

CHAPTER- III

METHODOLOGY

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The study on, 'Management of stress and enhancement of self-efficacy in adolescents through Positive Therapy' was carried out involving the following steps:

- Objectives
- Research Questions
- Null Hypotheses
- Area
- Sample
- Tools
- Procedure
- Treatment
- Experimental Design
- Analysis of Data

OBJECTIVES

- To find the causes of stress in selected adolescents.
- To identify the symptoms of stress in the sample.
- To assess the level of stress of the sample.
- To assess the level of self-efficacy of the sample.
- To find the level of academic achievement of the sample.
- To study the relationship between stress and self-efficacy.
- To study the relationship between stress and academic achievement.
- To study the relationship between self-efficacy and academic achievement

- To find the effect of Positive Therapy in the management of stress.
- To find the effect of Positive Therapy in the enhancement of self-efficacy.
- To find the influence of Positive Therapy on academic achievement.

RESEARCH QUESTIONS

- What are the causes of stress in the selected adolescents?
- What are the symptoms of the sample?
- What is the level of stress of the sample?
- What is the level of self-efficacy of the sample?
- What is the level of academic achievement of the sample?
- What is the relationship between stress and self-efficacy?
- What is the relationship between stress and academic achievement?
- What is the relationship between self-efficacy and academic achievement?
- Does Positive Therapy help in the management of stress in adolescents?
- Does Positive Therapy help in enhancing self-efficacy in adolescents?
- Does Positive Therapy help in enhancing academic achievement of adolescents?

NULL HYPOTHESIS

The hypotheses are stated as Null Hypothesis, so that they can be either accepted or rejected, based on the results.

- The level of stress in adolescents is not high.
- The level of self-efficacy in adolescents is not low.
- The level of academic achievement in adolescents is not low.
- There is no relationship between stress and self-efficacy.
- There is no relationship between stress and academic achievement.
- There is no relationship between self-efficacy and academic achievement.
- Positive Therapy has no effect in the management of stress in adolescents.
- Positive Therapy has no influence on the self-efficacy of adolescents.
- Positive Therapy has no influence on the academic achievement of adolescents.

AREA

Good Shepherd International School, Ooty, Tamilnadu, was selected to conduct the study. It is a residential school with students from different nations.

The reasons for choosing this school were as follows:

- It is a residential school, with students from different ethnic groups.
- The required number of sample was available.
- The school authorities provided permission and facilities to carry out the action research.
- The students rendered their co-operation to serve as subjects in the action research.

SAMPLE

Out of two hundred boys and girls studying in X and XII standards, 75 boys and 75 girls from Good Shepherd International School, Ooty, Tamil Nadu, constituted the sample of the study. They were matched in age, family income, type of family and level of stress and self-efficacy. They were in the age range of 15 to 20 years.

TOOLS

The tools used to collect the data were Case Study Schedule by Hemalatha Natesan (2005), (Appendix-1) S.I. (Stress Inventory) by Hemalatha Natesan and Nandini Menon (2002) (Appendix-2) and General Self-efficacy by Ralf Schwarzer and Matthias Jerusalem (1993), (Appendix-3). Hemalatha Natesan's Positive Therapy - Handbook for healthy, happy and successful living and Audio C.D. on Relaxation Therapy were used for intervention. The Case Study Schedule included items on personal data, as well as stress and its related factors.

S.I. consists of 30 items, under 4 parts namely Physiological, Emotional, Cognitive and Behavioural. There are two possible responses to each item namely 'Yes' or 'No'. The subjects were asked to tick (✓) any one, which applied to them, most. There was no time limit. But the subjects were asked to respond as quickly as possible. Scoring key and Norms were provided by the authors. The validity of S.I. is 0.80 and the reliability by test retest method is 0.95.

General Self-efficacy by Jerusalem, M. and Schwarzer, R. was constructed in 1993. The scale is unidimensional. The scale was created to assess a general sense of perceived self-efficacy with the aim to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. It consists of 10 statements. Response format comprises of 'Not at all true' (1), 'Hardly true' (2), 'Moderately true' (3) and 'Exactly true' (4). The subjects were asked to put a tick mark on the appropriate place, which suits them the best. The sum of all the scores is taken for interpretation. Criterion-related Validity is documented in numerous correlation studies, where positive coefficients were found with favorable emotions, dispositional optimism and work satisfaction. The reliability was based on sample from 23 nations. Cronbach's alphas ranged from 0.76 to 0.90. The authors of the test have given the norms.

