

AN ABSTRACT OF THE THESIS OF

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Title: THE EFFECTIVENESS OF COGNITIVE-BEHAVIORAL ASSERT-
ION TRAINING PROCEDURES ON THE SELF-CONCEPT OF
COLLEGE UNDERGRADUATES

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This study was designed to investigate whether or not Cognitive-Behavioral Assertion Training procedures would have an effect on improving the self-concept of college undergraduates. A measure was also used to determine if the AT actually increased assertive behaviors. In addition, the research investigated differences between females and males as a result of the training. The relationship between assertive behavior and self-concept was also examined.

Ho₁: There is no significant difference for pre and post-test mean scores between Group I (experimental) and Group II (control) on the Rathus Assertiveness Schedule.

Ho₂: There is no significant difference for pre and post-test mean scores between Group I (experimental) and Group II (control) on the Tennessee Self-Concept Scale.

Ho₃: There is no significant difference for pre and post-test mean scores between males and females in Group I (experimental) on the RAS and on the TSCS (ten scales).

Ho₄: There is no significant relationship between change in self-concept scores and change in assertiveness scores.

Student volunteers from freshmen and sophomore psychology classes were randomly selected into two groups of 16 persons each. Group I received 15 hours of Assertion Training. All participants were administered pre and post-tests on two standardized instruments: the Rathus Assertiveness Schedule and the Tennessee Self-Concept Scale (counseling form).

The statistical procedure for the first three hypotheses was the Analysis of Covariance which utilized the F statistic. In addition, a Pearson Product-Moment Correlation was computed to determine if a relationship existed between TSCS and RAS scores.

A significant difference was found to exist between mean scores of Group I and Group II on the RAS; therefore, Ho₁ was rejected. It was concluded that participants in the study who received the AT procedures made a significant positive gain in assertive behavior over those who did not receive the training.

Ho₂ was rejected on seven scales of the TSCS: (1) Total Positive Score, (2) Personal Self, (3) Family Self, (4) Social Self, (5) Identity, (6) Self-Satisfaction, and

(7) Behavior. Subjects in the experimental group made significant positive gains on these dimensions of self-concept.

There was no significant difference found for mean scores between males and females who were members of the experimental group. Although appreciable gains were made by both sexes in assertive behavior and self-concept, no differences appeared between them; therefore, H_{03} was retained.

There was no significant difference between change in self-concept scores and change in assertiveness scores. H_{04} was therefore retained. A significantly high correlation was found on seven TSCS pre-test scales with the RAS pre-test scores. Also significantly high correlations were found on eight TSCS post-test scales with the RAS post-test scores.

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of College Undergraduates

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The Effectiveness of Cognitive-Behavioral Assertion
Training Procedures on the Self-Concept
of College Undergraduates

CHAPTER I. INTRODUCTION

Assertion training has, in recent years, emerged as a behavioral procedure designed to assist individuals in changing withdrawn and inhibited or overtly aggressive behaviors into more satisfying and socially appropriate actions. Therapists and counselors have, for a long time, been utilizing methodologies which are now labeled and defined as the various components of assertion training (Rathus, 1975). These methodologies emanate from the work of Salter (1949), Wolpe (1958), and Bandura (1971).

Assertion training (AT) programs have been developed for just about every population imaginable including college students. Practically all but a handful of the research in this area has been conducted on the basis of behavioral outcomes, and little or no attention has been paid to enhancement of self-concept (view the individual takes of self) as a result of AT. The importance of the relationship between self-concept and assertive behavior is discussed by Alberti and Emmons (1970). They theorize that individuals who pass through life feeling inadequate about themselves will probably behave in one of the following ways: (1) inhibited, passive, yielding to the expectations and desires of others, or (2) dominating and destroying others in an effort to overcome negative and worthless feelings about themselves.

Results of innumerable studies verify that the successful student is one who views him/herself in essentially positive ways. Achievers have been characterized by self-acceptance, self-confidence and a generally positive self-concept (Purkey, 1970). It is interesting to note that high achievers also have rated themselves high in the area of social competence indicating the relationship between feelings about self and successful interactions with others.

If, indeed, the enhancement of self-concept is a necessary step toward more satisfying and constructive behavior, then educators and counselors must continue in their search for ways of increasing a positive view of self. The present study will attempt to show a relationship between improved self-concept and cognitive-behavioral assertion training procedures. As a result of this study AT may well prove to be an important means of helping clients toward a more adequate self-concept, which may increase feelings of self-worth and improve levels of academic achievement.

Statement of the Problem

The main purpose of the present research was to ascertain the effectiveness of cognitive-behavioral AT procedures in increasing a positive self-concept in a group of college undergraduates. Students who received AT were compared with students from the same population who did not participate in the group AT process. At the same time

the student participants were also measured on an assertiveness scale to determine a perceived increase in assertive behaviors. The major issues addressed in this chapter consist in the following: (1) the nature of assertive behavior, (2) the goals and procedures of AT, and (3) the relationship between assertive behavior and self-concept.

Nature of Assertive Behavior

What is the nature of assertive behavior and why has it evolved as the desirable outcome of AT? Essentially the term assertive behavior is applied to overt expression of feelings and thoughts other than anxiety. These outward expressions tend to inhibit anxiety (Wolpe, 1969). Wolpe and Lazarus describe assertive behavior in broad terms, "all socially acceptable expressions of personal rights and feelings" (p. 39). A more current and more comprehensive definition and one which best fits the purposes of this study has evolved from the work of Jakubowski-Spector (1973): an interpersonal style in which the individual upholds his/her rights in a manner that does not violate the rights of others. In addition, assertive behavior is an appropriate expression of one's feelings, beliefs, and opinions with an honest, direct approach. The truly assertive individual is able to communicate respect for the other person without showing deference and without necessarily showing acceptance

of the other's behavior. The behavioral characteristics of assertive behavior can be summed up in four words: openness, directness, honesty and appropriateness.

Goals of Assertion Training

Desirable outcomes of AT are threefold. First, the obvious goal of AT is the achievement of assertive behavior. Secondly, in addition to observable behaviors, increased feelings of self-worth and self-directedness are important objectives generally associated with AT goals. An examination and revision of individual belief systems about self and self in relation to others constitutes this attitudinal dimension of most AT programs. Values, feelings, thoughts and fantasies are attended to in conjunction with the overt actions of the clients (Flowers, 1975). Reduction of anxiety is the third goal of AT and is inextricably connected to the practice and attainment of appropriately assertive behaviors. Cotler and Guerra (1976) state the following:

Behaviorally speaking, an individual who is assertive can establish close, interpersonal relationships; can protect himself from being taken advantage of by others; can make decisions and free choices in life; can recognize and acquire more of his interpersonal needs; and can verbally and non-verbally express a wide range of feelings and thoughts both positive and negative. This is to be accomplished without experiencing undue amounts of anxiety or guilt and without violating the rights and dignity of others in the process. (p. 3)

Clearly, behavioral, cognitive, and affective factors all play an important role in the AT process.

Procedures of Assertion Training

Specifically, what are some of the numerous techniques used in AT? Early methodologies are discussed by Wolpe and Lazarus (1966). The role playing and role rehearsal which they describe are incorporated in AT programs today. Initially, the situations are contrived and the client is directed to act in an assertive manner. After some practice, the client replicates real interpersonal experiences in which he/she wishes to behave in a more appropriately satisfying way. Modeling is also a methodology utilized by the trainer and involves a demonstration of assertive verbal and non-verbal actions which the client may observe and practice. Feedback offered to the client by both trainer and peers indicates how well the participant did during the practice sessions.

An indispensable aspect of AT is positive reinforcement. When the client demonstrates any degree of improvement during a role play, recognition must be given by the trainer. Also at the beginning of each session, it is necessary to discuss and emphasize all reports of success and minimize failures. Apart from trainer and peer reinforcement the individual can learn to be a positive self-reinforcer (Flowers and Booreaerm, 1975). As clients

improve and become aware that they are using more appropriate assertive behaviors, they may begin giving themselves tangible rewards. It is always better to make the backup reinforcer a social event rather than object (such as stereo) because the reinforcer itself will give the client a chance to be assertive.

Relationship Between Assertive Behavior and Self-Concept

The final issue of this research consists in the relationship between assertive behavior and self-concept. People will conduct themselves in their interpersonal relationships in a manner concordant with the view they take of themselves (Rogers, 1951; Fensterheim, 1973). Rogers bases the larger part of his counseling theory on the need to re-evaluate and improve the self-concept. Each individual's perceptual framework includes all the feelings and perceptions present at any given instant. As a consequence, people behave in ways consistent with their own reality. If one's own reality, as it pertains to the image the individual has of him/herself (self-concept), presents itself as inadequate, the person will act accordingly or in a self-defeating manner (Rogers, 1951). Rogers states further that he believes people are basically capable of guiding their own lives and changing their self-concept.

More currently, Fensterheim (1973) states that "What you do serves the basis for your self-concept. The more

you stand up for yourself and act in a manner you respect, the higher will be your self-esteem" (p. 25). In addition, Fensterheim posits the theory that in acting assertively the individual increases and maintains feelings of worth and that in the event of failure and/or disappointment appropriately assertive behaviors aid in maintenance of self-respect. "The world contains many people who don't recognize their own strengths or who have learned to act in inferior ways because they believe themselves to be inferior" (Fensterheim, 1973, p. 26).

Further theoretical background for AT is discussed in Chapter II, Review of Literature. Also, the origins of self-concept theory and its relationship to behavior are described in Chapter II.

Rationale for the Study

Vast amounts of literature are available on the acquisition and components of self-concept; however, little effort has been directed toward enhancement of the self-concept. Theorists consistently agree that a person's opinions and beliefs regarding a situation in which he/she exists and all of the self-appraisals that the person makes in the context of that environment will, by and large, determine that individual's behavior (Festinger, 1954).

Research in behavioral therapies indicates that it is possible to change behavior (see Chapter II), but

practically no attention has been paid to the accompanying cognitive changes. The need exists to determine whether or not changes in beliefs about self accompany changes in behavior. Percell, Berwick and Beigel (1974) state the problem clearly:

Behavior theory research has generally demonstrated that behavior can be changed; however, generalization from the modified behavior to aspects of the clients cognitive structure, has received little research attention. The authors agree with traditional therapists who have attacked behavioral programs for their failure to assess whether cognitive and attitudinal changes covary with changes in behavior, contending that changing an individual's behavior is pointless if that person still feels unhappy, worthless, and upset. (p. 503)

Although many studies are accumulating on the effectiveness of AT, to date only four pieces of research were found by the author which assess attitudinal changes in the clients. All four of these studies (Henderson, 1973; Percell, 1974; Kornfeld, 1974; and Miller, 1974) deal with populations that are either institutionalized or who exhibit socially aberrant behavior, i.e., psychiatric patients, alcoholics and juvenile delinquents. No one has examined the effect of AT on self-concept in a group of college undergraduates.

