The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 6, Issue 4, DIP: 18.01.130/20180604
DOI: 10.25215/0604.130
http://www.ijip.in | October-December, 2018

The International Journal of INDIAN PSYCHOLOGY

Research Paper

A Psychological Core Study on Anxiety and Death Fear among Diabetic Patients

Naresh Patel[1]*

ABSTRACT

The present study explains that psychological core focus on anxiety and death fear among diabetic patients in Gujarat, India. In this study the researcher has chosen stratified random sample. The sample of the present study of total 240, among them 120 Urban and 120 Rural Area is in 60 and 60 Diabetic Patient were selected various hospital in Ahmedabad city. A *Personal Data Sheet* developed by researcher was used to gather information about types of area, education, age, *Sinha's Comprehensive Anxiety Test (SCAT)* developed by A.K.P Sinha and L.N.K Sinha in (1995), and *Death Fear Questionnaires (DFQ),* developed and standardized by M.Rajamanickam used as tools. The result of the study is that no any major difference found in the selected sample.

Keywords: *Anxiety, Death Fear, Diabetic Patients, Death Fear Questionnaires, Sinha's Comprehensive Anxiety Test*

Diabetes was one of the primary diseases portrayed, with an Egyptian composition from c. 1500 BCE referencing "too extraordinary exhausting of the pee". The primary depicted cases are accepted to be of type 1 diabetes. Indian doctors around a similar time recognized the disease and ordered it as madhumeha or "nectar pee", noticing the pee would pull in ants. The expression "diabetes" or "to go through" was first utilized in 230 BCE by the Greek Apollonius of Memphis. The disease was viewed as uncommon during the hour of the Roman realm with Galen remarking he had just observed two cases during his vocation. This is conceivably because of the eating regimen and way of life of the antiquated individuals, or on the grounds that the clinical manifestations were seen during the propelled phase of the disease. Galen named the disease "the runs of the pee" (loose bowels urinosa). The most punctual enduring work with a point by point reference to diabetes is that of Aretaeus of Cappadocia (second or mid third century CE). He portrayed the indications and the course of the disease, which he credited to the dampness and briskness, mirroring the convictions of the "Pneumatic School". He estimated a relationship of diabetes with different diseases and he talked about differential finding from the snakebite which additionally incites exorbitant thirst. His work stayed obscure in the West until the center of the sixteenth century when, in 1552, the main Latin release was distributed in Venice.

[1] Research Scholar, Department of Psychology, Hemchandracharya North Gujarat University, Patan, Gujarat, India
*Responding Author

Received: December 10, 2018; Revision Received: December 29, 2018; Accepted: December 31, 2018

Type 1 and type 2 diabetes were recognized as discrete conditions just because by the Indian doctors Sushruta and Charaka in 400-500 CE with type 1 related with youth and type 2 with being overweight. The expression "mellitus" or "from nectar" was included by the Briton John Rolle in the late 1700s to isolate the condition from diabetes in sipidus which is likewise connected with visit pee. Compelling treatment was not created until the early piece of the twentieth century, when Canadians Frederick Banting and Charles Herbert Best detached and cleaned insulin in 1921 and 1922. This was trailed by the advancement of the long-acting insulin NPH during the 1940s.

Anxiety is a term used to portray awkward sentiment of apprehension, stress and strain which we as a whole vibe occasionally. Anxiety can influence anybody, whatever their age, sexual orientation and so on.., It influences our considerations, physical responses, temperaments and conduct. Anxiety can likewise make us feel panicky and scared and keep us from getting things done. An excessive amount of worry in our lives can bring about more elevated levels of anxiety. Anxiety is likewise an ideal ordinary reaction to risk and in some circumstance that are truly undermining it tends to be useful in setting us up for activity. Some level of anxiety can improve over execution in certain circumstance, for example, work, interviews, talking, tests, donning or in any event, helping us to play our bills on schedule. Be that as it may if anxiety happens over and over again and for on clear explanation or on the off chance that it starts to meddle with our life, than it has become an issue.

Death fear is anxiety brought about by musings of death. One source characterizes death anxiety as a "sentiment of fear, dread or concern (anxiety) when one thinks about the way toward biting the dust, or stopping to 'be'". Additionally alluded to as thanatophobia (fear of death), death anxiety is recognized from necrophobia, which is a particular fear of dead or passing on individuals and additionally things; the last is the fear of other people who are dead or biting the dust, though the previous concerns one's own death or kicking the bucket.

