RESEARCH DESIGN
“We never do anything well till we cease to think about the manner of doing it.”

-William Hazlitt
4.1. INTRODUCTION

Research methods are shaped like an hourglass - starting from general questions, narrowing down to focus on one specific aspect, and designing research where we can observe and analyze this aspect. At last, we conclude and generalize to the real world.

4.1.1. FORMULATING A RESEARCH PROBLEM

Researchers organize their research by formulating and defining a research problem. This helps them focus the research process so that they can draw conclusions reflecting the real world in the best possible way.

4.1.2. HYPOTHESIS

In research, a hypothesis is a suggested explanation of a phenomenon.
A null hypothesis is a hypothesis which a researcher tries to disprove. Normally, the null hypothesis represents the current view/explanation of an aspect of the world that the researcher wants to challenge. Research methodology involves the researcher providing an alternative hypothesis, a research hypothesis, as an alternate way to explain the phenomenon.

4.1.3. VARIABLES

A variable is something that changes. It changes according to different factors. Some variables change easily, like the stock-exchange value, while other variables are almost constant, like the name of someone. Researchers are often seeking to measure variables. The variable can be a number, a name, or anything where the value can change.

4.1.4. CHOOSING THE RESEARCH METHOD

The selection of the research method is crucial for what conclusions you can make about a phenomenon. It affects what you can say about the cause and factors influencing the phenomenon. It is also important to choose a research method which is within the limits of what the researcher can do. Time, money, feasibility, ethics and availability to measure the phenomenon correctly are examples of issues constraining the research.
4.1.5. Results

Significance Test

To test a hypothesis, quantitative research uses significance tests to determine which hypothesis is right. The significance test can show whether the null hypothesis is more likely correct than the research hypothesis. Research methodology in a number of areas like social sciences depends heavily on significance test. A significance test may even drive the research process in a whole new direction, based on the findings.

4.1.6. Drawing Conclusions

Drawing a conclusion is based on several factors of the research process, not just because the researcher got the expected result. It has to be based on the validity and reliability of the measurement; how good the measurement was to reflect the real world and what more could have affected the results. The observations are often referred to as 'empirical evidence' and the logic/thinking leads to the conclusions. Anyone should be able to check the observation and logic, to see if they also reach the same conclusions. Errors of the observations may stem from measurement-problems, misinterpretations, unlikely random events etc (Experiment Resources, 2008).
4.2. Introduction to the present study

The research design for the research was so designed such that the authenticity of the research was maintained. A study on ‘The use of Positive Therapy in the enhancement of general well being and self efficacy among the victims of sexual harassment in Thoothukudi- A comparative study’ was carried out with the following objectives:

1. Objectives
2. Research questions
3. Null hypotheses
4. Universe
5. Sample
6. Variables
7. Pilot study
8. Problems faced
9. Tools
10. Procedure
11. Therapy
12. Main study
13. Analysis of data
4.3. OBJECTIVES

The main objectives of the study were as follows:

- To see if the impact of sexual harassment can be reduced by the administration of Positive Therapy.
- To assess the levels of anxiety and stress in selected victims of sexual harassment.
- To ascertain the efficacy of Positive Therapy in the management of anxiety and stress in selected victims.
- To assess the levels of general well being and self efficacy in selected victims of sexual harassment.
- To ascertain the efficacy of Positive Therapy in the enhancement of General well being and self efficacy of the victims.

4.4. RESEARCH QUESTIONS

- What is the level of anxiety and stress in the victims as a result of sexual harassment?
- What is the level of general well being and self efficacy in the victims of sexual harassment?
- Does Positive Therapy help in the management of anxiety and stress due to sexual harassment?
Does Positive Therapy help in the enhancement of general well
being and self efficacy of the victims of sexual harassment?

4.5. NULL HYPOTHESES

- The level of anxiety in the sexually harassed is not likely to
  be high.
- The level of stress in the sexually harassed is not likely to be
  high.
- The level of general well being of the victims of sexual
  harassment is not likely to be affected.
- The level of self efficacy of the victims of sexual harassment is
  not likely to be affected.
- Positive Therapy does not help in the management of anxiety
  due to sexual harassment.
- Positive therapy does not help in the management of stress
  due to sexual harassment.
- Positive Therapy has no effect on the enhancement of general
  well being in the sexually harassed.
- Positive therapy has no effect on the enhancement of self
  efficacy in the sexually harassed.
4.6. UNIVERSE

Thoothukudi is a district that is fast developing with its varied industries and job offers open to both men and women. Since it is only a developing district, the attitude of women going to work and the way they are treated in their work place is not often noticeably good, although we have to accept the exceptions. Hence this study helped throw light on many aspects that have been so long ignored and paid very little attention.