Based on studies reviewed by Bower and Bower (1976):

Eighty-two percent of American college and high school students interviewed felt that they had been disturbingly shy for a substantial part of their lives. Significantly,

42% considered their shyness a current personality defect; that is, they wanted counseling to help them overcome their shyness and passivity.... Part of AT is working on improving your self-esteem. Many persons who feel inadequate report a negative self-concept. Throughout their lives they have learned to think of themselves as shy, inept or passive. (p. 1)

In our society students who tend to evaluate themselves in a negative manner are probably destined for failure in their interpersonal relationships because they behave in self-defeating ways. College students frequently seek the help of psychology and education professors because they feel incapable of developing meaningful interpersonal relationships or because they are involved with persons who make inordinate demands upon them. These methods of coping evolve frequently as a result of repressive, punishing parental activity. Children develop inhibitions and are punished by parents and other authority figures for asking why they must do certain things that are asked of them. By the time these individuals reach college age they have dropped the "questioning of authority" from their behavioral repertoires (Rathus and Ruppert, 1975).

Students who are non-assertive often have a history of unsuccessful interpersonal relationships which, in turn, leads to an increasingly negative self-concept. The circular nature of self-defeating behavior becomes predictable in that a poor self-image inhibits the individual from involvement in social interaction and perpetuates the

accompanying fear of rejection (Rathus, 1975). Wolpe and Lazarus (1966) take a similar stance in stating that there is a stage of development wherein the individual becomes aware of his/her increased comfort and satisfaction in interpersonal situations, and with this awareness, a more adequate self-concept with greater self-respect will emerge.

As a result of this research cognitive-behavioral AT may well prove to be an important means of helping students move toward a more adequate self-concept with the resulting benefits of more satisfying behaviors and an increased feeling of self-worth. Implementation of AT procedures can then be seriously considered as a part of curriculum and teaching methodologies. It behooves educators to focus increased attention on ways of improving the self-concept.

Definition of Terms

Assertive Behavior

Actions which are honest, overt, and include an appropriate expression of opinions, feelings and perceptions. This kind of behavior conveys an understanding of one's legitimate interpersonal rights and also displays a high regard for the legitimate interpersonal rights of others. Assertive behavior, in this study, consists of self-perceptual items as measured on the Rathus Assertiveness Schedule (Rathus, 1973).

Non-Assertive Behavior

A passive mode of behavior in which the individual inhibits his/her spontaneous feelings and reactions. This inability to openly express one's needs, desires, thoughts, and opinions is accompanied by feelings of hurt, anxiety, and sometimes anger.

Aggressive Behavior

Inappropriate overt verbal and non-verbal actions which violate the legitimate interpersonal rights of others. Anger and hostility are expressed in a manner that tends to humiliate, dominate and place others in a defensive position. Outbursts of violent and offensive angry behavior are frequently a result of long pent up emotions of hostility and resentment.

Cognitive-Behavioral Assertion Training Procedures

- a) skill training in the use of appropriate assertive behaviors through the use of role playing, role rehearsal, and positive reinforcement.
- b) reduction of anxiety through substitution of new responses in place of anxiety-response habits in interpersonal contexts.
- c) examination of individual belief systems and a reassessment of those systems - also development and clarification of the legitimate interpersonal rights of human beings.

Self-Concept

The picture a person has of him/herself. All of the feelings, beliefs, and perceptions which an individual holds about him/herself including the values attached to them. Low self-concept is evidenced by doubt about one's own worth, feelings of general inadequacy, and lack of confidence in self. High self-concept is evidenced by persons who feel they are valuable, have confidence in themselves, and generally tend to like themselves.

As used in this study, the self-concept consists of the perceptions an individual has about self in terms of the Tennessee Self Concept Scale (TSCS) (Fitts, 1965). Subjects are measured on ten scales of the Counseling Form.

Limitations of the Study

The following limitations were considered before any generalizations or inferences could be made from this study.

1. The subjects in the study were freshmen and sophomore undergraduates which limits the results to that particular age group and educational level.
2. The investigation uses two self-report instruments: The Tennessee Self-Concept Scale (TSCS) and the

Rathus Assertiveness Schedule (RAS). Even though self-report measures are the most common methodology for assessing self-concept, Wylie (1961) maintains that they possess three defects:

- a) Subjects only reveal what they wish to reveal and may hide their real feelings.
 - b) Subjects are influenced by their unique habit of language and introspection.
 - c) Subjects may respond with perceptions and attitudes that they do not really have.
3. The study does not reveal whether changes in attitude and/or behavior will be maintained over an extended period of time.
 4. The study is limited to student volunteers expressing a desire to experience AT; therefore, outcomes do not necessarily apply to students who feel inadequate and lacking in self-esteem but are not willing to express those feelings.
 5. Uncontrollable variables such as background differences, general health, and unexpected or undetermined emotional upsets of students in both the experimental and control groups may have influenced the results of the training and the tests.
 6. The presence of the researcher as co-trainer and test supervisor could be a relevant factor in the

outcomes of the investigation. An unconscious experimenter bias may have influenced the study.

Purpose of the Study

The main purpose of the study was to investigate the effectiveness of cognitive-behavioral Assertion Training procedures on the self-concept as measured by the Tennessee Self-Concept Scale. A second and related purpose was to determine whether or not a change occurred in assertive behavior as measured on the Rathus Assertiveness Schedule after AT. A third assessment was made to find out if a difference existed between change in females and change in males in the experimental group as a result of AT. The fourth and final dimension of this research was to determine whether or not assertive behavior and self-concept are interdependent in this study.

Hypotheses

The following null hypotheses were analyzed in terms of pre and post-test scores derived from the Tennessee Self-Concept Scale (TSCS). The Counseling Form was selected and ten scales were measured. Assertive behavior change was measured by the pre and post-test scores on the Rathus Assertiveness Schedule.

In addition, an examination was made to determine if a relationship existed between assertive behavior and self-

concept. Pending an existent relationship, further testing ascertained if the relationship was significant.

- Ho₁: There is no significant difference for pre and post-test mean scores between Group I (experimental group receiving Assertion Training procedures) and Group II (control-no treatment) on the Rathus Assertiveness Schedule.
- Ho₂: There is no significant differences for pre and post-test mean scores between group I (experimental group receiving Assertion Training procedures) and Group II (control-no treatment) on the Tennessee Self-Concept Scale.
- Ho₃: There is no significant difference for pre and post-test mean scores between males and females in Group I (experimental) on the Rathus Assertiveness Schedule and on the Tennessee Self-Concept Scale (ten scales).
- Ho₄: There is no significant relationship between change in self-concept scores and change in assertiveness scores.

Summary

Chapter I presented an overview of this study. Included in this introduction was a description of assertive behavior, goals and procedures of Assertion Training, and a discussion of their relationship to self-concept. The rationale for the investigation emphasized the need to increase positive self-concept and also included discussion of the theory that behavior is inseparable from the view people take of themselves. A definition of essential terms clarified how these particular terms are used in this research. The purpose of the study, its limitations, and the major hypotheses were also stated in this introductory chapter.

CHAPTER II. REVIEW OF LITERATURE

Three perspectives of pertinent literature are reviewed in this chapter:

- 1) Theoretical background and studies having reference to Assertion Training.
- 2) Theoretical background for self-concept and its acquisition.
- 3) Theoretical background and studies having reference to the relationship between assertive behavior and self-concept.

Literature Related to Assertion Training

The Excitatory and the Inhibitory Personality

The origins of AT are rooted in the observations and theories of Andrew Salter (1949). Basically, he differentiates between two types of personalities: "excitatory" and "inhibitory". The word "excitatory" is now equated with assertive. According to Salter, manifestation of this type of behavior occurs in persons who essentially like other people but are not particularly concerned with what they think. The "excitatory" or assertive person responds with a high degree of spontaneity toward the environment and those in it. These individuals, when confronted with problems, take immediate and constructive action and are relatively free from anxiety.

In contrast, the "inhibitory" (non-assertive) personality is described by Salter in the following terms:

Fundamentally, the inhibitory person suffers from constipation of the emotions.... Childhood encounters, convention, manners, breeding, cliché - all contribute to the inner withholding, amounting to emotional hypocrisy.... The inhibitory personality will feed on his adversity, and unwittingly, or pridefully knowing, conceal true emotional impulses or distrust them; will be withdrawn or tied up inside and frustrated, condemning his behavior by his logic, yet feeling unsatisfied, finding relations with other humans irksome or not too comfortable. (p. 47)

What were the techniques used by Salter to help develop more "excitatory" behaviors? Although Salter did not utilize the more current procedures of behavioral therapies, such as role playing and modeling, he did encourage his clients to assert their individual rights. His methodologies consisted in exhortation and persuasion while at the same time teaching clients to discount "what others think." The first of Salter's techniques, all of which are interdependent, is titled "feeling talk" and embodies the expression of feelings through use of affective statements which reveal the individual's emotional state. Some typical examples are listed below:

dislike	- I don't like this mess.
impatience	- I will only wait 5 more minutes.
anticipation	- I'm really excited about the party.
praise	- Your hair is lovely.
confidence	- Yes, I can take care of it.

love - I love you with my whole being.
 regret - I'm sorry I couldn't have been with you.
 annoyance - This isn't what I expected. I'm leaving.
 surprise - I can't believe he would do that.
 self-criticism - Well, that's my latest blunder.

Second of the six techniques Salter defines is congruence of non-verbal behaviors with expressions of emotions. He calls this "facial talk" and stresses the need to, "forego premeditated utterances, and say what we feel when we feel it" (p. 99). At the same time the "inhibitory" person will become more assertive if he/she conveys the same message both verbally and with corresponding facial expressions, i.e., long face - frown for irritation, etc.

The third rule for increasing "excitatory" behaviors consists in "contradict and attack." Although these words connote aggressive actions, the essence of their message lies in the ability to disagree when the individual differs. Externalization of contradictory feelings which are emotional in origin as opposed to cognitive in origin forms the base for this assertive action.

Probably the most dramatic contribution of Salter to counseling processes emanates from his fourth mandate which exhorts deliberate use of the personal pronoun "I". If the "inhibitory" person directs his/her awareness toward expression of honest feelings, it follows that verbalization must be "owned" by the individual by means of "I" statements, i.e., "I feel tired", "I don't like what you're doing."

