

## CHAPTER 2

### RESEARCH METHODOLOGY

The search for the causes of phenomena, episodes or behaviour has been an age-old human endeavour. Explanations relieve the tensions and fear associated with the unknown. Empirical data help the social worker to establish link between the cause and cure.

Research methodology helps the researcher to experiment, quantify, reason out, explain, predict and control the phenomena. Inquiring systems are many – as many as schools of thought. But five main systems are: **Libnizian, Lockian, Kantian, Hegalian and Singarian** inquiring systems. Each of them respectively emphasize on: theory, empiricisms, both together, confrontation and relative nature of human behaviour's, knowledge. Indian scientific thoughts are: **Dualism, Holism, parallelism and evolutionary**. **Sound research methodology** with the help of these inquiring systems and scientific thoughts, help the researcher to avoid: error of deviancy, error of central tendency, Halo effects and contrast error of data. Thinkers like **Hans, Gibbs, Hesse, Merton, Brown, Kuhn, Neom Chense, Lokolas** and such others have contributed a lot to refine various methodological issues of social sciences. **Tavakal** in his book "Sociology of Knowledge" examines two approaches to knowledge production viz. ontological and teleological where he differentiated them: emphasize on "Origin", "Stability",

“Perfection”, “Suprasensory” essence of knowledge on one hand and “Goals of Knowledge”, “Changeability of Knowledge”. On the other hand emphasizing utility of knowledge on “Being” and “Becoming”.

Professional social work's different fields viz. correctional, medical/psychiatric, rural/ urban development, labour, family-child, youth welfare address variety of human needs/ problems. Women's problems have scope in psychiatric and correctional social work. Curative, preventive and developmental issues of women form an important target group for social work practitioners.

Women and mental health is a multidimensional theme. It can be examined under the broad divisions of the nature and size of women's mental health problems, the impact of psychosocial factors on the mental health of women along with larger social issues related to women's mental health. Women's problems pose a challenge with a large number of disorders going unrecognized and untreated, their subordination coupled by conditions of alienation, powerlessness and poverty makes it more difficult for them to cope with many demands made on them physical, social or emotional. A number of studies have been carried out which investigate the psychological impact on role, including marital status, paid and unpaid work and child care, on the emotional well being of women. Research reveals that the best mental health was experienced by employed married men and the worst mental health by unemployed married women.

**H.C.Ganguli** in his analysis of epidemiological studies in terms of mental disorders in India brings out that National Rate of All Mental Disorders (i.e. Schizophrenia, affective disorder, Psychotic & Neurotic Depression, Anxiety Neurosis, Hysteria, Mental Retardation) as 73/1000. While Rural/urban Ratio – 100:103.5. Rural-urban ratio with reference to Anxiety Neurosis is (1.5:16) that is +10 times more than the rural. And mental Retardation is 3 times more in urban population. In Gujarat prevalence of all mental disorders in urban is 47/1000. This shows that mental morbidity is higher in urban population. Focusing on high-risk groups, researcher says that females tend to have higher rates for mental disorders than males, on an average about 1.5 times more. In Gujarat male-female ratio is 1:1.4. Amongst females, the group most vulnerable to mental illness is that of house wives. House wives/ mothers the adverse implications of this high morbidity for mothering and child rearing attitudes and practices are noteworthy. Amongst females, widows had the highest morbidity rate. For centuries widowhood in India has been a synonym for helplessness, dependency and exploitation.

Aggression/ frustration are pivotal factors in facilitating several problems at different levels. It can take a shape of aggressive behaviour, anxiety, convulsion, frustration, psychosomatic problem, marital discord, adjustment disorders, faulty parenting, disturbed family, social problems like crimes, alcoholism youth unrest, industrial strikes, drug addiction, at national levels

and terrorism like problems at international level. Therefore a social work intervention is warranted at micro, mezzo and macro levels.

Aggression has been both the cause and consequence of certain mental disorders. Hence social work intervention has a role to play at curative, preventive and promotional levels of mental health problems. Suppression of anger/ frustration without vent/ outlet may lead to repressed hostility, anxiety and at times violence. Frustration can be the outcome with passive deviant behaviour. Women are also vulnerable to these problems. Women's suffering leads to family problems too, because she is very important unit of the family and quality of life parameters get affected adversely. Hence family centered social work gets warranted. Some of the antisocial elements get advantage of frustrated person and series of deviant behaviour occurs which includes today's ugly form of riots and terrorism.

