

Effect Of Exercise Intervention On Selected Psychological Variables: A Systematic Review

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Abstract

Anxiety, depression, and stress are the most common psychological concerns among the population of society. The desirable changes in mental health are obtained through therapeutic diagnosis i.e., physical exercise practice and physical activity participation which are having a great potential as a prevention and treatment for these psychological issues. The purpose of the study was to systematically review the evidences for the effect of an exercise program on psychological variables i.e., anxiety, depression, and stress. For this purpose 198 research articles were reviewed from the available resources i.e. Research Gate, Pub Med, Google Scholar, Springer, Scopus, Web of Science and sample of 38 research articles were selected for the study as per the inclusion criteria. This study was given an idea that exercise interventions were beneficial in reducing the anxiety, depression, and stress. Further, research literature evidently reported that exercise in detention environments improves mental health. Findings of the study were concluded that low to high intensive exercise practices, physical activities and participation in recreational games brought the significant improvement in psychological variables i.e., anxiety, depression, and stress respectively in place of the alternative of drugs and other clinical treatment methods.

Keywords - Exercise Science, Hyperventilation, Syndrome, and Psychological Wellness.

INTRODUCTION

Mental disorders are the major public health concerns and anxiety, depression and stress syndromes were the most common psychological problems (Kessler et. al., 1994.). Mental health problems have increased across all the ages, genders, and socioeconomic groups over the years. Institute for Health Metrics and Evaluation, (2017) study on “Global Burden of Disease” findings states that anxiety and depressive disorders were the top leading disease problems in young people. Further, on the basis of WHO, (2017): Depression Fact Sheet – which updates that depression disorders were affecting in varying degrees more than 300 million people worldwide. According to

ten-year reports of National Board of Health and Welfare (2006–2016) highlights the number of receiving assistance from healthcare for depression or anxiety has increased significantly in children and juveniles respectively.

Moreover, the most recognised risk factors which are difficult to adjust for anxiety, depression, and stress were familial risk, socioeconomic position, and life events (Weich, 1997). Outcomes of some studies guides that physical activity practices lifestyle factor interventions were targeting towards the prevention of anxiety, depression, and stress (Teychenne, et. al., 2008 and Schuch, et al., 2016). Further, based on the studies of

Goodwin (2003) and Harvey, et. al. (2010) reported that exercise reduces the rate of anxiety, depression and stress. Benjamin Rush (father of psychiatry) and William James (father of psychology) both recommended the physical activity practice involvement as a measure to overcome the psychological issues. Further, Dishman, et. al. (2004) advocates about the identification of exercise interventions that helps in mood regulation and decreased anxiety respectively. Additionally, exercises were considered as a therapeutic intervention for the psychological disorders due to massive physical health as well as mental health benefits respectively (De Sa Filho, et al. 2015; De Souza Moura, et al. 2015; Rimes, et al. 2015; and Lattari, et al. 2015). Wipfli (2008) also reports that regular exercises were having a significant benefits to treat anxiety and depression. And, Gaudlitz, et. al. (2015) identifies that association of aerobics exercise with cognitive behavioural therapy were also having a significant role in reducing anxiety levels. Biddle (1993) and Ekland (2003) reported that psychotherapy, psychosocial and pharmacological interventions were the most commonly applied treatment methods to treat people with psychological disorders such as, anxiety, depression, and stress respectively. But, sometimes stress management techniques and physical activity were also used as treatment (Biddle, 1993) and Ekland, 2003).

In fact, exercises are the promising treatment intervention for psychological disorders

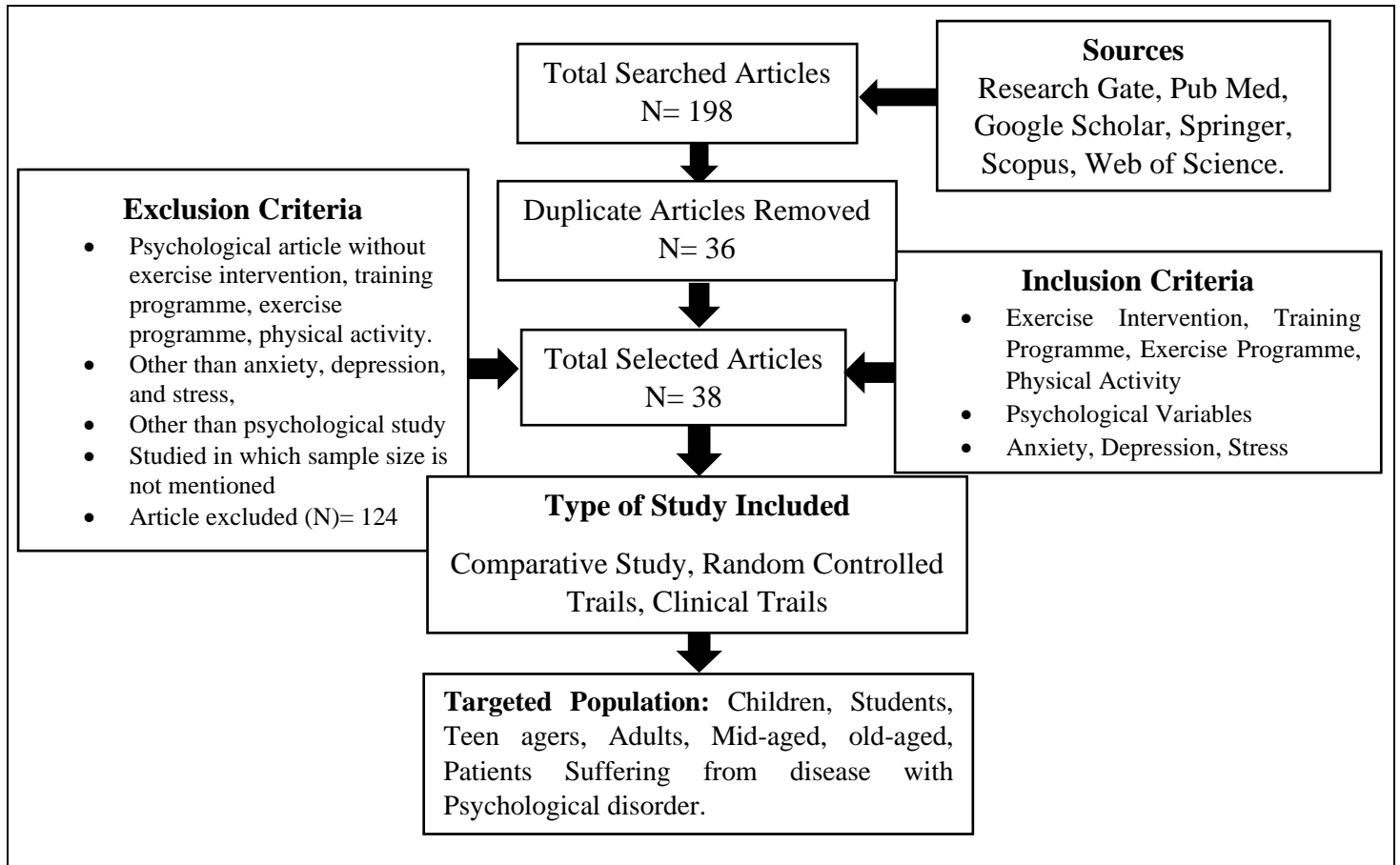
(Ströhle, 2009). But, several studies have endeavoured to find out the correlation among exercise and psychological well-being and the research in this domain has expanded from last three decades comprehensively (Insel and Roth, 2005). Further, King, et. al. (1989) and Atlantis, et. al. (2004) also adds that due to heterogeneity in the population (age, gender, characteristics and severity/intensity of disorder), type of exercise and their mode and intensity, few studies shows some differences in the favourable effect of exercise interventions on the prevention of psychological disorders (anxiety, depression, and stress). Addressing these inquiries and knowledge are significant, as it will further illuminate the general society about which sort of physical activity or exercise is effective to treat particular psychological disorder. Hence, this article was featured a later survey article on the impact of exercise interventions and psychological factors like anxiety, depression, and stress (Rundown in Table 1.0).