REVIEW OF PAST STUDIES

Dismuke CE, Hernandez – Tejada MA, Egede LE (2014) led an examination on relationship of genuine mental worry to personal satisfaction in diabetic patients ,genuine mental pressure was evaluated in 1,659 patients with diabetes who took an interest in the 2007 clinical consideration consumption review (MEPS).

Mommersteeg PM, Herr R, Zijlstra WP, Schneider S, Pouwer F.(2012) The investigation was uncovered that those with a significant level of mental trouble had a 33% higher risk of creating diabetes (HR=1.33, 95% CI 1.10-1.61), comparative with those with a low degree of mental misery, balanced for age, sex, training level and family unit pay. More elevated levels of mental misery are a hazard factor for the advancement of diabetes during a multi year follow up period. This affiliation might be conceivably interceded by low vitality level and impeded wellbeing status.

Gac Sanit (2015) done an investigation on Emotional pressure and personal satisfaction in individuals with diabetes and their Families in this The DAWN2 study is an observational, cross-sectional examination. In the current examination, we utilized the Spanish example of patients (N=502) and their family members (N=123). An aggregate of 13.9% of patients were in danger of conceivable wretchedness while 50.0% of individuals with diabetes and 45.5% of relatives revealed an elevated level of diabetes-related enthusiastic pressure. Individuals with diabetes experience significant levels of pressure and the psychosocial effect of diabetes additionally influences relatives.

The investigation directed by Pouwer F(1), Wijnhoven HA, UjcicVoortman JK, de Wit M, Schram MT, Baan CA, Snoek FJ (2005) Center of Research on Psychology in Somatic Diseases, Department of Medical and 60 Clinical Psychology, Tilburg University, Tilburg, The Netherlands shows that enthusiastic trouble influences around 33% of grown-up patients with diabetes living in Amsterdam. Having various co-bleak diseases appears to be identified with progressively enthusiastic trouble among these patients, while ethnicity and diabetes-related attributes are definitely not.

Dejours et al (1983) have brought up that in insulin subordinate diabetic patients, anxiety is normally joined by hyperactivity of the hyperglycemic hypothalmo-instinctive hub. The nerve center is constrained by various prevalent anxious structures (Limbic framework and cortex) which, themselves, are affected by dopaminergic neuro hormone pathways. Two fundamental examples of creation to anxiety related with two particular examples of hypothalamo-instinctive responses, are proposed which results from pressure.

Wrigley et al (1991) explored the mental and social factors in 89 ineffectively controlled insulin subordinate diabetic affirmations coordinated with out-understanding controls. Those conceded were found to experience the ill effects of more prominent present and past mental dismalness, to report increasingly social issues and incessant troubles and to encounter more life occasions in the a half year before meet. The occurence of essentially increasingly autonomous occasions and ceaseless troubles among confirmations proposes that social pressure can prompt poor control. These outcomes underline the significance of worldwide appraisal of diabetic admissions to incorporate mental and social perspectives just as clinical status.

METHODOLOGY

Objective:

1. Investigation of difference between Anxiety of Male and Female towards Diabetic patients.
2. Investigation of difference between Death fear of Male and Female towards Diabetic patients.
3. To examine of Anxiety and Death fear among Urban and Rural Diabetic patients.
4. To examine of Anxiety and Death fear among Urban and Rural Male Diabetic patients.

Hypothesis:

H_{01} There shall be no significant mean difference between the Anxiety and Death Fear among Male and Female Diabetic patients.

H_{02} There shall be no significant mean difference between the Anxiety among Male and Female Diabetic patients.

H_{03} There shall be no significant mean difference between the Death Fear among Male and Female Diabetic patients.

$H0_4$ There will be no significant mean difference between the Anxiety and Death Fear among Urban and Rural Diabetic patients.

Variables:

<table>
<tr><th colspan="2">Independent Variable</th><th>Depended Variable</th></tr>
<tr><td>Gender Group</td><td>Area Group</td><td rowspan="2">Anxiety</td></tr>
<tr><td>Male Patients</td><td>Rural Area</td></tr>
<tr><td>Female Patients</td><td>Urban Area</td><td>Death Fear</td></tr>
</table>

Research Design:

In present study two dependent variables are taken in this study, and they are one is Anxiety and Death Fear. Independent variables are divided in two groups, and they as 1. Gender Group, 2. Area Group.

- Gender group consists of two types of patients, male and female, who are contagious of Diabetics disease.
- The second, Area group of Urban and Rural Area.

In this way, the research design happens of 2x2 three factorial, which appends upon sample.

