
CHAPTER – III

METHOD

This chapter explains the procedure for carrying out the present study “Efficacy of Cognitive Behaviour Therapy in Managing Stress, Anxiety, Loneliness and Enhancement of Assertiveness among Sexually Abused Girl Children”. It contains the Objectives, Hypotheses, Research Design, the Tools used for the data collection, the Sampling Technique used for the investigation, details of the Therapy and the statistical techniques used to analyse the data.

OBJECTIVES

The objectives of the study are:

- To find out the efficacy of Cognitive Behaviour Therapy in reducing stress, anxiety and loneliness among the sexually abused girl children.
- To find out the Efficacy of Cognitive Behaviour Therapy in enhancing Assertiveness among sexually abused girl children

RESEARCH HYPOTHESES

The following research hypotheses would be tested during the research.

- H₁: There will be a significant difference in Physiological Stress, Cognitive Stress, Emotional Stress, and Behavioural Stress among Sexually Abused Girl children during Before, After and Follow-up through Cognitive Behaviour Therapy.
- H₂: There will be a significant difference in the level of Assertiveness among Sexually Abused Girl Children during Before, After and Follow-up through Cognitive Behaviour Therapy.
- H₃: There will be a significant difference in the Loneliness among Sexually Abused Girl Children during Before, After and Follow-up through Cognitive Behaviour Therapy.
- H₄: There will be a significant difference in the State Anxiety and Trait Anxiety among Sexually Abused Girl Children during Before, After and Follow-up through Cognitive Behaviour Therapy.

AREA

The area selected to conduct the study were 4 schools were selected for the study Corporation High School, Ramalingam Colony, Corporation Girls Higher Secondary School, Ranganathapuram and Corporation Girls Higher Secondary School, R. S. Puram, Coimbatore. The reasons for selecting this area are as follows:

- Availability of the required number of sample
- Approval and facilities provided by the authorities to carry out the research
- Willingness and cooperation of the students to be part of the study

SAMPLE

Five hundred school girl students studying in class VI to VIII (age group ranging from 10 years to 13 years) from four schools were screened and 108 School Girl Children who were sexually abused were included in the study. Since the sample belonged to School population therefore consent has to be met prior to the intervention. Purposive sampling method was used for the sample selection.

Inclusion Criteria: The following criteria was strictly taken into account while selecting the School Girl Children

1. The Girl Children with Child Abuse should be attending schools.
2. The Girl Children with Child Abuse should be in the age range of 10 years to 13 years.
3. The children who have not attended any sort of intervention will be included in the study.

Exclusion criteria: The following exclusion criteria will be followed.

1. Children with other comorbid psychological disorders such as Depression etc

Research Design

Three groups Before, After and Follow-up Research Design through Cognitive Behaviour Therapy was used to conduct the research.

The primary data was obtained from the sample through Standardized questionnaires and Schedules. The data collection for the present study was conducted in

Four Stages:

Stage I: Various Schools of Coimbatore was covered for screening the School Girl Children who were abused with the following tools

Stage II: After the selection of the School Girl Children who had undergone child abuse, the following measures namely Case Study Schedule, Stress Questionnaire, Assertiveness, Loneliness and Anxiety were used before administering the Cognitive Behaviour Therapy to the School Girl Children.

Stage III: After imparting the Questionnaire to the School Girl Children, the above measures were used after administering the Cognitive Behaviour Therapy.

Stage IV: After a period of one month of Cognitive Behaviour Therapy to the children who were sexually abused, the above measures were used as a follow-up assessment

Flow Chart

Three groups Before, After and Follow-up Research Design through Cognitive Behaviour Therapy would be used to conduct the research.

