Research Paper

Psychological Techniques to Control on Diabetic Level

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ABSTRACT

The present study has been conducted to investigate the Psychological Techniques to control on Diabetic level in diabetic patient. Study includes the diabetic patient (diabetic level is Fating 126+ and Posting Level is 220 -300, type 2 diabetes) in Aurangabad city respectively who were between the age of 40 and 50. To assess the Anxiety and Frustration and factors of the subject the Shina's Anxiety inventory and Nayrashmapa Frustration test and Psychological Techniques is Meditation, and Relaxations techniques. Research design is Pre-Posttest. Proposed Statistical Procedure is Descriptive statistics i.e. Mean, S.D, will be computed and 't' test .Conclusion in this study On the basis of data and discussion of results, the hypotheses were tested and verified. Anxiety and Diabetic level of diabetic patients tends to show reduced by Psychological techniques. Frustration and Diabetic level of diabetic patients tends to show reduced by Psychological techniques.

The diabetes capital of word with as many as 50 million suffering from type-2 diabetes, India has a challenge to face. However, medical experts feel that timely detection and right management can go a long way in helping patients lead a normal life. Diabetes might be one of the most talked about diseases across the world and especially in India, but awareness about the same can be estimated by the fact that India today has more people with type-2 diabetes than any other nation. With the country having the highest number of diabetes patients in the world, sugar disease is posing an enormous health problem to our country today.

The WHO also estimates that 80 per cent of diabetes deaths occur in low middle –income countries and projects that such deaths will double between 2016 and 2030 from 285 million people. Similarly for India this increase estimated to be 58% from 51 million people in 2010 to 87 million in 2030.

Diabetes is a group of diseases in which the body doesn't produce enough or any insulin, doesn't properly use the insulin that is produced, or exhibits a combination of both. When any of these things happens, the body is unable to get sugar from the blood into the cells. That leads to high blood sugar levels. Glucose, the form of sugar found in your blood, is one

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of your main energy sources. A lack of insulin or resistance to insulin causes sugar to build up in your blood. This can lead to many health problems.

The three main types of diabetes are
1. Type 1 diabetes 2. Type 2 diabetes 3 gestational diabetes

Type 1 diabetes
Type 1 diabetes is believed to be an autoimmune condition. This means your immune system mistakenly attacks and destroys the beta cells in your pancreas that produce insulin. The damage is permanent. What prompts the attacks isn't clear. There may be both genetic and environmental reasons. Lifestyle factors aren't thought to play a role.

Type 2 diabetes
Type 2 diabetes starts as insulin resistance. This means your body can't use insulin efficiently. That stimulates your pancreas to produce more insulin until it can no longer keep up with demand. Insulin production decreases, which leads to high blood sugar. The exact cause of type 2 diabetes is unknown. Contributing factors may include genetics, lack of exercise and being overweight there may also be other health factors and environmental reasons.

Gestational diabetes
Gestational diabetes is due to insulin-blocking hormones produced during pregnancy. This type of diabetes only occurs during pregnancy. Anxiety is your body's natural response to stress. It is a feeling of fear and apprehension about what's to come. The first day of school, going to a job interview, or giving a speech may cause most people to feel fearful and nervous. But if your feelings of anxiety are extreme, last for longer than six months, and are interfering with your life, you may have an anxiety disorder.

Frustration is a common emotional response to opposition related to anger, annoyance and disappointment, frustration arises from the perceived resistance to the fulfillment of an individual's will or goal and is likely to increase when a will or goal is denied or blocked. There are two types of frustration; internal and external. Internal frustration may arise from challenges in fulfilling personal goals, desires, instinctual drives and needs, or dealing with perceived deficiencies, such as a lack of confidence or fear of social situations.

Meditation is the practice of turning your attention to a single point of reference. It can involve focusing on the breath, on bodily sensations, or on a word or phrase known as a mantra. In other words, meditation means turning your attention away from distracting thoughts and focusing on the present moment. Meditating is deceptively simple Relaxation in psychology, is the emotional state of a living being, of low tension, in which there is an absence of arousal that could come from sources such as anger, anxiety, or fear. According to the Oxford dictionary Relaxation is when the body and mind are free from tension and anxiety. Relaxation is a form of mild ecstasy coming from the frontal lobe of the brain in which the backward cortex sends signals to the frontal cortex via a mild sedative. Relaxation can be achieved through meditation, autogenic, and progressive muscle relaxation. Relaxation helps improve coping with stress. Stress is the leading cause of mental problems and physical problems. Therefore feeling relaxed is beneficial for a person's health. When we are stressed, the sympathetic nervous system is activated because we are in a fight-or-flight response mode; over time, this could have negative effects on a human body. The

present study has been conducted to investigate the Psychological Techniques to control on Diabetic level in diabetic patient in this study of Aurangabad city.