**Freud**, a giant in making magnificent contribution to human understanding, founder of psychoanalysis shows that evil is an integral part of human nature. As late as 1930 he wrote in pessimism, "Men are not gentle, friendly creatures wishing for love. A powerful measure of desire for aggression has to be renounced as a part of their instinctual endowment".

**Anthony Burgess** has said, "Man is not a noble savage, he is an ignoble savage. He is irrational, brutal, weak, silly, and unable to be objective without anything where his own interests are involved. Whatever the

situation may be, we are born with aggression or we have acquired it or both; important question is can we control it? Can we reduce it? Can we chanalize it?

For any of the actions we require to understand aggression, study it and that justifies the significance of the study. Natural scientist has already made it possible to die together it is the task of social scientist to teach people how to live together.

### **OBJECTIVES**

1. To study level of aggression proneness among women.
2. To probe level in different modes of frustration among women.
3. To examine the relationship between aggression and frustration.
4. To study relationship between age, marital status, type of family, occupation and aggression/ frustration.
5. To probe association between aggression/ frustration and life style, quality of life, life satisfaction, purpose in life, self-concept and sex-type.

### **HYPOTHESIS**

1. Aggression and frustration will be positively co-related.
2. Higher the age, lower will be the aggression.
3. Age and frustration will have no significant association.

4. Level of aggression among joint family women will be lower than that of nuclear family women respondents.
5. Working women will have low level of frustration than non-working women
6. Lower income women will have more frustration than higher income group women respondents.
7. Higher the life satisfaction, lower the aggression and frustration.
8. Masculine women will be more aggressive than feminine women respondents.

### **UNIVERSE**

Women of Baroda city, belonging to two different economic conditions.

### **SAMPLE**

Simple Random

Two groups of women are drawn randomly, according to their economic conditions, to examine how they differ with reference to aggression and frustration.

Low income group was drawn from slum pockets (**Sayajigunj, Pratapgunj, and Fatehgunj**) with random sampling technique (**lottery method**).

High income group was drawn using snow ball method (**Old Padra Road, Ellora Park** areas of Baroda).

Following composition indicates that size is sufficiently large to conduct the study.

**1. Age**

<b>Years</b>	<b>Frequency (N)</b>	<b>Percentage</b>
<b>18-30</b>	98	32.7
<b>31-40</b>	147	49
<b>41-50</b>	55	18.3
<b>Total</b>	<b>300</b>	<b>100</b>

**2. Religion**

<b>Type</b>	<b>Frequency (N)</b>	<b>Percentage</b>
<b>Hindu</b>	193	64.3
<b>Muslim</b>	46	15.3
<b>Christian</b>	26	8.7
<b>Jain</b>	33	11
<b>Others</b>	2	0.7
<b>Total</b>	<b>300</b>	<b>100</b>

**3. Caste**

<b>Type</b>	<b>Frequency (N)</b>	<b>Percentage</b>
<b>SC</b>	73	24.3
<b>ST</b>	27	09
<b>Forward</b>	160	53.3
<b>Others</b>	40	13.3
<b>Total</b>	<b>300</b>	<b>100</b>

#### 4. Marital Status

Status	Frequency (N)	Percentage
Single	88	29.3
Married	176	58.7
Separated	17	5.7
Widow	19	6.3
Total	300	100

#### 5. Education

Level	Frequency (N)	Percentage
Illiterate	54	18
Primary	73	24.3
Secondary	72	24
Graduate	71	23.7
Post Graduate/ Professional	30	10
Total	300	100

#### 6. Occupation

Type	Frequency (N)	Percentage
Housewife	96	32
Private Service	105	35
Government Service	42	14
Own Business	44	14.7
Consultant	10	3.3
Others	03	01
Total	300	100



## 7. Income

Income (Rs.)	Frequency (N)	Percentage
1 to 5000	150	50
15000+	150	50
<b>Total</b>	<b>300</b>	<b>100</b>

## 8. Family Size

Size	Frequency (N)	Percentage
1 to 3	74	24.7
4 to 6	182	60.7
6+	44	14.7
<b>Total</b>	<b>300</b>	<b>100</b>

## 9. Family Type

Type	Frequency (N)	Percentage
Nuclear	203	67.7
Joint	89	29.7
Single	08	2.7
<b>Total</b>	<b>300</b>	<b>100</b>

## RESEARCH DESIGN

Correlational/ Associational study encompasses several variables viz. SES, Concept of aggression, frustration, causes, level of aggression, level of frustration, coping mechanisms, self-concept, quality of life, purpose in life, life style, life satisfaction and sex typology. These variables were identified and measured with standardized tools and brought in relationship by various statistical techniques. Hence design employed is corelational/ Associational.