METHODOLOGY

The available literature on exercise intervention on psychological variables were considered for the present study. A Total 198 research articles were reviewed and 38 sample papers were taken for this study from the available resources i.e. Research Gate, Pub Med, Google Scholar, Springer, Scopus, and Web of Science.

Figure- 1.0

PRISMA Flow Chart of the Study



FINDINGS**Table- 1.0 Effect of Exercise Interventions on Selected Psychological Variables**

S.No.	Author	Place of Study	Sample	Design	Type Of Exercise	Intervention Period	Sampling Method	Variables	Findings
1.	Aras, D. and Ewert, AW. (2016)	Ankara University, Turkey	N= 19	Pre and Post Test Intervention	Rock Climbing	8 Weeks	Volunteer sampling	Anxiety (Competitive State Anxiety)	Sports rock climbing intervention controls and decrease the level of anxiety.
2.	Atlantis E, et. al. (2004)	University of Sydney, Australia	N= 244	Pre and Post Test Intervention	Aerobic and Weight-Training Exercise	24-Week	Purposive	Depression Anxiety and Stress	24-weeks aerobic exercise and weight-training were significantly effective treatment for depression anxiety and stress disorders.
3.	Aylett, E. et. al. (2018)	England	N= 695	Random Control Trails	Walking, Brisk Walking, Jogging, Treadmill Running	2 To 10 Weeks	Purposive	Anxiety (clinical anxiety)	High intensity exercise regimens were found more effective than low intensity regimens to treat clinical anxiety.
4.	Blumenthal, J. A. et. al. (2007)	Duke University Medical Centre, Durham, North Carolina	N= 202	Random Control Trails	Walking and Jogging on Treadmill	16-Week	Purposive	Depression (major depression)	Aerobic exercise training exhibited the positive impact in major depression reduction in comparison to antidepressant either it perform in supervised group or at home.
5.	Broman-Fulks, J. J., and Storey, K. M. (2008)	Appalachian State University, USA	N= 24	Comparative Study	Brisk Walk and Jog on Treadmill	2 Weeks	Purposive	Anxiety (anxiety sensitivity)	Six 20-minute sessions of aerobic exercise significantly decreases anxiety sensitivity.
6.	Carta, M. G. et. al. (2008)	University of Cagliari, Italy	N= 30	Randomized Control Trail	Physiological Strengthening	32 Weeks	Purposive	Depression (Major Depressive Disorders)	Physical activity seems to be a good adjunctive treatment in the long term management of patients with Major Depressive Disorders.

7.	Collado-Mateo, D. et. al. (2017)	University of Extremadura, Cáceres, Spain	N=83	Randomized Control Trail	Aerobic Conditioning, Strength, and Mobility	8-Week	Purposive	Anxiety (fibromyalgia)	8 week exercise intervention was an effective programme for reduction of fibromyalgia in Women.
8.	Demers, R. N. (2013)	North Dakota State University	N= 78	Per and Post Test Intervention	Group Walking, Cycling, Step, Dance, or Other Aerobic Activities	6 Weeks	Purposive	Depression and Anxiety	A 6 week exercise intervention programme was an effective tool to improve symptoms of depression and anxiety in college students.
9.	Edwards S. (2006)	Zululand Universit, South Africa	N=26	Correlation	Tai Chi, Yoga, Aerobic Exercise and Resistance Training	6 Months	Purposive	Psychological wellbeing (Stress)	Regular exercise and health clubs were important factors for improvements in well-being.
10.	Fischetti, F. (2019)	University of Study of Bari, Italy	N= 36	Longitudinal Research Design	Aerobic, Resistance and Postural Exercises Intervention	8 Weeks	Purposive	Stress (perceived stress)	Combined aerobic, resistance and postural exercises intervention improves the physical fitness as well as positive emotions in lymphoma patients.
11.	Fisher, E. et. al. (2020)	University of Birmingham, Edgbaston, UK	N= 22	Randomised Control Trail	Running, Cycling, Swimming, Tennis, Squash, Badminton, Circuit Training and Football	12 Weeks	Purposive	Stress (oxidative stress)	Moderate-intensity exercise training brought the changes in markers of oxidative stress and antioxidant concentration, with subsequent improvements in symptoms of psychosis.
12.	Gerber, M. et. al. (2020)	University of Basel, Basel, Switzerland;	N= 25	Randomised Controlled Trial	Aerobic Exercise (Indoor Bicycles), Flexibility Exercise and Mobility Exercise	6 Weeks	Purposive	Stress (cortisol stress)	Six weeks of aerobic exercise training are insufficient to impact on patients' cortisol stress reactivity.

