Effects of Self-restrain on Happiness and Health among Diabetic and Bp Patients

Submitted By

Shruthi. J

(21PCP018)

Under the Guidance of

Dr. R. Govarthini

A Thesis submitted to

Avinashilingam Institute for Home Science and Higher Education for Women

In Partial Fulfillment of the Requirements for the Degree of

Master of Science in Clinical Psychology

(2021-2023)

May 2023

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Signature of the Head of the Department **Signature of the Guide**

CERTIFICATE

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This is to certify that the project work entitled **Effects of Self-restrain on Happiness and Health among Diabetic and Bp Patients,** submitted to Department of Clinical Psychology, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, in partial fulfilment of Master of Clinical Psychology, is the record of the original project work done by **Shruthi. J (21PCP018)** during the period of her study, under my supervision and guidance.

Signature of the Guide

Signature of the Head of the Department

Submitted for the viva voice examination held on _____

Internal Examiner **External Examiner**

DECLARATION

DECLARATION

I hereby declare that this project work entitled **Effects of Self-restrain on Happiness and Health among Diabetic and Bp Patients** submitted to Department of Clinical psychology, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, in partial fulfilment of the requirement for the award of the **Degree of Master of Clinical Psychology** is the bonafide record of original project work done by **Shruthi. J (21PCP018)** during the period of her study under the supervision and guidance of **Dr. R. Govarthini.,** Department of Clinical psychology.

Place: Coimbatore

Date:

Signature of the candidate

Shruthi. J

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CONTENTS

CONTENTS

LIST OF TABLES

LIST OF TABLES

LIST OF FIGURES

LIST OF FIGURES

LIST OF ANNEXURES

LIST OF ANNEXURES

ABSTRACT

ABSTRACT

Individuals with diabetic and Bp experience both physical and psychological problems in achieving their targeted goals. The aim of the study was to find the effects of self-restrain on happiness and health among diabetic and BP patients. A total of 50 participants (25 females and 25 males) were taken part in the study. The age ranges from 35 to 45 years. The data was collected using simple random sampling technique. Self-Restraint-Weinberger Adjustment Inventory (1990), General Health Questionnaire – 28- Goldberg DP (1975), Subjective Happiness Scale by Sonja Lyubomirsky (1999) were used. The data was analysed statistically using the SPSS software version 29.0.0.0. The results indicated that there was a significant relationship between self-restrain and happiness, there is no relationship between self-restrain and health also no relationship between health and happiness. There was significant relationship between self-restrain and medical condition (diabetic and blood pressure). The findings helps to identify the self-restrain on happiness, which shows the positive side of dealing with their physical condition. The study also shows that there is higher the chances of medical conditions have greater the influence over self-restrain of the participants.

Keywords: self-restrain, happiness, health, diabetic, blood pressure

INTRODUCTION

Chapter 1

Introduction

Age

Middle adulthood (or midlife) refers to the period of the lifespan between young adulthood and old age (National Institute of Health).

Erikson's Theory

Parents are the major generative type, according to Erikson (1950), and people in their mid-life are most concerned with leaving a lasting legacy of themselves. Erikson thought it was generally a good time for development, even if he recognised that job and family connections may conflict due to each party's commitments and responsibilities. Erikson described people in this stage as working, having children, and participating in the community. When a person isn't engaged in productive endeavours, they feel stagnant. However, feeling stagnant can inspire someone to focus their energies on more worthwhile endeavours. According to Erikson (1982, p. 67), people in middle adulthood should "take care of the persons, the products, and the ideas one has learned to care for". Erikson also held the view that it is imperative to cultivate strength in the subsequent generation in order to accomplish the generational mission at hand (Peterson & Duncan, 2007).

Health Problems

During middle age, arthritis, asthma, bronchitis, coronary heart disease, diabetes, genitourinary illnesses, hypertension (high blood pressure), mental health issues, and strokes are the most prominent health issues. In this age group, AIDS has also emerged as a significant health issue.

Diabetes

According to National Institute of Diabetes and Digestive and Kidney Diseases (2017) “Diabetes is a disease that occurs when the blood glucose, is too high. Blood glucose is the main source of energy and comes from the food we eat. Insulin, a hormone made by the pancreas, helps glucose from food get into your cells to be used for energy.

Self-control is the ability to regulate one's behaviour in accordance with objective parameters discovered through biochemical tests of blood glucose and glycohemoglobin.

Ideally, the systolic blood pressure should be less than 130 mmHg and the diastolic blood pressure should be less than 80 mmHg.

Definition

Diabetes is a metabolic disorder caused by ineffective production or utilization of the hormone insulin. Because of the insulin disruption, the patient is unable to oxidize and utilize carbohydrates in food. Glucose accumulates in the blood, causing weakness, fatigue and the appearance of sugar in the urine. Insulin-dependent diabetes mellitus is a term used to describe type 1 diabetes (IDDM). Type 2 diabetes is often referred to as non-insulin-dependent diabetes mellitus (NIDDM) (American psychological association, 2023).

Types of Diabetes

Type 1. Diabetes type 1 is an autoimmune condition. The immune system targets and kills insulin-producing cells in the pancreas. Uncertainty surrounds the attack's origin.

Type 2. As the body gets resistant to insulin, type 2 diabetes develops and blood sugar levels rise. It accounts for roughly 90% to 95% of cases. Type 2 diabetes is prevalent, according to a dependable source.

Type 1.5. Latent autoimmune diabetes in adulthood is another name for type 1.5 diabetes (LADA). Like type 2 diabetes, it develops gradually during maturity. LADA is an autoimmune condition that cannot be controlled by a healthy diet or way of living.

Gestational. High blood sugar during pregnancy is referred to as gestational diabetes. This kind of diabetes is brought on by the placenta's insulin-blocking substances.

Symptoms of Diabetes

Diabetes symptoms may appear suddenly. Type 2 diabetes symptoms can be subtle and may not become apparent for many years.

Symptoms of diabetes include:

- feeling very thirsty
- needing to urinate more often than usual
- blurred vision
- feeling tired
- losing weight unintentionally

Diabetes has the potential to harm blood vessels in the kidneys, eyes, heart, and nerves over time (World Health Organization, 2023).

Etiology

Type 1 Diabetes. Type 1 diabetes occurs when your immune system, the body's system for fighting infection, attacks and destroys the insulin-producing beta cells of the pancreas. Genes and potentially triggering environmental elements like viruses are the cause of type 1 diabetes. There are no specific diabetes causes, but the following triggers may be involved:

- Viral or bacterial infection
- Chemical toxins within food

- Unidentified component causing autoimmune reaction

Type 2 Diabetes. Type 2 diabetes is the most common form of diabetes which is caused by several factors, including lifestyle factors and genes. Overweight, obesity and physical inactivity. Extra weight sometimes causes insulin resistance and is common in people with type 2 diabetes. The location of body fat also makes a difference. Extra belly fat is linked to insulin resistance, type 2 diabetes, and heart and blood vessel disease.

***Insulin resistance*.** Insulin resistance, a condition in which muscle, liver, and fat cells do not utilise insulin properly, is typically the first sign of type 2 diabetes. In order to assist glucose enter cells, the body therefore need more insulin. To meet the increased demand, the pancreas initially produces more insulin. Blood glucose levels rise as a result of the pancreas's inability to produce adequate insulin over time.

***Gene and family history*.** Similarly to type 1 diabetes, having specific genes may increase your risk of developing type 2 diabetes. These racial/ethnic groups are more likely to acquire the disease, which tends to run in families.:

- African Americans
- Alaska Natives
- American Indians
- Asian Americans
- Hispanics/Latinos
- Native Hawaiians
- Pacific Islanders

Genes also can increase the risk of type 2 diabetes by increasing a person's tendency to become overweight or have obesity.

Causes gestational diabetes. Gestational diabetes, a type of diabetes that develops during pregnancy, is caused by the hormonal changes of pregnancy along with genetic and lifestyle factors.

Insulin resistance. Insulin resistance, which affects all pregnant women during the latter trimester, is a result of hormones the placenta produces. Yet, some pregnant women are unable to produce enough insulin to reverse insulin resistance. Insufficient insulin production by the pancreas leads to gestational diabetes.

Epidemiology

Prevalence. Diabetes is an increasingly common disease. According to the Centers for Disease Control and Prevention, 20.9 million Americans were living with diagnosed diabetes in 2011, up from just 5.6 million in 1980. And an estimated seven million more people had diabetes but were undiagnosed. Diabetes goes hand in hand with an increase in obesity and inactivity — both major risk factors for developing type 2 diabetes.

In accordance with the World Health Organisation (2023) 8.5% of persons who were 18 years of age and older had diabetes in 2014. A total of 1.5 million deaths were directly related to diabetes in 2019, and 48% of these deaths occurred in those under the age of 70. Diabetes contributed to an additional 460 000 renal disease deaths, and high blood glucose is responsible for 20% of cardiovascular fatalities (1).

Age-standardized diabetes mortality rates increased by 3% between 2000 and 2019. The death rate from diabetes climbed 13% in lower-middle-income nations. However, between the ages of 30 and 70, there was a 22% global decline in the likelihood of dying from any of the four major noncommunicable diseases (cancer, chronic respiratory diseases, diabetes, or cardiovascular disorders).

Blood Pressure

According to American Heart Association (2022) blood pressure is the amount of force the blood uses to get through your arteries. When the heart pumps, it uses force to push oxygen-rich blood out to your arteries. High blood pressure is a common condition that affects the body's arteries. High blood pressure, also called hypertension, is blood pressure that is higher than normal. The blood pressure changes throughout the day based on our activities.

Types of high blood pressure

Primary high blood pressure. This most prevalent form of high blood pressure has age and poor habits like insufficient exercise as its causes.

Secondary blood pressure. This sort of high blood pressure can be brought on by a variety of health issues, such as kidney or hormone issues or occasionally by a drug that an individual consumes.

Pregnancy-related elevated blood pressure can take the following forms

- **Chronic hypertension**. Elevated blood pressure that exists prior to conception.
- **Gestational hypertension.** Elevated blood pressure in the final trimester.
- **Preeclampsia.** This hazardous condition often appears in the second half of pregnancy and causes the pregnant person to have hypertension, protein in the urine, and widespread swelling. It may have an impact on other bodily organs and cause seizures (eclampsia).
- **Chronic hypertension with superimposed preeclampsia**. Pregnant women who have chronic hypertension are at increased risk for developing preeclampsia.

The American College of Cardiology and the American Heart Association divide blood pressure into four general categories (2017).