The awareness of sexual harassment as a crime is also very poor. Many women try to justify it as the common male mentality while others feel it as a part of the work load. All this leads to a drastic increase in the rate of occurrence of the crime and very low record of the crime. Women feel ashamed to report the crime to their authorities since they feel that they are also partly responsible for its occurrence. Also most women do not know about the Vishaka Judgement or other legal help that they could sought. So they just try to accept it and become silent victims of the crime or, if possible just shift their jobs and move away.

Thoothukudi has on the whole 14 major industries and 2370 registered small scale industries. In many industries, women were usually paid lesser than men and were not treated well. But, due to the societal
background, many women are seeking jobs to be of help to their families and are unable to quit the job easily. It is thus clear that sexual harassment is prevailing almost inevitably in every workplace, affecting the health of the victims both physically and psychologically. But, the awareness regarding the crime is very poor. This is because most women want to keep it a secret for fear of stigmatization by others. So in most cases, the crime goes unnoticed and uncomplained. This as a result, encourages the harassers and puts the victims into deeper stress and strain.

Hence the following study was undertaken among selected factories in the Thoothukudi district as an attempt to identify the victims and help them come out of its effects and face life with a more positive and courageous attitude. The psychological intervention called Positive Therapy was selected to help the victims since it had components to enhance both physical and mental health. The intervention greatly helped the victims since they certainly needed an outlet to cope up with life.

The **reasons for selecting that area** were as follows:

- Availability of the required number of sample for the study.
- Permission provided by the factory officials to conduct the study.
- Only the organized sectors were selected, to make data collection easy.
Convenience of the researcher to carry out the action research.

4.7. SAMPLE

In Thoothukudi district there are around fourteen major industries and 2370 registered small scale industries. Out of these, the major industries were chosen for the study as it was an organized sector and thus obtaining permission for the study was easy. The factories that had a majority of female workers were selected as the study deals with the problems faced by the working women. Out of the 14 factories, random sampling was done to collect data from the sample. Out of the major 4, one was randomly selected for the study. Out of the 5 non chemical industries, 2 were randomly chosen. The chemical industries were ignored for health reasons. Thus, finally 3 major industries from the Thoothukudi District were selected for the research study and out of these, 600 victims who had experienced the crime of sexual harassment were selected using various psychological interventions. From these victims, 310 experiencing very high levels of anxiety and stress and very low levels of self concept and self efficacy were selected as the experimental group for the action research while the remaining victims were kept under observation as the control group.
4.8. VARIABLES

The variables selected for the research are,

- Sexual harassment
- Anxiety
- Stress
- General well being
- Self efficacy

The reasons for selecting the above variables are due to the fact that, from the review of several researches, it was clear that, when a person is being sexually harassed, it is their general well being and self efficacy that are primarily affected. As a result, the person suffers from severe anxiety and stress due to the hidden feelings and emotions they undergo.

4.8.1. Sexual Harassment

Definition of sexual harassment according to the Vishaka Judgement (1998) is that it includes such unwelcome sexually determined behaviour (whether directly or by implication) as:-

- Physical contact and advances;
- a demand or request for sexual favours;
- sexually coloured remarks;
- showing pornography;
- or any other unwelcome physical, verbal or non-verbal conduct of sexual nature.

The conduct of the harasser must either be severe or it must be pervasive to be sexual harassment. A single incident is probably not sexual harassment unless it is severe. For example, a single incident of rape or attempted rape would probably be sexual harassment (it would also violate criminal laws).

Although a single unwanted request for a date or one sexually suggestive comment might offend you and/or be inappropriate, it may not be sexual harassment. However, a number of relatively minor separate incidents may add up to sexual harassment if the incidents affect your work environment. Some questions you can ask yourself to determine whether the conduct is pervasive are: How many times did the incidents occur? How long has the harassment been going on? How many other people were also sexually harassed? (ERA, 2009).