One of the most difficult behaviors for non-assertive persons to acquire is the ability to verbalize agreement when praised. Expressing accordance with a compliment occupies fifth place in Salter's grouping of interrelated procedures for increasing "excitatory" actions. "The recipient, finding his self-praise accepted by the environment, develops increased emotional freedom. This is excellent self-conditioning" (p. 100).

The last of the six techniques Salter (1949) titles "improvisation". This rule of conduct comprises a belief that emotional health rests upon thinking, feeling, and acting in the present, a kind of here and now behavior.

Don't plan. Live for the next minute, and that's fifty-nine seconds too long. This applies to what you are going to buy, where you are going to visit, and what you are going to say. Day dreaming is a sign of incomplete doing, and improvisation stops it. In order to build this spontaneity do not waste time Monday thinking about Tuesday and Wednesday. Live now and tomorrow will take care of itself, even though we need more foresight than the grasshopper in the fable. (p. 100).

Reciprocal Inhibition

Dealing with anxiety as the prime deterrent to development of assertive behavior, Wolpe (1958) posits the theory of reciprocal inhibition:

If a response antagonistic to anxiety can be made to occur in the presence of

anxiety evoking stimuli so that it is accompanied by a complete or partial repression of the anxiety responses, the bond between these stimuli and the anxiety responses will be weakened. (p. 71)

Following closely the theoretical base of Salter, Wolpe also suggests that inhibition appears in conjunction with all anxiety states. Moreover, anxiety becomes a conditioned state and feelings remain frequently long after the protective element has actually disappeared. "The anxious individual is afraid of his past experiences" (Wolpe, p. 221). In his work as a behavioral therapist Wolpe teaches clients the use of assertive responses which he believes increasingly inhibit feelings of anxiety. Herein lies the reciprocal nature of his theory.

In 1952 a series of 70 cases was reported in which responses incompatible with anxiety were taught to and practiced by neurotic individuals. After an average of some 25 interviews, 86 percent of the clients appeared to be cured or very much improved (Wolpe, 1954). These results are based upon self-report only and not upon any kind of standardized research procedures. Assertive responses were found to be most effective with patients in whom extreme feelings of anxiety were aroused when involved with interpersonal relationships. Clients typically felt hurt when criticized by family members and had responded with anxious behaviors such as defensiveness, withdrawal, or

outbursts of anger. Individuals suffering from such anxiety also feel some resentment and/or hostility which they are unable to openly reveal probably as a result of early repressive authority figures who did not permit an expression of negative feelings.

Wolpe (1954) describes several case studies in which he successfully worked with clients who were directed to stand up for themselves and behave assertively. The clients practiced new assertive responses in the therapeutic session and then in "real life" situations. Clients reported drastic changes in their behaviors and a disappearance of neurotic anxiety symptoms. Once again it must be noted that Wolpe's results are based solely upon his perception of success as reported verbally by his clients.

Although the term "reciprocal inhibition" is seldom used today in connection with AT methodologies, it continues to appear in other behavioral literature. Anger as a reciprocal inhibitor of fear is examined in research by Goldstein A., Serber B. and Piaget G. (1969). In this report three case studies are discussed in which the clients were trained in the expression of anger during situations which were usually anxiety arousing. They were then instructed to induce angry feelings in the real life situations that caused excessive fear and exhibition of neurotic behavior. In all three instances the clients improved considerably, reporting that they felt better about their ability to

handle painful situations with other individuals and relieved of the stress they had previously experienced.

Techniques of Assertion Training

A variety of procedures used in AT has evolved from the work of behavior therapists. Wolpe and Lazarus (1966) describe some of the following: role playing and/or behavior rehearsal, and modeling. In role playing the client is actively involved with the counselor who takes a role in the client's personal frame of reference. "What he's doing is meaningful to him, because he operates holistically, because he responds to new situations as they arise, and because the scene is realistic" (Corsini, 1966). Role playing may involve a fictitious situation in which client and counselor think, feel, and act out a scene allowing the client to receive feedback from others as to how he/she functions verbally and non-verbally.

In AT the most common form of role playing is the variant entitled behavior rehearsal. This technique is defined by Wolpe (1969):

The therapist takes the role of a person toward whom the patient has a neurotic anxiety reaction and instructs him to express his ordinarily inhibited feelings toward that person. Particular attention is given to the emotion infused into the words. The voice must be firm and suitably modulated. The patient is made to repeat each statement again and again, being constantly corrected until the

utterance is in every way satisfactory. The aim of the rehearsal is, of course, to make it possible for him to express himself with his real 'adversary' so that the anxiety the latter evokes may be reciprocally inhibited and the motor assertive habit established. (p. 68)

Behavior rehearsal was compared by Lazarus (1966) with two other methodologies: (1) direct advice, and (2) non-directive reflection-interpretation. In this study clients and therapists role played several situations that presented the client with opportunities to behave assertively. "Commencing with the less demanding situations, each scene was systematically rehearsed until the most troublesome encounters had been enacted to the satisfaction of patient and therapist" (p. 210). The criterion used for evidence of behavior rehearsal effectiveness was reports from clients that specific desired behavioral change had occurred. For instance, "the reticent and socially awkward young girl was going out on regular dates; the company executive was effecting a promising merger with a rival concern; the secretary had received her much desired salary increment" (p. 211). Results of this training showed behavior rehearsal to be almost twice as effective as direct advice, and the non-directive procedure fared even less well.

Other experimental investigations indicate the efficacy of behavior rehearsal processes in evoking more appropriately assertive behaviors from non-assertive individuals.

McFall and Marston (1970) trained 42 subjects to behave more assertively. McFall and Lillesand (1971) and McFall and Twentyman (1973) trained subjects in a similar manner. Results of these studies show dramatic change in the ability to behave assertively. In all of these studies both self-report and behavioral measures assess the changes. Unfortunately, the behavioral measures are not highly validated procedures and much remains to be done in order to develop more adequate behavioral change assessment techniques.

In conjunction with behavior rehearsal, modeling functions as an essential dimension of AT. Example as one of the indispensable aspects of the learning process has been recognized by theorists for many years. Only in recent years, however, has modeling actively been considered as a behavioral methodology in the helping professions. According to Bandura (1971) human example comprises a large portion of the manner in which people acquire behaviors:

It is evident from informal observation that human behavior is transmitted, whether deliberately or inadvertently largely through exposure to social models.... It is difficult to imagine a culture in which language, mores, vocational activities, familial customs, and educational, religious, and political practices are gradually shaped in each new member by direct consequences of their trial-and-error performances without benefit of models who display the cultural patterns in their behavior.... Some complex behaviors can be produced solely through influence of models. Where

desired forms of behavior can be conveyed only by social cues, modeling is an indispensable aspect of learning. (p. 3)

In research utilizing modeling procedures children who were exposed to aggressive models reproduced a significant amount of aggression resembling that of the models (Bandura, Ross, and Ross, 1961). Subjects in this study were divided into groups some of which observed aggressive behaviors and some of which observed nonaggressive behaviors. Outcomes were measured by means of subsequent time spent engaging in the observed behaviors. The investigators comment, however, that identification with the role model may be a necessary factor in determining the effectiveness of modeling as a teaching and/or therapeutic technique. They suggest that more comprehensive studies involving models who are feared, esteemed or neutral would shed some light on the "identification" aspect of behaviors learned through modeling techniques.

Using video-taped models Hersen, Eisler, Miller, Johnson, and Pinkston (1973) successfully facilitated the acquisition of assertive behaviors in psychiatric patients. Measurement was done by pre- and post-test procedures utilizing video-taped situations. The researchers state the following: "It should be clear, then, that an individual evidencing a behavioral deficit must be taught a new way of

responding as appropriate responses are simply unavailable in his current repertoire" (p. 450).

A trend toward combining cognitive and behavioral procedures has emerged as a more comprehensive model in current AT programs. Noteworthy of application to this particular study is the work of Alberti and Emmons (1970), Rathus (1975), and Lange, Rimm, and Loxley (1975). In Your Perfect Right Alberti and Emmons emphasize the essential need for the addition of an understanding of personal human rights to behavioral practice methods in developing assertive behaviors. The authors maintain that individuals must carefully examine the concept of the equality of human beings and that "each individual has the same fundamental human rights as the other person in an interpersonal relationship, roles, and titles notwithstanding" (p. 3).

Defining components of AT, Rathus includes discussion of the client's rationalizations. In order to break through habitual patterns of nonassertive behavior, participants in AT are encouraged to examine their own value systems which perpetuate self-defeating behaviors. The element of risk-taking which may well involve exposure to hurt and/or rejection must be accepted if the client is to develop more fulfilling interpersonal interactions.

Cognitive dimensions of AT are probably best described in terms of desirable outcomes other than behavioral. Two important ones are the development of a belief system which

incorporates a high respect for one's own interpersonal rights as well as the interpersonal rights of others, and an acknowledgement and change of self-reinforcing statements which are negative in nature and tend to produce incapacitating anxiety (Lange, Rimm, and Loxley, 1975).

Methodologies for implementing cognitive change are varied and involve some of the following exercises:

1. values clarification
2. development of a list of legitimate rights such as:
 - a) the right to decide how to spend one's own money
 - b) the right to decide how to spend one's own time
3. encouragement to recognize the feelings which accompany the actual assertive responses while rehearsing new behaviors.

Summary

Assertion Training emanates essentially from the work of behavioral therapists. Different methodologies are employed in AT such as behavior rehearsal and modeling. Considerable success is indicated in several studies utilizing these procedures. A more eclectic style of AT has emerged recently combining behavioral and cognitive processes. Desired outcomes of AT are both behavioral and cognitive.

Literature Related to Self-Concept

Self-Concept: Acquisition and Behavior

Behavior and self-concept are inextricably inter-related. The process through which humans develop a concept of self exists as a complex group of ideas, assumptions, and observations. Dating from the beginning of this century, theorists have contributed their beliefs to the now vast body of information on the subject. William James (1910) wrote about the "self" and described three categories of experiencing one's self. The "material me" constitutes those parts of the individual which are tangible in nature, i.e., body, family, household, and objects - all physical items in the environment. Secondly, James defines a "social me" which embodies a perception of the individual's identity as others view him/her. This personal identity includes the interpersonal roles one holds in a family, also vocational and avocational roles. The third self is a "spiritual me". This highly abstract dimension includes an awareness of mental and emotional processes, the amazing capacity which sets humans apart from other forms of life.