Stratified random sampling:

In this study we have chosen Stratified random sample. The sample of the present study of total 240, among them 120 Urban and 120 Rural Area is in 60 and 60 Diabetic Patient were selected various hospital in Ahmedabad city.

Diabetic Patients			
Urban area(A1) N=120		**Rural area(A2) N=120**	
Male(B1) 60	**Female(B2) 60**	**Male(B2) 60**	**Female(B2) 60**
Total: 240 Patients			

Tools:

For this research to collect required information the following tools shall be used.

1. Personal Data sheet:-

A personal data sheet developed by researcher was used to gather information about types of area, education, age.

2. Sinha's Comprehensive Anxiety Test (SCAT): Test developed by A.K.P Sinha and L.N.K Sinha in (1995). **Reliability:** Reliability of Sinha's Comprehensive Anxiety Test (SCAT): Test developed by A.K.P Sinha and L.N.K Sinha in 1995 consists of 90 items, significant at 0.01 level. Scoring: Sum total scores show the anxiety level. Higher the scores show higher the anxiety. The coefficient of reliability was determined by using the Product moment correlation was 0.85 and by using Spearman Brown Formula was 0.92. Both the values ensure a high reliability of the test.

Validity: The coefficient of validity was 0.62, which is significant beyond 0.01 Level of confidence.

3. Death Fear Questionnaires (DFQ), developed and standardized by M.Rajamanickam total included item is 40.

Procedure

The errand of information assortment starts after an exploration issue has been characterized and inquire about structure or plan chalked out. While choosing about the strategy for information assortment to be utilized for the investigation, the scientist should remember two types of information viz., essential and auxiliary. The essential information are those which are gathered a new and just because and in this manner happen to be unique in character. The subsequent information, then again, are those which have just been gathered by another person and which have just been gone through the factual procedure. The analyst would need

to choose which kind of information he would utilize therefore assortment for his investigation and appropriately he should choose either strategy for information assortment. The techniques for assortment essential and auxiliary information contrast since essential information are to be initially gathered, while in the event of optional information the idea of information, assortment work is simply that of accumulation.

DATA ANALYSIS AND INTERPRETATION

The speculations were tried by leading a Gender (male and female) and region's of Residency (Urban and Rural) 't' test utilizing the anxiety and death fear measurements as needy factors, and looking at the Step-down 't' test for every anxiety and fear measurement. The in general 't' test recommended that sex, residency the entirety of the anxiety and death fear measurements.

H_{01} There will be no significant mean difference between the Anxiety and Death Fear among Male and Female Diabetic patients.

Group	N	Mean	SD	SEM	t	Sig. Level
Male	120	91.15	40.95	2.64	0.0872	0.01
Female	120	91.48	41.80	2.70		NS

df = 478 standard error of difference = 3.777

P value and statistical significance: 0.9306
Confidence interval: The mean of M minus F equals -0.33
95% confidence interval of this difference: From -7.75 to 7.09

The consequence of t test, given in table 1, show that the t esteem got is no noteworthy (t=0.0872), uncovering the way that the gathering contrasted do essentially with respect with their sexual orientation score. Henceforth the speculation H1 : "There will be no noteworthy mean distinction between the Anxiety and Death Fear among Male and Female Diabetic patients" is acknowledged.

Chart no.1: Comparison Anxiety and Death Fear among Male and Female Diabetic patients.

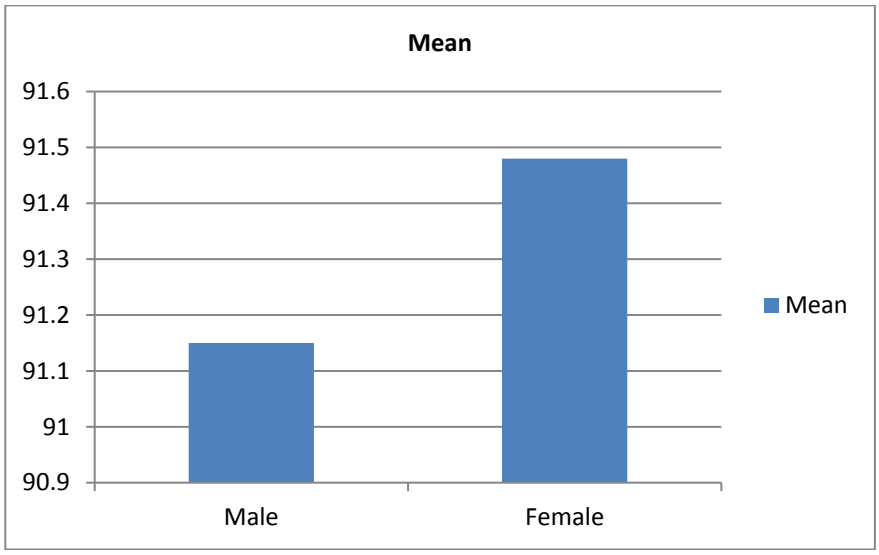


Diagram no.1 unmistakably indicated that Female's Anxiety and Death Fear with mean 91.48 scores is better than Anxiety and Death Fear of male Diabetic patients with a mean 40.95 score.