To create a sexually hostile environment, unwelcome conduct based on gender must meet two additional requirements: (1) it must be subjectively
abusive to the person(s) affected, and (2) it must be objectively severe or pervasive enough to create a work environment, that a reasonable person would find abusive. To determine whether behavior is severe or pervasive enough to create a hostile environment, the finder of fact (a court or jury) considers these factors:

- The frequency of the unwelcome discriminatory conduct;
- The severity of the conduct
- Whether the conduct was physically threatening or humiliating, or a mere offensive utterance;
- Whether the conduct unreasonably interfered with work performance;
- The effect on the employee’s psychological well-being; and
- Whether the harasser was a superior in the organization.

Each factor is relevant – no single factor is required to establish that there is a hostile environment. Relatively trivial, isolated incidents generally do not create a hostile work environment. Hostile environment sexual harassment also was not found where women were asked for a couple of dates by co-workers, subjected to three offensive incidents over 18 months, or subjected to only occasional teasing or isolated crude jokes or sexual remarks.
Sexual harassment was found, on the other hand, where women were touched in a sexually offensive manner while in confined workspace, subjected to a long pattern of ridicule and abuse on the basis of gender, or forced to endure repeated unwelcome sexual advances (Kadue D., 2000).

4.8.2. Anxiety

Anxiety disorders serious medical illnesses that involve intense feelings of fear, anxiety, worry or apprehension often associated with specific situations, events or objects. The physical symptoms that accompany these feelings include heart palpitations, trembling, dry mouth, dizziness, nausea and diarrhea.

There are different types of anxiety disorders, but all share the feelings of excessive fear and dread. Types of anxiety orders include panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, social phobia or social anxiety disorder, specific phobias (such as fears of enclosed or open spaces) and generalized anxiety disorder (Health Scout, 2010).

4.8.3. Stress

Stress is a feeling that's created when we react to particular events. It's the body's way of rising to a challenge and preparing to meet a tough
The events that provoke stress are called **stressors**, and they cover a whole range of situations — everything from outright physical danger to making a class presentation or taking a semester's worth of your toughest subject. The human body responds to stressors by activating the nervous system and specific hormones. The **hypothalamus** signals the **adrenal glands** to produce more of the hormones adrenaline and cortisol and release them into the bloodstream. These hormones speed up heart rate, breathing rate, blood pressure, and metabolism. Blood vessels open wider to let more blood flow to large muscle groups, putting our muscles on alert. Pupils dilate to improve vision. The liver releases some of its stored glucose to increase the body's energy. And sweat is produced to cool the body. All of these physical changes prepare a person to react quickly and effectively to handle the pressure of the moment.

This natural reaction is known as the **stress response**. Working properly, the body's stress response enhances a person's ability to perform well under pressure. But the stress response can also cause problems when it overreacts or fails to turn off and reset itself properly (Kid’s health, 2010).
4.8.4. General well being

The well-being or quality of life of a population is an important concern in economics and political science. There are many components to well-being. A large part is standard of living, the amount of money and access to goods and services that a person has; these number a fairly easily measured. Others like freedom, happiness, art, environmental health, and innovation are far harder to measure. This has created an inevitable imbalance as programs and policies are created to fit the easily available economic numbers while ignoring the other measures that are very difficult to plan for (Wilson, 2010).

4.8.5. Self efficacy

Self-efficacy has been defined in a variety of ways: as the belief that one is capable of performing in a certain manner to attain certain goals, as a person’s belief about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. It is a belief that one has the capabilities to execute the courses of actions required to manage prospective situations. It has been described in other ways as the concept has evolved in the literature and in society: as the sense of belief that one’s actions have an effect on the environment; as a
person’s judgment of his or her capabilities based on mastery criteria; a sense of a person’s competence within a specific framework, focusing on the person’s assessment of their abilities to perform specific tasks in relation to goals and standards rather than in comparison with others’ capabilities. Additionally, it builds on personal past experiences of mastery. The idea of self-efficacy is one of the center points in positive psychology; this branch of psychology focuses on factors that create a meaning for individuals. It is believed that our personalized ideas of self-efficacy affect our social interactions in almost every way. Understanding how to foster the development of self-efficacy is a vitally important goal for positive psychology because it can lead to living a more productive and happy life (Wikipedia, 2010).

The above mentioned are the main aspects of a person that get initially affected when one undergoes sexual harassment. But this doesn’t mean that there are no other effects or that these are the only effects of sexual harassment. These are the most common effects of sexual harassment and hence they have been taken as variables for the research.