- **Normal blood pressure.** Blood pressure is 120/80 mm Hg or lower.
- **Elevated blood pressure.** The top number ranges from 120 to 129 mm Hg and the bottom number ranges below and not above 80 mm Hg.
- **Stage 1 hypertension.** The top number ranges from 130 to 139 mm Hg or the bottom number is between 80 and 89mm Hg.
- **Stage 2 hypertension.** The top number is 140 mm Hg or higher or the bottom number is 90 mm Hg or higher.

Symptoms of blood pressure

Most people with hypertension do not feel any symptoms. Very high blood pressures (usually 180/120 or higher) can cause headaches, blurred vision, chest pain, nausea, anxiety and other symptoms.

Etiology

High blood pressure results from an underlying medical problem or from taking a specific medication in around 1 in 20 cases.

***Health conditions that can cause high blood pressure include*:**

- kidney disease
- diabetes
- obstructive sleep apnoea – where the walls of the throat relax and narrow during sleep, interrupting normal breathing
- glomerulonephritis – damage to the tiny filters inside the kidneys

- hormone problems – such as an underactive thyroid, an overactive thyroid, Cushing's syndrome, acromegaly, increased levels of the hormone aldosterone (hyperaldosteronism), and phaeochromocytoma
- lupus a condition in which the immune system affects the skin, joints, and organs of the body.
- scleroderma a disorder characterised by thicker skin and occasionally issues with organs and blood vessels.

Prevalence

Different geographic areas and income levels have different prevalence rates for hypertension. The WHO Region of the Americas has the lowest prevalence of hypertension (18%) and the WHO African Region has the highest prevalence of hypertension (27%) overall. Adults with hypertension scaled from 594 million in 1975 to 1.13 billion in 2015, with low- and middle-income nations seeing the majority of the rise. This increase is mostly caused by an increase in the risk factors for hypertension in those groups.

National Centre for Biotechnology Information (2020) claims that Adults had a greater prevalence of hypertension in LMICs (31.5%, 1.04 billion people) than in HICs (28.5%, 349 million people). Some of the regional disparities in the prevalence of hypertension may be explained by variations in the levels of risk factors for hypertension, such as high salt intake, low potassium intake, obesity, alcohol consumption, physical inactivity, and bad diet.

Diabetes and High Blood Pressure

Many diabetes problems, including diabetic eye disease and kidney disease, can be caused by or worsened by high blood pressure (hypertension). Most diabetics eventually develop high blood pressure in addition to other cardiac and circulation issues.

Diabetes harms arteries and makes them vulnerable to atherosclerosis, a hardening process. This may result in high blood pressure, if left untreated it may damage blood vessels and cause heart attacks, kidney failure and other problems.

Compared to those with normal blood pressure readings, people with hypertension more often have:

- Coronary artery disease or heart disease
- Strokes
- Peripheral vascular disease, hardening of the arteries in the legs and feet
- Heart failure
- Even blood pressure that's at the higher end of normal (120/80 to 129/80), called elevated, impacts your health.

People with high blood pressure usually have insulin resistance and have an increased risk of developing diabetes compared to those with typical blood pressure. This may be due to bodily processes that link both conditions, such as:

- inflammation
- oxidative stress
- activation of the immune system
- disease or thickening of the blood vessels
- obesity

So, while hypertension might not cause diabetes directly, it could increase the risk of someone developing diabetes if they have high blood pressure.

Definition of self-restraint

The term self-restraint refers to one's ability to control one's own impulses, emotions, or desires (Schroeder & Luiselli, 2010). Self-restrain refers to the ability to refrain from doing even though one would like to because an individual believe it would be better not to.

Doing what is right even when nobody is watching, irrespective of what others might say or think. This entails fighting the urge to choose the simple route out of convenience, to go along with the herd because people do not want to defy peer pressure, or to do the right thing because one lack the confidence to do so.

Self-control and self-restrain

Self-control, also known as self-discipline, is the capacity to manage one's own thoughts, feelings and actions, especially under pressure. Similar to self-control and self-discipline, self-restraint is self-imposed restraint on one's own behaviour.

Self-restraint is maintaining emotional control, such as consciously preventing oneself from getting upset and irritate. Fits of fury, harsh language, cruel words or behaviour, assaulting someone and impatience are other typical negative emotional reactions that need to be managed. Consequences from such responses are frequent and detrimental.

Research conducted by Moffitt et al. (2013) found that:

- Self-controlled people are better at controlling their attentional, behavioural and emotional impulses to accomplish long-term goals than their impulsive counterparts.
- Observer, parent, teacher and self-report assessments of self-control taken during the first ten years of life predict adult outcomes including earnings, saving habits, financial security, status in the workplace, physical and mental health, substance use, and (lack of) criminal convictions.

- Statistics explains some of the benefits of self-control on adult outcomes because self-controlled youngsters are less likely to make poor decisions that could have long-lasting effects.
- Although some people inherently have more self-control than others, research has found that effective self-control can be cultivated and strengthened to become a habit and a way of life.

Self-restraint can fail at the self-regulation stage (during goal planning) or the self-control stage (during goal execution).

To improve self-regulation –

- Create the life in a way that prevents temptations and detours in the first place. Make helpful settings, write if-then action plans and fail more productively.
- Boost the happiness and general well-being by facing uncertainty and making positive changes.

To improve self-control –

- Know that exercising restraint can provide the energy because self-control is a resource that is not limited.
- By re-evaluating the circumstance and altering the perspective, an individual can overcome unwanted temptations and diversions.

Types of Self-Control

- The ability to control cravings and impulses is referred to as impulse control. Impulse control issues might lead people to behave without first considering the effects of their choices.

- The capacity to control emotional reactions is referred to as emotional control. Strong emotions may be difficult for someone who has trouble controlling their emotions. Those who lack movement control may overreact, go through prolonged unpleasant moods and become overwhelmed by the strength of their sensations.
- Movement control refers to the capability of controlling how and when the body moves. Restlessness and difficulties remaining still are common in those who have trouble controlling their movements.

Insights on the advantages and weaknesses of high and low self-control

High self-restraint individuals often control their impulses and behaviour. People are typically conscientious, dependable and peaceful. High scorers typically exhibit more reserve than others, uphold conventional beliefs and are reluctant to take chances. As a result of how strongly perceived duties affect the judgements and priorities, become more prone to overwork and burnout. Behind the outward appearance of patient well-being, stress may be hiding. People may come off as being slow, unfriendly, inaccessible, or passionless because they are more reserved in their expression and behaviour.

Low self-control leads to unrestrained behaviour and attitudes in people. Individuals with low self-control enjoy having fun, taking thrilling chances, and being unrestricted. People do not hesitate to speak up if they feel like something has to be expressed. Even though they have the potential to be interesting and charismatic, these people can easily bored or impatient when their desires are delayed. Relationships may be hampered by their uncontrolled habits. Unrestrained impulse control can make someone appear too aggressive, unyielding, or pushy to others. Headstrong, careless actions might have terrible results.

Loosening Self-Restraint

Steps must be taken to unwind and let go if our social or personal behaviour shows evidence of excessive restriction.

1. Realize that over-restraint might bring up more serious stresses and personal troubles. Also, it can obstruct our interactions and keep us from thinking or acting in a way that might benefit or improve others.
2. Assess our propensity to repress our feelings. Recognize our internal dialogue.
3. Look for Alignment. Put an end to our concern about other people's standards and judgements, which only serves to increase our anxiety and cause us to second-guess our decisions. Have a deep bond with our inner self, and be aware that this will enable us to act as we wish to.
4. Encourage self-confidence. A good disposition will draw others towards oneself, so practise maintaining a sincere grin. Engage in social interaction with those nearby and practise striking up conversations.
5. No self-defeating thoughts. Instead of being distracted by thoughts in our head, pay greater attention to our surroundings. Embrace the discussion. Live in the now, not in the past or the future. Those who are carefree savour the present.
6. Practice. More interaction helps us to overcome fear. One can use this as practise for other situations when we could encounter strange people. Become comfortable speaking up and expressing our emotions. Following these practices one become freer and more human as a result.

Definition of Happiness

Happiness is an electrifying and elusive state. Happiness is a state of well-being that encompasses living a good life, one with a sense of meaning and deep contentment. Happiness is a positive emotional state, but each individual’s experience of that positive emotional state is subjective. (Courtney E. Ackerman, MA.,2019)

Happiness can be defined as an enduring state of mind consisting not only of feelings of joy, contentment and other positive emotions, but also of a sense that one's life is meaningful and valued (Lyubomirsky, 2001).

Signs of Happiness

- Having the impression that our life is going as planned
- Being open to taking life as it comes and going with the flow
- Feeling content with our life
- Feeling that we have accomplished what we want in life
- Feeling positive more than negative
- Being open to new ideas and experiences
- Practicing self-care and treating with kindness and compassion
- Experiencing gratitude

According to researchers Chu Kim-Prieto, Ed Diener and their colleagues (2005), there are three main ways that happiness has been approached in positive psychology:

1. Happiness as a global assessment of life and all its facets
2. Happiness as a recollection of past emotional experiences
3. Happiness as an aggregation of multiple emotional reactions across time

Self-happiness

Although the term is not used very often, "self-happiness" refers to a sense of happiness or satisfaction with one's self. It is often associated with self-confidence, self-esteem and other concepts that marry "the self" with feeling content and happy. (Ackerman, 2019).

Types of Happiness

Hedonia. The source of hedonic happiness is pleasure. It is frequently linked to following one's instincts, taking care of oneself, achieving goals, having fun and feeling content.

Eudaimonia. This kind of happiness results from looking for virtue and purpose. Having a sense of purpose and value in life is a crucial aspect of eudaimonic well-being. It is more frequently linked to carrying out obligations, making long-term investments, caring for the welfare of others and upholding personal principles.

Research on Hedonic and Eudaimonic Happiness

Henderson, Wayne, Knight and Richardson (2013) concluded that eudaimonic and hedonic happiness both appear to serve a purpose in overall well-being, hedonic adaptation, also referred to as the "hedonic treadmill," states that, people have a baseline of happiness that they return to no matter what happens in their lives. Thus, despite spikes in pleasure and enjoyment when one has a hedonic experience, such as going to a party, eating a delicious meal or winning an award, the novelty soon wears off and people return to their typical levels of happiness. Hedonic adaptation is most likely to occur when one engages in fleeting pleasures. This kind of enjoyment can improve mood but this is only temporary. One way to combat a return to your happiness set point is to engage in more eudaimonic activities. Meaningful activities like engaging in hobbies require greater thought and effort than hedonic activities, which require little to no exertion to enjoy. While this may make it seem like the path to happiness is eudaimonia, sometimes it’s not practical to engage in the activities that evoke eudaimonic happiness. Thus, both eudaimonia and hedonia have a role to play in one’s overall happiness and well-being**.**

Happiness and Health

Health and happiness are completely intertwined. That is not to say that people with illnesses cannot be happy, but that attending to one's health is an important—and perhaps underappreciated—component of well-being. There are numerous correlations between health and happiness, including a longer lifespan, but it can be challenging to determine one causes the other. Everyone can feel happier by making adjustments to their nutrition, exercise, sleep, and other factors

Physical benefits of happiness

Several positive aspects of physical health are linked to happiness, including lower blood pressure, a lower risk of stroke, a better immune system and even a longer life. A lower risk of injury in young individuals as well as frailty in elderly adults are associated with positive feelings.