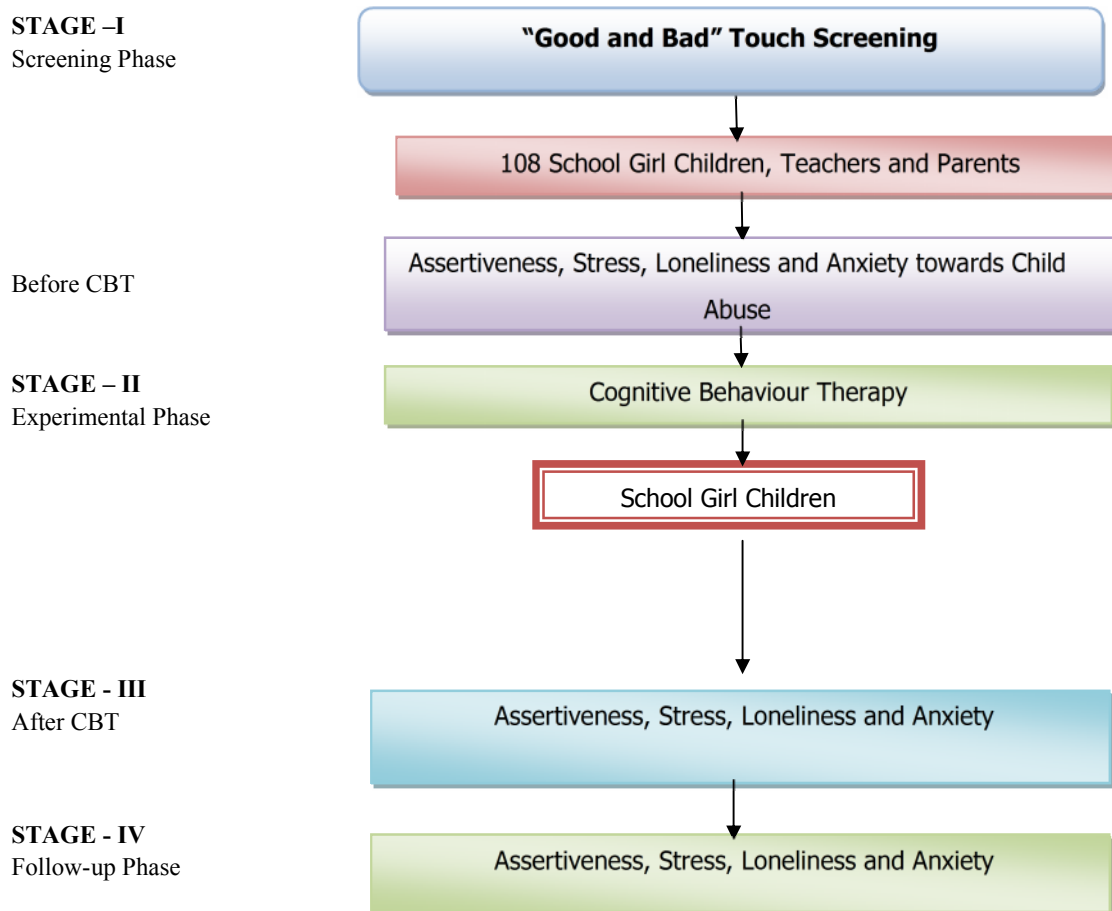


Figure 1: Before, After and Follow-up Experimental Research Design through Cognitive Behaviour Therapy

Selection of tests and tools is very important aspect of any research, as it is the key for gaining information. The following tests and tools were used to get the needed information about the subjects.

The tools used in the study were:

- i. Case Study Schedule
- ii. Stress Inventory
- iii. Assertiveness
- iv. Loneliness
- v. Anxiety

1. Case Study Schedule (Annexure I)

This was designed to collect the demographic details of the participants such as Name, Age, Education, Birth Order, Family Type, Place of Living, Positive Traits and Negative Traits.

2. Stress Inventory (Annexure II)

This scale was standardized by Hemalatha and Nandini (Revised, 2005) to measure an individual's Stress level. Stress Inventory consists of 30 items of 4 parts namely, Physiological, Emotional, Cognitive and Behavioural Stress. It consists of Part - I, Part - II, Part - III and Part - IV. Part I consists of 7 items, Part II consists of 9 items, Part III consists of 6 items and Part IV consists of 8 items. In this form, there are few statements followed by two alternatives, 'Yes' and 'No'. The subject has to read each statement carefully and put a tick mark in the column, which suits most. The validity of Stress Inventory is 0.80 and the Reliability by Test Retest Method is 0.95.