4.9. TOOLS

Tools are the very important aspect in a study as they serve as the key for gaining information. The needed information from the sample was
collected through 6 inventories. They are:

- Screening test for sexual harassment (2007)
- Personal profile (2007)
- Manifest Anxiety Inventory (MAI) (2000)
- General Self Efficacy Scale (GSE) (1993)
- Stress Inventory (2001)
- WHO General Well Being Index (1998)

4.10. DESCRIPTION OF TOOLS

4.10.1. Screening test for sexual harassment

A screening test for sexual harassment based on the Vishaka Judgement was used to collect information regarding the occurrence, intensity and impact of the crime on the victims. The inventory consists of 7 statements with space provided for response.

1. Body language
2. Sexually coloured remarks
3. Physical contact
4. Demand/request for sexual favour
5. Verbal/non verbal conduct
6. Showing pornography
7. Any other
Scoring key

Each positive response carries a score of 1 and victims with a score of 3 or more were considered to be sexually harassed and were selected for the study. This was the first tool administered to the victims to select the samples.

<table>
<thead>
<tr>
<th>SCORES</th>
<th>SEVERITY OF HARASSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>Mild</td>
</tr>
<tr>
<td>3-5</td>
<td>Moderate</td>
</tr>
<tr>
<td>5-7</td>
<td>Severe</td>
</tr>
</tbody>
</table>

4.10.2. Personal Profile

A personal profile was used to collect the demographic and personal details of the victims. This profile greatly helped in the analysis and segregation of the victims into various groups according to their socio economic status, education, family background, etc. This helps in the later analysis of the data and the better understanding of the sample selected.

4.10.3. Manifest Anxiety Inventory

MAI was constructed by Dr. Hemalatha Natesan and Nandhini Menon (2000). This was used as (Appendix I) to collect information about the level of anxiety of the victims. It consists of forty items. There are 2 possible
responses to each item namely, ‘Yes’ and ‘No’. The respondent is asked to tick (√) any one of the two alternatives which applies to her. There is no time limit. But the victims were asked to respond as quickly as possible.

**Scoring key**

**NORMS**

<table>
<thead>
<tr>
<th>SCORES</th>
<th>ANXIETY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 and above</td>
<td>Very High</td>
</tr>
<tr>
<td>17-24</td>
<td>High</td>
</tr>
<tr>
<td>9-16</td>
<td>Moderate</td>
</tr>
<tr>
<td>1-8</td>
<td>Low</td>
</tr>
<tr>
<td>0</td>
<td>Very Low</td>
</tr>
</tbody>
</table>

The validity of M.A.I. is 0.89 and the reliability by test-retest is 0.93.

**4.10.4. General Self Efficacy Scale**

General Self Efficacy Scale (GSE), constructed and standardized by Mattias Jerusalem & Ralf Schwarzer (1993) (Appendix II) was used to collect information about the self-efficacy of the victims. It consists of 15 statements, each provided with 4 possible responses. The victim is asked to rate herself on each item based on the 4 point rating scale.

**Scoring key**

Scoring key and norms have been provided by the authors. The
average score of the 15 items gives the level of the self efficacy of the victim. There is no time limit. But the victims are asked to respond as quickly as possible.

4.10.5. Stress Inventory

The stress level of the victims was assessed using the Stress Inventory (Appendix III) developed and standardized by Dr. Hemalatha Natesan and Dr. Nandhini Menon (2001). This inventory consists of 30 statements with two possible answers. The victims were asked to read the statements carefully and choose the answer that suited them best. There was no time limit, but the victims were asked to do it as quickly as possible. The answers were then evaluated with the help of the scoring key and norms provided by the authors. Based on the evaluation, the victims were classified as people with low, moderate, high or very high levels of stress.

**Scoring key**

<table>
<thead>
<tr>
<th>SCORES</th>
<th>STRESS LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 and above</td>
<td>Very High</td>
</tr>
<tr>
<td>10-19</td>
<td>High</td>
</tr>
<tr>
<td>5-9</td>
<td>Moderate</td>
</tr>
<tr>
<td>1-4</td>
<td>Low</td>
</tr>
<tr>
<td>0</td>
<td>Very Low</td>
</tr>
</tbody>
</table>
4.10.6. WHO General well being Index

The general well being of the victims of sexual harassment were assessed using the WHO General Well Being Index (Appendix IV). This inventory has been developed by the World Health Organization (1998). This inventory consists of 5 statements with 5 different options. The victims were asked to select the option that suited them best. This inventory helps us to evaluate the well being of the victims for over the past 2 weeks.