Affective state theory

According to this happiness theory, a person's total emotional condition determines their level of happiness. Bradburn (1969) advanced the case that positive and negative affect, which are two distinct but unrelated parts of happiness, make up happiness as a whole. Bradburn asserts that a person's overall assessment of happiness is based on a comparison of their positive and negative impact. According to affect state theory, the absence of negative affect does not equate to the presence of positive affect (Diener, 1984).

The "Expectations" Theory of Happiness

The major finding in the research on happiness is that the gap between our expectations and reality is what determines our long-term contentment. One may feel disappointed if there is a significant gap and reality exceeds all of our high aspirations. People are satisfied if the gap is minimal or non-existent. This theory of happiness suggests that the solution to this issue is more complex than simply decreasing our expectations. People have higher expectations when our lives improve. However, one would crave more as we acquire more. Penn, A. (2022)

Influences of Health in Happiness

Health and happiness broadly overlap, but there are also narrower ways in which health can boost well-being. The foods we consume, the exercise we do, and the diseases we face all play a role.

Health leads to happiness. There are several explanations for why being healthy can makes happier. According to some research, those who take better care of themselves report feeling happy. According to several studies, those who are healthier just view the world more optimistically. However other evidence points to a common denominator—perhaps genetics or personality—that affects both.

Definition of health

Health is a state of complete physical, mental and social well-being and not mere absence of disease or infirmity (World Health Organization, 1948).

Positive health – ability of man to lead a socially and economically productive life.

Operational definition – health is a condition or quality of human organism expressing the adequate functioning of the organism in given conditions, genetic or environmental.

WHO remains firmly committed to the principles set out in the preamble to the Constitution

- Everyone has the fundamental right to enjoy the highest attainable standard of health, regardless of ethnicity, religion, political beliefs, economic situation, or social standing.
- The wellbeing of all peoples is crucial to the establishment of peace and security and depends on the complete cooperation of both individuals and States.
- The accomplishments of any State in the promotion and protection of health are valuable to all.
- A common risk is the uneven growth of various nations in terms of the promotion of health and the management of diseases, particularly communicable diseases.
- The basic requirement for a child's healthy development is their capacity to live peacefully in a constantly changing environment.
- The best way to achieve health is to spread the advantages of medical, psychological, and associated information to all peoples.
- The public's active participation and well-informed opinions are crucial for advancing the general public's health
- Governments must provide enough social and health programmes in order to fulfil their obligation to protect the health of their citizens.

Dimensions of health

Physical Health. It refers to the state of a physical body and how well it can perform given the flexibility of all of its parts. It is influenced by getting enough eating, moving around, sleeping and being in an atmosphere where those things are possible. It motivates us to take good care of our bodies to maintain their strength and endurance. To assist the body become physically fit, one should consume nourishment, a balanced diet, and lots of water.

Mental Health. It is important to maintain the psychological state at an adequate level for the shown behaviour and emotional adjustments. A sense of confidence, optimism, acceptance of oneself, practising yoga and engaging in physical activity can all help one maintain good mental health. Being free from sickness does not imply that stress and relationships are well-managed.

Social Health. It is the state of engaging in cordial conversation with others and handling various circumstances with calmness and joy. Communities of all kinds are strengthened by strong social bonds.

Environmental Health. Understanding how the environment and surroundings impact human health is crucial. According to the National Institute of Environmental Health Science (2013), the environment includes lifestyle elements including nutrition and exercise, socioeconomic status, and other societal influences that may have an impact on health.

Spiritual Health. In terms of understanding beliefs, values, and ethics, it establishes the goal and purpose of life. According to the National Wellness Institute, it is important to appreciate, accept and live by your own values while remaining loyal to yourself. Spirituality is influenced by religious beliefs, and it is important to maintain the inner peace necessary to survive and prosper under any trying circumstances.

Positive physical health. This is state in which every cell and organ functions at optimum capacity and perfect harmony with the rest of the good skin, clear skin, bright eyes, glossy hair, a firm fleshed body that is not too fatty, sweet breath, a decent appetite, peaceful sleep, regular bowel and bladder function, and smooth, simple coordinated bodily motions are all indications of good physical health.

Determinants of health

According to world health organization (2017) Health is determined by a consistent, harmonious interaction of these variables.

Biological factors. An individual's genetic makeup might have an effect on their health to some extent. Building a healthy relationship with one's surroundings is the only way to allow one's genetic history to express itself in a positive way.

Behavioral and social factors. A person's lifestyle has a big impact on their health. As the prevalence of non-communicable diseases rises, the idea of lifestyle is becoming more popular. An individual's lifestyle is linked to lung cancer, obesity and ischaemic heart disease. Lifestyle refers to how individuals live and is impacted by cultural norms, behavioural patterns and individual habits that are linked to knowledge and attitude. Promoting a healthy lifestyle is essential for preventing a wide range of illnesses (primordial prevention).

Spectrum of health

A person's health is a dynamic phenomenon that is constantly changing. It is not static.

- There is no need to examine the state of health or set a specific cut-off point.
- Death is the lowest point, while good health is the highest point.
- The transition from good health to death is frequently gradual, making it challenging to define the boundary between the two states.
- Another possibility is being free from illness, having better health, and being in good health.
- It contains undiagnosed illness at the halfway point and offshoots to mild, severe sickness, and death.

The Health Belief Model

A team of social psychologists working in the field of public health created the health belief model (HBM) (Becker, 1974). There are four main concepts: the first two concern a specific disease, while the following two deal with potential actions that can lessen the likelihood or severity of that disease. At its most basic level, the Health Belief Model (HBM) is a value-expectancy theory: behaviour is dependent on

(1) the subjective value placed on the outcome and

(2) the expectation that an action will lead to that outcome. The Health Belief Model (HBM) hypothesises that health-related behaviour depends on the combination of several factors, namely, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy.

The key variables of the health belief model are as follows:

1.Degree of perceived risk of a disease. This variable comprises the perceived tendency to develop a health issue as well as the reported severity of that condition once it does.

2. Perceived advantages of following a diet. The success of dietary tactics thought to help lower the risk of disease is regarded as a second benefit.

3.**Perceived obstacles to following a diet.** This variable takes into account any unfavourable effects that certain health behaviours could have, such as physical (weight increase or loss), psychological (lack of spontaneity in food selection) and financial obligations (cost of new foods).

4. Cues to action. Occasions that push people to act to alter their food habits are key indicators of change.

5.Self-efficacy. The confidence in one's ability to carry out the dietary behaviour necessary to get the desired outcome is a key factor.

6.Other variables. An individual's perceptions of dietary change are influenced by demographic, sociopsychological and structural factors, which in turn indirectly affect the individual's capacity to maintain new eating habits.

NEED FOR THE STUDY

The aim of the study is to find the Effects of Self Restrain on Happiness and Health among Diabetic and BP Patients. The patients' health and subjective well-being will improve as a result of the suggested study's assistance in lowering their self-restraint behaviour. Patients will understand the significance of happiness in their health because happiness and health influence one another. There are numerous correlations between health and happiness, including a longer lifespan, but it can be challenging to determine one causes the other. Everyone can feel happier by making adjustments to their nutrition, exercise, sleep, and other factors. It supports the well-being of the participants. According to some research, those who take better care of themselves report feeling happy. According to several studies, those who are healthier just view the world more optimistically If the participant exhibits great levels of self-control, this study will assist them in releasing those restraints. Patients with diabetes and high blood pressure will benefit from this in terms of quality of life.

REVIEW OF LITERATURE

Chapter 2

Review of Literature

Tanaka, Son and Iijima (2023) conducted the research on health behaviors among housebound Japanese community – dwelling older adults due to prolonged self-restraint during the first COVID-19. They evaluated the association between extreme drop down frequency and diminishing engagement in positive health behaviours among community –dwelling older individuals over the self-restraint period. They also looked at the decline in going out and certain other positive health behaviours. This research was carried out in Tokyo, Japan's Nishi Tokyo City. Two hundred ninety-four respondents (150 women) who were 50 years of age or older and residents of public housing who were allowed to be polled during the self-restraint period made up the sample. More information was gathered using self-report questionnaire. Due to the government's appeal for self-control, 41.2% of the 294 respondents who went out less frequently. Thirteen people were housebound (going out fewer than once per week) prior to the request. Of the 281 people who were not housebound before the government's self-restraint request, 13.9% were newly housebound. Prolonged self-restraint due to the COVID-19 pandemic may lead to housebound status and poor health behaviors.

Kavad and Hetal (2021) conducted a study which aimed to know the happiness and adjustment with reference to the type of student's gender and type of degree residing in hostel and at home. The Happiness Scale (HS– RHMJ), Social Adjustment Inventory (SAI) and Family Adjustment Inventory (FAI) were used. The sample consisted total 480 college students. Therefore, it can be said that the under-graduate students' residing in the hostel group has slightly good happiness compare to post-graduate students' residing in the hostel group.

Lee, Kim , Chow and Piatt (2021) investigated the relationship between different levels of physical activity , physical health, happiness and depression among older adults with diabetes. They collected the data from the National Social Life, Health and Aging Project (NSHAP,2020) Wave 3, which included 709 respondents who had been diagnosed with diabetes. The results indicate that moderate and/or vigorous physical exercise is more effective than light physical activity for increasing physical health and happiness which also proven in lowering depression among older persons with diabetes. According to this study, therapists and activity specialists who work with older persons with diabetes should promote their engagement in physical exercise and modify their level of intensity to suit the needs and expectations of the participants.

Cobb, Javanbakht, Soltani, Bazargan and Assari (2020) conducted the research to understand if black and white adult Americans differ in the effects of self-
rated health (SRH) on happiness. This cross-sectional study used data from the general social survey, a nationally representative survey in the US. Our analytical sample included 42,201 black and white adults. The independent variable was SRH. Happiness was the dependent variable. Overall, good SRH was positively associated with happiness. However, there was a significant interaction between race/ethnicity and good SRH on the outcome (i.e happiness). This finding suggested that the boosting effect of good SRH on happiness is weaker for black than white people. This may be an adaptive response of Blacks to socio political as well as health-related adversities over centuries as a result of the combination of oppression, injustice, and poverty.