PROCEDURE

From Good Shepherd International School, Ooty, Tamilnadu, 200 students were selected by Purposive Sampling method. Purposive Sampling is a non-probability sampling in which, the investigator selects the elements to be in the sampling on the basis of the special characteristics (Kothari, 2005). In this study, the sample is from X and XII Standards. Residential students were selected to ensure continuity in the action-research.

All the students (200 boys and girls) studying in X and XII standards were screened using Case Study Schedule (Hemalatha Natesan, 2005), S.I. (Stress Inventory) (Hemalatha Natesan and Nandini Menon, 2002) and General

Self-efficacy (Ralf Schwarzer and Matthias Jerusalem, 1993). Out of the 200 students, 75 boys and 75 girls with 'Very High'/'High' stress and 'Low' self-efficacy were selected to serve as the sample of the study.

There were 39 boys and 34 girls from X standard and 36 boys and 41 girls from XII standard. The sample was in the age range from 15 to 20 years. Boys and girls were matched in age, family income, type of family and level of stress and self-efficacy. The I, II and III Monthly Tests marks of the students were converted into percentages and were taken for academic achievement assessments I, II and III respectively.

TREATMENT

'Positive Therapy' evolved by Hemalatha Natesan (2004) is a package, which combines the Eastern Techniques of Yoga and Western Techniques of Cognitive Behaviour Therapy. Positive Therapy aims at modifying negative thoughts, beliefs, emotions and behaviour by using a number of techniques. It is assumed that when negative thoughts are replaced by positive thoughts, the individual becomes more realistic and reasonable in his/her perception.

STRATEGIES

Positive Therapy has four major strategies:

- Relaxation Therapy
- Counselling
- Exercises and
- Behavioural Assignments

In this action research, all the techniques were used.

RELAXATION THERAPY

Relaxation Therapy helps the subjects to have a relaxed state, which promotes a positive attitude towards life. As the focus is on breathing, unwanted thoughts are eliminated, helping the subjects to relax. Hence, Relaxation Therapy is given as the first step in Positive Therapy.

Relaxation Therapy involves 3 steps:

- Deep Breathing Practice
- Relaxation Training and
- Autosuggestion

The subjects were divided into smaller batches of 7 to 8 subjects in a batch for Relaxation Therapy.

DEEP BREATHING PRACTICE

In Deep Breathing Practice, the subjects were asked to sit erect, with head straight, palms on the lap and feet placed on the floor, one foot apart. The subjects were instructed to breathe in slowly for 4 counts (4 seconds) and breathe out gradually for 6 counts (6 seconds). This was repeated 5 times with their eyes open and 5 times with their eyes closed. The subjects were instructed to breathe in and out gradually without tension in any part of the body, such as chest and shoulders.

REALAXATION TRAINING

After Deep Breathing Practice, each subject was asked to lie down flat on a mat / cot / bench for Relaxation Training. Then, the following instructions were given:

“Breathe in slowly...breathe out gradually ...” (This was repeated 3 times).

* “Now, concentrate on the top of the head”.

“Breathe in slowly...Breathe out gradually...”

*Top of the head... Relax...”

This was repeated 3 times, followed by the researcher’s suggestions: “Now, top of the head is light and relaxed. No thoughts, no fear, no worry, no tension, and no pain. Top of the head is light and relaxed, Top of the head is completely relaxed (3 times) Breathe in slowly...breathe out gradually...”

Similar instructions (*) were given to other parts of the body, in the order given below:

- Back of the head
- Forehead
- Eyes
- Mouth
- Neck and shoulders
- Back
- Chest
- Stomach
- Hands and
- Legs

Then the following directions were given to the subjects who were in a relaxed state.

- Inhale good health. Breathe out all the aches, pain and sicknesses from the body.
- Inhale happiness. Breathe out all the worries from the body.
- Inhale positive thoughts. Breathe out all negative, useless thoughts from the body.
- Inhale strength. Breathe out all the weaknesses from the body.
- Inhale courage and confidence. Breathe out all the fears from the body.
- Inhale success. Breathe out failures and fears of failures from the body.
- Inhale love. Breathe out anger, hatred and jealousy from the body.

AUTO SUGGESTION

The subjects were asked to continue to have deep breathing, enjoying the relaxed state, when the following autosuggestion were given (3 times each).

- “I am healthy
- I am happy
- I love everyone; everyone loves me
- I am bold and confident
- I can achieve what I want
- I can face my problems boldly and solve them successfully
- I am not afraid of anyone; God is with me
- Today is an excellent day; I will enjoy every minute of this day.