**Scoring key**

The raw score is calculated by totaling the figures of the 5 answers. The raw score ranges from 0-25, 0 representing the worst possible and 25 representing best possible quality of life.

All the above mentioned inventories were administered to the sample to find out their levels of stress, anxiety, well being and efficacy. Based on the data collected, victims with high levels of stress and anxiety and low levels of efficacy and well being were selected to serve as the experimental group for the study.

4.10.7. Reliability and validity:

A test is valid when it measures what it’s supposed to. How valid a test is depends on its purpose—for example, a ruler may be a valid measuring device for length, but isn’t very valid for measuring volume. If a
test is reliable, it yields consistent results. A test can be both reliable and valid, one or the other, or neither. Reliability is a prerequisite for measurement validity.

<table>
<thead>
<tr>
<th>reliable, but not valid</th>
<th>not reliable, not valid</th>
<th>reliable and valid</th>
</tr>
</thead>
</table>

Types of Measurement Validity:

**Face validity:** Does it appear to measure what it’s supposed to measure? There would be low face validity when the researcher is disguising intentions.

**Content Validity:** Is the full content of a concept’s definition included in the measure? It includes a broad sample of what is being tested, emphasizes important material, and requires appropriate skills. A conceptual definition can be thought of as the ‘space” that contains ideas and concepts.

**Criterion Validity:** Is the measure consistent with what we already know and what we expect? Two subcategories: predictive and concurrent

**Predictive validity:** Predicts a known association between the construct
you’re measuring and something else.

**Concurrent validity:** Associated with pre-existing indicators; something that already measures the same concept.

**Construct Validity:** Shows that the measure relates to a variety of other measures as specified in a theory. For example, if we’re using an Alcohol Abuse Inventory, even if there’s no way to measure “abuse” itself, we can predict that serious abuse correlates with health, family, and legal problems.

**Subcategory:**

**Discriminant Validity:** Doesn’t associate with constructs that shouldn’t be related.

**Note:** Sometimes, construct and criterion validity seem to overlap. This isn’t a big deal. The important thing is that the comparison of scores on your measure works like expected in relation to the other measures.

**Reliability**

If a test is reliable, it yields consistent results.

**Inter-observer:** There are consistent results among testers or coders who are rating the same information. Measuring agreement using the Inter-observer reliability coefficient is a good rule of thumb: if (Total
agreements) / (Total observations) > .80, the data have inter-observer reliability.

**Test-retest**: A measure at two different times with no treatment in between will yield the same results.

**Parallel-forms**: Two tests of different forms that supposedly test the same material will give the same results.

**Split-half reliability**: If the items are divided in half (e.g., odd vs even questions) the two halves give the same results.

For all forms of reliability, a quantitative measurement of reliability can be used, applied much like the inter-observer reliability coefficient. It should be .80 or higher. However, the coefficient can be lower for averages in a group because individual scores vary (Patten, Mildred, 2002).

The inventories used in this study have all been standardized by the authors and are thus found to be empirically reliable and valid.

### 4.11. PROCEDURE

This experimental study was carried out in 5 steps. The procedure was as follows:

#### 4.11.1. Step 1

**Screening test**: The sexual harassment screening test was primarily
administered to around 2000 working women from the factories in the Thoothukudi district. Of the 2000, 750 working women were identified to be victims of sexual harassment. From this 750, a total of 610 victims were chosen for the research. The reasons for selecting this 610 were:

1. Willingness of the victims
2. Time
3. Permission offered by the companies
4. Availability of space to offer the therapy.

4.11.2. Step 2

**Evaluation of the screening test:** The screening test was evaluated and the victims were classified into mild, moderate and severely harassed sexually.

4.11.3. Step 3

**Personal feedback:** The victims were analyzed individually and the effects of sexual harassment that they experienced were noted. It was generally observed that, anxiety and stress were the most common outcomes of sexual harassment and this mostly affected the general well being and the self efficacy of the victims. This doesn’t mean that there are no other effects but these are the most common effects of sexual harassment in the working women.
4.11.4. Step 4

**Grouping of experimental and control groups:** The 610 victims who were selected for the research study were made into 2 groups namely experimental and control groups. The action research was done on the experimental group by the administration of the psychological intervention called Positive Therapy. The control group was kept only as an observatory group. For them there was no intervention offered. The grouping was done after seeking the permission of the victims.