H_{02} There will be no significant mean difference between the Anxiety among Male and Female Diabetic patients.

Group	N	Mean	SD	SEM	t	Sig. Level
Male	120	51.03	7.88	0.72	0.4852	0.01
Female	120	50.55	7.55	0.69		NS

df = 238 standard error of difference = 0.996

P value and statistical significance: 0.6279

Confidence interval: The mean of M minus F equals 0.48

95% confidence interval of this difference: From -1.48 to 2.45

The aftereffect of t-test, given in table 2, show that the t esteem acquired is no huge (t=0.4852), uncovering the way that the gathering contrasted do altogether with respect to their sex score. Consequently the speculation H2: "There will be no noteworthy mean contrast between the Anxiety among Male and Female Diabetic patients." is acknowledged.

Chart no.:2 Comparison Anxiety among Male and Female Diabetic patients.

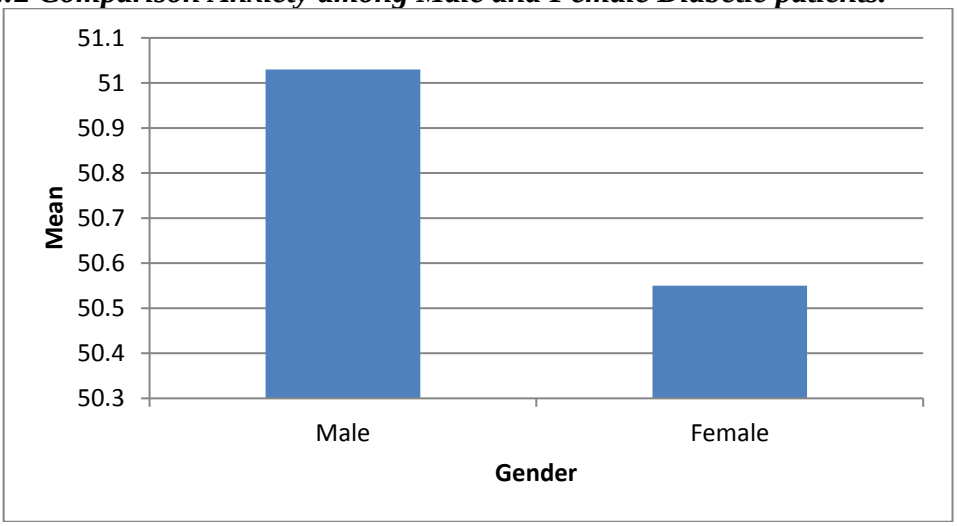


Diagram no.2 plainly demonstrated that Male's Anxiety with mean 51.03 scores is superior to the Anxiety of female Diabetic patients with mean 50.55 scores.

H_{03} There will be no significant mean difference between the Death Fear among Male and Female Diabetic patients.

Group	N	Mean	SD	SEM	t	Sig. Level
Male	120	131.27	7.72	0.70	1.0849	0.01
Female	120	132.41	8.56	0.78		NS

df = 238 standard error of difference = 1.052

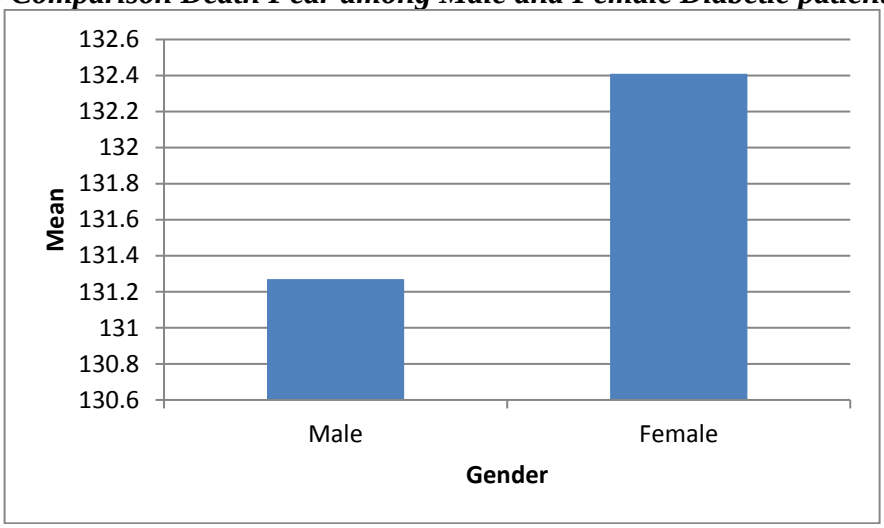
P value and statistical significance: 0.2791