## **TOOLS OF DATA COLLECTION**

Tools of data collection are of pivotal importance for any research. Reliability and validity of data decide the quality and authenticity of conclusions. In present research, main variables are Aggression and frustration among women respondents. Both the tools are standardized and validity of the same has been worked out. Some important details of them are as under:

### **AGGRESSION QUESTIONNAIRE**

This tool is constructed and standardized by Dr.G.C.Pati, Mental Health Institute, Medical College, Cuttack (Orissa). Construction of the tool is based upon following considerations:

- a) Presence of the tendency to aggression is expressed by irritation, anger, jealousy, hatred etc. and a desire to belittle, ridicule, depreciate, slander and also by punishing, injuring, attacking, etc.
- b) The above-mentioned expressions are observed in certain situations.
- c) In any experimental set-up the appropriate situations that would elicit aggressive expressions would be those situation that usually invite aggressive behaviour.
- d) Even in these situations, all persons would not react aggressively in equal degree. In this regard, types of behaviour can be classified aggressive, moderately aggressive and highly aggressive.

- e) It is recognized that to present real or even some aggressive potential situations in an experimental or test set-up is not easy. It is also known that descriptions of such situations where the subject is given to understand “if such a situations occurs, what would be the best appropriate action or what they would do” would serve the purpose in an experimental or test set-up.

The tool consists of 16 questions. Each question describes a situation, where some form of aggression or deviant behaviour has occurred and also some persons who have responded to that in mildly aggressive, moderately aggressive and highly aggressive manners. The subject is requested to indicate the best appropriate response out of the given three responses elicited by the situation from persons described in the question. In this way the questionnaire 16 different situations relating to family, peers, certain outside persons, antisocial characters, police and court are described. Results of the pilot study indicated and several psychologists opined that all 16 questions were good enough as aggression questions.

To find out validity coefficient of the aggression questionnaire, it was compared with “statements in questionnaire of aggression borrowed from **Murray**”. The group of subjects upon whom this validity study was made, comprised of psychiatrists, clinical psychologists and students of psychiatry and clinical psychology of National Institute of Mental Health and Neurosciences, Bangalore. The validity coefficient is significant above one

percent level. Reliability coefficient of the aggression questionnaire was calculated by split-half method of the 16 questions. 8 odd and 8 even questions supplied the halves. The correlation for a group of 225 subjects was calculated, which showed a good measure of reliability i.e. 0.55.

### Scoring Key

Question No.	Scores for the alternatives		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
1	17	32	45
2	25	41	54
3	25	38	46
4	24	35	43
5	17	29	40
6	17	31	44
7	26	40	47
8	26	42	49
9	26	41	51
10	26	38	45
11	24	38	49
12	27	39	44
13	22	36	48
14	21	38	48
15	24	38	50
16	26	38	45

Scores for assessing aggression proneness.

Upto 518 – Low aggression

From 519 to 571 – Moderate aggression

On and above 572 – High aggression

## **FRUSTRATION TEST**

This tool is prepared by Dr.N.S.Chauhan, Head (Psychology) Agra college, Agra and Dr.G.P.Tiwari, Lecturer, D.S.College, Aligarh and post-doctoral fellow, psychology, Agra University, Agra.

## **TYPE DESCRIPTION**

Frustration has a different set of behaviour mechanism. Its intense cathecticity and conativeness get expressed in various modes such as regression, fixation, resignation and aggression.

## **REGRESSION**

Regression in Freudian terms means a return to an earlier mode of adjustment. It is an “acting out” i.e. resistance in analysis against the remembering of painful ideas. It differs from manifestation of behaviour during transference neuroses. Regression is the end response of frustration. (The frustration-regression of **Barker** et al.) Regression lowers constructiveness. Regression represents a backward step in developments, a returning to older modes of thought, feeling and behaviour which were of service at an earlier time are being retired in the hope that some miracle, they can be equally serviceable in the present. Operationally, regression may be defined in terms of a behaviour characterized both by bashfulness finicky about foods, feel lacking in self-control, wish to be again, escapist,

homesick when away from home, cries easily, speech defective excessively, daydreams, exorbitantly ambitious, etc.