Emphasis on the social milieu as the prime determinant of self-concept acquisition emerged as the dominant theory in the early part of this century. C.H. Cooley (1922), a

sociologist, conceived of a "looking glass self". During the early years of life a self-appraisal system evolves out of the child's perceptions of reactions of significant persons to him/her. An individual will view him/herself in a manner consistent with the way others in the environment see and treat him/her. Following closely Cooley's beliefs, G. Mead (1934) extended them in an effort to become more precise and comprehensive in defining self-concept. Mead suggested that the child imitates the behavior of influential persons in the surroundings. Eventually, children also begin to see themselves in the same light in which they are treated by others. He postulated that if individuals are seen as inadequate by significant others, they will come to view themselves in the same way. R. Gergen (1971) notes efforts to document Mead's idea that self-concept is a reflection of other people's views toward the self:

Subjects of the study were typically asked to describe themselves along a number of different dimensions. Their acquaintances (and sometimes specific family members) were then asked to rate them along these same dimensions. Correlations were then computed between the 2 sets of ratings, with the usual result that subjects' self ratings, were strongly correlated with the ratings of them by others. Unfortunately, such results are not very instructive. They do not demonstrate a sound causal connection between others' views toward self and self-conception. (p. 41)

Videbeck (1960) successfully investigated the theory that self-concept is determined, at least in part, by the appraisals of others. Students rated themselves on certain oral communication attributes before and after being rated by a person designated as an "expert". Their self evaluation clearly indicated a direct reflection of the opinions of the "expert". The problem remains that in some cases the appraisal of another may be accepted and in other situations may be regarded with neutral feelings or not accepted at all. Additional research is called for in this area.

The guiding forces of parental influence form, for each individual, what can be called a "life plan". Alfred Adler (1929) who broke with traditional Freudian doctrine suggested that consciousness is the driving force behind behavior rather than the "unconscious". He viewed all persons as having a goal or "life plan" the objective of which is "superiority". Feelings about self derive from early childhood and become the forces that dominate the direction toward which the "superiority" goal is directed. Each individual's life style is largely determined by the attitudes of inferiority, be they real or imagined. Adler gives considerable power to the individual in that he believes people set their goals according to their beliefs about themselves and can change them if they so desire.

A prominent contributor to the principles of self-concept formation is H.S. Sullivan (1953). He maintains

that parents bear the responsibility for imparting negative or positive feelings of self to the child. Further, if children feel inadequate, they will tend to see their same traits in other people, believing them to be as inadequate as they see themselves. The emphasis, Sullivan suggests, should be upon supportive and accepting behavior. In contrast to behavioral theory, which concentrates on overt behavior he stresses the need to attend to the internal feelings of the child. An effort to empathize with the child and understand inner emotions is indispensable to the development of a healthy self-concept. Essentially, Sullivan feels that concept of self apart from interactions with other persons is virtually impossible.

No discussion of self-concept would be complete without mention of the phenomenological self of Combs and Snygg (1959). In an effort to explain the complexity of human behavior Combs and Snygg described the concept of individual "frame of reference". Each person's individual frame of reference incorporates all of the feelings, thoughts and perceptions that are present at any given moment. "Perceptual field" has also been called one's private or personal world, one's psychological field or life-space, or one's "phenomenal field" (Hamachek, 1971, p. 33). Each person's "phenomenal field" exists as that one individual's reality. Inclusive in this concept is the dimension of the individual's singular needs and goals which can never be identical

to those of any other person. Finally, every human being has his/her own unique concept of self which precludes behavior directed toward maintenance of that person's view of their own reality.

A phenomenological view of self is also held by the contemporary humanist, Carl Rogers. He too believes that the totality of human experience, past and present, constitutes the individual's unique frame of reference. Roger's self-concept theory incorporates several features (Hamachek, 1971):

1. the self strives for consistency,
2. a person behaves in ways which are consistent with the self,
3. experiences that are not consistent with the self are perceived as threats and are either distorted or denied,
4. the self may change as a result of maturation and learning. (p. 54)

In conclusion, the acquisition of self-concept pertains to early childhood experiences and how the individual is viewed by others. Also the manner in which a person sees him/herself tends to be consistent with the way he/she is treated by others. Human beings perceive themselves in their own unique way and their behavior is consistent with the view they hold of themselves. Humanists believe that people are able to change both their behaviors and their self-concepts.

Assessment of Self-Concept

The complexity of how self-concept is acquired creates a challenge to those who attempt its assessment. Many tests and scales have been devised in an effort to measure how people see themselves, all exhibiting weaknesses inherent in any instrument that attempts to estimate and examine various facets of human behavior. Several approaches to description and measurement can be classified under these headings: (1) direct observation, (2) behavioral traces, (3) projective techniques, (4) self-report, (5) any combination of the preceding. In a comprehensive monograph, Coller (1971) has described the different methodologies, their advantages and disadvantages.

Behaviorists claim that direct observation is the only scientific approach to measurement. Coller explains three types:

1. Observation in a free field where in the observer follows the subject around noting overt behavior. A naturalistic setting characterizes the environment.
2. Observation in selected situations refers to conditions in which data is gathered during short, scheduled and uniform time units.
3. In the contrived situation the experimenter hides the purpose from the subject. These experiments are controlled and results are inferential in nature. Since the individual does not report directly the researcher must infer how the person perceives him/herself.

Behavioral trace procedures examine the past or after effect produced by past responses of the individual. Such tangible items as doodling, pictures drawn by a child, and cumulative records are examples of behavior traces. Related to behavioral traces are projective techniques. Methods require the subject to respond to stimulus with the first words or images that come to mind as in the Rorschach inkblot test. Some tests require story telling as in the Thematic Apperception Test. Both of these methodologies necessitate the interpretation of experts, and often they do not agree in their judgments.

Self report is the most commonly used technique for assessing self-concept. Most personality tests and the Tennessee Self-Concept Scale (instrument used in this research) are examples of self report measures. In these tests individuals directly report how they think and feel about themselves. Rogers and Dymond (1954) believe self report to be the most reliable method of measuring self-concept. In direct observation observers, they maintain, do not always agree on what they see. Under direct methods of observation no observer can perceive the stimuli, subject and situation in exactly the same manner in which the subject does.

An additional affirmation of self report methodologies comes from Donald Snygg (1965). He maintains that it is not possible to correlate self report material with

material gathered from observation. Furthermore, data from these two distinct techniques are not only not identical but are often contradictory. Snygg believes that direct observation has been far more successful in predicting future events in the physical sciences than in the social sciences. In order to comprehend in the clearest way possible the manner in which humans view themselves, their own self report must be examined.

In summary this brief section on assessment describes several methodologies which exist for measuring self-concept. Self report, even with its attending drawbacks, appears to be not only the most common tool, but also the most accurate one to date (Rogers and Dymond, 1954; Snygg, 1965).

Literature Having Reference to the Relationship Between Assertive Behavior and Self-Concept

Behavior and Attitudinal Change

Although literature dealing with behavioral change and self-concept is relatively limited, some evidence is available indicating a relationship between behavior change and attitude change. Festinger (1954) proposes a concept of cognitive dissonance. He contends that a state of emotional, psychological and cognitive discomfort exist when a person's behaviors do not accord with his/her attitudes and opinions. Several possibilities are available to human

beings: (1) attitudes may change as corresponding overt behaviors change, (2) the individual may readjust attitudes to be in accordance with existing behaviors, (3) behavior may change as corresponding attitudes change, or (4) the individual may try new behaviors which will fit better with already existing attitudes.

Behavioral therapists claim that one's self-concept and attitudes can be changed most effectively by active practice of behavioral methodologies. In a classic study of phobic behaviors Bandura, Blanchard, and Ritter (1969) found that the elimination of phobic behavior is accompanied by favorable change in attitudes toward reptiles. In this experiment moderately high positive correlations resulted between behavioral and attitudinal changes.

Some evidence was obtained that modeling procedures expedite behavioral changes through vicarious extinction of fear arousal to aversive stimuli below the threshold for activating avoidance responses, thus enabling persons to perform approach behaviors. Direct contact with threats that are no longer objectively justified provides new experiences that further extinguish residual anxiety and augment attitudinal changes.
(p. 173)

The outcome of this research strongly suggests that behavioral procedures can successfully induce attitudinal changes. By helping a person engage in new behaviors in relation to an anxiety arousing object, changes in beliefs about self may well be the result.

Rogers (1951) maintains that counseling is ineffective unless the individual sees him/herself in a more favorable light. Although his counseling strategies do not include behavioral techniques, Rogers believes that the desired outcomes of therapy and counseling are in the area of self-perception. The overall objective of counseling is to help the client integrate the ideal self-concept with the person's real self-concept; thus perceiving the self in a more realistic way. In addition, Rogers contends that effective psychotherapy will lead to changes in the individual's behaviors making them more consistent with the improved self-concept. Rogerian theory maintains, therefore, that positive behavioral change occurs as a result of positive attitudinal changes toward self.

Cognitive-Behavioral AT procedures attempt to deal with belief systems including the self-concept as well as with overt behaviors. Effective AT will include such subject matter as feelings, thoughts, and fantasies (Flowers, 1975). Cognitions which determine behavioral patterns such as values and self-concept play an essential role in many current programs. Successful results of AT occur when the individual gains an increasing awareness of his/her mastery in different interpersonal relationships. The emergence of a more favorable self-concept incorporating a high level of self-respect will then be observed (Wolpe, 1958; and Lazarus, 1966).

Research Combining AT and Attitudinal Change

Fishbein and Ajzen (1975) state that relatively little attention has been paid to attitudinal change in behavioral research. They claim that most studies use observable data to infer beliefs and attitudes. Research related to change in self-concept as a result of AT is very limited, and the studies that do exist have utilized subjects from somewhat aberrant populations.

In an investigation by Percell, Berwick, and Beigel (1974) the researchers attempted to measure the effects of AT on one dimension of self-concept, and on anxiety.

The authors agree with traditional therapists who have attacked behavioral programs for their failure to assess whether cognitive and attitudinal changes covary with changes in behavior, contending that changing an individual's behavior is pointless if that person still feels unhappy, worthless, and upset. (p. 503).

The subjects in this study consisted of 24 psychiatric patients in a mental institution. The investigators administered an assertive inventory, a self-acceptance scale, and an anxiety measure before and after AT processes were carried out. Based on the pre and post-test results of the Breger Self-Acceptance Scale and the Taylor Manifest Anxiety Scale, the subjects showed significant increases in assertiveness, self-acceptance, and a decrease in anxiety.