13.	Harvey, S. B. et. al. (2017)	Nord-Trondelag County of Norway	N= 33,908	Hunt Study	Walking and Swimming	5 Weeks	Purposive	Depression and Anxiety	Regular leisure-time exercise of any intensity provides protection against depression but not against anxiety.
14.	Hassmén, P. (2000)	Finland	N= 3403	Cross-Sectional Study	Any Kind Of Physical Activity	1 Month	Purposive	Stress	Exercise for 2 or 3 times in a week reported a lower level of stress than the individuals who didn't participate in exercise or any kind of physical activity.
15.	Helgadóttir, B. (2016)	Karolinska Institutet, Stockholm, Sweden	N= 945	Randomized Controlled Trial	Aerobics Exercises, Yoga (Balance and Stretching)	12 Weeks	Purposive	Depression	Light to vigorous intensity exercise should prescribe as the treatment for depression.
16.	Herman, S. et al (2002)	USA	N= 156	Randomized Controlled Trial	Aerobic Exercise	16 Weeks	Purposive	Depression (major depressive disorder)	Aerobic exercise sessions were as liable to be disappearing depression as those taking standard energizer drug (sertraline) or medicine and exercise jointly.
17.	Hoffman, M. B. et. al. (2009)	Duke University, USA	N=200	Pre and Post Test Intervention	Walking, Running, or Biking	16 Weeks	Purposive	Depression (Clinical Depression)	Four months aerobic exercise schedule (walking, running, or biking, 30 min/day, 3 days/week, to 70-85% of their heart rate reserve) was more effective than fake treatment and a pharmacological treatment for demising the depression.
18.	Jette, A.M., et. al. (1996)	England	N= 102	Randomized Controlled Trial	Isokinetic Muscle Strengthening Exercises	12 To 15 Weeks	Purposive	Depression	Physical exercisers showed positive improvement in male but females were not reported psychological

									benefits of physical exercise programme.
19.	Khorvash, M. et al. (2012)	Islamic Azad University, Isfahan, Iran	N= 120	Pre and Post Test Intervention	Short-Distance Sprint Running, Strength (Power) Work-Outs	10 Weeks	Volunteer (Purposiv)	Depression and Anxiety	The study suggested that endurance training is more effective for reducing depression.
20.	Kettunen, O. et. al. (2015).	University of Turku, Turku, Finland	N= 371	Longitudinal Research Design	Physical Activity, Walking, Skiing and Biking	12 Months	Purposive	Stress (occupational stress)	12 month exercise programme improves the stress level of working adults.
21.	Kruisdijk, F. R. et. al. (2012)	Netherlands	N= 280	Randomized Control Trial	Running or Nordic Walking	6 Months (Training) 6 Months (Follow-Up)	Purposive	Depression	Positive effect was found in aerobic exercise intervention on depression patients.
22.	Kyo-Man, K. and Chun-Jong, K. (2018)	Baekseok University, Cheonan, Korea	N= 6635	Randomized Control Trial	Walking Exercise, Strength Exercise, And Flexibility Exercise	9 years Annual follow-up	Stratified, cluster and systematic	Stress (Perceived stress)	Study founded that 5 days or more per week walking and flexibility exercise for male and female respectively can reduce the stress level in defined category.
23.	Lane, A. M. and Lovejoy, D. J. (2001)	University of Wolverhampton, Walsall	N= 80	Pre and Post Test Intervention	Dance Aerobics	3 month	Purposive	Depression	60 minutes aerobic dance intervention improves the level of depression.
24.	Martinsen, E. W. et. al. (1985)	Vikersund, Norway	N= 43	Longitudinal	Aerobic Exercise	9 Weeks	Purposive	Depression	Aerobic activity and word related treatment for depressed inpatients and discovered exercise to be essentially more compelling.

25.	Merom, D., et. al. (2008)	University of Sydney, Australia	N= 115	Randomized Control Trial	Brisk Walking	10 Weeks	Purposive	Depression, Anxiety, and Stress	8-10 weeks walking treatment decreased depression, tension, and stress scores for people with anxiety problems.
26.	Mota-Pereira, J. (2011)	Porto, Portugal	N= 33	Pre and Post Test Intervention	Walking	12 Weeks	Purposive	Depression (major depressive disorder)	Selected subjects in an activity group showed improvement on the whole depression and functioning parameters.
27.	Odynets, T. et. al. (2019)	Khortytsia National Academy, Zaporizhzhya, Ukraine	N= 124	Longitudinal	Water Exercises, Pilates And Yoga	12 Months	Purposive	Depression, and Anxiety (Clinical anxiety and depression)	Three time in a week for one hours practising a water exercise program for one year decrease the anxiety and depression levels in comparison with Pilates and Yoga interventions.
28.	Psychou, D. et.al. (2020)	Institution of Grevena, Greece	N= 60	Randomized Control Trial	Circuit Resistance Training, Sport Games Participation, Musical Games and Greek Traditional Dance Activities	12 Weeks	Simple Random	Anxiety	60 minutes training program at a frequency of three sessions per week for 12 weeks was beneficial exercise intervention Greek prison settings for reduction of anxiety.
29.	Roberts, C. K. et. al. (2005)	University of California, Los Angeles	N= 15	Pre and Post Test Intervention	Treadmill Walking	3 Weeks	Purposive	Stress (oxidative stress)	3 week exercise intervention reduces oxidative stress among patients.
30.	Salehpoor, M. et. al. (2015)	Shiraz University, Iran.	N= 30	Pre and Post Test Intervention	Aerobics And Resistance Exercise With Dumbbell, Rope and Ball	8 Weeks	Accidental	Anxiety (Clinical anxiety)	Exercise intervention leads to decrease in the anxiety among students.