Significance of the study

1. This study may provide quantitative data on effect of Psychological Techniques to control on Diabetic level in diabetic patient.
2. The study may highlight the importance of the farmers as field of inquiry for profound our understanding of the nature, predication of frustration and anxiety.
3. The study may bring an impetus for future experimental studies regarding the effect on prediction of behavior on the bases of diabetic patient.

METHODOLOGY

Objectives

1. The purpose of this study is to determine whether Psychological Techniques to control on Diabetic level in diabetic patient.
2. To explore whether Frustration and Anxiety affect diabetic patient.
3. To suggest the importance of individual's diabetic patient's is predictive of their compatibility with others.

Hypotheses

1. Anxiety and diabetic level in diabetic patients can be reduced by Psychological techniques.
2. Frustration diabetic level in diabetic patients can be reduced by Psychological techniques

Sample

Locus of the present investigation will be confined to the diabetic patients initially 100 subject will be taken from the population finally 20 diabetics patient (diabetic level is Fating 126+ and Posting Level is 220 -300, type 2 diabetes) will select for this study from Aurangabad city. The stratified randomize sample taken into consideration for the study consisted of 20 diabetic patients. The efforts will be made to have the sample as representative as possible in terms of area of living.

Measurement Tool

1. **Description of the Self- Information Schedule:** This schedule was saturated by to collect the following facts about the student.
   1. Personal Information:- Name, Sex, Age, Caste, occupation and yearly income
   2. Types of diabetes

2. **Sinha's Comprehensive Anxiety test (SCAT)** Constructed by A.K.P. Sinha and L.N.K Sinha in this test good validity and reliability.
3. **Nairashya Maapa (Frustration Test)** Dr.N.S Chauhan, M.A, M.A (Cal), PhD .Reader – Head (psychology) Agra College, Agra. And Dr.G.P.Tiwari, M.A, PhD. Lecturer, D.S.College, Aligarh. & Post Doctoral fellow, Psychology Agra University, Agra.

Design: Quasi-experimental design (Time Series Design) O_1 X O_2

O_1	X	O_2
Pre-test	After (ten day) Treatment	Post-test
1. Sinha's Comprehensive Anxiety test (SCAT) 2. Nairashya Maapa (Frustration Test)	1. Meditation 2. Relaxation Techniques	1. Sinha's Comprehensive Anxiety test (SCAT) 2. Nairashya Maapa (Frustration Test)

Variables under Study

      I) Independent variable

    1.   Diabetics patients

      II) Dependent variable

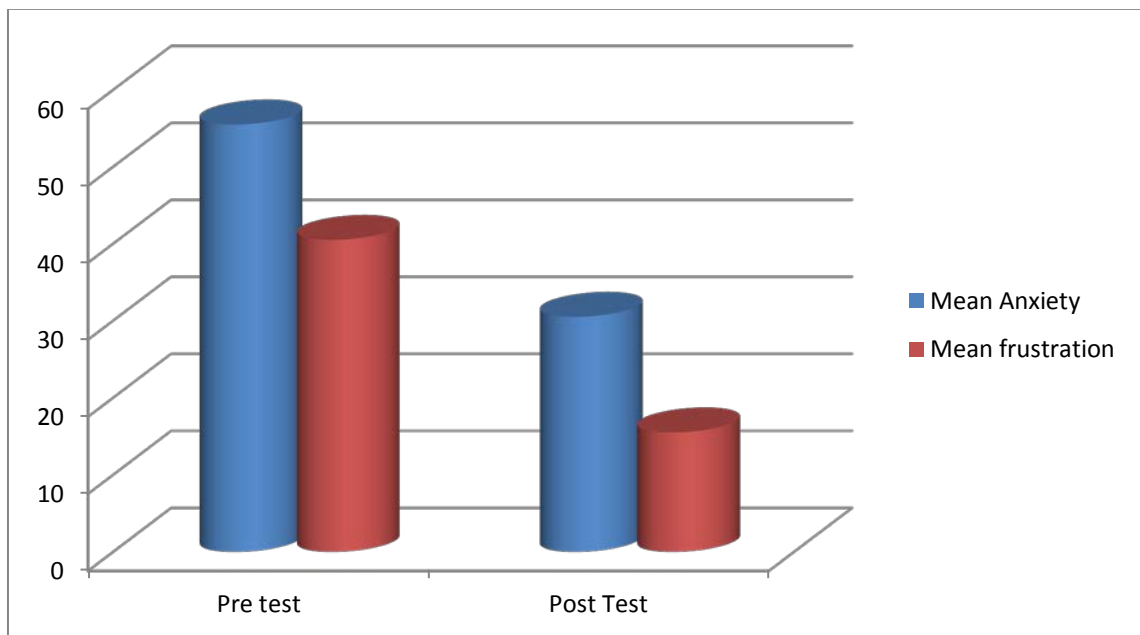   1.   Frustration
    2.   Anxiety

Proposed Statistical Procedure

1. Descriptive statistics i.e. Mean, S.D, will be computed.
2. 't' test

RESULT ANALYSIS

Hypothesis No.1. Anxiety and diabetic level in diabetic patients can be reduced by Psychological techniques.