This study lends evidence that a behavior therapy, AT, is able to improve one aspect of the self-concept while at the same time increasing assertive behaviors and reducing the accompanying anxiety level.

Henderson (1973) hypothesized that AT would prove an effective means of facilitating self-actualization as measured on the Personal Orientation Inventory. Subjects were women only, and conclusions showed a significant difference between experimental and control groups on the self-actualization measurement of the POI. The author suggests that additional investigations should be conducted in other populations, especially those including males.

Behavioral methodologies were used in a study in an effort to modify low self-esteem in women alcoholics. Burtle, Whitlock, and Franks (1974) examined the influence of relaxation, desensitization, and AT on 16 female alcoholics. They believe the following:

Specifically, the patient must learn to see herself as free from the burden of guilt emanating from her past actions, and therefore free to make a new beginning on the basis of self-acceptance and self-respect. (p. 36)

Findings are somewhat inconclusive, since this was considered a pilot project, and participants in the program were not measured against a control group. Subjects

did, however, show significant gains in assertiveness and also on five dimensions of the Tennessee Self-Concept Scale.

Another piece of research assesses various aspects of self-concept with juvenile delinquents receiving AT. The purpose of the study by Kornfeld (1974) was to determine whether or not self-concept would increase in a positive direction in a group of court adjudged juvenile delinquents. The treatment involved standard AT methods of role playing, modeling, and behavior rehearsal. Assessment of self-concept change was carried out by utilization of pre and post-test scores on the Piers-Harris Children's Self-Concept Scale. In the conclusion of this study Kornfeld states that the results for the experimental group were not significant. She suggests that this may have been due to ongoing problems outside of the training group such as arrests, school difficulties, family quarrels and financial problems. An additional suggestion is made by the author wherein she recommends that AT can be included as a valuable part of school curriculum in order to ascertain if assertive behavior can be increased and aggressive behavior decreased as a result of the training.

Summary

Theorists contend and research evidence indicates that a strong relationship exists between behavioral change and attitudinal change. Behaviorists, however, had paid little

attention to the assessment of possible cognitive and affective changes resulting from behavioral methodologies. Moreover, successful outcomes of counseling require improved feelings about the self as well as observable behavior changes. A few studies investigate the relationship between some aspects of self-concept and AT procedures. No study exists which measures self-concept change as a result of Cognitive-Behavioral AT procedures in a group of college students.

CHAPTER III. RESEARCH DESIGN AND PROCEDURES

This chapter includes a description of the research sample, how it was selected, and treatment procedures. It also describes the two instruments that were used for measurement and the statistical analysis.

Sample

The subjects in this research were volunteers and fall within the following parameters:

1. Freshman and sophomore undergraduates attending Oregon State University during Winter Term, 1977.
2. Students enrolled in Psychology 111 and Psychology 200 classes.
3. Students whose ages range from 18 through 21 years.
4. Unpaid freshman and sophomore volunteers.
5. Number of subjects: 32.

Subject Selection

At the beginning of Winter Term, 1977, students enrolled in Psychology 111 and Psychology 200 courses were asked to participate in a research thesis project. These students were assumed to be typical of freshman and sophomore undergraduates at Oregon State University of which 925 are typically enrolled in level 100 and level 200 Psychology classes each term. Outcomes of participation and testing had no bearing upon the grades which students received

at the end of the term.

From 32 volunteers 16 were randomly selected for Group I (experimental) and 16 for Group II (control). They were selected by means of a random numbers table (Downie and Heath, 1959). Each group was composed of ten females and six males, thus matching Group I and Group II on equal numbers of both sexes. All subjects were single. Random selection placed two persons of ethnic origin other than caucasians into each group: two Japanese and two Iranians. All of the participants in the research were presented with a general format of the study and with a form of consent as is required by the Oregon State University Human Subjects Committee. On this form the rights of subject participants in this study are fully described (see Appendix A for a copy of the form). The present study was reviewed and approved by the Oregon State University Committee for the Protection of Human Subjects. This was done in accordance with the policy on protection of human subjects of the United States Department of Health, Education and Welfare.

Experimental Group (Group I)

Group I consisted of 16 of the 32 student volunteers. subjects in the experimental group were administered two standardized tests: the Rathus Assertiveness Schedule and the Tennessee Self-Concept Scale (see section on Instrumentation). Over a period of three consecutive weeks during Winter term, Group I (experimental) received 15 hours

of Cognitive-Behavioral Assertion Training. The 15 hours of training were segmented into two - 2-1/2 hour sessions each week. At the termination of the Assertion Training procedures, the subjects in Group I were again administered the Rathus Assertiveness Schedule and the Tennessee Self-Concept Scale.

Control Group (Group II)

Group II consisted of the remaining 16 volunteers. These subjects were administered the Rathus Assertiveness Schedule and the Tennessee Self-Concept Scale. The control group did not receive the Cognitive-Behavioral Assertion Training. Subjects in Group II were also administered the same tests after the completion of Assertion Training for Group I. Table 1 describes the participation of both experimental and control groups in this study.

Table 1. Participation of all subjects, Winter Term, 1977.

Participation	Group I (N-16) (experimental)	Group II (N-16) (control)
Pre-tests		
<u>Rathus Assertiveness Schedule</u>	yes	yes
<u>Tennessee Self-Concept Scale</u>	yes	yes
Fifteen hours of Cognitive-Behavioral Assertion Training		
	yes	no
Post-tests		
<u>Rathus Assertiveness Schedule</u>	yes	yes
<u>Tennessee Self-Concept Scale</u>	yes	yes

Treatment

The treatment consisted of 15 hours of Assertion Training. The 15 hours were divided into six - 2-1/2 hour sessions distributed over a period of three weeks. The major goal of the training was the enhancement of self-confidence and a subsequent increase in positive self-concept. Specific objectives of the training consisted in the following: (1) to educate participants to their interpersonal rights, (2) to help participants overcome whatever blocks exist in acting assertively, and (3) to help participants develop and refine assertive behaviors through active practice methods.

Content of the individual sessions was devised by the researcher in conjunction with the co-facilitator. Individual sessions comprise the following procedures and techniques:

1. Description, modeling and discussion of assertive, non-assertive, and aggressive behaviors.
2. Values clarification exercises.
3. Examination of belief systems.
4. Definition and affirmation of legitimate interpersonal rights.
5. Active practice in assertive verbal and non-verbal skills through role-playing and role-rehearsal techniques.

(A detailed description of the content of each session may be found in Appendix B.)

Instrumentation

The Tennessee Self-Concept Scale

The development of the TSCS commenced in 1955. William Fitts began working on the project initially to construct an instrument which could be used as a meaningful tool of measurement in the area of mental health research. Items on the scale were compiled from two sources: (1) self-concept measures already in existence, (2) self-descriptions acquired from patients and non-patients. Selection of the final items was made by seven clinical psychologists. The ultimate choice of statements was totally agreed upon by the psychologists (Fitts, 1965).

The TSCS is appropriate for ages 12 and over. Two scoring systems exist and are entitled the Counseling Form and the Clinical Research Form. The Counseling Form (used in this study) consists of the following profiled scores:

- a. Self-criticism
- b. Self-esteem scores (nine)
 1. Identity
 2. Self-satisfaction
 3. Behavior
 4. Physical self

5. Moral-ethical self
 6. Personal self
 7. Family self
 8. Social self
 9. Total Positive score
- c. Three variability of response scores
1. Variation across the first three self-esteem scores
 2. Variation across the last five self-esteem scores
 3. Total
- d. Distribution score
- e. Time score. (Buros, 1972)

In this study ten scales from the TSCS were measured. A description of these ten specific scales follows.

1. Self-criticism: This scale is made up of ten somewhat derogatory statements that people generally admit as being true for them. Persons who wish to present a favorable picture of themselves deny most of these statements and are often defensive.
2. Total P score: This represents the total positive score and is the most important single score on the Counseling Form. Individuals with high scores

on this item generally exhibit self-confidence and feel that they are persons of value.

3. Identity: In this item the individual defines what he/she sees as his/her basic identity.
4. Self-satisfaction: This scale derives from statements in which the person describes a general level of self acceptance.
5. Behavior: This score measures the perception that individuals hold about the manner in which they act.
6. Physical self: In this scale the person presents the beliefs he/she has about his/her own body including health, sexuality, skills and appearance.
7. Moral-ethical self: This score represents feelings of being a "good or bad" person. Inclusive here are also feelings of satisfaction with or lack of religion.
8. Personal self: This score reveals the individual's evaluation of his/her personality as it stands apart from other relationships and the person's own body.
9. Family self: This score reflects the individual's perception of self in reference to his/her most immediate relationships.
10. Social self: This score indicates a person's feeling of value and worth in relation to other people in general. (Fitts, 1965)

On the Clinical and Research Form 30 profiled scores appear. In addition to the 15 scores from the Counseling Form the following scores are derived:

- a. Response bias
- b. Net conflict
- c. Total conflict
- d. Six empirical scales
 1. Defense-positive
 2. General maladjustment
 3. Psychosis
 4. Personality disorder
 5. Neurosis
 6. Personality integration
- e. Deviant signs
- f. Five scores consisting of counts of each type of response made. (Buros, 1972)

The TSCS is a relatively simple instrument to administer. It yields, however, a large number of variables (especially of the C&R form) and is a rather complex tool for the researcher especially when all of the scores are utilized (Fitts, 1972). One hundred self-descriptive statements make up the test. Ninety of the items were agreed upon by a group of psychologist judges, and the remaining ten have been taken from the L Scale of the Minnesota Multiphasic Personality Inventory. These ten items

constitute the Self-Criticism score on the TSCS. There are an equal number of positively and negatively worded statements from which the subject selects one of five responses ranging from "completely true" to "completely false".

Norms

The norms for the TSCS were developed from a sample of 626 people which included persons from a variety of geographic locations across the United States. The ages ranged from 12 to 68 years and a broad representation of social, educational, economic, and intellectual levels was included. Black and white students were included as well as approximately equal numbers of males and females. Participants were drawn from high school and college classes, employers at state institutions, and other sources (Fitts, 1965).

A shortcoming exists in that the norming is not truly representative of the population as a whole. Norm groups contain a disproportionately large number of college students, caucasians and individuals from ages 12 to 30. These deficits in the norming procedures should not effect this study because the sample falls largely within the aforementioned categories.

Reliability

Test-retest reliability on all scores ranges from .61 to .92 for different scales, the majority of the correlations falling in the .80's. This is a sufficiently high level to maintain confidence in the TSCS as a reliable measure of individual difference. Additional evidence of reliability appears in the profile patterns of individuals where the measure has been repeated over a long period of time. The author has used various methodologies for examination of profiles and reports that the "distinctive features of individual profiles are still present for most persons a year or more later," (Fitts, 1965, p. 15).