Confidence interval: The mean of M minus F equals -1.14

95% confidence interval of this difference: From -3.21 to 0.93

The consequence of the t-test, given in table 3, shows that the t esteem got is no huge (t=1.0849), uncovering the way that the gathering contrasted do essentially with respect to their sex score. Henceforth the theory H3: "There will be no huge mean contrast between the Death Fear among Male and Female Diabetic patients" is acknowledged.

Chart no.: 3 Comparison Death Fear among Male and Female Diabetic patients.



Graph no.3 plainly indicated that Female's Death Fear with mean 132.41 scores is better than Death fear of male Diabetic patients with mean 131.27 scores.

H_{04} There will be no significant mean difference between the Anxiety and Death Fear among Urban and Rural Diabetic patients.

Group	N	Mean	SD	SEM	t	Sig. Level
Urban	120	91.96	40.35	2.60	0.3409	0.01
Rural	120	90.67	42.36	2.73		NS

df = 478 standard error of difference = 3.777

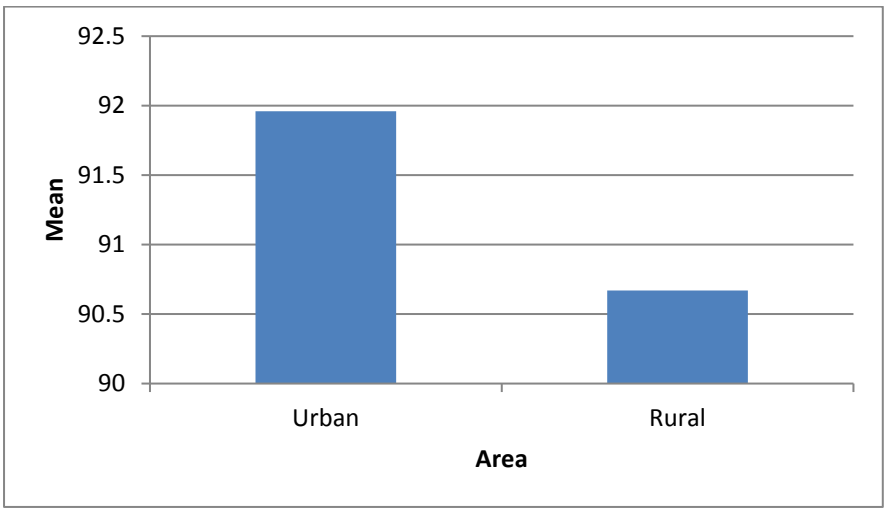
P value and statistical significance: 0.7333

Confidence interval: The mean of u minus r equals 1.29

95% confidence interval of this difference: From -6.13 to 8.71

The consequence of the t-test, given in table 4, shows that the t esteem acquired is no critical (t=0.3409), uncovering the way that the gathering contrasted do altogether with respect to their territory score. Henceforth the theory H4: "There will be no noteworthy mean contrast between the Anxiety and Death Fear among Urban and Rural Diabetic patients." is acknowledged.

Chart no.: 4 Comparison Anxiety and Death Fear among Urban and Rural Diabetic patients.



Outline no.4 unmistakably indicated that Urban zone's Anxiety and Death Fear with mean 91.96 scores is better than Anxiety and Death Fear of Rural zone's Diabetic patients with mean 90.67 scores.

CONCLUSION

The example Diabetic patient was ordered into two gatherings. First gathering in which Male and Female, the second Area depends on their mean anxiety and death fear scores; they were again characterized into different anxiety and death fear gatherings. According to this order, among the men, the lion's share of them had urban areas. Notwithstanding, the determined 't'-test esteem shows that there is a noteworthy connection between Gender, Area's, and their Age Anxiety and Death Fear. Henceforth, the theory surrounded is acknowledged.