Show the graph there are significant a difference between mean score of diabetic patients Pre-test on   Anxiety (50.5.) is comparatively larger than the mean score of diabetic patients Post-test on Anxiety (30.5.). 't' value significant (t=4.18, $P < 0.001$ & 0.005 Level) difference between diabetic patients Pre-test and Post-test on Anxiety.

Hypothesis No.2. Frustration of college students can be reduced by Psychological techniques.

Show the graph there are significant a difference between mean score of diabetic patients Pre-test on Frustration (40.5.) is comparatively larger than the mean score of diabetic patients Post-test on Frustration 15.5.). 't' value significant (t=5.7, P < 0.001 & 0.005 Level) difference between diabetic patients Pre-test and Post-test on Frustration.

CONCLUSIONS

On the basis of data and discussion of results, the hypotheses were tested and verified. Some hypotheses were partially retained and some were rejected and following conclusions were drawn.
1. Anxiety of diabetic patients tends to show reduced by Psychological techniques.
2. Frustration of diabetic patients tends to show reduced by Psychological techniques.

Limitations and suggestions of the present research
Some limitations inherent in this study are;
1. The population was limited areas restricted Aurangabad only. It can be spread into other areas also.
2. The sample of the study was small. The study can also be done by taking large sample size.
3. The tools used in this investigation were self – reporting instrument, it is therefore noted that the accuracy of data reported is limited to the abilities and willingness of the respondents to give truthful responses.

REFERENCES

Coutinh MPL, Saraiva ERA. Theory of representations social policies. In NT Alves et al. (Orgs.), Psychology: reflections for teaching, research and extension. João Pessoa, PB: Publisher University. 2013;73–114.

Coutinho. MPL Depression Children and representations social. 2nd ed. João Pessoa: Publisher University/UFPB. 2005.

Diabetes Res Clin Pract. 2011;3(94):311–321. 6 http://www.idf.org

Dupuis A. Assessment of the psychological factors and responses in selfmanaged patients. Diabetes Care 1980;3:117-20.

Glasgow E, Toobert J, Gillette D. Psychosocial barriers to diabetes selfmanagement and quality of life. Diabetes Spectr 2001;14:33-41.

Glasgow RE, Strycker LA, Toobert DJ, Eakin E. A social-ecologic approach to assessing support for disease self-management: The chronic illness resources survey. J Behav Med 2000;23:559-83.

Goodall A, Halfrod W. Diet and Diabetes (I): Assessing dietary self-care in patients with insulin dependent diabetes. Psychol Health 1997;12:183-95.

Joshi S, Parikh R. India — diabetes capital of the world: Now heading towards hypertension. J Assoc Physicians India 2007;55:323-4.

Mohan V, Mathur P, Deepa R, Deepa M, Shukla DK, Menon GR, et al. Urban rural differences in prevalence of self-reported diabetes in India — the WHO-ICMR Indian NCD risk factor surveillance. Diabetes Res Clin Pract 2008;80:159-68.

Mohan V, Sandeep S, Deepa R, Shah B, Varghese C. Epidemiology of type 2 diabetes: Indian scenario. Indian J Med Res 2007;125:217-30.

Moscovici S. Representations social: Investigations in social psychology 7th ed. Petrópolis, RJ: Voices. 2012.

Oliveira JEP, Vencio S. Corporate guidelines Brazilian diabetes association: 2013-2014/ society Brazilian diabetes association. São Paulo: AC Pharmaceuticals. 2014.

Rodríguez SA, Meneses L, Toboso RPQ. HI diabetes mellitus. Medicine. 2012;11(17):995–1002.

Saraiva , ERA Violence against the elderly: approximations and distances between the speech of the elderly and the discourse of the media printed. Doctoral thesis, Graduate Program in Social Psychology, Federal University of Paraíba, João Pessoa. 2010. 12. Ribas CR, Santos MA, Zanetti ACG. Repre

Tavares BC, Barreto FA, Lodetti MR, et al. Resilience of people with diabetes mellitus. Text nursing context. 2011;20(4):751–757.

Whiting DR, Guariguata R, Weil C, et al. Diabetes Atlas: Global estimates of the prevalence of diabetes for 2011 and 2030.

WHO. Health education in self-care: Possibilities and limitations Report of a scientifi c consultation. Geneva: World Health Organization; 1983.

Wild SH, Roglic G, Green A, Sicree R, King H. Global prevalence of diabetes: Estimates for the year 2000 and projections for 2030. Diabetes Care 2004;27:1047-53.

Zimmet PZ. Diabetes epidemiology as a tool to trigger diabetes research and care. Diabetologia 1999;42:499-518.

Conflict of Interest

The authors carefully declare this paper to bear not conflict of interests