Georgii, Mecklenbeck, Richard, A. et al (2020) conducted a study on the dynamics of self-control: within-participant modeling of binary food choices and underlying decision processes as a function of restrained eating. The University of Salzburg in Austria selected 69 female participants. Seven subjects were excluded due to non-compliance (i.e., failing to follow the research protocol) and technical difficulties. Average age was 22.2 years and 22.2 kg/m^2 was the

normal BMI. With the help of the Dutch Eating Behavior Questionnaire, restraint in dining was assessed. Participants were told to eat one of five planned lunches (550 kcal) three hours before testing to reduce the variability in hunger levels. Sensors for physiological data were attached to start laboratory testing. Following initial rest periods of around 10 minutes and a 40-minute emotional eating task that evaluated how people responded to food cues in neutral and negative emotional states, the food choice task was initiated. The results showed that the amount consumed was positively correlated with the number of options for a particular food provided.

Liu, Huang, Dong, Li, Zhao, Xu and Yin (2020) formulated a study that aimed to investigate diabetes distress, happiness and its associated factors of patients with type 2 diabetes mellitus (T2DM) treated by different therapies, and to analyze the related impact factors. A total of 1512 patients with T2DM were randomly selected from 18 tertiary hospitals. Use the general information questionnaire, WHO and the problem areas in diabetes scale to collect the data. There are 846 patients that have serious emotional disorders and the diabetes related distress in insulin treatment group was higher than that in combination treatment group . There was a negative correlation between diabetic suffering and happiness in patients with different treatments. Age and happiness experience could explain 14.8% of the variance. Acute and chronic complications, controlled blood glucose level, lifestyle, therapies and school education can explain 18.3% of variance. Under different therapies, the suffering and happiness of T2DM patients differed from each other. The suffering and happiness of T2DM were related to different therapies, age, complications, glycaemic control, lifestyle, school education, and so on.

Shinohara, Saida, Tanaka, Murayama and Higuchi (2020) evaluated a study that aims to clarify the construct and criterion-related validity of the Questionnaire for Older Senior Citizens (QO) during the COVID-19 pandemic. Data from 900 participants out of 1645 older adults who answered were evaluated. First, they conducted an exploratory factor analysis (EFA) among older adults (aged ≥75 years) and extracted the factors. The analysis adopted for the study was

confirmatory factor analysis (CFA) using structural equation modeling. Among the older adult group, the model used for the QO has sufficient suitability and construct validity among the younger-older adult group, there also is sufficient questionnaire suitability. Moreover, the QO has criterion related validity with frailty.

Shiratori, Ogawa, Ota, Sodeyama, Sakamoto, Arai, Tachikawa (2020) investigated a longitudinal comparison of college student mental health under the COVID-19 self-restraint policy in Japan. Subjects were University of Tsukuba students enrolled in each academic year from 2016 through 2019 who underwent a health examination and received the PHQ-9, as well as students enrolled in 2020 who received the web survey. They made use of information gathered from student health exams that included depression screenings conducted by the University of Tsukuba in Japan. The Patient Health Questionnaire-9 (PHQ-9) and an open-ended enquiry on stress self-management were completed by the students. The students of 9.6% in 2020 reported having depression, which is about twice as many as in prior years. The PHQ-9 scores were considerably higher in 2020 than in 2019 according to the paired samples Wilcoxon test, the highest impact size was for sleep issues.

Assarzadegan and Raeisi (2019) aimed to investigate the effectiveness of training based on positive- psychology on quality of life and happiness of patients with type 2 diabetes. This quasi-experimental study involved a control group, a pre-test, a post-test and follow-up. Patients who were referred to Hazrat Ali Health facility and had type 2 diabetes made up the statistical population of the study whereas, 30 diabetes patients were chosen by convenient selection and divided into two groups of 15 at random (experimental and control groups). The control group did not receive any treatment, while the experimental group underwent eight 90-minute sessions of positive psychology. Both groups were evaluated before and after the intervention and in the follow up using the World Health Organization Quality of Life Questionnaire (1996) and Oxford Happiness (1989). The Conclusion was Positive psychological education effectively improves the

quality of life and happiness of patients with type 2 diabetes. Therefore, it is recommended that this treatment approach be used to help improve the quality of life and happiness of these patients.

Panagi, Poole, Hackett and Steptoe (2019) aimed to examine the relationship between happiness and inflammatory markers at baseline and in response to acute stress in people with T2D. One hundred forty people with T2D took part in laboratory-based stress testing. They aggregated daily happiness ratings over 7 days before stress testing. During the laboratory session, participants underwent two mental stress tasks the mirror tracing and the stroop task. Associations between happiness and inflammatory markers and responses were analyzed using multivariable linear regressions. Happier individuals with T2D have lower inflammatory markers before and after acute stress, albeit independent of stress responsivity. Findings could provide a protective physiological pathway linking daily happiness with better health in people with T2D.

Borgonovi (2018) examined whether engaging in voluntary work leads to greater well-being, as measured by self-reported health and happiness. Drawing on data from the USA, our estimates suggest that people who volunteer report better health and greater happiness than people who do not, a relationship that is not driven by socio-economic differences between volunteers and non-volunteers. The paper uses the Social Capital Community Benchmark Survey (SCCBS) dataset. The SCCBS collects data on voluntary work to a range of groups and organizations as well as on self-reported health and happiness. The SCCBS contains both a sample of the U.S. population and specific samples from 41 communities across 29 states. Their analysis indicates that volunteering is highly associated with greater health and happiness, while other forms of altruistic behavior, such as donations of money or donations of blood, are not. The main contribution of the study is that it examines whether the widely documented positive association between volunteering and well-being is causal.

Pannells and Claxton (2018) conducted a study that explored the relationship between happiness, creative ideation and locus of control. Participants included 171 university students.

Three hypotheses were explored: First, happiness was predicted to be correlated to internal locus of control; second, creative ideation was predicted to be correlated to internal locus of control and third, happiness was predicted to be correlated with creative ideation. Assessment tools included the Oxford Happiness Inventory, Runco Ideation Behavior Scales and Rotter's Locus of Control. Results indicated a relationship between creative ideation and external locus of control. Data also indicated that there was a significant positive relationship between happiness and creative ideation. A significant difference on the happiness measure was found for those individuals with internal locus of control versus those with external locus of control.

Abdel-Khalek and Lester (2017) aimed to explore the associations between religiosity, generalized self-efficacy, mental health and happiness. A sample 702 of muslim Arab college students was recruited. They responded to four scales as follows: the self–rating scale of religiosity, the self–rating scale of happiness, the Arabic Scale of Self–Efficacy and the Arabic Scale of Mental Health. The results indicated that male students obtained significantly higher mean total scores on self-efficacy and mental health than did their female counterparts. All of the Pearson correlations between the study scales were statistically significant and positive in both men and women. A principal components analysis identified a single component which could labeled “Mental health, well-being and religiosity”. It appears that participants who see themselves as religious are more likely to see themselves as self-efficacious and to have greater levels of mental health and happiness.

Christopher W. Wiese et.al (2017) conducted a study where they tested a curvilinear relationship between self-control and subjective well-being exists. They used multiple metrics (questionnaires, behavioral ratings), sources (self-report, other-report), and methods (cross-sectional measurement, day reconstruction method, experience sampling method) across six studies. They found that self-control positively predicted subjective well-being (cognitive and affective), but there was little evidence for an inverted U-shaped curve. The results held after

statistically controlling for demographics and other psychological confounds. Our main finding is that self-control enhances subjective well-being with little to no apparent downside of too much self-control.

Hofmann, Rauch and Gawronski (2017) investigated the impact of automatic candy attitudes, dietary restraint standards, and self-regulation resources on eating behavior. Participants were assigned to either an emotion suppression task (low self-regulation resources) or an emotion flow task (high self-regulation resources) and they were given an opportunity to taste candies. Participants were 51 first to third year psychology students at the University of Koblenz-Landau, Germany, who participated in exchange for course credit. This research throws up the findings confirming our assumption that self-regulation resources moderate the relative impact of automatic attitudes and personal standards on human behavior. Whereas the behavioral impact of personal standards was reduced by ego depletion, the impact of automatic attitudes was increased. More precisely, candy consumption was strongly related to participants' dietary restraint standards (but not to automatic candy attitudes) when self-regulation resources were high.

Maldonado, Miller. & Lord (2017) aims to explores the relationships among socio-demographics, perceived health and happiness in a patient population of 221 adults recruited from 39 primary care practices in Alabama. They also explored whether the relationship between socio-demographics and happiness is mediated by perceived health. The dependent variable, happiness was dichotomized as happy versus unhappy. Independent variables or correlates of happiness included race, age, gender. Data were analyzed using generalized linear latent and mixed models to examine the relationship between happiness and its correlates. Their findings suggest that adequate health literacy and better perceived health are associated with an increase in the likelihood of happiness. Results suggest that policies aimed at increasing health literacy, promoting health, and reducing income disparities may be associated with greater happiness.

Amirian and Fazit (2016) conducted a study that examined simple and multivariate relationships of spiritual intelligence with general health and happiness. The employed method was descriptive and correlational. King's Spiritual Quotient scales, GHQ-28 and Oxford Happiness Inventory, are filled out by a sample consisted of 384 students, which were selected using stratified random sampling from the students of Shahid Bahonar University of Kerman. Bivariate correlations support positive and significant predictive value of spiritual intelligence toward general health and happiness. Further analysis showed that among the Spiritual Intelligence' subscales, Existential Critical Thinking Predicted General Health and Happiness, reversely. In addition, happiness was positively predicted by generation of personal meaning and transcendental awareness. The findings are discussed in line with the previous studies and the relevant theoretical background.

Amirian and Pour (2016) aimed to study the relationship between family relationship and attributional style in self-efficacy, happiness and health of adolescents. The population sample comprise of 300 adolescents belonging to an age group of 16 to 18 years. The sample belonged to middle class family and studying in public school of Haryana. They used Family Relationship Inventory (Sherry and Sinha, 1987), Oxford Happiness Scale (General Health Questionnaire (GHQ-28), Standardised Self-Efficacy Scale. As per the first objective, i.e., correlational analysis, there exist a positive relationship between parental acceptance, parental concentration, positive stability, self-efficacy and happiness. Caring parents lead to high mental health i.e., low distress. Parental Avoidance bears negative relationship with positive attribution, self-efficacy, happiness and health. Findings revealed that parental acceptance and parental avoidance emerged as important predictors in enhancing the self-efficacy of adolescents. In bringing happiness among youth, parental acceptance emerged as potent factor while parental avoidance emerged as important factor that should be discouraged as it brings poor health and distress in adolescents.