1. There is no significant mean difference between the Anxiety and Death Fear among Male and Female Diabetic patients.(t value 0.0872 with there for the obtained mean difference was found no significant at 0.01 level)
2. There is no significant mean difference between the Anxiety among Male and Female Diabetic patients. (t value 0.4852 with there for the obtained mean difference was found no significant at 0.01 level)
3. There is no significant mean difference between the Death Fear among Male and Female Diabetic patients.(t value 1.0849 with there for the obtained mean difference was found no significant at 0.01 level)
4. There is no significant mean difference between the Anxiety and Death Fear among Urban and Rural Diabetic patients. (t value 0.3409 there for the obtained mean difference was found no significant at 0.01 level)

FINDINGS

1. Female's Anxiety and Death Fear with mean 91.48 score are better than Anxiety and Death Fear of male Diabetic patient's with mean 40.95 score.
2. Male's Anxiety with mean 51.03 score are better than Anxiety of female Diabetic patient's with mean 50.55 score.
3. Female's Death Fear with mean 132.41 score are better than Death fear of male Diabetic patient's with mean 131.27 score.
4. Urban area's Anxiety and Death Fear with mean 91.96 score are better than Anxiety and Death Fear of Rural area's Diabetic patient's with mean 90.67 score.

LIMITATION:

1. Study has been done here regarding Anxiety and Death Fear effect of Diabetic patient.
2. Areas of Bhavnagar district are selected for sample in the present research study.
3. Independent variables like Male, Female, Rural, Urban, 21 to 40 year, and 41 to 60 years etc. are used in the study.
4. Persons with good Gujarati knowing language are selected as sample. Difference can be had in effect by selecting persons of other language.

SUGGESTION:

1. The sample 240 patients limited with Diabetic are selected as sample in the research study in which 120 patients are from urban area while remaining 120 patients are from rural area, in which 60 male and 60 Female and last is 21 to 40 Year from 30 and 41 to 60 Year from 30 .

2. Only male and female patients are taken in the present study. If impotent persons, included in the sample then good result can be obtained because these factors are associated with Diabetic.
3. Psychological factors like Anxiety and Death Fear are examined.
4. Patients of areas of Bhavnagar district of Gujarat state were selected in the present study. Researcher can select sample from other areas.

REFERENCES

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (Fifth ed.). Arlington, VA: American Psychiatric Publishing. p. 189. ISBN 978-0-89042-555-8.

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders, fifth edition. Arlington, VA: American Psychiatric Association.

Anuradha Sajjan, Dr. S. G. Jadhav (2016), Anxiety and Subjective Well Being of Pregnant Job Holders and Home Makers, The International Journal of Indian Psychology ISSN 2348-5396 (e), ISSN: 2349-3429 (p) Volume 3, Issue 2, No.2, DIP: 18.01.034/20160302 ISBN: 978-1-329-81573-5 http://www.ijip.in, January - March, 2016,
[Received from; http://www.ijip.in/index.php/?view=article&id=192]

Arvindgiri K. Aparnath (2014), A Study of Academic Anxiety of Secondary School Students With Relation To Their Gender and Religion, The International Journal of Indian Psychology: Volume: 01, Issue: 04 No. 2, ISSN 2348-5396, July-September 2014

Bar-Haim, Yair; Fox, Nathan A.; Benson, Brenda; Guyer, Amanda E.; Williams, Amber; Nelson, Eric E.; Perez-Edgar, Koraly; Pine, Daniel S.; Ernst, Monique (2009)."Neural Correlates of Reward Processing in Adolescents with a History of Inhibited Temperament". Psychological Science 20 (8):1009–18. doi:10.1111/j.1467-9280.2009.02401.x. PMC 2785902. PMID 19594857.

Barker, P. (2003). Psychiatric and Mental Health Nursing: The Craft of Caring. London: Edward Arnold. ISBN 978-0-340-81026-2.

Bienvenu, O. J.; Davydow, D. S.; Kendler, K. S. (2011-01-01). "Psychiatric 'diseases' versus behavioral disorders and degree of genetic influence". Psychological Medicine 41(1): 33–40. doi:10.1017/S003329171000084X. ISSN 1469-8978. PMID 20459884.

Bouras, N.; Holt, G. (2007). Psychiatric and Behavioral Disorders in Intellectual and Developmental Disabilities (2nd ed.). Cambridge University Press.

Chen ZY, Jing D, Bath KG, Ieraci A, Khan T, Siao CJ; et al. (2006). "Genetic variant BDNF (Val66Met) polymorphism alters anxiety-related behavior". Science 314 (5796): 140–3. doi:10.1126/science.1129663.

