

9. Effect of Yogic Practices with and without Laughing Therapy on Anxiety among Geriatric Diabetic Women

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Abstract:

Old Age is a natural part of the life cycle. All living organism including humans undergo the process from conception to infancy, child hood puberty, maturity and senescence. Longer life means more frailty and more disability. Apart from economic problem they face in their life, the common diseases like ortho, visual, audio and mental some face grave diseases of heart, blood etc., The care of old people in a separate branch of medicine called Geriatrics and scientific study of old age and process of growing old is called Gerontology. The definition of ageing varies from society to society and has been modified considerably over time. The study was undertaken with the aim to observe the effect of yogic practices with and without laughing therapy on anxiety among Geriatric diabetic women. For this study totally 45 Geriatric diabetic women were selected as subjects from Chennai. Their age ranged between 60 to 70 years. They were divided in to three groups. Experimental group I –yogic practices with laughing therapy, Experimental group II- yogic practices without laughing therapy and group III –control group (no intervention). The data was collected from three groups prior to training and after 6 weeks of yogic practices with and without laughing therapy. Analysis of covariance was used to find out the significant difference between the three groups. The level of significance at 0.05%. The results proved that the regular yogic practices and laughing therapy helped to significantly reduce the psychological variable anxiety.

Keywords:

Yogic Practices, Laughing Therapy, Anxiety, Geriatric Women.

9.1 Introduction:

According to traditional Indian culture, the life span of human being is 100 years (Holdger, R. Stub, 1982). Manu, the law giver in his *Dharmasastra* divided this life span into four "ashrmas" or life stages: *A – s'rama* refers to the period a person remains in a role. '*a' – s'rama: s'rama* refers to the efforts needed to carry out the role and "*a*" refers to the time when the efforts began to the time when the efforts are no longer required.

Life course perspective, heterogeneity, plasticity conceptuality and social change are the main characteristics of aged (Baltes, 1987). In gerontology, the process of ageing is seen as a part of life course (Eldes & Giele, 2009).

The childhood, adolescence, adulthood phases form the corner stone for the third age (about 65 years) and fourth age (about 85 years) (Kindenberger, Smith, Mayer Baltes, 2010). In the life course, there are great differences between individuals in respect to health, physical capacities, cognitive functioning and social integration. (Perraro, Shippee, 2009).

Many believe that it is an incremental phase in the life span and others associate it with health problems or disease (Choudhry, D. Paul, 1992).

This debate aside, ageing is a universal phenomenon. At the collective level old age poses a challenge to policy makers in developing and developed and developed countries (Irudayarajan, 2005).

This challenge is accentuated by rapid growth of science and technology. Better nutrition, sanitation and health facilities have decreased mortality rates and increased expectancy of life. Yoga is a part of Indian culture and Religion. People believed the origin of yoga was Ancient India. Between 4000 B.C. and 2000 B.C. artifacts of Indus Valley Civilization showed figures in seated, cross-legged poses, and symbols later associated with yoga (Sports Digest, 2009).

Swami Vishnu Devananda says, “The yogi’s life is a triangle; the physical body undergoes birth, growth, change, decay and death.” Yogis say that human were not born merely subject themselves to pain and suffering, disease and death.

According to Iyengar, “Yoga is the true union of our will with the will of god”. Most people know that the practice of yoga makes the body strong and flexible. Yoga is essentially an art of understanding all about the soul and to realize the self.

9.2 Statement of the Problem:

The present study was designed to find out the effect of yogic practices with and without laughing therapy on selected psychological variable as anxiety among Geriatric diabetic women.

9.3 Hypothesis:

It was hypothesized that there would be significant differences on selected psychological variable anxiety among Geriatric diabetic women due to yogic practices with and without laughing therapy groups than the control group.

9.3 Review of Related Literature:

Pradhan and Nagendra (2010) examined the impact of two yoga-based unwinding systems, to be specific, cyclic reflection and recumbent rest, utilizing the six-letter cancelation errand.

The subjects comprised of 208 school understudies, (132 young men, and 76 young ladies) in the age scope of 13 - 16 years. The subjects were evaluated on six letter cancelation errands earlier and instantly after both yoga-based unwinding systems.

After the two practices, the aggregate and net scores were fundamentally expanded; in spite of the fact that the extent of progress was more after cyclic reflection than after prostrate rest in the net scores (14.5 versus 11.31%). The net score change in the cyclic contemplation session was essentially bigger than the adjustment in the prostrate rest, though, there was

no huge change in the wrong cancellation score. After either rehearse, the aggregate and net scores were essentially expanded, regardless of sexual orientation and age. Both cyclic reflection and prostrate rest prompted change in execution, as surveyed by six letter cancellation errands, yet the change caused by cyclic contemplation was bigger than recumbent rest.

9.4 Methodology:

For the purpose of the study, 45 Geriatric diabetic women from Chennai aged between 60 to 70 years were selected.

They were equally divided into three groups: experimental group I (yogic practices with laughing therapy), Experimental group II (yogic practices without laughing therapy) and control group (no intervention).

The yogic practices such as prayer, loosening exercises, Suryanamaskar, Asanas, Pranayama, meditation and relaxation were given to the experimental groups for the period of six weeks.

The training scheduling comprises of six days per week for the maximum of one hour for six weeks. The data were collected before training as pre-test from three groups.

After six weeks of yogic practices and laughing therapy, data were again collected from all the experimental groups and control group.