- Thank you God for giving me all that I need – long life, good health, wealth, love, happiness and success”.

Thus, Relaxation Therapy was given to all the subjects for half an hour per session.

COUNSELLING

In Positive Therapy, Counselling involves the following techniques:

- ◆ Rational Emotive Therapy
- ◆ Thought Stopping
- ◆ Symptom Stopping
- ◆ Cognitive Restructuring and
- ◆ Assertiveness Training

In the present study, individual counselling was given using the following techniques.

RATIONAL EMOTIVE THERAPY

Most of the subjects had irrational thoughts and beliefs such as,

“I cannot study well”.

“I am no good”.

“I cannot remember what I study”.

“I cannot face my exams”.

Their irrational thoughts were refuted by appealing to their reason that they were able to study well remember what they studied, faced and passed their exams right from first standard till the present grade. Hence it was

irrational to think in the above way which was unnecessary and caused all the problems. They were also convinced that intelligence and memory cannot deteriorate till old age; the brain may not function effectively due to disuse (not being used to the optimum extent) or due to misuse (due to damaging negative thoughts about oneself). Thus, it was possible to remove their irrational, negative thoughts by appealing to their reason.

THOUGHT STOPPING

The subjects were asked to tell out their recurring, negative thoughts. The most common negative thoughts were as follows:

“I am not efficient”.

“I am going to be a failure”.

The subject was asked to sit in a relaxed state, close the eyes, breathe in slowly and get the negative disturbing thought (one at a time) and breathe out saying ‘Stop’ and push the thought away and open the eyes. This practice was given 5 times. Then he/she was asked to follow the same procedure but to say ‘Stop’ mentally and throw the thought out. This practice was also given 5 times. The same procedure was followed for other negative thoughts. In due course, the subject learnt to throw out disturbing, negative thoughts automatically.

COGNITIVE RESTRUCTURING

In this, the subjects were helped to replace their negative thoughts with positive thoughts. The subject was asked to breathe in slowly and breathe out,

saying, “I am intelligent”. This was repeated 3 times. The same procedure was followed for the following positive statements:

“I can study well”.

“I am a worthy”.

“I can remember what I studied”.

“I can face my exams”.

The subjects were asked to strongly believe that they had acquired the positive qualities and start behaving accordingly. Thus, they were helped to get rid of their negative, self-defeating thoughts and develop positive, self-enhancing thoughts.

SYMPTOM STOPPING

In Symptom Stopping, the subject with the symptom of shaking of the legs was asked to deliberately shake the legs and say ‘Stop’ loudly and stop the symptom. This practice was given 5 times. Then, the same procedure was followed when the subject said ‘Stop’ mentally. This practice was also given 5 times. Thus, the subjects were trained to have a conscious control over their unwanted symptom, which, in turn, led to the control of the symptom, whenever it occurred in future.

EXERCISES

Positive Therapy involves the following exercises to help people get rid of their tension and develop a cheerful state.

- Tension Releasing Exercise
- Smile Therapy and

- Laugh Therapy

The subjects were divided into smaller batches of 7 to 8 in a batch for the exercises.

TENSION RELEASING EXERCISE

Stress causes fear, anxiety, anger and / or worry, leading to tension. Tension Releasing Exercise helps to throw out all these. In this exercise, the subjects were asked to stand with feet one foot apart, close the palms and bring them towards the chest, breathing in slowly; then breathe out forcefully through the mouth making a loud sound (Ha), simultaneously throwing down the hands sidewise and opening the palms. As they breathed out, the following instructions were given, three times each:

“Tension goes out”

“Fear goes out”

“Anger goes out”

“Anxiety goes out”

“Worry goes out”

SMILE THERAPY

In the modern world, life has become highly mechanical and many people have even forgotten to smile. Smile not only changes the facial expression, but also changes the mood of a person to a cheerful one. Hence, by developing the habit of smiling, we can replace the negative emotions. In other words, one cannot have negative emotions such as fear, anxiety, worry or anger, while smiling.

In Smile Therapy, the subjects were asked to say (Eee), with a broad smile, breathe in slowly through the mouth, with a hissing sound (without involving the vocal cords), close the mouth smilingly and breathe out gradually through the nose, without any sound. They were asked to enjoy the cool breeze entering through the mouth and feel the coolness spreading through the chest to the abdomen. This practice was given 10 times.