Kirmani and Nadeem (2016) done a study on health happiness and spirituality among adults. The aim of the present study was to develop and standardized a happiness scale and spirituality among adults with reference to gender, age and religion as sociodemographic variables. Participants were then divided on the basis of gender, age and religion. The scale used was general health questionnaire 28 and spirituality questionnaire by Hardt (2012) Significant gender difference was found in personal response and experiential happiness. Significant gender difference was found on overall happiness in adult and young group.

Shirkavand, Heydari, Salari and Ashoori (2015) aimed to investigate the effects of life skills training on happiness and hopefulness among patients with type II diabetes, referring to healthcare centers of Pakdasht, Iran. The study population consisted of all patients with type II diabetes, referring to healthcare centers of Pakdasht in 2015. Overall, 40 patients were selected via simple random sampling and were randomly assigned to experimental and control groups. The experimental group received 10 sessions of training on life skills (90 min per session), while the control group did not receive any training. The groups completed the Oxford Happiness Questionnaire (OHQ) and Hope Questionnaire for pre-test and post-test assessments. For data analysis, multivariate analysis of covariance (MANCOVA) was performed. life skills training led to a significant increase in happiness and hopefulness among patients with type II diabetes. Based on the findings, it is suggested that therapists, counsellors and clinical psychologists apply life skills training for promoting happiness and hopefulness among patients with type II diabetes.

Tillery and Fishbach (2015) formulated the research on Exercising restraint when choices appear self-diagnostic. This study examines the idea that people refrain from doing things that might harm their perception of themselves (i.e., self-diagnostic actions). There were 150 college pupils who took part. They made to eat the appetizing food and noted their restraining behaviour. Experiments 1 and 2 demonstrate that an action that is framed as happening at the start or end (as opposed to the middle) of a constructed sequence is perceived as being more self-diagnostic. As

a result, Experiment 3 reveals that snack selections are more restrained at the framed beginning or conclusion (vs. middle). Furthermore, responses to self-diagnosticity cues like framed positions depend on the significance of a goal, which shows its centrality to the self-concept. In particular, participants who committed to money goals (Experiment 4) and health goals (Experiment 5) were more likely to make choices that were in line with these goals at the time of the experiment. These results highlight the role of the self in self-control by demonstrating that people exercise restraint when decision contexts seem more telling of the self.

Blagov and Singer (2014) this study examines four dimensions of self-defining memory (specificity, meaning, content, and affect) and their relationship to self-restraint, distress, and defensiveness. measured by the Weinberger Adjustment Inventory. The current study compared individual differences in the four dimensions of 10 self-defining memories collected from 103 undergraduates Memory specificity was inversely related to repressive defensiveness, while greater memory meaning was linked to moderate and high levels of self-restraint. Memory content and affect predicted individuals' degree of subjective distress.

Fleckenstein and cox (2014) studied the association of an open relationship orientation with health and happiness in a sample of older US adults, Sexual and Relationship Therapy. The authors collected 502 responses via an online survey from individuals aged 55. Self-reported health and happiness, number of sexual partners, and sexual frequency were compared with 723 similar respondents from the nationally-representative 2012 United States (US) General Social Survey. Key findings were irrespective of formal relationship status, the non-exclusive sample reported significantly more sexual partners, more sexual frequency, better health, and were much more likely to have had an HIV test than the general US population; the non-exclusive sample also reported being significantly happier than the general population, with the exception of married men, who reported being as happy as the general population sample; and regression

analyses suggest that the factors which predict better health and happiness differ between the general population and those who participate in consensually non-exclusive sexual relationships.

Marta Miret et al (2014) aimed to explore the associations between health and how people evaluate and experience their lives. they analysed data from nationally-representative household surveys originally conducted in 2011–2012 in Finland, Poland and Spain. These surveys provided information on 10 800 adults, for whom experienced well-being was measured using the Day Reconstruction Method and evaluative well-being was measured with the Cantril Self-Anchoring Striving Scale. Health status was assessed by questions in eight domains including mobility and self-care. The multiple indicator/multiple causes model conducted over the pooled sample showed that respondents with younger age, with higher levels of education, a history of depression, poor health status or poor cognitive functioning reported worse experienced well-being. Health status was the factor most strongly correlated with both experienced and evaluative well-being, even after controlling for a history of depression, age, income and other sociodemographic variables. Health status is an important correlate of well-being. Therefore, strategies to improve population health would also improve people's well-being.

Perneger and Hudelson (2014) conducted the research that aims to study the relationship of Self compassion and its correlates namely Flourishing, Resilience, Self-efficacy, Perceived stress, Happiness and Coping styles among adolescents 300 adolescents in the 16 to 18year old age range made up the sample. There were 300 adolescents, 150 of whom were male and 150 of whom were female. Students were chosen at random from Chandigarh, Mohali, and Panchkula's public and private schools. The Oxford Happiness Questionnaire, the Self Compassion Scale, the Flourishing Scale, the Resilience Scale, the General Self Efficacy Measure, the Perceived Stress Scale and the General Self Efficacy Scale were administered. In the case of the entire sample and female teenagers, resilience and happiness were found to be significant predictors of self-kindness, whereas emotion-focused disengagement coping was found to be the only significant predictor of

self-kindness in the case of male adolescents. In the case of the entire sample, both male and female teenagers, common humanity was found to be significantly and favourably connected to flourishing, self-efficacy, resilience, happiness, problem focused engagement coping and total engagement coping. In the case of the entire sample, both male and female teenagers, self-kindness was found to be significantly and favourably connected to flourishing, happiness, emotion focused engagement coping, and total engagement coping.

Perneger, Hudelson and Bovier (2014) aimed to explore whether self-reported happiness is associated with mental and physical health status among young adults. Cross-sectional survey of 1257 randomly selected university students in Geneva, Switzerland. The questionnaire included an item that probed the feeling of happiness in the past month, the Short Form-12 health survey, scales to measure self-esteem, stress, and social support, reports of various life problems, and socio-demographic information. In Result Most participants felt happy all of the time or most of the time (63%). In multivariate analysis, feeling happy all or most of the time was strongly associated with better mental health. The strong association between happiness and mental health suggests that asking people if they are happy may help identify mental health care needs. Self-reported happiness may also be a useful outcome measure for evaluation of health interventions.

Arguedas, Leiva and Wright (2013) aimed to determine if 'lower' BP targets are associated with reduction in mortality and morbidity compared with 'standard' BP targets in people with diabetes. The randomized controlled methods were followed in the clinical trials. Trials cannot be blinded to blood pressure targets because the treating physicians must know the target to which each participant has been assigned in order to make the proper adjustment in the therapy to achieve the blood pressure goal. All trials that reported any of the outcomes were included. At the present time, evidence from randomized trials does not support blood pressure targets lower than the standard targets in people with elevated blood pressure and diabetes. More randomized controlled

trials are needed, with future trials reporting total mortality, total serious adverse events as well as cardiovascular and renal events.

Gray, Pattaravanich and Prasartkul (2013) talked about the happiness in the school going children in Thailand in the context of family and non-family factors. Teenagers between the ages of 15 and 18 made up the sample. There was a regression analysis. The differences in adolescent happiness were shown to be strongly influenced by family circumstances. The maximum level of affection and closeness between family members as well as the amount of time spent together were the operational metrics used to quantify the family domain. Family cohesion has been discovered to be influenced by family relationships.

Fatima and Mahvish (2012) evaluated a study of happiness, hope and health behaviour among coronary artery disease (CAD) and cancer patients. The coronary artery disease (CAD) group consisted of 100 males and 100 females. The adult hope scale developed by C.R. Snyder (1991), Heath Care scale developed by Adhami and Kureshi. Scheffe test showed that there were significant differences between stage 1 and stage 4, stage 2 and stage 4, and stage 3 and stage 4 cancer patients on happiness.

Feldman and Brown(2012) analysed Family influences on adolescent male sexuality: the mediational role of self-restraint measured by the Weinberger Adjustment Inventory. Sixty-nine boys were studied in sixth grade and again in tenth grade. Family/parenting scores were directly associated with adolescents' sexuality. In discriminant analyses, family scores predicted boys' status as virgins/nonvirgins four year later with greater than 70% success

Rani and usha (2012) conducted a study to examine the nature and extent of happiness among adolescents and understand the impact of family environment and core virtues on adolescents' happiness. The sample constituted 738 students from classes 9 to12 from several high schools in Vishakhapatnam and Odagamandalam, India. The sample included 292 girls and 446 boys. The

sample was divided into 2 groups according to class, the junior class (9 and 10) included 404 students and the senior class (11 and 12) comprised of 334 students. Questionnaires were administered to measure happiness, family environment and core strengths. The findings resulted that the Adolescent girls are happier than boys with their immediate family, relatives and significant others. They are also happier in the choice of their leisure activities and the things they indulge in. Adolescents studying in day schools are significantly happier than the boarding school adolescents on the leisure domain. The junior children were happier than their seniors on the relationship and the leisure domains of happiness. Adolescents studying in the boarding schools reported open expression of feelings and more involvement in the family and perceive higher degrees of the extent of independence encouraged. On the other hand, adolescents from day schools report higher degrees of control on the system maintenance dimension in their family.

Shahhosseini, Simbar and Majid (2012) found the parents to have critical role in adolescent health. Sixty-seven female volunteers were used as test subjects. A content analysis of the focus group discussion was conducted. Three themes—emotional support, responsible parenting, and informed parenting—were the same. It was also underlined that parental counselling and guidance would affect adolescents' health.

METHOD

Chapter 3

Method

The procedure pertaining to the study on Effects of Self Restrain on Happiness and Health among Diabetic and BP Patients involved the following steps:

• Objectives

• Hypothesis

• Samples

• Tools

• Procedure

• Analysis of data

Objectives

- To assess the level of self-restrain among diabetic and BP patients
- To identify the level of happiness among diabetic and BP patients
- To assess the level of health among diabetic and BP patients
- To explore the relationship among self-restrain, happiness and health among Diabetic and BP patients
- To identify the relationship between self-restrain and medical condition among patients

Hypothesis

- There will be a significant relationship between self-restrain and happiness among diabetic and BP patients
- There will be a significant relationship between self-restrain and health among diabetic and BP patients.
- There will be a significant relationship between happiness and health among diabetic and BP patients
- There will be a significant relationship between self-restraint and medical condition among patients

Samples

A total of 50 participants (25 females and 25 males) were taken part in the study. The age ranges from 35 to 45 years. People residing in both urban and rural area participated in the study. The data was collected using simple random sampling technique.