Validity

Validation of the TSCS has been established in several ways. Content Validity was essentially determined by the initial panel of seven psychologists who acted as judges in selection of items on the scale. Complete agreement was reached as to what items would be retained in the scale. Of particular importance is the manner in which items were classified for scoring purposes. Final classification was agreed upon unanimously by the judges so that the system used for classifying raw scores and column scores is dependable.

Another important validation procedure consisted in Discrimination Between Groups. A major statistical analysis was performed in which 369 psychiatric patients were compared with 26 non-patients. The results of this study indicate highly significant differences (at the .001 level) between the two groups on almost every score of the TSCS. Additional data was collected by Fitts comparing persons characterized by clinical observation as being high in personality integration with the norm group. He hypothesized that the personality integration group would differ from the norm group in an opposite direction. This hypothesis is verified on practically all scores.

A third essential means of validation consists in the Correlation of the TSCS with other Personality Measures. Most of the TSCS scales correlate with scores from the Minnesota Multiphasic Personality Inventory. Little linear correlation exists between the Variability, Distribution and Conflict score. Although no information seems to be available regarding the internal consistency of the TSCS, Bentley (in Buros, 1972) suggests that the internal coefficients of consistency would likely be high, since high correlations have been obtained on most scale scores and measures such as MMPI scores. Several scores from the TSCS scales also have high correlations with other measures of personality. For example, the Taylor Anxiety Scale correlates $-.70$ with the Total Positive score on the TSCS.

Correlations ranging from .50 to .70 are common with the Cornell Medical Index and also on an unpublished inventory of feeling (Buros, 1972).

Rathus Assertiveness Schedule

The RAS is a 30 item schedule for measuring assertiveness. Some of the items are based on situations derived from the work of Wolpe (1969) and Wolpe and Lazarus (1966). Other items emanate from recorded behaviors of college students whom the author (Rathus) requested to keep a record of behaviors they would have liked to exhibit but did not do so because of fear.

Reliability

Sixty eight male and female undergraduates ranging in age from 17 to 27 were tested and re-tested. A Pearson product moment correlation produced an $r = .77$ ($p < .01$). This result indicates a moderate to high stability of test-retest over a two month period (Rathus, 1973).

Validity

Validation of the RAS consisted in comparison of RAS scores to two other measures of assertiveness. In the first study 18 college students administered the RAS to 67 persons whom they knew well. The students then rated the subjects according to a semantic differential technique.

Pearson product moment correlation coefficients were run comparing the RAS scores and the student raters impressions of the subjects on the semantic differential scales. Outcomes revealed significant correlation ($p < .01$) with the five scales that included the assertiveness factor of the rating schedule.

In a second study, validity the RAS was established by comparing RAS scores of 47 coeds to five questions concerning situations in which assertive behaviors would be beneficial. Responses were rated and a Pearson product moment correlation coefficient was run between RAS scores and raters scores. It yielded an r of $.70$ ($p < .01$).

According to Rathus (1973) the instrument is both a reliable and a valid tool for measuring assertive behavior. He further states that the RAS can be used effectively in pre and post-test procedures for shaping assertive behavior. (See Appendix A for a copy of the schedule.)

Statistical Analysis

The statistical design which is appropriate to this study utilized the following matrix:

Group I (experimental) N = 16	Group II (control) N = 16
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In this study the design was regarded as a fixed model which utilized pre and post-test measures that were appropriate to Analysis of Covariance. The Analysis of Covariance was selected for this research for the following reasons described by Courtney and Sedgwick (1972);

Analysis of covariance is a statistical technique which combines the concepts of analysis of variance and regression to handle situations where the researcher cannot completely control all of the variables in his study. It is a procedure for testing the significance of differences among means, accounting for the influence of uncontrolled factors in the experiment. The analysis of covariance adjusts the means for uncontrolled factors using regression analysis procedures. In other words, it adjusts for initial differences in the data. By making these adjustments, sampling error is reduced and precision is increased. (p. 1)

Pre-test scores were considered as the covariant (independent variable) for purposes of statistically matching the two groups. The post-test scores were considered as the dependent variable for purposes of significance testing. All dependent variables originated from standardized test scores. The specific standardized tests used in this study are discussed in the section of this chapter entitled Instrumentation.

The study tested the following null hypotheses:

H_{01} : There is no significant difference for post-test mean scores between Group I (experimental) and Group II (control) on the Rathus Assertiveness Schedule.

Ho₂: There is no significant difference for post-test mean scores between Group I (experimental) and Group II (control) on the Tennessee Self-Concept Scale.

Ho₃: There is no significant difference for pre- and post-test mean scores between males and females in Group I (experimental) on the Rathus Assertiveness Schedule and the Tennessee Self-Concept Scale.

Both the RAS and the TSCS were measured on the basis of a Total Score. Besides the (1) Total Score of the TSCS nine sub-scales were measured. They are the following. (10) Self-criticism, (7) Identity, (8) Self-satisfaction, (9) Behavior, (2) Physical Self, (3) Moral-Ethical Self, (4) Personal-Self, (5) Family-Self, (6) Social-Self (Fitts, 1965).

✓ The Analysis of Covariance utilizes the "F" test. Hypotheses are rejected if the computed F values generated by the ANOCOVA equals or exceeds the tabular F value with $\alpha = .05$ level of significance.

Table II. ANOCOVA layout with adjusted sources of variation.

Source of Variation	Adjusted			
	df	SS	MS	F
Between Groups	1	A	A/1	MS_A / MS_B
Within Groups	29	B	B/29	
	(N-2)			
Total	30		C	

The degrees of freedom have been adjusted to accommodate the covariance design and are based upon a total N of 32 for the Group I and Group II samples.

In addition to the major hypotheses testing, a subsidiary analysis was conducted to determine the significance of the value between RAS scores and TSCS scores between Group I and Group II. The following null hypothesis was tested.

Ho₄: There is no significant relationship between change in self-concept scores and change in assertiveness scores.

Change scores were calculated on the TSCS and the RAS, and a Pearson Product-Moment Correlation (r) was calculated for the pairs of scores.

Table III. Layout of pre- and post-test differences.

X_1	X_2	$\Delta X_3 = X_1 - X_2$
TSCS _{pre}	TSCS _{post}	TSCS _{pre} - TSCS _{post}
Y_1	Y_2	$\Delta Y_3 = Y_1 - Y_2$
RAS _{pre}	RAS _{post}	RAS _{pre} - RAS _{post}

The test of significance for the correlation (r) utilized the student "t". When N is small but not less than ten, the following formula is used to ascertain whether r values are significantly different from zero:

$$t = \frac{r}{\sqrt{1 - r^2/n - 2}}$$

where: r = Pearson Product-Moment Correlation

n = 32

t = student "t"

For this portion of the research the .05 level was utilized. When the computed "t" equaled or exceeded the tabular t value, the null hypothesis was rejected.

Summary

The sample in this study consisted of 32 undergraduate volunteers from Psychology classes. The age limit was 18 to 21. Subjects were randomly selected for Group I (experimental) and Group II (control). Group I received 15 hours of Assertion Training. All participants were administered pre and post-tests on two measures, the TSCS and the RAS. Both instruments are standardized tests, and subjects were measured on Total Scores and on nine sub-scales of the TSCS. The major statistical procedure was the Analysis of Covariance utilizing the "F" statistic. The ANOCOVA is appropriate for pre and post-test research design. In addition, a test for significance of correlation values for small samples was run between the RAS and TSCS scores.

CHAPTER IV. PRESENTATION AND ANALYSIS
OF THE DATA

This chapter describes the statistical analysis performed for this study. Procedures for testing the hypotheses are explained, and tables illustrating analysis of the data are included.

Statistical Analysis - Ho₁

The Rathus Assertiveness Schedule was administered to participants in the study in order to determine whether or not significant changes would occur as a result of Assertiveness Training procedures. The Analysis of Covariance which utilized the F statistic was used to test the hypothesis. Table IV presents the outcomes of the testing.

Ho₁: There is no significant difference for pre and post-test mean scores between Group I (experimental) and Group II (control) on the Rathus Assertiveness Schedule.

Table IV. Rathus Assertiveness Schedule testing results. Analysis of Covariance layout with adjusted computed values.

Source of Variation	df	SS	MS	F	Significance of F
Groups	1	9319.168	9319.168	57.826*	.001
Error within	29	4673.615	161.159		
Total	30				

$\alpha = .05$

*Computed F value significant at $< .05$.

As indicated in Table IV, the generated F value is significant at the .001 level. Thus H_{o_1} was rejected, and a significant difference was found to exist between mean scores of Group I and mean scores of Group II on the Rathus Assertiveness Schedule. It was therefore concluded that participants who received Cognitive-Behavioral Assertion Training Procedures made a significantly (.001) greater positive gain on the assertive behavior measure than those who did not receive the training. If the same training were to be given under the same conditions, the assertive measure of behavior would increase significantly more than 99 percent of the time.

Statistical Analysis - H_{o_2}

The primary purpose of this research was to investigate the influence of Assertion Training on the self-concept of college students. The Tennessee Self-Concept Scale was selected as an appropriate instrument for the assessment of significant differences between the experimental group and the control group. Table V presents the results of the analysis of covariance which utilized the F statistic on ten scales of the Tennessee Self-Concept Scale.

H_{o_2} : There is no significant difference for pre and post-test mean scores between Group I (experimental) and Group II (control) on the Tennessee Self-Concept Scale.

Table V. Tennessee Self-Concept Scale testing results.
 Analysis of covariance layout with adjusted computed values.

Source of Variation	df	SS	MS	F	Significance of F
<u>TSCS 1</u>					
Groups	1	4720.905	4720.905	14.523*	.001
Error (within)	29	9427.074	325.072		
Total	30				
<u>TSCS 2</u>					
Groups	1	107.443	107.443	3.071	.090
Error (within)	29	1014.679	34.989		
Total	30				
<u>TSCS 3</u>					
Groups	1	87.407	87.407	2.705	.111
Error (within)	29	936.911	32.307		
Total	30				
<u>TSCS 4</u>					
Groups	1	97.383	97.383	6.662*	.015
Error (within)	29	423.895	14.617		
Total	30				
<u>TSCS 5</u>					
Groups	1	200.129	200.129	7.610*	.010
Error (within)	29	762.670	26.299		
Total	30				

Table V (continued)

Source of Variation	df	SS	MS	F	Significance of F
<u>TSCS 6</u>					
Groups	1	515.462	515.463	22.518*	.001
Error (within)	29	663.844	22.891		
Total	30				
<u>TSCS 7</u>					
Groups	1	221.291	221.291	5.449*	.027
Error (within)	29	1177.771	40.613		
Total	30				
<u>TSCS 8</u>					
Groups	1	983.434	983.434	11.902*	.002
Error (within)	29	2396.207	82.628		
Total	30				
<u>TSCS 9</u>					
Groups	1	496.758	496.758	15.971*	.001
Error (within)	29	902.033	31.105		
Total	30				
<u>TSCS 10</u>					
Groups	1	5.979	5.979	.434	.515
Error (within)	29	399.414	13.773		
Total	30				

$\alpha = .05$

*Computed F value significant at $< .05$.