31.	Schnohr P, et al. (2005)	Bispebjerg University Hospital, Copenhagen, Denmark	N= 12028	Cross-sectional Study	Walking And Jogging	2–4 H Of Walking Per Week	Simple Random	Stress	Stress get reduced as the amount of exercise gets increased.
32.	Shin Y. (1999).	Korea	N= 27	Pre and Post Test Intervention	Walking Exercise	8 Weeks	Purposive	Stress	Exercises might change the emotional state decidedly.
33.	Smith, J. A. et al. (2011)	USA	N= 81	Longitudinal Study	Yoga	8 Weeks	Volunteer	Depression, Anxiety, and Stress	Yoga intervention are helpful for treatment of depression, anxiety, and stress.
34.	Starkweather, R.A. (2007)	Washington State University, Spokane	N= 20	Cross-sectional Study	Walking	10 Weeks	convenience	Stress	The effect of a 10-week walking program decrease the stress and improve quality of life among older adults.
35.	Viana, R. B. et al. (2017)	Federal University of Goias, Goiania, Brazil	N= 40	Pre and Post Test Intervention	Exergame Zumba	1 Session	Simple Random	Anxiety (state anxiety)	Exergames zumba with moderate intensity founded the useful tool for the treatment of anxiety.
36.	Williams, P. and Lord, S.R. (1997)	Not Available	N= 187	Randomized Control Trail	Group Aerobic Exercises	12 Months	Purposive	Anxiety and Depression	Group exercise was found effective tool to treat physiological and cognitive functioning and wellbeing in older people.
37.	Wipfli, B. et al. (2011)	Oregon Health & Sciences University, Portland, Oregon, USA	Not Available	Pre and Post Test Intervention	Aerobics And Flexibility Exercise	7 Weeks	Simple Random	Anxiety	Moderate to high intensity exercise as well as light intensity exercises programme reduces anxiety.
38.	Zarshenas, S. et. al. (2013)	University of Medical Sciences, Isfahan, Iran	N= 82	Pre and Post Test Intervention	Aerobic Exercise Programme	4 Weeks	Purposive	Depression (clinical depression)	Four week aerobic exercise intervention decrease the depression among women.

Table 1.0 exhibits the reviewed studies on the effect of exercise interventions on selected psychological variables. Further the table also revealed the author name, place of study, sample, design of the study, type of exercise intervention, intervention period, sampling method, variables (anxiety depression, and stress) and findings of all the selected reviewed articles

Discussion of Findings

Anxiety

Anxiety syndrome were raised by 14.9 % between 2005-2015 and females (4.6%) were suffering more from anxiety syndrome as compared to males (2.6%) (WHO, 2017). Anxiety is possibly the most widely recognized psychological well-being sicknesses adding to helpless focus, passionate changes, hindered rest quality and troubles in performing day by day errands (Wegner et. al., 2014 and, Mogg and Bradley 2018). Worldwide, 264 million people (3.6%) were suffering from anxiety syndrome and the prevalence rates were peaking in older aged population (WHO, 2017). But, common indicators like perspiring, shaking, chills, quick heartbeat, poor mental state, hyperventilation, and tension were characterized as a mental issue (Yu et. al. 2018). In fact, Lepine, (2002) revealed that 25% of the populace reported at least one episode of anxiety disorder during their lifetime, and further, 6% of men and 13% of ladies experience an anxiety disorders. Earlier research outcomes considered exercise as alternative therapy for anxiety disorders due to its lower cost and fewer side effects in comparison to drug therapy and also recommends that physical activities and exercise were effectively recover anxiety symptoms (Wu, et. al. 2020; Stonerock, et. al. 2015; Wegner, et. al. 2014; and Carek, et. al. 2011). Further, Wipfli (2011) described that moderate to high-intensity exercise as well as light intensity exercises programme for university students reduces their anxiety levels. Wipfli et al. (2011), Smith et al. (2011), and Gallego et al. (2014) added that low-intensity exercise also decreases the anxiety levels of university students. Aras and Ewert (2016) conducted a pre- post-exercise intervention trial on anxiety suffered university students and findings demonstrated a significant tool to overcome the student's anxiety levels. Likewise, Viana and de Lira (2020), Viana et. al. (2017), and Collado-Mateo et. al. (2017) organised their studies to determine the effect

of exergames on anxiety among women and reported that single session of 20 minutes with a moderate intensity of exergames decreases the anxiety of a healthy person. Further, these studies findings also recommended that daily 60 min per day session for 8 weeks of exergame improves the anxiety level of patients. Additionally, Khorvash (2012) identifies that resistance and aerobic exercises of moderate to high intensity decreases the level of anxiety in male university students. Salehpoor et. al. (2015) also reports that exercise intervention leads to decrease in the anxiety among students. Furthermore, Lindsey et. al. (2012), exercise interventions were having the capability of acting as an independent or correlative mediation for anxiety.