Inclusion Criteria

- Early middle age (35 to 45 years)
- Both male and female participants
- Participants who have diabetic and blood pressure
- Participants were chosen based on their routine health examinations
- Only consented participants were included in the study

Exclusion Criteria

- The participants below the age of 35 and beyond the age of 45
- The participants who are unwilling to participate
- The participants who are physically challenged and mentally ill
- Participants who do not have diabetic and blood pressure

- Terminally ill patients were excluded in the study

Tools

- Self-Restraint-Weinberger Adjustment Inventory (1990)
- General Health Questionnaire – 28 - Goldberg DP (1975)
- Subjective Happiness Scale (SHS) by Sonja Lyubomirsky (1999)

Self-restraint – Weinberger Adjustment Inventory (1990)

The Weinberger Adjustment Inventory (1990) by Weinberger was designed as a hierarchical self-report measure of general social-emotional adjustment. The superordinate constructs of distress (i.e., anxiety, depression, low self-esteem, and low well-being) and self-restraint (i.e., impulse control, suppression of aggression, consideration of others, and responsibility) are each operationalized as a composite of 4 subscales. This inventory measures self-restraint. It includes items pertaining to suppression of aggression, consideration of others, impulse control, and responsibility. This test contains 30 sentences each of which is followed by five possible alternatives, strongly agree, agree, undecided, disagree and strongly disagree.

General Health Questionnaire – 28 (1990)

The General Health Questionnaire – 28 (GHQ-28) (1990) is a self-report screening measure used to detect possible psychological disorder. The GHQ-28 identifies two main concerns: (1) the inability to carry out normal functions and (2) the appearance of new and distressing phenomena. The GHQ-28 is derived from the original 60-item General Health Questionnaire. Factor analysis of the GHQ-28 identified four 7-item subscales: Somatic symptoms, Anxiety/insomnia, social dysfunction, Severe depression with four alternatives Better Than Usual, Same As Usual, Less Than Usual, Much Less Than Usual.

Subjective Happiness Scale (SHS) (1999)

The Subjective Happiness Scale (SHS) is a 4-item self-report measure developed to assess an individual's overall happiness as measured through self-evaluation by Lyubomirsky & Lepper (1999). The response format is a 7-point Likert-type scale. A single composite score is computed by averaging the responses to the four items following reverse coding of the fourth item. Scores range from 1.0 to 7.0, with higher scores reflecting greater happiness.

Procedure

The research topic was proposed and the hypotheses and objectives were framed. Diabetic and BP Patients were interviewed and sought consent for collecting data. The participants were assessed using the General Health Questionnaire – 28, Self-restraint – Weinberger Adjustment Inventory and Subjective Happiness Scale. They were instructed to read each item very carefully and choose from options that suits them the best. Copies of the questionnaires were given to them. They were informed that the data collected will be confidential. The scoring was done according to the scoring key and interpreted using the norms provided by the authors. The results were analyzed and the hypotheses were verified.

Analysis of data

The data was analyzed using Statistical Packages for Social Sciences (SPSS. 29.0.0) and the results were interpreted. The statistical methods used in the study includes Pearson Correlation of Co-efficient and Independent Sample t-test, descriptive statistics.

RESULTS AND DISCUSSION

Chapter 4

Results And Discussion

The study on Effects of Self Restrain on Happiness and Health among Diabetic and BP Patients was conducted. A total of 50 participants (25 females and 25 males) were taken part in the study. The age ranges from 35 to 45 years. The data was collected using simple random sampling technique. All the participants were assessed using The Weinberger Adjustment Inventory, The General Health Questionnaire – 28, The Subjective Happiness Scale. The distribution analysis was done for self-restrain, health and happiness.

The data of the study are analyzed, tabulated, and discussed below.

Table I

Demographic Data of the participants

N=50

Demographic details	Options	Frequency	Percentage
Age	35-40	18	36
	41-45	32	64
Gender	Male	25	100
	Female	25	100
Medical condition	Diabetic	50	100
	Diabetic and Bp	22	44

***Percentages are rounded-off**

Table 1 shows the demographic data of participants. Thirty six percent of the participants belongs to category of 35-40 years and 64% of the participants belongs to the category of 41-45 years. In this study, out of 50 samples, there were 25 male participants who comprised 50% and 50% consist of 25 female participants. All the participants had diabetics whereas 22 participants had both diabetic and bloop pressure.

Table 2

Level of Self-restrain among Diabetic and Bp Patients

N=50

Self-restrain	Number	Percentage
Low	2	4
Medium	47	94
High	1	2

***Percentages are rounded-off**

Table 2 shows the level of self-restrain among diabetic and Bp patients. Out of 50 participants, only 4% showed low level of self-restrain, 94% of the participants had medium level of self-restrain and only 2% of the participants had high level of self-restrain. From this finding it is known that maximum number of participants (96% of patients) posses' medium level of Self-restrain. It is interpreted as most of the diabetic and Bp patients knows to maintain their self-restraining behaviour. Self-controlled people are better at controlling their attentional, behavioural and emotional impulses to accomplish long-term goals than their impulsive counterparts. Their self-restraining behaviour helps to maintain their health condition. Four percent of the participants had low level self-restraining which shows they lack in controlling their behaviour. They do not have self-control which eventually affects their health. By re-evaluating the circumstance and altering the perspective, an individual can overcome unwanted temptations and diversions. Two percent of the participants have high level of self-restrain where they hold themselves tight. Some relaxation technique like deep breathing, listening music were suggested to reduce the self-restrain behaviour of an individual.

Figure 1

Level of Self-restrain

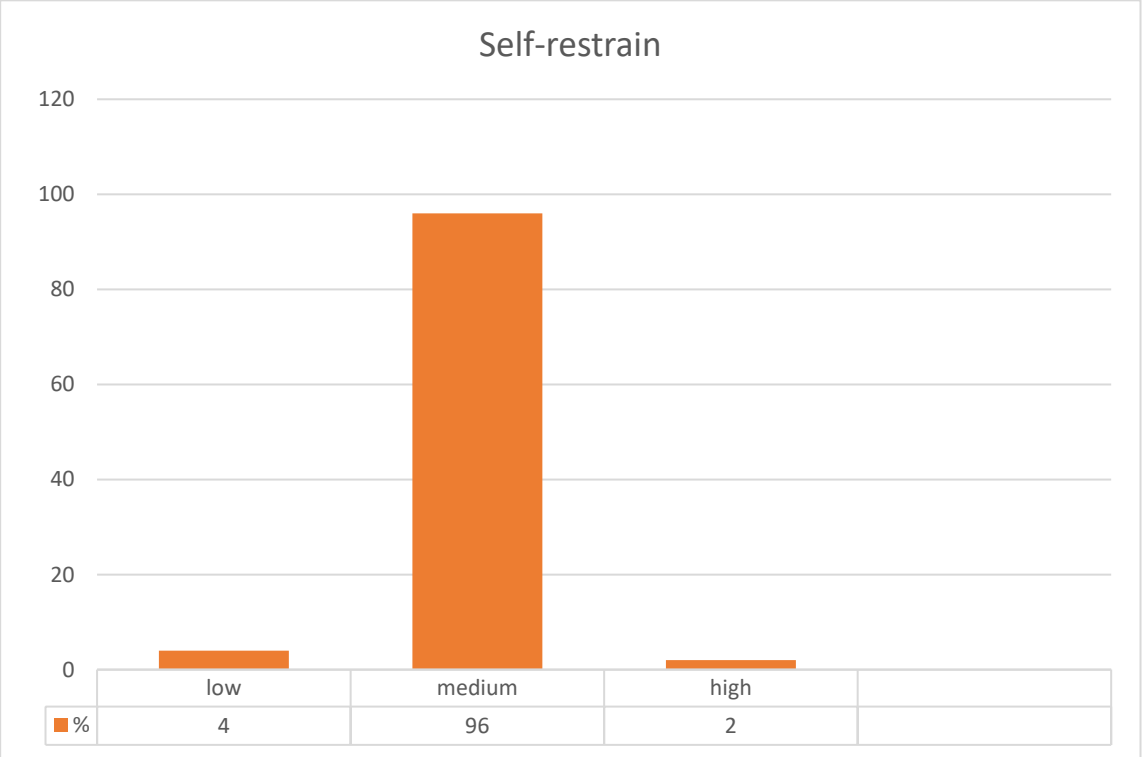

Table 3

Level of happiness among Diabetic and Bp Patients

N=50

Happiness	Number	Percentage
Low	49	98
High	1	2

***Percentages are rounded-off**

Table 3 shows the level of happiness among diabetic and Bp patients. Two percent of the participants had high level of happiness which is interpreted that they might consider themselves as a happy person. They are fully satisfied on their daily activities. The people might focus on optimistic approach rather than focusing on problematic event. They may-be positive thinkers and hopeful about their future. Majority of the participants (49 patients) are interpreted to have low level of happiness where they consider themselves as less happy. They might lack in their self-confidence which may lead to self-doubt and anxious. They can learn a few time-management technique, they can boost their gratitude practice and by doing regular exercise they might feel motivated.

Assarzadegan and Raeisi (2019) shows that positive psychological education effectively improves the quality of life and happiness of patients with type 2 diabetes. Therefore, proper psychoeducation and optimistic attitude towards life improves quality of life and happiness of these patients.