The data in Table V reveal that the computed F value was significant at the .05 level on seven scales of the TSCS; therefore, H_0 was rejected for those particular scales. Significance values range from .027 on TSCS #7 to .001 on TSCS #1, 6 and 9. Listed below are the seven scales of the TSCS on which the experimental group demonstrated significant gain.

1. Total Positive Score. A significant gain (.001) was made on this scale by members of the experimental group. This is the most important single score on the Counseling Form of the TSCS (Fitts, 1965). A rise on this score indicates an augmentation in self-esteem. Basically, the outcome shows that those subjects who participated in AT experienced significant positive growth in feelings of worth and self-confidence. Given the same treatment variables, the same results would be likely to happen more than 99 percent of the time.
4. Personal Self. A significant gain (.015) was made on this scale by members of the experimental group. It was concluded that those who received AT procedures made positive gains in feelings of adequacy as a person and in feelings of personal worth. This scale evaluates how the individual views his/her personality apart from the body and relationships to others. Probability of the same change

occurring under the same set of circumstances is approximately 98 percent.

5. Family Self. A significant gain (.010) was made on this scale by members of the experimental group. This means that participants in the AT workshop made significant positive gains over the control group in the manner in which they view their relationships in the family. AT procedures used in this study would most likely produce the same results 99 percent of the time.
6. Social Self. A significant gain (.001) was made on this scale by members of the experimental group. It was concluded that participants in Group I made significant gains over participants in Group II on the self-conceptual dimension of a sense of worth and adequacy in social interactions with people in general. It appears that AT procedures used in this study effectively raised the sense of social worth in subjects, and that under the same conditions, the outcome would be similar more than 99 percent of the time.
7. Identity. A significant gain (.027) was made on this scale by members of the experimental group. This result demonstrates that significant positive growth occurred for those persons who received AT over those persons who did not. The growth in the

identity scale refers to how the individual views his/her basic identity: "What I am." Given the same set of variables, participants receiving AT procedures as used in this study would make significant gains on this dimension about 97 percent of the time.

8. Self-Satisfaction. A significant gain (.002) was made on this scale by members of the experimental group. This indicates that the manner in which those who participated in the AT workshop accept themselves improved significantly over those who were in the control group and received no training. On this scale self-acceptance is equated with self-satisfaction. Under the same conditions the outcomes would be similar more than 99 percent of the time.
9. Behavior. A significant gain (.001) was made on this scale by members of the experimental group. These findings were interpreted as meaning that subjects in Group I gained significantly over subjects in the control group in their perceptions of the way in which they function or behave. If this treatment were to be administered under the same set of variables, it is likely that the outcomes would be the same more than 99 percent of the time.

H_0 was retained for the following scales: (2) Physical Self, (3) Moral-Ethical Self, and (10) Self-Criticism. It was therefore concluded that no significant difference existed between mean scores for Group I and Group II on these three scales.

Statistical Analysis of Pre- and Post-Test
Mean Scores (RAS and TSCS)

Table VI presents pre and post-test mean scores for Group I (experimental) and Group II (control) on the Rathus Assertiveness Schedule and for ten scales of the Tennessee Self-Concept Scale: (1) Total Positive Score, (2) Physical Self, (3) Moral-Ethical Self, (4) Personal Self, (5) Family Self, (6) Social Self, (7) Identity, (8) Self-Satisfaction, (9) Behavior, and (10) Self-Criticism. The adjusted mean scores derive from the Analysis of Covariance. Also included in Table VI are the raw score mean differences between pre and post-test measures.

Examination of Table VI indicates that the experimental group mean differences increased more on every scale than did mean differences for the control group. The largest positive gain occurred on the RAS for Group 1, 33.000 mean difference points. The control group actually showed a drop of -2.063 mean difference points on the same scale.

Table VI. Rathus Assertiveness Schedule - Tennessee Self-Concept Scale pre and posttest mean scores. Comparison of mean differences between Group I and Group II.

Means		Pre	Post	Adjusted	Mean Difference
RAS	GI	47.500	80.500	81.50	33.000
	GII	50.375	48.313	47.32	-2.063
TSCS1	GI	338.750	365.063	365.07	26.313
	GII	341.000	342.750	342.75	1.750
TSCS2	GI	67.563	71.938	72.88	4.375
	GII	69.625	70.125	69.18	.500
TSCS3	GI	67.750	72.125	72.73	4.375
	GII	69.813	70.188	69.49	.375
TSCS4	GI	66.438	71.563	70.51	5.125
	GII	63.938	65.938	66.99	2.000
TSCS5	GI	71.000	76.313	75.55	5.313
	GII	69.250	69.750	70.50	.500
TSCS6	GI	66.000	73.125	74.18	7.125
	GII	68.375	67.125	66.08	-1.250
TSCS7	GI	123.750	130.438	131.62	6.688
	GII	126.563	127.500	126.32	.938
TSCS8	GI	105.125	117.563	117.02	12.438
	GII	103.750	105.375	105.92	1.625
TSCS9	GI	109.875	117.062	117.41	7.188
	GII	110.688	109.875	109.53	-.813

RAS = Rathus Assertiveness Schedule.

TSCS = Tennessee Self-Concept Scales.

GI = Group I (experimental); GII = Group II (control).

Statistical Analysis - Ho₃

The purpose of this hypothesis was to test for a significant difference in change scores between the female and male participants in the experimental group that received the Assertion Training. Assessment was made for change in assertive behavior on the Rathus Assertiveness Schedule and for change in self-concept on the Tennessee Self-Concept Scale. As for Ho₁ and Ho₂ the analysis of covariance utilized the F statistic for testing Ho₃. Table VII presents the statistical data.

Ho₃: There is no significant difference for pre and post-test mean scores between males and females in Group I (experimental) on the RAS and on the TSCS (ten scales).

Table VII. Significance testing for Sex differences on the Rathus Assertiveness Schedule and the Tennessee Self-Concept Scale. Analysis of Covariance with adjusted computed values.

Source of Variation	df	SS	MS	F	Significance of
RAS	1	431.419	431.419	2.389	.146
TSCS 1	1	197.655	197.655	.399	.538
TSCS 2	1	.046	.046	.001	.971
TSCS 3	1	74.894	74.894	2.463	.141
TSCS 4	1	.546	.546	.024	.878
TSCS 5	1	31.019	31.019	.997	.336
TSCS 6	1	2.028	2.028	.079	.784
TSCS 7	1	33.488	33.488	.625	.444
TSCS 8	1	48.193	48.193	.330	.575
TSCS 9	1	5.595	5.595	.125	.729
TSCS 10	1	2.640	2.640	.231	.639

$\alpha = .05$

The generated F values were not significant at the .05 level. Significance of F levels range from .971 on TSCS #2 to .146 on the RAS. H_{03} was retained, and it was concluded that there was no significant difference for pre and post-test mean scores between males and females in Group 1 on the RAS and on the TSCS.

Statistical Analysis - H_{04}

An important dimension of this study was to investigate the relationship between assertive behavior and self-concept. H_{04} tested the relationship between change scores on the Rathus Assertiveness Schedule and change scores on the Tennessee Self-Concept Scale. A Pearson Product-Moment Correlation (r) was used to calculate the relationship. The test for significance utilized the student "t" for small samples. Table VIII presents the results of the testing. In addition, two correlations were computed between pre-test scores on the RAS and TSCS and between post-test scores on the same two instruments. Results are shown in Tables IX and X.

H_{04} : There is no significant relationship between change in self-concept scores and change in assertiveness scores.

No significant relationship was indicated by the results in Table VIII. H_{04} was retained, and it was concluded that no significant relationship existed between change in

Table VIII. Correlation of Differences in RAS pre and post with differences in TSCS pre and post. Pearson Product-Moment Correlation Coefficients.

D_{RAS} with	Correlation (r)	Significance
TSCS 1	.2418	.183
TSCS 2	.3902	.068
TSCS 3	.2612	.164
TSCS 4	.2753	.151
TSCS 5	-.1141	.337
TSCS 6	.1891	.242
TSCS 7	.1290	.317
TSCS 8	.1702	.264
TSCS 9	.3739	.077
TSCS 10	-.0584	.415

$\alpha = .05$

$r = .497$ required for significance

self-concept scores (as measured by the TSCS) and change in Assertiveness scores (as measured by the RAS).

Table IX presents the results of the Pearson Product-Moment Correlation (r) calculated for the Rathus Assertiveness Schedule pre-test scores and the Tennessee Self-Concept Scale pre-test scores.

Table IX demonstrates that RAS pre-test scores are significantly related to the following TSCS scales: (1) Total Positive Score, (2) Physical Self, (3) Moral-Ethical Self, (6) Social Self, (7) Identity, (8) Self-Satisfaction, and (9) Behavior.

Table IX. Correlation of RAS pre-test scores with TSCS pre-test scores. Pearson Product-Moment correlation coefficients.

RAS Pre	Correlation (r)	Significance
TSCS 1 Pre	.4932*	.002
TSCS 2 Pre	.4464*	.005
TSCS 3 Pre	.4717*	.003
TSCS 4 Pre	.3436	.027
TSCS 5 Pre	.2837	.058
TSCS 6 Pre	.4252*	.008
TSCS 7 Pre	.4446*	.005
TSCS 8 Pre	.4352*	.006
TSCS 9 Pre	.4542*	.005
TSCS 10 Pre	.1585	.193

$\alpha = .05$

$r = .349$ required for significance

*r is significant

Table X presents the results of the Pearson Product-Moment Correlation (r) calculated for the Rathus Assertiveness Schedule post-test scores and the Tennessee Self-Concept Scale post-test scores.

It was concluded that RAS post-test scores are significantly related to the following TSCS scales: (1) Total Positive Score, (2) Physical Self, (4) Personal Self, (5) Family Self, (6) Social Self, (7) Identity, (8) Self-Satisfaction, and (9) Behavior.