### **FIXATION**

Fixation has been taken as a defense against anxiety by stopping the process of development. In fixation it is noted that behaviour appears that trends to be repeated over and over again without variations and shows a degree of resistance to change. Fixated behaviour as such remains compulsive. Fixated behaviour may be taken in terms of interests and emotional attitudes to designate the attachment generally interpreted to belong to an early stage of development. The fixated persons have a difficulty in forming new attachments, developing new interests or adaptations. Fixation may occur in ones behaviour due to trauma or due to frustration of the normal expression of instinctual drive or its over gratification. It weakens ego of the person. It may be defined operationally in terms of cherishing for deep and lasting hurts, persistence of childhood fears, worries of hypo weight, feeling of physically handicapped, negligence, etc.

### **RESIGNATION**

Resignation is an emotionally tinged attitude shown by cessation of active response to a situation where we have previously been making efforts to alter. In resigned behaviour we obtain extreme elimination of needs, no plans, no definite relations to the future; either no hopes at all or hopes, which are not taken seriously. The resigned behaviour possess of

limitation of all needs, no plan, no definite relations to future, withdrawal from social contacts, frequent and serious consideration of committing suicide, longing for loneliness, retreatism, returning within one's self, lacks interest in surrounding, etc.

### **AGGRESSION**

Aggression has been defined as "an act whose goal response is injury to an organism". Frustration results in aggression, children who are highly frustrated are more aggressive. Aggression results where punishment is inflicted. Social tolerance for aggressiveness of children gets diminished after infancy. Aggression in behaviour and fantasy remains positively related. Overt motor verbal expression of aggression is inhibited by punishment or retaliation with the result that indirect or covert outlets get started. Aggression may be defined operationally in terms of rude answering to elders, irritation, feeling of unfairness, carrying grudges, frequent quarreling, broken engagement, impulses to take revenge and reactionary attitudes to tradition and beliefs.

### **THE SCALE FORMAT**

The scale consists of 40 items out of which each of the four modes of frustration has 10 items.

S.No.	Frustration Mode	Item Description
1.	Regression	Bashfulness
2.	Fixation	Resistance to change
3.	Resignation	Withdrawal from social contacts
4.	Aggression	Reactionary attitude
5.	Regression	Lack of self-control
6.	Fixation	Compulsive behaviour
7.	Resignation	Retreatism
8.	Aggression	Irritation
9.	Regression	Dependency
10.	Fixation	Lack of flexibility
11.	Resignation	Pessimism
12.	Aggression	Drive for dominance
13.	Regression	Wish to be little again
14.	Fixation	Persistence involvement in past experience
15.	Resignation	Tendency to commit suicide
16.	Aggression	Love for fighting
17.	Regression	Return to old behaviour
18.	Fixation	Attachment to earlier adjustment
19.	Resignation	Rejection of life
20.	Aggression	Story retaliation
21.	Regression	Return to childhood
22.	Fixation	Tradition conformity
23.	Resignation	Lack of interest in life
24.	Aggression	Anger behaviour
25.	Regression	Brooding for the past adjustment
26.	Fixation	Habit persistency
27.	Resignation	Lack of interest in surrounding
28.	Aggression	Preference for a fighter
29.	Regression	Excessive day dreaming
30.	Fixation	Cherishing for lasting hurts



<b>S.No.</b>	<b>Frustration Mode</b>	<b>Item Description</b>
31.	Resignation	Sorrowfulness
32.	Aggression	Preference for counter behaviour
33.	Regression	Lack of self-control
34.	Fixation	Lack of adaptability
35.	Resignation	Pessimistic fatalism
36.	Aggression	Competitiveness
37.	Regression	Wish to be child again
38.	Fixation	Preference for stability of behaviour
39.	Resignation	Defeatism
40.	Aggression	Appreciation for rebellion

The ten times of each of the four modes of frustration have been selected on the basis of judges rating (N=50). The selected items were classified under the category for more than 75% of the time.

Items that were classified, for more than one category were dropped. Thus category exclusiveness of item was preserved.