David Healy, Drugs Explained, Section 5: Management of Anxiety, Elsevier Health Sciences, 2008, pp. 136–137

Davison, Gerald C. (2008). Abnormal Psychology. Toronto: Veronica Visentin. p. 154.ISBN 978-0-470-84072-6.

Diagnostic and Statistical Manual of Mental DisordersAmerican Psychiatric Associati. (5th ed.). Arlington: American Psychiatric Publishing. 2013. pp. 189–195.ISBN 978-0890425558.

Downey, Jonathan (April 27, 2008). "Premium choice anxiety". The Times (London). Retrieved 2010-04-25.

Fricchione, G. (2011). Compassion and Healing in Medicine and Society: On the Nature and Use of Attachment Solutions to Separation Challenges. Johns Hopkins University Press. p. 172. ISBN 9781421402208.

Giddey, M.; Wright, H. Mental Health Nursing: From first principles to professional practice. Stanley Thornes

Guina, Jeffrey; Rossetter, Sarah R.; DeRHODES, Bethany J.; Nahhas, Ramzi W.; Welton, Randon S. (2015-07-01). "Benzodiazepines for PTSD: A Systematic Review and Meta-Analysis". Journal of Psychiatric Practice 21 (4): 281–303. doi:10.1097/PRA.0000000000000091. ISSN 1538-1145. PMID 26164054.

Harris, J. (1998). How the Brain Talks to Itself: A Clinical Primer of Psychotherapeutic Neuroscience. Haworth. p. 284. ISBN 9780789004086.

Hartley, Catherine A.; Phelps, Elizabeth A. (2012). "Anxiety and Decision-Making". Biological Psychiatry 72 (2): 113–8. doi:10.1016/j.biopsych.2011.12.027.PMID 22325982.

Hosamani Marilingappa (2016) Anxiety and Depression in Patients with Gastrointestinal Cancer: Does Knowledge of Cancer Diagnosis Matter?, The International Journal of Indian Psychology ISSN 2348-5396 (e), ISSN: 2349-3429 (p) Volume 3, Issue 3, No.1, DIP: 18.01.013/20160303 ISBN: 978-1-365-03416-9 http://www.ijip.in, April - June, 2016 [Received from; http://www.ijip.in/index.php/?view=article&id=369]

Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE (June 2005). "Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication". Arch. Gen. Psychiatry 62 (6): 617–627. doi:10.1001/archpsyc.62.6.617.PMC 2847357. PMID 15939839.

Meena Jain**,** Saloni Chandalia (2016) Family Environment and Its Correlation with Anxiety and Depression: A Study on Heart Patients, The International Journal of Indian Psychology ISSN 2348-5396 (e), ISSN: 2349-3429 (p), Volume 3, Issue 2, No.6, DIP: 18.01.110/20160302 ISBN: 978-1-329-91038-6 http://www.ijip.in, January - March, 2016, [Received from; http://www.ijip.in/index.php/?view=article&id=272]

Megha Singh**,** Pallavi Bhatnagar (2016)Anxiety Depression Stress Scale (ADSS): A Factor Analytic Study, The International Journal of Indian Psychology ISSN 2348-5396 (e), ISSN: 2349-3429 (p) Volume 3, Issue 2, No.1, DIP: 18.01.008/20160302 ISBN: 978-1-329-78932-6 http://www.ijip.in, January - March, 2016 Received from; http://www.ijip.in/index.php/?view=article&id=166]

Melody Shahab (2015), The Effect of Acceptance and Commitment Therapy in Reducing the Anxiety of Female Teenagers of Tehran City, The International Journal of Indian Psychology ISSN 2348-5396 (e), ISSN: 2349-3429 (p) Volume 2, Issue 3, Paper ID: B00389V2I32015 http://www.ijip.in, April to June 2015

Moser DA, Paoloni-Giacobino A, Stenz L, Adouan W, Manini A, Suardi F; et al. (2015). "BDNF Methylation and Maternal Brain Activity in a Violence-Related Sample". PLoS ONE10 (12): e0143427. doi:10.1371/journal.pone.0143427.

Nolen-Hoeksema, S. (2013). (Ab)normal Psychology (6th edition). McGraw Hill.

Öhman, Arne (2000). "Fear and anxiety: Evolutionary, cognitive, and clinical perspectives". In Lewis, Michael; Haviland-Jones, Jeannette M. Handbook of emotions. New York: The Guilford Press. pp. 573–93. ISBN 978-1-57230-529-8.