LAUGH THERAPY

Laugh Therapy can be practiced in groups, preferably with family members or friends. In this, the subjects were asked to stand in a circle, bend down the back and the head slightly, breathe in slowly lifting up the head and the back and start laughing loudly without any inhibition. They were encouraged to look at each other, make gestures, clap hands, etc. while laughing. They were asked to laugh louder and louder for a longer duration. This practice was given 5 times.

ASSERTIVENESS TRAINING

Assertiveness is the ability to stand up for one's rights without offending the rights of others. Unfortunately, many people suffer due to lack of assertiveness. The subjects were asked to identify and report the situations where he/she suffered due to unassertiveness. Some of the subjects were unassertive to say "No" when they had to say "No" either to the elders such as Warden, Matron, Head Mistress, Deputy Head Mistress, Teachers or their classmates. Hence, the subjects were trained to be assertive by having a straight posture, with an upright face, audible voice and direct eye contact. The

researcher played the role of the subject as an assertive person and the subject was asked to imitate the researcher. After practice for a couple of times, the subject was asked to behave in similar assertive manner in real life situations, with the elders and classmates.

BEHAVIOURAL ASSIGNMENTS

To ensure optimum development, the subjects were asked to have a daily routine as indicated below:

- Have positive thoughts. Modify negative thoughts with positive thoughts.
- Have positive attitude towards self, life and others.
- Live in the present, concentrate on what you do and enjoy what you do.
- Involve in some activity and enjoy it.
- Accept responsibilities with a smile.
- Face problems boldly and solve them successfully.
- Enjoy the company of family members and friends.
- Have some physical exercise such as jogging / swimming.
- Have some recreation such as, playing games, reading magazines / books, watching television, listening to music etc.
- Develop a sense of humour, enjoy jokes; laugh heartily.
- Practice Deep Breathing for 5 minutes in the morning, facing east and for 5 minutes in the evening, facing west.
- Have Deep Breathing, as and when possible, throughout the day

- Practice Relaxation Training for 20 minutes in the morning, preferably, after jogging /swimming and at night, before going to sleep.
- Practice Tension Releasing Exercise in the evening.
- Practice Smile Therapy and Laugh Therapy, at least once a day, preferably with friends.
- Avoid resorting to poor health habits such as smoking, drinking and taking drugs.
- Pray to God.

DURATION OF POSITIVE THERAPY

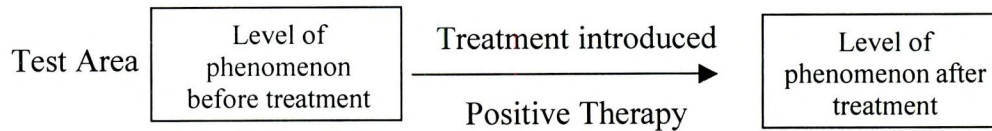
Positive Therapy was given in batches of 7 to 8 students in a batch, thrice a week, on alternate days, for eight weeks. On the whole, 24 sessions were given. The duration of each session was one hour. Individual counseling was given, where needed.

RE-ASSESSMENT

All the subjects were re-assessed using the same tools twice, i.e., 4 weeks after the therapy (Assessment II) and 8 weeks after the therapy (Assessment III).

EXPERIMENTAL DESIGN

Experimental studies are those where the researcher tests the hypothesis of causal relationship between variables. Such studies require procedure that will not only reduce bias and increase reliability, but will permit drawing inference about the cause (Kothari, 2005). The experimental design used in this research is ‘Assessment before and after treatment without control group’.



Stress (A)

Stress (B)

Self-efficacy (P)

Self-efficacy (Q)

Academic Achievement (X)

Academic Achievement (Y)

Treatment effect = (A-B); (Q- P); (Y-X)

ANALYSIS OF DATA

The data will be analyzed statistically based on the following:

- Causes of stress in selected adolescents.
- Symptoms of the sample.
- Level of stress of the sample.
- Level of self-efficacy of the sample
- Level of academic achievement of the sample.
- Correlation between stress and self-efficacy.
- Correlation between stress and academic achievement.
- Correlation between self-efficacy and academic achievement
- Significance of difference between mean stress of the sample before and after treatment.
- Significance of difference between mean self-efficacy of the sample before and after treatment.
- Significance of difference between mean academic achievement of the sample before and after treatment.

PLACE OF STUDY



DEEP BREATHING PRACTICE



RELAXATION TRAINING



INDIVIDUAL COUNSELLING



SMILE THERAPY



LAUGH THERAPY



THOUGHT STOPPING



COGNITIVE RESTRUCTURING