The equipment used to measure the level of anxiety through standard questionnaire. Analysis of covariance (ANCOVA) was used to find out the significant differences among the groups. The level of significance was fixed at 0.05%.

9.5 Result and Discussion:

The anxiety was measured through standard questionnaire. The pre and posttest means of the experimental groups and control group statistically analyzed to find out the significance of Table.

Table 9.1: Computation of Analysis of Covariance of The Two Experimental Groups and Control Group on Anxiety (Scores in Marks)

Test	Exp. Gr. I	Exp. Gr. II	Cont. Group	Source of variance	Sum of squares	Degree of freedom	Means squares	Obtained F value
PRE-TEST	26.133	23.73	27.73	between	121.60	2	60.800	2.58
				within	991.60	42	23.61	
POST TEST	23.266	23.67	26.80	between	112.31	2	56.16	4.02*
				within	586.67	42	13.97	
ADJUSTED POST TEST	23.25	23.76	26.71	between	98.86	2	49.43	3.47*
				within	584.594	41	14.26	
MEAN GAIN	2.8666	0.07	0.93					

*Significant at 0.05 level of confidence. * F (0.05) (2,42 and 2, 41) = 3.23.

Since significant improvements were recorded, the results were subjected to post hoc analysis using scheffe’s confidence interval test.

Table 9.2: Scheffe’s Post-hoc Test for Anxiety

Exp. Gr. I	Exp. Gr. II	Control group	Mean difference	C.I
23.25	23.76	-	0.51*	0.43
23.25	-	26.71	3.46*	0.43
-	23.76	26.71	2.95*	0.43

*Significant: The pretest, posttest mean values of EX.GR-I (yogic practices with laughing therapy), EX.GR-II (yogic practices without laughing therapy) and control group on anxiety are graphically presented in the Figure 9.1.

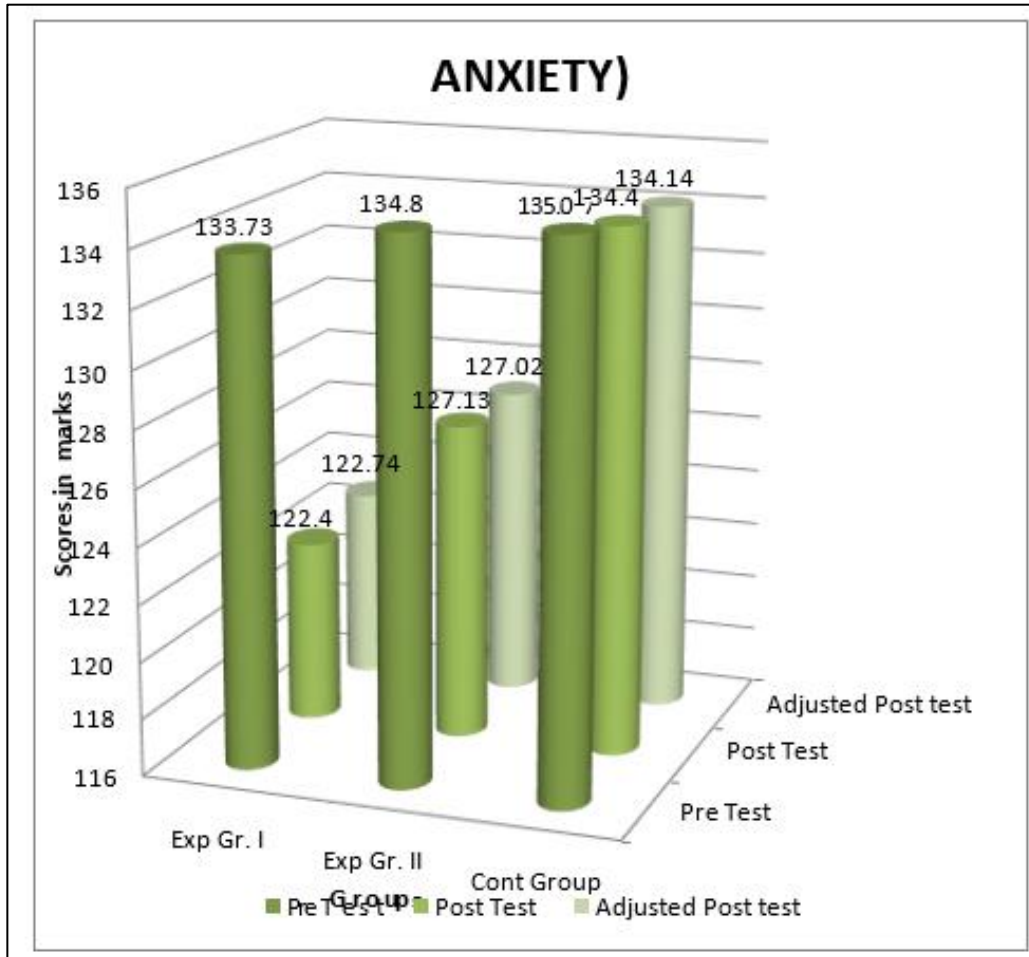


Figure 9.1: Bar Diagram Showing the Mean Difference Among Experimental Group I, Experimental Group II and Control Group of Anxiety (Scores in Marks)

9.6 Conclusion:

The six-weeks of yogic practices with laughing therapy significantly reduced the psychological variable anxiety in the post test data of experimental groups, compared to the control group.

The post hoc analysis of the results proved that the yogic practices with laughing therapy (experimental group I) was effective than the yogic practices without laughing therapy (experimental group II) among Geriatric diabetic women.

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