it helps to improve teamwork, decision making and problem solving approaches.
- **Motivation** is also experiential learning which helps to remove the negative thoughts and creates positive thinking. It is a combination of humanistic treatment and enhance cognitive behavioral strategies designed to treat Depression, Suicidal Ideation & Coping strategies.
- **Games** this section based on simple ice-breaking activities. Games maintain the same enthusiasm in entire therapeutic sessions.

Using self-management support in primary care can have a positive effect on the care and health outcomes of orphans with depression, suicidal ideation and coping strategies.

### **5. Statistical Analysis:-**

After data collection obtained data of Pre test & Post test of PMRT & SMT were analyzed by using SPSS.20 software. The obtained data were analyzed using Means, SD, and ANOVAs.

### **6. Results:-**

**Table 1 : Part A: Mean and SD on Depression among orphans****Table 1: Part B: Summary of ANOVA on Depression among orphans**

<i>Source</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Gender	313.290	1	313.290	14.410	.000
Therapy	151.290	1	151.290	6.959	.009
Gender × Therapy	3.240	1	3.240	.149	.700
Errors ( <i>BS</i> )	4261.18	196	21.74		
Conditions	6368.040	1	6368.040	1266.860	.000
Conditions × Gender	90.250	1	90.250	17.954	.000
Conditions × Therapy	6.250	1	6.250	1.243	.266
Conditions × Gender × Therapy	10.240	1	10.240	2.037	.155
Error ( <i>WS</i> ) (Conditions)	985.220	196	5.027		

	<i>PMRT</i>				<i>SMT</i>				<i>TOTAL</i>			
	<i>Pre-test</i>		<i>Post-test</i>		<i>Pre-test</i>		<i>Post-test</i>		<i>Pre-test</i>		<i>Post-test</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Male	17.82	3.90	11.36	3.55	17.34	4.39	9.74	3.62	17.58	4.14	10.55	3.58
Female	21.04	3.92	12.04	2.60	19.56	4.39	10.70	2.27	20.3	4.15	11.37	2.43
Total	19.43	3.91	11.7	3.07	18.45	4.39	10.22	2.94				

**Part A:-** Table 4.7 (A) reveals the scores of Means & SDs for Depression across Gender (Males & Female), Conditions (Pre & Post) and Therapy (Autogenic Relaxation Training & Self- Management Training) among male & female orphan.

Table 4.7: Part (A), shows that the means of Autogenic Relaxation Training for pre & post- test conditions were respectively 19.43 & 11.7 while means of Self- Management Training for pre & post -test conditions were respectively 18.45 & 10.22. This shows that the mean score of Depression after Self- Management Training was found to be less than Autogenic Relaxation Training.

It is also cleared the inspection of above table that the post- test mean of males & females were respectively 10.55 & 11.37. This shows that the mean of females was greater than males.

**Part B:-** Table 2 (B) reveals the result of Analysis of Variance for Depression across all the three variables under study. The main effect of Conditions, the main effect of Gender and the main effect of Therapy was found to be significant at .01level. The interaction effect of Conditions (Pre & Post) & Gender (Male & Female) on depression was found to be significant at .01 level while the interaction effect of Conditions (Pre & Post) & Therapy (ART & SMT) and the interaction effect of Gender (Male



effect of autogenic relaxation therapy & self-management training on depression among adolescents:  
a comparative study

& Female) & Therapy (PMRT & SMT) was found to be insignificant. The combined interaction effect of Condition (Pre & Post- test), Gender (Male & Female) & Therapy (ART & SMT) was also found to be insignificant on Depression.

## 7. Discussion

### 1. Depression in relation to Group Therapy:-

The **Hypothesis** of the present study was that *“The respondents with ART and SMT will differ significantly from each other on Depression”*.

To test the above hypothesis Means, SDs & F ratios were computed for **Depression**. The obtained Mean, SD & F ratio for Depression are shown in Table 1 Part (A) and Table 1 Part (B). As it is clear from the inspection of Table 1 Part (B) that the main effect of therapy was found to be significant at .01 levels. It is clear from the observation of Table 1 Part (A) that Self- Management training was found to be more effective (Mean being 14.33) than Autogenic Training (Mean being 15.56) in reducing Depression among respondents. So, the hypothesis has been accepted.