3. Assertiveness Scale (Annexure III)

This scale was standardized by Hemalatha (2000). It consists of 20 statements and the subject has to read each statement with 3 options and select option close to the behaviour and not the desired one. Higher the scores, higher the level of assertiveness. The validity for the scale was 0.79 and the Test Retest Method was 0.89.

4. Loneliness Inventory (Annexure IV)

This scale was developed by Steven R. Asher; Shelley Hymel and Peter D. Renshaw (1984). It consists of 24 items consists of 5 point scale describing about them with options like Always True, True Most of the Time, True Sometimes, Hardly Ever True, Not True At All and it assesses children's feelings of loneliness and social dissatisfaction. The scale reliability score was 0.83 in Split Half Method.

5. State Trait Anxiety Inventory (Annexure V)

Spielberg developed this scale in collaboration with Gorsuch, Lushene, Vagg and Jacobs (1983). It has 20 items of trait anxiety and 20 of state anxiety with 4 point scale ranges from "Almost Never" to "Almost Always". The reliability score was 0.65 in Test-Retest and evidence shows that construct and concurrent validity was established (Spielberger, 1989).

COGNITIVE BEHAVIOUR THERAPY

Beck (1976) postulated, “Cognitive Therapy consists of all of the approaches that alleviate psychological distress through the medium of correcting faulty conceptions and self-signals”. According to him the most direct way to change dysfunctional thinking. Participants were therefore taught to recognize, observe, and monitor their own thoughts and assumptions, especially their negative automatic thoughts. The subjects were instructed to keep track of their pleasant and unpleasant events, they were helped to understand the relationship between their mood and these behaviours, look for changes that could be made in daily life, increase their social skills and be alert and try to change their negative thoughts about self and others.

RELAXATION THERAPY

The participants were taught relaxation skills to help them to relax and promote a positive attitude. As the focus is on breathing, unwanted thoughts are eliminated, helping them to relax.

Relaxation Therapy involves 3 steps:

- Deep Breathing Practice
- Relaxation Training
- Autosuggestion

Deep Breathing Practice

An anxious person often has shallow breaths but when he/she focuses on deep breathing, this cycle is interrupted and both the body and mind begin to relax. So, Deep Breathing Practice was given to the participants.

In Deep Breathing Practice, the participants were asked to sit in a comfortable position, 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.

After Deep Breathing Practice, they were asked to lie down flat on a mat (without pillow) with the head straight, lips slightly apart, hands comfortably placed on the sides, palms facing upwards and legs stretched, with feet, one foot apart. The subjects were

asked to close the eyes with a folded handkerchief placed on the eyes to ensure complete darkness (The nose should not be covered). Those who felt uncomfortable to lie down especially female participants were allowed to sit in a comfortable position and follow the instructions “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 suggestions:

“Now, the top of the head is light and relaxed; no thoughts, no fears, no worries, no tension, no stress and no pain. Top of the head is light and relaxed. Top of the head is completely relaxed (two 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
- Legs

Then the following suggestions were given to the children who were in a relaxed state:

- Inhale GOOD HEALTH. Breathe out all the aches, pains and sicknesses from the body
- Inhale HAPPINESS. Breathe out all the worries from the body
- Inhale POSITIVE THOUGHTS. Breathe out all the 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

Autosuggestion

Greater happiness and emotional wellbeing derive from positive attitudes such as “courage, future mindedness, optimism, interpersonal skill, faith, a work ethic, hope, honesty, perseverance, and the capacity for flow and insight” in daily life. “People high in optimism tend to have better moods, to be more persevering and successful, and to experience better physical health” (Seligman & Csikszentmihalyi, 2000).

The participants were asked to continue, to have deep breathing, enjoying the relaxed state when the following autosuggestions were given (3 times each):

- I am healthy
- I am happy
- I love everyone; everyone loves me
- I am bold and confident
- I am a successful person
- I can have control over my situation
- 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.

Data Analysis

The data collected during the before, after and follow-up periods was analyzed using Mean, S.D., and Repeated Measures ANOVA and Sidak Post-hoc Analysis to find out the significant differences in the dependent variables.