All the 40 items of the scale are presented in simple and brisk style. Each of the 40 items has five answers graded on 5-point scale on the positive dimension and a zero point on the negative dimension. Operationally defined, all the items of the scale are matters of behaviour in daily life. They are thus immensely meaningful and interesting.

### **RELIABILITY OF THE SCALE**

The 'test-retest' reliability for the scale, on a sample of 55 adults, with test-retest gap of one month has been as under-

<b>Sl</b>	<b>Frustration Modes</b>	<b>Reliability coefficient</b>
1	Regression	0.78
2	Fixation	0.92
3	Resignation	0.85
4.	Aggression	0.87
5	As a whole	0.88

The obtained scores for each of the four categories vary in between 0 to 50.

Categories of scores can be-

<b>Sl</b>	<b>Category</b>	<b>Range of scores</b>
1	High	30+
2	Moderate	20 to 29
3	Low	19 and below

### **SES (SOCIO-ECONOMIC STATUS)**

Personal profile includes Name, Age, Religion, Caste, Marital Status, Education, Occupation and Income, Family type, Chronic Health Problems.

Open and close-ended questions are prepared to measure concept, causes, level and coping mechanisms of aggression and frustration.

As the research design is correlational/ associational, various other variables have been considered and the tools for the same are as under.

### **SELF-CONCEPT [BASED ON LITERATURE]**

Anger is one of the emotions. Self-concept has been proved to be most significant variable in probing aggression and frustration. (Deo-1961) has worked on physical intellectual and socio-emotional self-indicators. These three aspects of the self have been examined on three point scale.

### **QUALITY OF LIFE**

Quality of life has always been very dear to social work profession. Social work interventions on the indicators of the same are of prime importance. Indicators considered for the research purpose are viz. love and affection, friendship, faith, freedom and independence, power and peace of mind. Several statements have been constructed on each of these indicators.

### **PURPOSE IN LIFE**

This attitude scale is designed by **Crumbaugh** (1968) to measure the degree to which a person experiences a sense of meaning/ purpose in life. Purpose-in-life decide the life style and quality of life.

### **LIFE-STYLE**

Modern social scientists and medical expert have been emphasizing a great deal on life style, for quite a few human problems. Eight life style's statements have been considered based on work of Thorne. These life styles are as under:

Individualistic, exploitive, pampered-spoiled, resistive, domineering, conforming, escapist and evasive.

### **LIFE SATISFACTION**

To measure life satisfaction, various aspects are examined viz. social, economic, physical, spouse, children and aspirations.

### **SEX TYPOLOGY**

Variety of masculine and feminine traits have been studied to know the sex type. Seven point scale reactions have been sought on 40 such traits. Four patterns will be examined which are as under:

	Masculine
Traits -	Above Median
	Below Median
	Feminine
	Above Median
	Below Median
High in masculine -	Masculine
High in Feminine -	Feminine
High in both	- Cross Sex
Low in both	- Undifferentiated.

Thus four patterns will be examined.

Sr. No.	TRAITS
1.	Achievement oriented
2.	Adventurous
3.	Affectionate
4.	Affinity oriented
5.	Athletic
6.	Aware of feeling of others
7.	Chaste
8.	Chivalrous
9.	Commanding
10.	Compassionate
11.	Courageous
12.	Daring
13.	Delicate
14.	Discreet
15.	Dominating
16.	Enterprising
17.	Feminine
18.	Firm
19.	Independent
20.	Individualistic
21.	Magnanimous
22.	Masculine
23.	Motherly
24.	Nurturant
25.	Practical
26.	Resourceful
27.	Self confident
28.	Self sacrificing
29.	Sensitive

<b>Sr. No.</b>	<b>TRAITS</b>
30.	Soft spoken
31.	Steady
32.	Supportive
33.	Sweet tempered
34.	Sympathetic
35.	Tender
36.	Trusting
37.	Versatile
38.	Vigilant
39.	Vigorous
40.	Warm

**REFERENCE PERIOD** 1998 to 2000

### **TREATMENT OF DATA**

Various statistical techniques have been employed to analyze the data to draw meaningful conclusions viz. percentage analysis, chi-square, r.

### **CHAPTERIZATION SCHEMES**

The research study will have following chapters.

1. Introduction
2. Research Methodology
3. Review of Literature
4. Data Analysis
5. Findings, Conclusions and Suggestions