Depression

Depression is the main subsequent driving reason for worldwide psychological and substance use disorders which leads to injuries, premature mortality and adjusted disability life years (Whiteford et. al. 2013). WHO (2017) report on "Depression and Other Common Mental Disorders: Global Health Estimates" states that globally 322 million people (4.4%) were suffering from this syndrome. Further, females (5.1%) were suffering more than men (3.6%) from this depression syndrome and the prevalence rates were higher in older adulthood, and global depression syndrome rates were elevated by 18.4 % between 2005 - 2015 (WHO, 2017). Regardless of whether exercise improves depressive manifestations in older populaces has not been reliably shown in preliminaries; some have been positive (Williams and Ruler, 1997), while others have yielded no impacts (Jette et. al. 1996). A comparative study found that people in an activity group showed improvement on the whole depression and functioning parameters, with the control condition showing no reaction or reduction (Mota-Pereira et al., 2011). Exercise offers added viability as a component of a blend treatment development for both anxiety and depression. Likewise, Kruisdijk, et.

al. (2012) founded that adding serious vigorous exercise with pharmacotherapy or psychotherapy to treatment psychological disorders obviously offered advantageous temperament impacts for the treatment of wretchedness. An extra investigation identified that 8-10 week bunch intellectual conduct treatment in addition to physical practises when contrasted with a way of life instruction bunch essentially decreased depression, tension, and stress scores for people with anxiety problems (Merom et al., 2008). The first scientific journal of exercise as a treatment for clinical depression was published longer than a century prior by Franz and Hamilton (1905) reported great results following activity in emotional, cognitive and bodily manifestations in two seriously depressed patients. Later randomized controlled investigations have affirmed this perception and showed that activity is related to a stimulant impact. Among considers, contrasting activity and no treatment, Doyne and associates (1987) discovered running and weight-lifting exercise projects to be better than a holding up list control gathering. Martinsen et al. (1985) contrasted aerobic activity and word related treatment for depressed inpatients and discovered exercise to be essentially more compelling. Mead et. al. (2009) reported in the meta-analysis, a huge clinical impact of physical workout and exercise interventions on the indications of depression for grown-ups of both genders. Further, More precisely it was added that aerobic exercise demonstrated a moderate clinical impact, although blended and resistance exercise showed enormous impact In addition, when it linked against another setup treatment (i.e., cognitive behaviour therapy and antidepressants treatment), the practice seems to create similar outcomes. Blumenthal, et. al. (2007) reported that aerobic training (either performed at or in the supervised group) reduces the depression of a majorly depressed person as compared to an antidepressant (sertraline) and with fake treatment controls too. Furthermore, Herman et al (2002) also revealed that aerobic exercise sessions were as liable to be disappearing as those taking standard energizer drug (sertraline) or medicine and exercise jointly. Hoffman et. al. (2009) also added that four months aerobic exercise

schedule was more effective than a fake treatment and pharmacological treatment for demising the depression. Additionally, Carta et. al. (2008) also suggested that eight months exercise programme was beneficial for the reduction of depression in 40 to 60-year-old depressed ladies. Furthermore, Zarshenas (2013) founded Four week aerobic exercise intervention decrease the depression among Iranian women and reported that exercise intervention has a large and significant effect on depression (Schuch et. al., 2016). Thus, the literature reported that exercises and physical activity are effective interventions to reduce depression.

Stress

Entities active in this culture are dealing with a stress due to their adjustments and lifestyle modifications as living in a complex and miscellaneous surroundings accordingly. Specifically, stress was the main reason of many syndromes that causes numerous medical issues. Most researches have reported that stress hinders endeavours to perform physical activity (Stults-Kolehmainen and Sinha, 2014). But, Edwards (2006) identified that unvarying exercise is equally resolutely identified with stress and the improvement of stress adapting capacities. Additionally, (Paluska and Schwenk, 2000), reported that, aerobic exercise and strength training efficiently diminish miserable symptoms. And, also protects an individuals from the unsafe outcomes of stress (Salmon, 2001).It was described that when physical workout was performed during leisure time in adequate amount drops the stress (Aldana et. al., 1996). Likewise, Schnohr et. al. (2005) identified that stress get reduced as the amount of exercise gets increased. Furthermore, Hassmén et. al. (2000), founded that involvement in exercise for 2 or 3 times in a week have been showed a lowers level of stress than non-involved individuals. Moreover, (Atlantis et. al., 2004) conducted a pre-post design study and concluded that indulging in aerobic exercise and weight-training for 24 weeks provides the noteworthy alterations in the amount of stress and psychological health. Conversely, Nigdelisa, (2018) reported that low to moderate intensive physical exercise was not

improving the perceived stress in middle-aged and old women. But, Norris et al., (1992) described that highly impacted aerobic exercises were effectively reduces the level of stress. Additionally, it was also recommended that 10 weeks walking and flexibility exercises (5 days or more per week) for male and female respectively reduces the stress level in defined category (Kyo-Man, and Chun-Jong, 2018) and improves quality of life among older adults (Starkweather, 2007). As depicted above, a moderate degree of activity improves temperament (Peluso and Guerra, 2005). Exercise additionally effectively affects patients taking antidepressants (Blumenthal et Al., 2007). But, it was also founded that 3 week exercise intervention and aerobic exercises intervention reduces oxidative stress among patients and Posttraumatic stress disorder (PTSD) respectively (Roberts et. al., 2005; Fisher et. al. (2020); and, Hegberg et. al., 2019). Further, Gerber et. al. (2020) identified that six weeks of aerobic exercise training was inadequate for the patients' cortisol stress. But, exercises changes the emotional state decidedly (Shin, 1999). Thusly, Exercise is an important treatment for stress and anxiety (Stubbs et. al., 2016) and sufficient sorts and levels of physical workout effectively affect psychological well-being and personal satisfaction stress too (Atlantis et al., 2004) and a 12 months exercise programme also improves the stress level of working adults (Kettunen, 2015).

Conclusion

On the basis of the findings it was concluded that low to high intensity daily physical exercise regime practice, individual physical activity, group physical activity, and regular participation in any type of game are significant tools for stress, anxiety, and depression management respectively.

Outcomes

Exploration hitherto is showing that daily low to high intensity exercise, physical activity, and regular participation in recreational games can be utilized as helpful methods for the treatment of acute and chronic stress, depression and anxiety in the general population of the society

like children, students (school, college and university), teen agers, adults, mid-aged, old-aged, and patients suffering from disease with Psychological disorder. It was founded that aerobic exercises and walking programmes are most effective and most used interventions for the treatment of psychological disorder. Any individual suffering from stress, depression and anxiety can opt these exercise programmes.