As it is clear from the results that Self -Management training was found to be more effective than Autogenic Relaxation Training even in reducing depression. The reason may be contributed to the fact that a key skill in self- management is self -regulation. Self -Regulation refers to individuals monitoring, controlling and directing aspects of their learning for themselves. The best use of self-management support is the collaborative interaction between the therapist and the client. Motivating, listening, and coaching are important self-management support skills that can make the therapist client interaction stronger and in which all members of the care team can become knowledgeable. Through ongoing training and practice, supporting clients in self- care will become part of day-to-day care. SMT is effective for building greater awareness and self -acceptance, changing unsatisfying patterns and behaviors, motivation and developing the necessary skills to face life’s challenges. This training also helps to live in the present moments and open true nature, which encompasses the inherent qualities of happiness and well -being (Cohen, 2006).

As it is well known that the SMT is a kind of experiential and motivational learning. These practices direct a person in the path of happiness, compassion, selflessness, and change negative thoughts into positive thinking which help a person to cope more effectively with depression. Thus, SMT is the process of realizing that every individual possesses unique qualities which differentiate him from others.

The SMT is found much effective because by this training the changes are found in cognitive level also while in PMRT the changes of cognitive level are not found.

The results of Singh (2006), Nandi (1994) and Lingaswami (1992) have supported the results of present study that increase in the level of Self Management Training significantly reduces Depression of Indian adolescents. The results are also supported by the study of Das et.al, (2013), who found that Motivational Therapy significantly reduces the level of Depression among orphans. Duke University

Medical Center (1998) & San Francisco General Hospital (1983) studied the effect of deep breathing along with motivational counseling on depressive patients and found the significant positive effect of deep breathing & motivational counseling. Hannig (2016) wrote about motivational therapy that, it is a process like counseling, very close to the Catharsis, an emotional release.

## **2. Depression in relation to Gender:-**

The **Hypothesis 2** of the present study was that *“There will be a significant gender difference on Depression among male & female orphans”*.

To test the above hypothesis Mean, SD & F ratios were computed for **Depression**. The obtained Mean, SD & F ratios for Depression are shown in Table 1 Part (A) & Table 1 Part (B). As it is clear from the inspection of Table 1 Part (B) that the main effect of gender was found to be significant at .01 levels. It is clear from the observation of Table 1 Part (A) that females had more depression (Mean being 20.3 & 11.37 in pre & post- test conditions) than Males (Mean being 17.58 & 10.55 in pre & post -test conditions). The results support H.2

The reason may be attributed to the fact that females still have second position in society. Situations become acute with orphan females because they feel more helpless than males, they cannot change anything, they are unable to express their emotions which make them feel more anxious and depressed as compared to males. Since no one seems to understand them, they tend to internalize their emotions. Although the trend is changing rapidly but the gender discrimination has so deeply rooted that it operates in each and every spheres of life. In education Nursery Rhymes, G.K or Color Preference gender difference operates at all levels. In family gender differences operates even in the division of household works. The boys will either be not signed any work or if assigned they are given mainly works such as buying things from market etc but girls are given typical works which are especially meat for females such as dusting, cooking etc. So it operates at every level so females are not generally encouraged to talk about themselves and to express how they feel so when given the opportunity they often have trouble verbalizing their emotions. The gender difference in depression is one of the most robust findings in psychiatric epidemiology. (Norman et.al 1989) These results are supported by Survey of Voice of Azamgarh Community Radio (2018) which was done on adolescence females of marginalized community. In this survey the main reason for girls' depression was contributed to the fact that they were treated as second citizen in the society, they don't have their own identity, thoughts, desires and freedom. These females don't have many opportunities to share their emotions even they can't share or express their physical & mental health problems. Malnutrition, lack of awareness and social taboos were identified as the other main reasons of depression.

The present finding is also supported by the study of Piccinelli & Homen (2018) who reported that depression contributes most significantly to the global burden of disease and it most frequently encountered female's mental health. Major depression occurs approximately twice as often in adolescent females as in adolescent males. (Harry,20017). A comprehensive study of almost all orphan population conducted in the United States of America, Puerto Rico, Canada, France, Iceland, Taiwan, Korea, Germany and Hong Kong, reported that women predominated over men in lifetime prevalence rates of major depression. (Bracke, 2000).