Ormel J.; Jeronimus, B.F.; Kotov, M.; Riese, H.; Bos, E.H.; Hankin, B. (2013)."Neuroticism and common mental disorders: Meaning and utility of a complex relationship". Clinical Psychology Review 33 (5): 686–697. doi:10.1016/j.cpr.2013.04.003. PMC 4382368. PMID 23702592.

Patel, G; Fancher, TL (Dec 3, 2013). "In the clinic. Generalized anxiety disorder.". Annals of Internal Medicine 159 (11): ITC6–1, ITC6–2, ITC6–3, ITC6–4, ITC6–5, ITC6–6, ITC6–7, ITC6–8, ITC6–9, ITC6–10, ITC6–11; quiz ITC6–12. doi:10.7326/0003-4819-159-11-201312030-01006. PMID 24297210.

Phil Barker (7 October 2003). Psychiatric and mental health nursing: the craft of caring. London: Arnold. ISBN 978-0-340-81026-2. Retrieved 2010-12-17.

Plant, Ashby E.; Devine, Patricia G. (2003). "The antecedents and Implications of Interracial Anxiety". Personality and Social Psychology Bulletin 29: 790–801. doi:10.1177/0146167203029006011.

Psychiatry, Michael Gelder, Richard Mayou, John Geddes 3rd ed. Oxford; New York: Oxford University Press, c 2005 p. 75

R. Sankar, Wani M. Amin (2016) Study of Anxiety, Stress and Depression among Flood Affected People in Kashmir Valley, The International Journal of Indian Psychology ISSN 2348-5396 (e), ISSN: 2349-3429 (p) Volume 3, Issue 2, No.4, DIP: 18.01.073/20160302 ISBN: 978-1-329-85570-0 http://www.ijip.in, January - March, 2016, [Received from; http://www.ijip.in/index.php/?view=article&id=235]

Rosen, Jeffrey B.; Schulkin, Jay (1998). "From normal fear to pathological anxiety". Psychological Review 105 (2): 325–50. doi:10.1037/0033-295X.105.2.325.PMID 9577241.

Scarre, Chris (1995). Chronicle of the Roman Emperors. Thames & Hudson. pp. 168–9.ISBN 978-5-00-050775-9.

Schwarzer, R. (December 1997). "Anxiety". Archived from the original on 2007-09-20. Retrieved 2008-01-12.

Shefeena Jacob**,** Dr. Milu Maria Anto (2016),A Study on Cognitive Emotion Regulation and Anxiety and Depression in Adults, The International Journal of Indian Psychology ISSN 2348-5396 (e), ISSN: 2349-3429 (p) Volume 3, Issue 2, No.2, DIP: 18.01.031/20160302 ISBN: 978-1-329-81573-5 http://www.ijip.in. January - March, 2016 [Received from; http://www.ijip.in/index.php/?view=article&id=189]

Suganya Panneerselvam, Pitchaimani Govindharaj (2016), Effectiveness of Guided Imagery in Reducing Examination Anxiety among Secondary School Students in South India, The International Journal of Indian Psychology ISSN 2348-5396 (e), ISSN: 2349-3429 (p) Volume 3, Issue 3, No.3, DIP: 18.01.044/20160303 ISBN: 978-1-365-03419-0 http://www.ijip.in, April - June, 2016

Tocchetto A, Salum GA, Blaya C, Teche S, Isolan L, Bortoluzzi A; et al. (Sep 2011). "Evidence of association between Val66Met polymorphism at BDNF gene and anxiety disorders in a community sample of children and adolescents". NeurosciLett. 502 (3): 197–200. doi:10.1016/j.neulet.2011.07.044.

Wray, Naomi R.; James, Michael R.; Mah, Steven P.; Nelson, Matthew; Andrews, Gavin; Sullivan, Patrick F.; Montgomery, Grant W.; Birley, Andrew J.; Braun, Andreas; Martin, NG (2007). "Anxiety and Comorbid Measures Associated with PLXNA2". Archives of General Psychiatry 64 (3):318–26.

Acknowledgments

The author(s) profoundly appreciate all the people who have successfully contributed in ensuring this paper in place. Their contributions are acknowledged however their names cannot be mentioned.

Conflict of Interest : There is no conflict of interest.

How to cite this article: Patel. N (2018). A Psychological Core Study on Anxiety and Death Fear among Diabetic Patients. *International Journal of Indian Psychology*, *6*(4), 75-85. DIP:18.01.130/20180604, DOI:10.25215/0604.130