Future Application

Exercise has useful effects on psychological functioning. Despite considering the effects of exercise and physical activity on stress, depression, and anxiety, our insight into the biophysical components associated with exercise and physical activity is inadequate to reduce stress, depression, and anxiety manifestations. These issues should be discussed by future studies to create improved, accurate, and standardized exercise programs for individuals with stress, depression, and anxiety symptoms. Further work is expected to develop experimentally wide-ranging strategies for exploring the role of exercise to get the most effective exercise intervention for the treatment of stress, depression, and anxiety and other affective disorders.

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REFERENCES

1. Aldana, S.G. et. al. (1996). Relationships between leisure time physical activity and perceived stress. *Percept Mot Skills*. 82:315-321.
2. Andermo, S. et. al. (2020). "School-Related Physical Activity Interventions and Mental Health among Children: A Systematic Review and Meta-Analysis". *Sports Medicine – Open*. 6(25):1-27.
3. Aras, D. and Ewert, AW. (2016). "The effects of eight weeks sport rock climbing training on anxiety". *Acta Medica Mediterranea*. 32:223–230.

4. Atlantis, E. et. al. (2004). "An effective exercise-based intervention for improving mental health and quality of life measures: a randomized controlled trial". *Prev Med.* 39(2): 424-434.
5. Aylett, E. (2018). "Exercise in the Treatment of Clinical Anxiety in General Practice – A Systematic Review and Meta-Analysis". *BMC Health Services Research.* 18(559): 1-18.
6. Benzer, JR. et. al. (1999). "The relationship between physical activity and indicators of perceived wellness". *American Journal of Health Studies.* 15: 130-138.
7. Biddle, S. (1993). "Children, Exercise and Mental Health". *International Journal of Sport Psychology.* 24: 200-216.
8. Blumenthal, J. A. et. al. (2007). "Exercise and pharmacotherapy in the treatment of major depressive disorder". *Psychosom Med.* 69:587-596.
9. Broman-Fulks, J. J., and Storey, K. M. (2008). Evaluation of a brief exercise intervention for high anxiety sensitivity. *Anxiety, Stress, and Coping,* 21(2): 117-128.
10. Brown, E.H. et. al. (2013). "Physical Activity Interventions and Depression in Children and Adolescents: A Systematic Review and Meta-Analysis". *Sports Med.* 43(3):195-206. DOI 10.1007/s40279-012-0015-8.
11. Carek, PJ. et. al. (2011). "Exercise for the treatment of depression and anxiety". *Int J Psychiatry Med.* 41:15-28. doi: 10.2190/PM.41.1.c
12. Carta, MG. et. al. (2008). "Improving physical quality of life with group physical activity in the adjunctive treatment of major depressive disorder". *Clin Pract Epidemiol Ment Health.* 4:1
13. Collado-Mateo, D. et. al. (2017). "Effects of exergames on quality of life, pain, and disease effect in women with fibromyalgia: a randomized controlled trial". *Arch Phys Med Rehabil.* (2017) 98:1725-31. doi: 10.1016/j.apmr.2017.02.011 32.
14. De Sa Filho, A. S. et al. (2015). "Potential Therapeutic Effects of Physical Exercise for Bipolar Disorder". *CNS Neurol Disord Drug Targets.* 14(10):1255-1259.
15. De Souza Moura, A. M. et al. (2015). "Comparison among Aerobic Exercise and Other Types of Interventions to Treat Depression: A Systematic Review". *CNS Neurol Disord Drug Targets.* 14(9):1171-1183.
16. De Souza Moura, A. M. et al. (2015). "Effects of Aerobic Exercise on Anxiety Disorders: A Systematic Review". *CNS Neurol Disord Drug Targets.* 14(9):1184-93. <http://dx.doi.org/10.2174/1871527315666151111121259>
17. Demers, N.R. (2013). "The Relationship between Exercise and Mental Health in College Students". Dissertation (Unpublished). North Dakota State University of Agriculture and Applied Sciences.
18. Demers, R.N. (2013). "The Relationship between Exercise and Mental Health in College Students". Dissertation (Unpublished). North Dakota State University of Agriculture and Applied Sciences.
19. Dishman, RK. et. al. (2004). *Physical activity epidemiology.* Champaign, IL: Human Kinetics.
20. Doyne, EJ. et. al. (1987). "Running versus weightlifting in the treatment of depression". *J Consult Clin Psychol;* 55:748-754.
21. Edwards S. (2006). "Physical exercise and psychological well-being". *South Africa J Psychol.* 36:357-373.
22. Ekeland, E. et. al. (2003). "Exercise to improve self-esteem in children and young people" (submitted). *The Cochrane Librar.* Issue 1.
23. Fischetti, F. (2019). "Effects of Physical Exercise Intervention on Psychological and Physical Fitness in Lymphoma Patients". *Medicina.* 55(379): 1-12. doi:10.3390/medicina55070379
24. Fisher, E. et. al. (2020). "Exercise As A Protective Mechanism Against the Negative Effects of Oxidative Stress in First-Episode Psychosis: A Biomarker-Led Study". *Translational Psychiatry.* 10(254):1-11. <https://doi.org/10.1038/s41398-020-00927-x>.
25. Franz, S. L. and Hamilton, G. V. (1905). "Effects of exercise upon the retardation in condition of depression". *Am J Insanity.* 62:239-256.