4.11.5. Step 5

**Administration of the tools:** After grouping the victims, the psychological scales on anxiety, stress, general well being and self efficacy were administered to the victims of both the experimental and the control group. Later, the therapy was administered to the victims in the experimental group. After the therapy sessions were completed, the scales were re administered to the victims in both the groups. This helps in finding out the effects of the therapy on the variables in the victims.

4.12. THERAPY

Positive Therapy (Natesan, 2002), a package combining Western Techniques based on Cognitive Behavioral Therapies and Eastern Techniques based on Yoga, helps people develop a pleasing personality and
a positive perception. It improves both physical and mental health. It helps in the management of negative emotions such as anger, worry, anxiety, etc and also in the enhancement of the overall personality of the individual. It has four strategies:

1. Relaxation Therapy
2. Counselling
3. Exercises and
4. Behavioural assignments.

4.12.1. RELAXATION THERAPY

Relaxation Therapy consists of 3 steps:

1. Deep Breathing Practice
2. Relaxation Training
3. Auto Suggestions

**Deep breathing practice**

When a person is anxious, he or she often takes shallow breaths. When a person focuses on deep breathing, this cycle is interrupted and the body and mind begin to relax. So Deep Breathing Practice was given to the victims.

In Deep Breathing Practice, the victims were asked to sit erect, with heads straight, palms on the lap and feet placed on the floor, one foot
apart. They 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 the subjects’ eyes open and 5 times with the eyes closed.

**Relaxation therapy**

After Deep Breathing Practice, the victims were asked to lie down flat, on a mat without a 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 victims were asked to close the eyes and have a folded handkerchief placed on the eyes to ensure complete darkness (The nose should not be covered). 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 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
- Hands
- Legs

Then the following directions were given to the victims 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 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 suggestions**

The victims were asked to continue to have deep breathing, enjoying the relaxed state when the following auto suggestions 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

The world is a lovely place to live in

God is with me. I am worthy

I am blessed with what I want

I will be very successful in life

Today is an excellent day. I will enjoy every minute of this day

Thank you God for giving me all that I need-good health, happiness, love and success.
Thus, Relaxation Therapy was given to all the victims for about half an hour per session.

4.12.2. COUNSELLING

The victims’ personal, social, occupational and emotional problems were solved through counselling. In Positive Therapy, Counselling involves the following techniques:

- Rational Emotive Therapy
- Thought stopping
- Cognitive Restructuring
- Symptom Stopping
- Assertiveness training

In the present study, all the above mentioned techniques were used except Symptom Stopping, as there was no need for it.

Rational emotive therapy

The irrational beliefs and thoughts of the victims such as “I am not worthy”, “I am used”, etc., were removed by appealing to their reason. The subjects were made to understand that everyone is worthy and it is irrational to think that they are not worthy. The next irrational thought “I am used” was removed by explaining to them the value of their friends and the organization that takes very good care of them, and the ways in which
they can fight their way out of being victimized. This in turn, helped them to be positive and realistic and face life optimistically. Similarly, every negative thought of the victim was confronted rationally and removed with the help of this technique.

**Thought stopping**

This technique helps in identifying unproductive, debilitating and self-defeating thoughts and removing them.

The victims were asked to tell out their recurring, negative thoughts. The most common negative thoughts were:

“I am not worthy”.

“I am used”.

“I am a failure”.

The victims were asked to sit in a relaxed state, close their eyes breathe in slowly and get the first disturbing thought and breathe out saying “STOP” and push the thought away and open the eyes. This practice was given 3 times. Then they were asked to follow the same procedure when they were asked to say “STOP” mentally and throw out the thought. In due course, the victims learnt to throw out disturbing, negative thoughts, automatically.
Cognitive restructuring

This helps the victims replace negative cognitions with positive self-enhancing thoughts and actions as shown below:

Positive Thoughts

I am worthy.

I am unique.

I am successful.

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

4.12.3. EXERCISES

Positive Therapy involves three exercises namely,

- Tension Releasing Exercise
- Smile Therapy and
- Laugh Therapy

All the exercises were given to the victims to help them get rid of their tension and develop a cheerful state.