Figure 2

Level of happiness

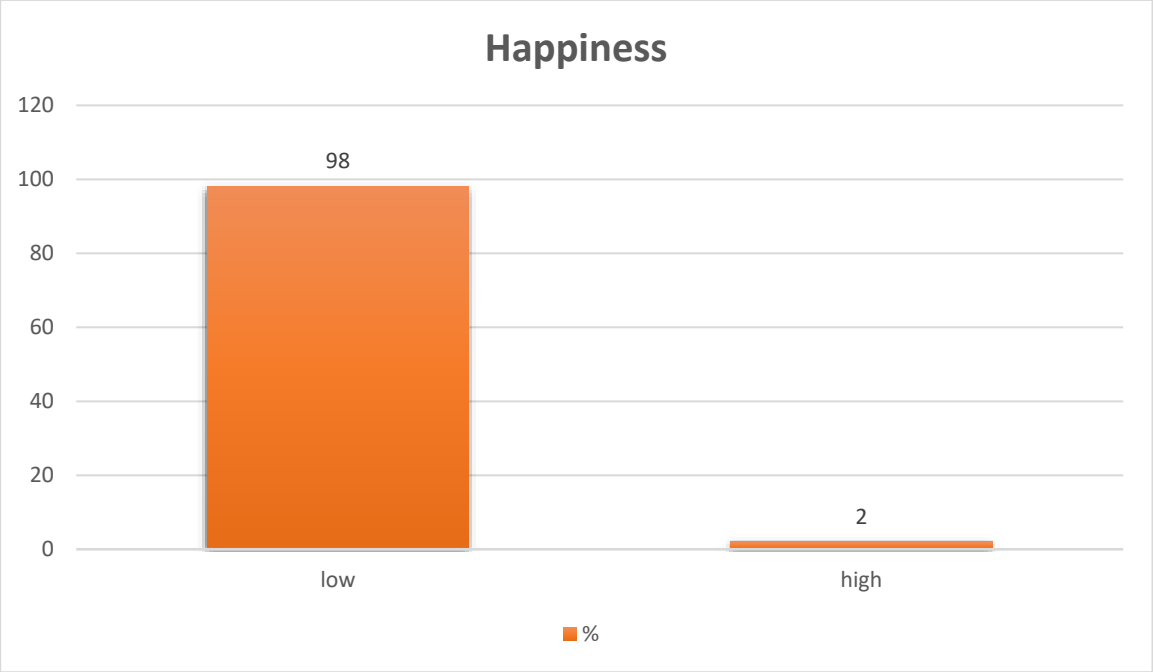

Table 4

Level of health among Diabetic and Bp Patients

N=50

Health	Number	Percentage
Low	3	6
Medium	47	94

*Percentages are rounded-off

Table 3 shows the level of health among diabetic and Bp patients. Out of 50 participants, 3 had low level of health and 47 had medium level of health. Most of participants are interpreted to have medium level of health. This shows that the patients try maintain their physical health. The participants who had diabetic and Bp knows the importance of taking their medication. They might have good amount of sleep which helps them to maintain their body functions. They might pursue a healthy lifestyle which leads to decrease the risk of disease. Six percent of the participants had low level of health. This shows that they lack in their well-being. They might have difficulties in accomplishing their daily activities. They might feel anxious whenever their health goes down. They can concentrate on Regular exercise, balanced nutrition, and adequate rest which contribute to good health. They can receive medical treatment to maintain the balance.

Figure 3

Level of health

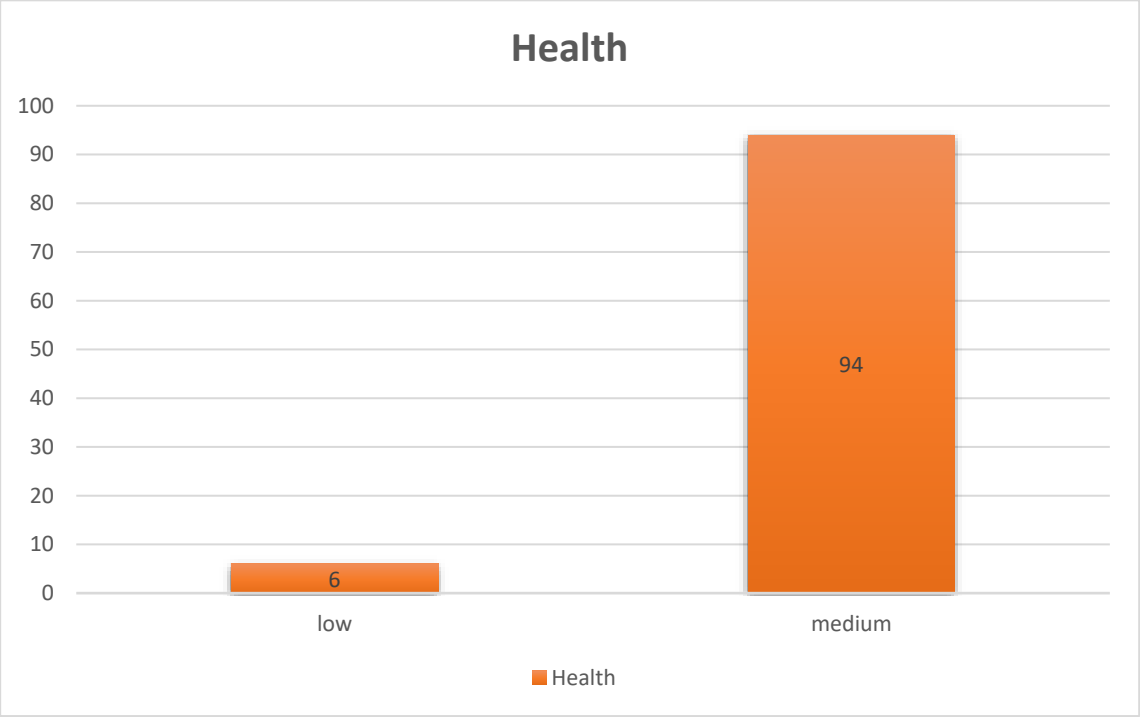

Table 5

Correlation between self-restrain and happiness among diabetic and Bp patients.

Variables	N	Self-restrain	Happiness
Self-restrain	50	1	0.474**
Happiness	50	0.474**	1

****. Correlation is significant at the 0.01 level (2-tailed)**

Table 7 shows the correlation between the variables of self-restraint and happiness among diabetic and Bp participants which is found to be significant at 0.01 level. The findings indicates that self-restraint have a positive significant relationship with happiness. This exposes the fact that self-restraint is directly proportional to happiness. Happiness and general wellbeing can be enhanced by learning to self-restrain and manage impulses. The ability to self-restrain increases a person's chances of achieving their long-term objectives, which can increase pleasure and contentment. People can minimise stress and anxiety by managing their emotions and refraining from impulsive responses to stressors, which will make them feel less anxious and stressed out and help them feel more at ease and happy. People can increase their level of life happiness and well-being by learning self-discipline and practising self-control. By educating people to accept and control their thoughts and emotions and act in accordance with their beliefs and goals, acceptance and commitment therapy (ACT) can assist people in learning self-control. Dialectical behavior therapy (DBT) can help individuals develop self-restraint by teaching them to identify

and regulate emotions, reduce impulsive behaviors, and build more positive and fulfilling relationships.

Hence the Hypothesis 1 stating, "*There will be a significant relationship between self-restraint and happiness among diabetic and Bp patients***" is accepted**.

Table 6

Correlation between self-restrain and health among diabetic and Bp patients.

Variables	N	Self-restrain	Health
Self-restrain	50	1	0.201
Health	50	0.201	1

Table 6 shows the correlation between the variables of self-restrain and health among middle adults with Diabetics and Bp patients. The findings indicate that self-restrain have no significant relationship with Health. Self-restrain and health have a complicated relationship that can vary depending on a person's personality, coping mechanisms, and social support. It is essential to take self-restrain into account as one of the factors that can improve general health and wellbeing, even though the relationship between self-control and health outcomes may not be straightforward. It can be advantageous for both physical and mental health outcomes to engage in healthy behaviours and practise self-restrain when dealing with stress. By developing practise, commitment, and patience, people can improve their capacity for impulse control and goal achievement. Psychodynamic therapy can help individuals develop self-restraint by uncovering and addressing underlying emotional and psychological factors that may be driving impulsive behavior.

T. A. Wills, D. F. McNamara, and R. Vaccaro (1995) conducted a study published in the Journal of Personality and Social Psychology found that individuals who scored high on measures of self-restraint did not necessarily have better physical health outcomes compared to those who scored low on measures of self-restraint.

Hence the Hypothesis 2 stating, "*There will be a significant relationship between self-restraint and health among diabetic and Bp patients*" **is rejected.**

Table 7

Correlation between health and happiness among diabetic and Bp patients.

Variables	**N**	**Health**	**Happiness**
Health	50	1	0.209
Happiness	50	0.209	1

Table 8 shows the correlation between the variables of health and happiness among diabetic and Bp patients. The findings indicates that health have a no significant relationship with happiness. Numerous other factors can have an independent impact on both health and happiness. For instance, a person may be in good physical health but experience mental health problems like sadness or anxiety, which might affect their level of happiness as a whole. Alternately, a person may have poor physical health yet still be happy because of their social life or other interests. While there may not be a direct link between happiness and health, it is still important to take both into account while aiming for overall wellbeing. Cognitive Behavioral Therapy (CBT) can be effective in treating depression, anxiety, and other mood disorders, which can improve overall happiness. Positive psychology can help individuals cultivate a more positive outlook on life, which can lead to increased happiness.

The authors of the study were Sascha L. Schmidt, Simone Schwerdtfeger, and Jürgen Margraf (2017) conducted by researchers from the University of Zurich and was published in the Journal of Happiness Studies found that there is a weak correlation between health and happiness, other

factors such as social relationships, employment, and income had a stronger impact on happiness levels.

Hence the Hypothesis 3 stating, "*There will be a significant relationship between health and happiness among diabetic and Bp patients*" **is rejected.**

Table 8

Correlation between self-restrain and medical condition (diabetic and blood pressure)

	N	**Self-restrain**	**Diabetic and Bp**
Self-restrain	50	1	472**
Diabetic and Bp	5O	472**	1

****. Correlation is significant at the 0.01 level (2-tailed)**

Table 8 shows the correlation between self-restrain and medical condition (diabetic and blood pressure) which is found to be significant at 0.01 level. The findings indicate that self-restrain has significant relationship with medical condition. Participants who practise self-control in their eating habits, particularly when it comes to eating high-calorie, high-sugar, and high-fat foods, are less likely to acquire diabetes and high blood pressure. Consuming these meals in excess increases weight, which increases the likelihood of developing various health issues. Consistent physical activity and exercising with constraint can help avoid the onset of diabetes and high blood pressure.

The authors of the study are Li Qin, Li Li, Yan Li, Wei Liu, Jie Yu, Weihua Liu, and Jinlei Nie (2020) conducted a research on "Association of Dietary Patterns with Incidence of Type 2 Diabetes among Individuals with Impaired Fasting Glucose in the Shenzhen Nutrition and Health Survey found that individuals who exercised self-restraint in their dietary habits had a lower risk of developing type 2 diabetes.

Hence the Hypothesis 4 stating, "*There will be a significant relationship between self-restraint and medical condition among patients*" **is accepted**.

SUMMARY AND CONCLUSION

Chapter 5

Summary and Conclusion

A study on the effects of self-restrain on happiness and health among diabetic and BP patients was conducted to understand the psychological aspects of self-restrain on happiness and health among diabetic and BP patients. Middle adulthood is the stage of human development where each individual experience a lot of transactions both physically and psychologically. Individuals with diabetic and Bp are likely to encounter a number of difficulties when compared with normal people of their age. Studying the individuals' level of self-restrain, happiness and health can be helpful in analysing their coping strategies. In this study, an attempt was made to examine the effects of self-restrain on happiness and health among diabetic and BP patients. The study was initiated with the following objectives;

- To assess the level of self-restrain among diabetic and BP patients
- To identify the level of happiness among diabetic and BP patients
- To understand the level of health among diabetic and BP patients
- To explore the relationship among self-restrain, happiness and health among Diabetic and BP patients
- To identify the relationship between self-restrain and medical condition among patients

The hypothesis formulated for the research were;

- There will be a significant relationship between self-restrain and happiness among diabetic and BP patients
- There will be a significant relationship between self-restrain and health among diabetic and BP patients.