26. Gallego, J. et al. (2014). "Effect of a mindfulness program on stress, anxiety and depression in university students". *Span J Psychol.* 17:E109
27. Gascoyne, C. et. al. (2020). "Effect of Exercise Interventions on Anxiety in People with Multiple Sclerosis: A Systematic Review and Meta-analysis". *International Journal of MS Care.* 22:103-109.
28. Gaudlitz, K. et. al. (2015). "Aerobic exercise training facilitates the Effectiveness of cognitive behavioural Therapy in panic disorder". *Depress Anxiety.* 32(3): 221-228.
29. Gerber, M. et. al. (2020). "Effects of Aerobic Exercise on Cortisol Stress Reactivity in Response to the Trier Social Stress Test in Inpatients with Major Depressive Disorders: A Randomized Controlled Trial". *Journal of Clinical Medicine.* 9(1419): 1-23.
30. Goodwin, R. D. (2003). "Association between physical activity and mental disorders among adults in the United States". *Prev. Med.* 36: 698–703.
31. Harvey, B.S. et. al. (2017). "Exercise and the Prevention of Depression: Results of the HUNT Cohort Study". *The American Journal of Psychaiatry.* 175(1): 1-9.
32. Harvey, S. B. et al. (2010). "Physical activity and common mental disorders". *Br J Psychiatry;* 197:357–364.
33. Hassmén, P. (2000). "Physical exercise and psychological well-being: a population study in Finland". *Prev Med.* 30:17-25.
34. Hegberg, N.J. et.al. (2019). "Exercise Intervention in PTSD: A Narrative Review and Rationale for Implementation". *Front. Psychiatry.* 10(133):1-13.
35. Helgadóttir, B. (2016). "Exercise As Treatment for Depression". Dissertation (Unpublished). Karolinska Institutet, Stockholm, Sweden.
36. Herman, S. et al (2002). "Exercise therapy for depression in middle-aged and older adults: predictors of early dropout and treatment failure". *Health Psychol.* 21(6):553–563
37. Hoffman, M. B. et. al. (2009). "Effects of aerobic exercise on sexual functioning in depressed adults". *Ment Health Phys Activity* (in press).
38. Insel, P., and Roth, W. (2005). "Core Concepts in Health". New York: McGraw Hill.
39. Institute for Health Metrics and Evaluation. *Global Burden of Disease University of Washington* 2017.
40. Jette, A. M., et. al. (1996). "A home-based exercise program for nondisabled older adults". *The Journal of American Geriatrics Society.* 44: 644-649.
41. Kessler. R. C. et. al. (1994). "Lifetime and 12-months prevalence of DSM-III-R psychiatric disorder in United States". *Arch Gen Psychiatry.* 51:8-19.
42. Kettunen, O. et. al. (2015). "A 12-Month Exercise Intervention Decreased Stress Symptoms And Increased Mental Resources Among Working Adults – Results Perceived After A 12-Month Follow-Up". *International Journal of Occupational Medicine and Environmental Health.* 28(1):157–168.
43. Khorvash, M. et al. (2012). "An investigation on the effect of strength and endurance training on depression, anxiety, and C-reactive protein's inflammatory biomarker changes". *J Res Med Sci.* 17:1072–6
44. King, A. C. et. al. (1989). "Influence of Regular Aerobic Exercise on Psychological Health: A Randomized, Controlled Trial of Healthy Middle-Aged Adults". *Health Psychol.* 8(3): 305–324.
45. Kruisdijk, F. R. et. al. (2012). "Effect of running therapy on depression (EFFORT-D): Design of a randomised controlled trial in adult patients [ISRCTN 1894]". *BMC Public Health.* 12: 50. doi: 10.1186/1471–2458-12-50
46. Kyo-Man, and Chun-Jong, (2018). "The effect of the type of physical activity on the perceived stress level in people with activity limitations". *Journal of Exercise Rehabilitation.* 14(3):361-366
47. Lane, A. M. And Lovejoy, D. J. (2001). "The Effects of Exercise on Mood Changes: The Moderating Effect of Depressed Mood". *The Journal of Sports Medicine and Physical Fitness.* 41(4): 539-545.
48. Lattari, E. et al. (2015). "Chronic effects of aerobic exercise on panic disorder: A Systematic Review of randomized and non-

- randomized trials". *MedicalExpress*. 2(6): M150602.
49. Lepine, J. P. (2002). "The epidemiology of anxiety disorders: prevalence and societal costs". *J Clin Psychiatry*. 63(Suppl. 14):4–8.
50. Lindsey, B. D. et. al. (2012). "Exploring exercise as an avenue for the treatment of anxiety disorders". *Expert Rev Neurother*. 12(8): 1011–1022. doi:10.1586/ern.12.73.
51. Martinsen, E. W. et. al. (1985). "Effects of aerobic exercise on depression: A controlled study. *BMJ*. 291:109.
52. Mead, G. E. et. al. (2009). "Exercise for depression". *Cochrane Database Syst Rev*. 3:CD004366
53. Merom, D., et. al. (2008). "Promoting walking as an adjunct intervention to group cognitive behavioral therapy for anxiety disorders—A pilot group randomized trial". *Journal of Anxiety Disorders*. 22(6), 959–968. doi: 10.1016/j.janxdis.2007.09.010
54. Mogg, K. and Bradley, BP. (2018). "Anxiety and threat-related attention: cognitive motivational framework and treatment". *Trends Cogn Sci*. 22:225–240. doi: 10.1016/j.tics.2018.01.001 83.
55. Mota-Pereira, J. (2011). "Moderate physical exercise and quality of life in patients with treatment-resistant major depressive disorder". *Journal of Psychiatric Research*. 45(12): 1657–1659. doi: 10.1016/j.jpsychires.2011.08.008
56. Myers, J., et. al. (2000). "The wheel of wellness counselling for wellness: A holistic model for treatment planning". *Journal of Counselling & Development*. 78(3): 251-266.
57. Nigdelisa, M. P. (2018). "Effect of Programmed Exercise on Perceived Stress in Middle-Aged and Old Women: A Meta-Analysis of Randomized Trials". *Maturitas* 114:1–8.
58. Norris R, et. al. (1992). "The effects of physical activity and exercise training on psychological stress and well-being in an adolescent population". *J Psychosom Res*. 36:55-65.
59. Odynets, T. et. al. (2019). "Impact of Different Exercise Interventions on Anxiety and Depression in Breast Cancer Patients". *Physiotherapy Quarterly*. 27(4): 31–36.
60. Paluska, S. A. and Schwenk, T. L. (2000). "Physical activity and mental health: current concepts". *Sports Med*. 29:167-180.
61. Peluso, M. A and Guerra de Andrade, L. H. (2005). "Physical activity and mental health: the association between exercise and mood". *Clinics (Sao Paulo)*. 60:61-70
62. Psychou, D. et.al. (2020). "Impact of Exercise Intervention on Anxiety Levels and Mood Profile of Greek Prison Inmates". *Journal of Human Sport and Exercise*. 1(1): 1-10.
63. Rimes, R. R. et al. (2015). "Effects of Exercise on Physical and Mental Health, and Cognitive and Brain Functions in Schizophrenia: Clinical and Experimental Evidence". *CNS Neurol Disord Drug Targets*. 14(10):1244-1254. <http://dx.doi.org/10.2174/1871527315666151111130659>
64. Roberts, C.K. et. al. (2005). "Effect of a short-term diet and exercise intervention on oxidative stress, inflammation, MMP-9, and monocyte chemotactic activity in men with metabolic syndrome factors". *Journal of Applied Physiology*. 100:1657–1665.
65. Salehpoor, M. et. al. (2015). "The Effect of Exercise on Anxiety of Adolescents with Intellectual Disability". *Physical Treatments*. 5(1): 25-32.
66. Salmon, P. (2001). "Effects of physical exercise on anxiety, depression, and sensitivity to stress: a unifying theory". *Clin Psychol Rev*. 21:33-61.
67. Schnohr, P. et. al. (2005). "Stress and life dissatisfaction are inversely associated with jogging and other types of physical activity in leisure time—The Copenhagen City Heart Study". *Scand J Med Sci Sports*. 15:107-112.
68. Schuch, B. F. et. al. (2016). "Exercise as a treatment for depression: A meta-analysis adjusting for publication bias". *Journal of Psychiatric Research*. 77 (2016):42-51
69. Schuch, F. B. et al. (2016). "Are lower levels of cardiorespiratory fitness associated with incident depression? A systematic review of prospective cohort studies". *Prev. Med*. 93: 159–165.
70. Shin Y. (1999). "The effects of a walking exercise program on physical function and