### **3. Depression in relation to Conditions :-**

As it is evident from the inspection of Table No. 4.6 to Table No. 4.16 Part (B) that the main effect of conditions (Pre & Post) was found to be significant on **Depression**. So, hypothesis related to the conditions was accepted. These results suggest that intervention is significantly affecting the Depression, among male & female adolescents because before the intervention the respondents were having more Depression, but after intervention it reduced a lot. These results of the present study are supported by the study of Verma & Lal (2018) who have suggested that exercise and increased physical, motivational and life skill's activity improves function, quality of life, strength, endurance, and reduced depression.

#### **Interaction Effect:-**

##### **I. Depression in relation to Gender and Group Therapy:-**

No Significant Interaction between Gender and Therapy were found on Depression

##### **II. Depression in relation to Condition and Gender:-**

Depression was reported less among males than females in post conditions of both the therapies (ART & SMT).

##### **III. Depression and Coping Strategies in relation to Condition and Group Therapy:-**

The interaction effect of Condition and Therapy was not found to be significant on Depression.

##### **IV. Depression in relation to Condition, Gender and Group Therapy:-**

The interaction effect of Conditions, Gender and Therapy was not found to be significant on Depression.

### **8. Contribution:-**

The very important contribution of the study is that it not only tried to see the effectiveness of Group Therapies but it also compared the effectiveness of two very important and useful Group Therapies i.e. ART and SMT in dealing with Depression The findings have suggested that SMT was found to be the more effective intervention training as compared to ART. These results are very enlightening since most of the past literature has suggested ART as very effective technique in reducing, Depression and enhancing Coping Strategies but the findings of the present study have suggested that the combination of different therapies can even lead to better intervention. The reason may be attributed to the versatility of SMT. It comprises many techniques which need active participation by the respondents generating more interest and motivation among them so they don't need any external push to deal with their problems.

#### **References**

1. Bracke, (2000). Mental Health among Drug Abusers. *Brunner/ Mazel Int, New york*, PP: 11-33.
2. Harry. E (2017). "Effect of CBT on psycho-physical functions o", *Jou. of Indonesia psycho.*, 23(1) 37-42.
3. Beck, A.T.(1961). Depression inventory, *Depression: Clinical, experimental and theoretical aspects*. New York: Harper & Row.

4. Beck, A.T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal Intention: The Scale for Suicidal ideation. *Journal of Consulting and Clinical Psychology*, 47(2), 343-352.
5. Cohen, A.(2009). Neglect and perceived stigmatization impact psychological distress of orphans in Tanzania. *European Journal of Psycho traumatology*, 6, 10.3402/ejpt.v6.28617. <http://doi.org/10.3402/ejpt.v6.28617>
6. Hannig, G. (2010). A randomized clinical trial of alprazolam versus progressive muscle relaxation in cancer patients with anxiety and depressive symptoms. *Journal of Clinical Oncology*. 1991; 9(6):1004-11.
7. Henary. H.S., Fedric. B.N (2018). Pattern of chronic diseases amongst adolescent obese children in developing countries. *Curr Sci*. 2018; 88:1052–6.
8. Hermenan, O & Davies, J., (2018). Cross-culture aspects of self- management in Asian girls. *Nutrition & Food Science*, 96(4), 19-22.
9. Jorm, A, et al (2019). Eating habits and factors affecting food choice of adolescents living in rural areas. *Hormones*, 12(2), 246-253.
10. Lingaswami (1992), Drug abuse, dependence, and addiction in chronic pain patients.(1992), Department of Psychiatry, University of Miami, School of Medicine, Florida. *The Clinical Journal of Pain* [1992, 8(2):77-85]
11. Lucy et.al, (2015), A study of psychophysical health in relation to physical conditions of respondents. *Indian Journal of Health & Wellbeing*, 2 (1), 115-118.
12. Minkoff et. al, (1973), Does mindfulness medication improve anxiety and mood symptoms among alchoholic. *Canadian Journal of Psychology & Behavioral Science* , 52,4: 260- 266.
13. Sharma, N. (2018). Nutritional Awareness among the Parents of Primary School going Children. *Saudi J. Humanities Soc. Sci.*, 2(8), 708-725
14. Singh, L., et al (2016). Influence of grandparents on depressivebehaviors of young children in Chinese three-generation families. *Science Direct*, 48(3),377-383,
15. Weiss,B.,Evans,E. (2019). Understanding weight management perceptions in first-year college studnets using the health belief model, *J Am Coll Health*, 62, 488-97.
16. WHO, (2014), *Young People’s Health: A challenge for society*, WHO Tech. report, Geneva.
17. <http://www.who.int/countries/ind/en/>