Tension releasing exercise

Stress may cause fear, anxiety, anger and/or worry, leading to
tension. Tension releasing exercise helps people throw out all these. In this exercise, the victims 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 (without involving voice), simultaneously throwing down the hands sidewise, opening the palms. As they breathe out, they were asked to think each of the following.

“Tension goes out”

“Fear goes out”

“Anger goes out”

“Anxiety goes out”

“Worry goes out”

This practice was given 5 times. Then they were asked to do the same exercise, making a loud sound (Ha) while breathing out. This practice was also given 5 times.

**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 cheerful one. Hence, by developing the habit of smiling, we can replace the negative emotions. In other words, one cannot have negative emotions like fear, anxiety, worry
or anger while smiling.

In Smile Therapy the victims were asked to say (Eee) with a broad smile, breathe in slowly through the mouth, with a sound (without involving the vocal cords), close the mouth smilingly and breathe out gradually through the nose without any sound. The victims 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**

Laughing has become even rarer when compared to smile. Cardiologists maintain that laughing can prevent heart diseases. Laugh Therapy can be practiced in groups, preferably with family members or friends.

The victims were asked to stand, 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. The victims were encouraged to make gestures, clap hands and look at each other, etc., while laughing. They were asked to laugh louder and louder for a longer duration. This was done 5 times. This helped to release the tension as well as to remove their negative emotions like fear and worry.
4.12.4. BEHAVIOURAL ASSIGNMENTS

The victims were asked to resort to the following healthy behaviours:

- Have positive thoughts. Modify the negative thoughts with positive thoughts.
- Involve in some activity and enjoy it.
- Have positive attitude towards self, work, life and others.
- Live in the present, concentrate on what you do and enjoy what you do.
- Accept responsibilities with a smile.
- Face the problems boldly and solve them successfully.
- Enjoy the company of your friends.
- Share your feelings, both joys and sorrows with your friends.
- Have some physical exercise like, yoga, jogging, skipping, cycling or swimming.
- Have some recreations like, playing games, reading books, etc.,
- Enjoy music, singing and dancing reduce tension.
- Develop a sense of humour, enjoy jokes; laugh heartily.
- Practice Deep Breathing for 5 minutes in the morning,
Facing east and 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 exercise and at night, before going to sleep.
- Practice Tension Releasing Exercise, 10 times a day.
- Practice Smile Therapy and Laugh Therapy, preferably with friends, 10 times a day.
- Avoid poor health habits like nail biting, pre-marital relationships, etc.
- Pray to God.

4.12.5. DURATION OF THE THERAPY

Positive Therapy was given for 1 hour per session on alternate days, for 6 sessions, spread over 2 weeks. After 2 weeks, they were retested using the psychological interventions.

4.13. PILOT STUDY

To find out the possible outcomes of the research and also to canalize the proceedings of the research, a pilot study was done initially on a sample of 10 victims who were sexually harassed. The tools were administered on the selected 10 victims and the therapy was administered.
Later the tools were re administered to assess the efficacy of the therapy.

**Problems faced**

Some of the problems faced during the pilot study were:

1. Difficulty in getting the consent of the employers.

2. The therapy requires a solid 2 hrs per session that was practically unaffordable by some factories.

3. Willingness of the victims to participate in the research study.

4. Availability of a convenient and private area in the factories for the administration of the therapy.

**4.14. MAIN STUDY**

After the pilot study, a clear idea is got as to what are the problems in carrying out the research and what are the ways the research can be carried out flawlessly to the maximum possible extent. This lead to the confident carrying out of the main study with a sample of 610 samples.

**4.15. RESEARCH DESIGN**

The experimental design without control group is superior to the other designs, for the simple reason that it avoids extraneous variations resulting both from the passage of time and from non-comparability of the test and control areas (Kothari, 2000).
## EXPERIMENTAL DESIGN

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<th>Time Period I</th>
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<tbody>
<tr>
<td><strong>Test area</strong></td>
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<tr>
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4.16. ANALYSIS OF DATA

The data was analyzed statistically using sign test and paired sample tests and the results reveal that there has been a high level of anxiety and stress in the victims as a result of sexual harassment. They were also found to suffer from low levels of general well being and efficacy. Also, it has been statistically proved that with the administration of the therapy, there has been marked difference in the anxiety and stress levels in the victims. Their general well being and efficacy were also observed to have improved after the victims were given the psychological intervention called Positive Therapy.