- There will be a significant relationship between happiness and health among diabetic and BP patients
- There will be a significant relationship between self-restrain and medical condition among patients.

A total of 50 participants (25 females and 25 males) were taken part in the study. The age ranges from 35 to 45 years. People residing in both urban and rural area participated in the study. The data was collected using simple random sampling technique. Self-Restraint-Weinberger Adjustment Inventory, General Health Questionnaire – 28, Subjective Happiness Scale were given to the participants and they were instructed to read each item very carefully and choose the options that suits them the best. They were informed that the data collected will be confidential. The scoring was done according to the scoring key and interpreted using the norms provided by the authors. The results were analysed using the SPSS software version 29.0.0.0. Pearson Correlation and Independent Sample T test were used to verify the hypothesis.

- There will be a significant relationship between self-restraint and happiness among diabetic and Bp patients is accepted.
- There will be a significant relationship between self-restraint and health among diabetic and Bp patients is rejected.
- There will be a significant relationship between health and happiness among diabetic and Bp patients is rejected.
- There will be a significant relationship between self-restraint and medical condition among patients is accepted.

Conclusion

Individuals who have diabetics and Bp face unique challenges in their day-day life. Specifically, middle age adults with diabetic and Bp experience both physical and psychological problems in achieving their targeted goals. Hence most individuals with diabetic and Bp have medium level of self-retrain, happiness, health and being less oriented towards their future life. The present study has pointed out that there is a significant relationship between self-restraint and happiness among diabetic and Bp patient, there is no significant relationship between self-restraint and health, there is no significant relationship between health and happiness and there is a significant relationship between self-restraint and medical condition. The participants need psychological interventions like relaxation technique, acceptance and commitment therapy, Dialectical behavior therapy, Psychodynamic therapy to enhance their levels of self-restraint, happiness and health.

Limitations of the Study

- The area of the present research was restricted to a limited geographical location and hence generalizing the results would be done with care.
- The sample size of the study was small
- The study was confined to middle age adulthood. Hence, generalization of results is limited
- Family's role in cultivating self-restrain, happiness and health was not included.
- All the measures were self -report based measures which might have lead socially desired responses and bias as well affecting the results of this study.

Suggestions for the Further Research

- The research can be expanded to diversified and cross-cultural samples
- Further research can be carried out on a larger sample size
- Intervention studies can be done
- Conducting a longitudinal study will be more helpful to establish correct sequence of research and to identify changes over time.
- The present study was purely quantitative and qualitative inquiry is required to verify the identified relationships as consistent and arguments put forth are acceptable
- The gender difference can be implied in future to understand the depth of the research

Implications

The present study suggests that participants with diabetics and blood pressure were having low self-restrain leading to low level of happiness. Hence the early support and psychological interventions are needed for individuals with diabetic and Bp patients. The participants can learn management techniques and coping skills to withstand their self-restrain behaviour. Thus, by improving their self-restraining behaviour can increase the level of happiness. The study shows that medical conditions (diabetic and Blood pressure) can also influence self-restrain. Regular exercise, balanced nutrition, and adequate rest which contribute to good health will help to improve individual's self-restraining behaviour. This study would serve as a background data for further research.

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ANNEXURES

Annexure I

Consent

Student Consent Form

I (Shruthi J) am pursuing my Master's degree in Clinical Psychology and I would like to have your participation in this academic research. I assure confidentiality with the details provided by you and it will be used only for the academic purpose. Thank you for the same.

Study Procedure

You will be given three tests in form type along with socio demographic profile. You need to respond to all items in the tests. There is no risk in undertaking the study. There will be no direct benefits to you for your participation in this study. Your response to the question will be anonymous and kept confidential. Your participation in this study is voluntary. It is up to decide to whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign this form. You are free to withdraw at any time and without giving any reason. There is no cost to you for your participation in this study.

Consent Form

“By signing this consent form, I confirm that I have and understood the information and have the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this study.”

Name of the participant:
Signature:
Place:
Date:

Annexure II

DEMOGRAPHIC DETAILS NAME :

AGE :

GENDER : M/F

AREA : Rural/ Semi Urban/ Urban

MARITAL STATUS :

OCCUPATION :

DIABETIC :

BLOOD PRESSURE :

OTHER PHYSICAL COMPLAINTS:

Annexure III

Avinashilingam Institute for Home Science and Higher Education for Women

Coimbatore - 641043, India.

Confidentiality Statement

I Shruthi. J, pursuing II MSc., in Clinical Psychology from the Department of Clinical Psychology in Avinashilingam Institute for Home science and Higher Education for Women, Coimbatore-43, is assigned to do a thesis as a part of curriculum to complete my course. In this connection, I am going to collect the information from adult as my topic is **Effects of Self-restrain on Happiness and Health among Diabetic and Bp Patients.** I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

Place: Signature of the Researcher

Date:

Annexure IV

Self-Restraint-Weinberger Adjustment Inventory (1990)

This test contains 30 sentences each of which is followed by five possible alternatives, strongly agree, agree, undecided, disagree and strongly disagree. You have to indicate the alternative which is preferable to you. Do not omit any questions.

S. No	STATEMENTS	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1	Doing things to help other people is more important to me than almost anything else					
2	I'm the kind of person who will try anything once, even if it's not that safe.					
3	I should try harder to control myself when I'm having fun.					
4	I do things that are against the law more often than most people.					
5	I often go out of my way to do things for other people.					
6	People who get me angry better watch out.					
7	I think about other people's feelings before I do something they might not like.					
8	I do things without giving them enough thought.					
9	When I have the chance, I take things I want that don't really belong to me.					
10	If someone tries to hurt me, I make sure I get even with them.					
11	I enjoy doing things for other people, even when I don't receive anything in return.					
12	I become "wild and crazy" and do things other people might not like.					
13	I do things that are really not fair to people I don't care about					
14	I will cheat on something if I know no one will find out.					
15	. When I'm doing something for fun (for example, partying, acting silly), I tend to get carried away and go too far					
16	I make sure that doing what I want will not cause problems for other people.					
17	I break laws and rules I don't agree with.					
18	I like to do new and different things that many people would consider weird or not really safe.					
19	Before I do something, I think about how it will affect the people around me.					

20	If someone does something I really don't like, I yell at them about it.					
21	People can depend on me to do what I know I should.					
22	I lose my temper and "let people have it" when I'm angry.					
23	I do things that I know really aren't right.					
24	I say the first thing that comes into my mind without thinking enough about it.					
25	I pick on people I don't like.					
26	I try very hard not to hurt other people's feelings.					
27	I stop and think things through before I act.					
28	I say something mean to someone who has upset me.					
29	I make sure I stay out of trouble.					
30	When someone tries to start a fight with me, I fight back.					

Annexure V

GENERAL HEALTH QUESTIONNAIRE – 28

DAVID GOLDBERG (1975)

Instructions: Please use 5-point scale to answer each question, (BETTER THAN USUAL, SAME AS USUAL, LESS THAN USUAL, MUCH LESS THAN USUAL). Choose the option which you feel the best. Do not omit any questions.

S.NO	STATEMENTS	BETTER THAN USUAL	SAME AS USUAL	LESS THAN USUAL	MUCH LESS THAN USUAL
1	Been feeling perfectly well and in good health?				
2	Been feeling in need of a good tonic?				
3	Been feeling run down and out of sorts?				
4	Felt that you are ill?				
5	Been getting any pains in your head?				
6	Been getting a feeling of tightness or pressure in your head?				
7	Been having hot or cold spells?				
8	Lost much sleep over worry?				
9	Had difficulty in staying asleep once you are off?				
10	Felt constantly under strain?				
11	Been getting edgy and bad-tempered?				
12	Been getting scared or panicky for no good reason?				
13	Found everything getting on top of you?				
14	Been feeling nervous and strung-up all the time?				
15	Been managing to keep yourself busy and occupied?				
16	Been taking longer over the things you do?				
17	Felt on the whole you were doing things well?				
18	Been satisfied with the way you've carried out your task?				
19	Felt that you are playing a useful part in things?				
20	Felt capable of making decisions about things?				
21	Been able to enjoy your normal day-to-day activities?				
22	Been thinking of yourself as a worthless person?				
23	Felt that life is entirely hopeless?				
24	Felt that life isn't worth living?				
25	Thought of the possibility that you might make away with yourself?				
26	Found at times you couldn't do anything because your nerves were too bad?				
27	Found yourself wishing you were dead and away from it all?				
28	Found that the idea of taking your own life kept coming into your mind?				

Annexure VI

Subjective Happiness Scale (SHS) (1999) by Sonja Lyubomirsky

For each of the following statements and/or questions, please circle the point on the scale that you feel is most appropriate in describing you.

1. In general, I consider myself:

1	2	3	4	5	6	7
not a very happy person						a very happy person

2. Compared to most of my peers, I consider myself:

1	2	3	4	5	6	7
less happy						more happy

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

1	2	3	4	5	6	7
not at all						a great deal

4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you?

1	2	3	4	5	6	7
not at all						a great deal

INSTITUTIONAL HUMAN ETHICS COMMITTEE

Avinashilingam

Institute for Home Science and Higher Education for Women
(Deemed to be university under Category 'A' by MHRD, Estd. u/s 3 of UGC Act 1956) Re-accredited with 'A++' Grade by NAAC.
Recognised by UGC Under Section 12 B
Coimbatore- 641043, Tamil Nadu, India

06.01.2023

To
Ms. Shruthi, J.
Department of Clinical Psychology
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore- 641043

Dear Shruthi,

Ref: Your proposal No. IHEC/22-23/CP-17 entitled "Effects of Self-Restrain on Happiness and Health among Diabetic and BP Patients"submitted for approval of IHEC on 19.11.2022.

The Institutional Human Ethics Committee of our University hereby grants approval to your research proposal No. IHEC/22-23/CP-17 entitled "Effects of Self-Restrain on Happiness and Health among Diabetic and BP Patients" submitted by you. The Approval number for the same is AUW/IHEC/CP-22-23/XMT-17.

We wish you all the best in your research endeavours.

Regards

6.1.23

Dr. A Thirumani Devi
Member Secretary

Institutional Human Ethics Committee