- emotional state of elderly Korean women". *Public Health Nurs.* 16:146-154.
71. Smith, J. A. et al. (2011). "Is there more to yoga than exercise?". *Altern Ther Health Med.* 17:22-9.
 72. Starkweather, R. A. (2007). "The Effects of Exercise on Perceived Stress and IL-6 Levels among Older Adults". *Biological Research for Nursing.* 8(3):186-194.
 73. Stathopoulou, G. et. al. (2006). "Exercise Interventions for Mental Health: A Quantitative and Qualitative Review". *Clinical Psychology: Science and Practice.* 13(2): 179-193.
 74. Stonerock, G. L. et. al. (2015). "Exercise as treatment for anxiety: systematic review and analysis". *Ann Behav Med.* 49:542- 56. doi: 10.1007/s12160-014-9685-9
 75. Ströhle, A. (2009). "Physical activity, exercise, depression and anxiety disorders". *J Neural Transm.* 116(6): 777-84.
 76. Stubbs, B. et. al. (2016). "An examination of the Anxiolytic Effects of Exercise for People with Anxiety and Stress-related Disorders: A Meta-Analysis". *Psychiatry Research.* 1-23.
 77. Stults-Kolehmainen M. A. and Sinha R. (2014). "The effects of stress on physical activity and exercise". *Sports Med.* 44:81-121.
 78. Teychenne, M. et. al. (2008). "Physical Activity and Likelihood of Depression in Adults: A Review. *Prev Med;* 46:397-411
 79. The National Board of Health and Welfare (2017). "Development of mental ill-health among children and youth until 2016". Stockholm: The National Board of Health and Welfare.
 80. Viana, R. B. and de Lira CAB. (2020). "Exergames as coping strategies for anxiety disorders during the COVID-19 quarantine period". *Games Health J.* 9:147-9. doi: 10.1089/g4h.2020.0060
 81. Viana, R. B. et al. (2017). "Anxiolytic effects of a single session of the exergame zumba fitness on healthy young women". *Games Health J.* (2017) 6:365-70. doi: 10.1089/g4h.2017.0085
 82. Wegner, M. et. al. (2014). "Effects of exercise on anxiety and depression disorders: review of meta- analyses and neurobiological mechanisms". *CNS Neurol Disord Drug Targets.* 13:1002-14. doi: 10.2174/18715273136661406121 02841
 83. Weich, S. (1997). "Prevention of the Common Mental Disorders: A Public Health Perspective". *Psychol. Med.* 27:757-764.
 84. Whiteford, H. A., et. al. (2013). "Global burden of disease attributable to mental and substance use disorders: findings from the global burden of disease study 2010". *Lancet.* 382: 1575-1586.
 85. Williams, P. and Lord, S.R. (1997). "Effects of group exercise on cognitive functioning and mood in older women". *Australian and New Zealand Journal of Public Health.* 21: 45-52.
 86. Wipfli, B. et al. (2011). "An examination of serotonin and psychological variables in the relationship between exercise and mental health". *Scand J Med Sci Sports.* 21:474-81.
 87. Wipfli, B. M. et. al. (2008). "The anxiolytic effects of exercise: a meta-analysis of randomized trials and dose-response analysis". *J Sport Exerc Psychol.* 30(4): 392-410.
 88. World Health Organization. (2017). "Depression and other common mental disorders": global health estimates. Geneva: WHO.
 89. Wu, C. et al. (2020). "Effects of exercise training on anxious-depressive-like behavior in Alzheimer rat". *Med Sci Sports Exerc.* 52:1456-69. doi: 10.1249/MSS.0000000000002294.
 90. Yu, Q. et. al. (2018). "The effect of anxiety on emotional recognition: evidence from an ERP study". *Sci Rep.* 8:16146: 1-9. doi: 10.1038/s41598-018-34289-8.
 91. Zarshenas, S. et. al. (2013). "The Effect of Short-Term Aerobic Exercise on Depression and Body Image in Iranian Women". *Hindawi Publishing Corporation Depression Research and Treatment Vol.* 2013:1-6.