Table X. Correlation of RAS post-test scores with TSCS post-test scores. Pearson Product-Moment Correlation Coefficients.

RAS Pre	Correlation (r)	Significance
TSCS 1 post	.6553*	.003
TSCS 2 post	.5007*	.024
TSCS 3 post	.1834	.248
TSCS 4 post	.7428*	.001
TSCS 5 post	.6146*	.006
TSCS 6 post	.7087*	.001
TSCS 7 post	.5427*	.015
TSCS 8 post	.7179*	.001
TSCS 9 post	.5641*	.011
TSCS 10 post	.1899	.241

$\alpha = .05$

$r = .497$ required for significance

*Significant

Summary

The Analysis of Covariance was utilized to test H_{01} , H_{02} , and H_{03} . H_{01} was rejected, and it was concluded that a significant difference existed between mean scores for Group I (experimental) and Group II (control) on the RAS. H_{02} was rejected on seven scales of the TSCS, and it was concluded that a significant difference existed between mean scores for Group I and Group II on these seven scales. H_{03} was retained, and it was concluded that no significant

difference existed between females and males in the experimental group. H_{04} was retained. No significant relationship existed between change scores for Group I and Group II on the RAS and TSCS. Significant relationships were found on RAS pre-test and TSCS pre-tests (seven scales). Significant relationships were also found on the RAS post-test scores and the TSCS post-test scores (eight scales).

CHAPTER V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes three sections: (1) Summary of the purpose and procedures of the study, (2) Conclusions and implications based on the statistical analyses described in Chapter IV, and (3) Recommendations.

Summary

The principal purpose of this study was to determine whether or not Cognitive-Behavioral Assertion Training Procedures had an effect on the self-concept of college undergraduates. Related investigations were conducted to assess possible gains in assertive behavior and also to discover if a relationship existed between changes in assertive behavior and changes in self-concept. An additional hypothesis was tested to find out if a significant difference existed between female and male changes in both assertive behavior and self-concept.

A review of the pertinent literature discussed the historical background, training procedures and efficacy of Assertion Training. Information was presented which defined early theories and current approaches about the nature of self-concept. In the final section of the Review of Literature, the relationship between assertive behavior and self-concept -- including current research -- was described.

Subjects consisted of 32 freshmen and sophomore student volunteers who were enrolled in undergraduate level psychology classes. Participants were randomly selected into two groups, one of which received 15 hours of Assertion Training. Measurement was conducted by means of pre and post-testing on two standardized instruments: the Tennessee Self-Concept Scale and the Rathus Assertiveness Schedule. Statistical analysis for hypotheses one, two and three utilized the Analysis of Covariance. A Pearson Product-Moment Correlation was also conducted which tested for a significant relationship between assertive behavior and self-concept as measured on the TSCS and the RAS.

Conclusions and Implications

Based on the statistical analyses described in Chapter IV, the following conclusions were drawn.

Self-Concept

The AT procedures used in this study did have a significant effect upon the self-concept (as measured on the TSCS) of the participants in this study. A positive significant increase was evident on seven of the ten scales from the Counseling Form of the TSCS.

These outcomes reveal that AT definitely can and did produce positive change in the manner in which the subjects

in the experimental group felt about themselves on the following dimensions:

- (1) self worth
- (2) self-confidence
- (3) adequacy as a person
- (4) view of self in relation to family members
- (5) adequacy in social interactions
- (6) view of basic identity
- (7) self-acceptance
- (8) acceptance of behavior in general

These findings imply the value of this type of training in enhancing these important aspects of the self-concept. Increases on these dimensions indicate that college undergraduates will probably behave in a manner consistent with the positive view they take of themselves.

Combs, Avila and Purkey (1971) believe that self-concept is the "most important single factor affecting human behavior." All of the attitudes and beliefs which people hold about themselves are, at any given moment, the primary determining factors in their actions or inability to act. People of all ages and all socio-economic levels who tend to feel inadequate and believe they are unable to behave in productive ways will act accordingly, denying the ability to achieve and maintain healthy relationships. On the other hand, people who have faith in themselves and think themselves capable and valuable will also believe they can be successful in their endeavors and are more likely to exhibit positive and constructive behaviors.

Rogers (1951) states that as self-concept becomes increasingly positive, so too will the accompanying behaviors.

Persons who feel good about themselves will then tend to display more satisfying actions in interpersonal relationships and in achieving academic, career and social goals. This research strongly suggests the correctness of Rogers' assumptions. Enhancement of self-concept is a priority objective in all aspects of counseling and education. People in the helping professions can easily begin to incorporate Assertiveness Training procedures appropriately adapted to the age level involved.

No significant change in self-concept was reported on the following scales: Physical Self, Moral-Ethical Self and Self-Criticism. Regarding the Physical Self Scale, an increase of .09 did occur, but this was not high enough for significance. Possibly in due course of time the enhancement of other aspects of self-concept could effect this scale to a greater extent. On the Moral-Ethical scale, the issues deal with religion and moral values. Since these values are generally deep seated in family tradition and the subjects have only recently left home, it might be concluded that scores on this scale would remain relatively unchanged for a long period of time.

According to Fitts (1965) high scores, which most of the subjects obtained on the Self-Criticism Scale, indicate a fairly normal openness and capacity for self-criticism. Very high scores may signify a lack of defenses and vice-versa on low scores. It is very unlikely that this scale

would have demonstrated significant change because almost all of the subjects in both groups initially scored high.

Sex Differences

Cultural tradition has placed women in a role which can typically be described as nurturant and caring. Besides these positive traits, some other less desirable characteristics have generally been attributed to feminine modes of conduct. They may clearly be defined as behavioral deficits. For example, women have been frequently described as non-assertive, conflict avoiding, lacking in emotional stability and in achievement orientation. The direct opposites of these traits are accepted as desirable qualities in our society. In addition, women have grown up in a cultural environment that emphasizes the necessity of a beautiful body and of sexual attractiveness. Is it any wonder that women have felt inadequate and have been unable to express their desires and opinions in an assertive manner.

Much of the current work in Assertion Training has been carried out with groups of women as the sole participants. The assumption is held that women are inhibited by the presence of more assertive and aggressive males and will learn to openly express their feelings more readily in groups of females only. Unfortunately, no definitive evidence seems to exist confirming or disconfirming this assumption.

In the present study, an investigation was made to determine whether or not females would change in a positive direction more or less significantly than males in the same group. Apparently no appreciable differences existed between female and male changes on both the assertiveness and the self-concept measures. Since the females and males in this study were all college students, it might be concluded that female achievement orientation was equally as high as that of the males. There was probably little appreciable difference in basic assertive behavior and self-conceptualizations between males and females. Perhaps if this study were done with a different population such as high school students or housewives and husbands, the outcomes would be different, and females would make less positive gain than males in the same group. Room remains for considerable research in the area of male-female differences as a result of Assertion Training.

Assertive Behavior

The effectiveness of the AT procedures used in this study on assertive behavior were highly significant (.001). It was assumed that assertive behavior increased appreciably for members of the experimental group. Implications are that these more assertive behaviors will facilitate more satisfying interactions for those who received the training. As noted by Festinger (1954) changes in behavior will result

in accompanying changes in attitude. Implied in this statement is the rationale that more assertive actions result in improved feelings of self-worth.

Positive gain in feelings of self-worth which accompany an increase in assertive behaviors are desirable at all age levels and over diverse educational, social and economic stratas. In our society today an increasing emphasis is being placed on the value of satisfying personal relationships. Feelings of self worth and development of fulfilling relationships cannot solely be generated through traditional sources such as job status, security, marriage, and the accumulation of material possessions. Many persons have become aware of their own inadequacy in the area of the human relation skills that are needed to develop satisfying interpersonal relationships.

The Cognitive-Behavioral methodologies used in this research significantly raised levels of perceived assertive behavior. Since significant positive gain was also made on the self-concept scales, application of these procedures to populations other than college students seems to be indicated by the research results in this study. Enhancement of personal relationships would hopefully be the outcome of promulgation of Assertion Training techniques.

Educators can extend the use of AT methodologies into our schools, counseling programs, and other educational settings. If a positive self-concept helps lead to more

productive relationships, the time has arrived for incorporation of effective means of enhancing feelings of worth such as AT at all educational levels.

Relationship of Assertiveness and Self-Concept

Although no significant relationship was found between change scores on the TSCS and on the RAS, considerable significance was found between pre-test scores and between post-test scores. Generally, people who score high on one pre-test measure will score high on another measure which is administered at the same time. The same can be said for post-test scores. In like manner if subjects score low, they will tend to score low on tests administered at the same time. This is called a testing bias and is likely to influence the results of correlation computations. Change scores, however, will show a good deal of variability. Each individual change score will vary considerably from every other change score; one may gain a large number of points on a given measure and another may gain only slightly. Thus a correlation of change scores will tend to be less significant than a correlation run between pre-test scores and post-test scores.

Examination of Tables IX and X indicates a significant relationship between eight scales of the TSCS with the RAS. These appear to verify a relationship between assertive behavior measures and self-concept measures. Assumptions made by Alberti and Emmons (1970), Purkey (1970), and

Fensterheim (1975) all seem to have been substantiated by this study. They claimed that feelings of worth, self-acceptance, and self-confidence are inseparable from behaviors which are assertive.

Recommendations

Results of this study indicate that positive gains in self-concept were produced by the AT procedures used in this research. Since an improved self-concept can be obtained through development of more assertive behaviors, educators can utilize current AT methodologies to aid college students in enhancement of their feelings of worth, self-acceptance, improved social interactions, and the other dimensions indicated in this study. Colleges can feasibly make courses in assertiveness available to incoming freshmen. This type of training can be incorporated into introductory psychology classes or can be made available through counseling center facilities.

Listed below are some recommendations for further study:

1. Duration of the effectiveness of the AT procedures could be assessed in a follow-up study. Additional testing at a later date would indicate the long term effects of the training.
2. A study comparing other counseling methodologies and utilizing the same variables as in this

research, would demonstrate more clearly whether or not those methodologies are as effective as AT. At the same time different instrumentation may well disclose the efficacy of AT on other dimensions of the self-concept and personality.

3. Participants in this study consisted of volunteers thereby indicating an openness and willingness to experiment and change. A similar study conducted with students enrolled in courses in which AT was an integral part of the curriculum would provide data about a different and less consenting population.

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APPENDICES

APPENDIX A

SUBJECT CONSENT FORM

1. I understand that I have the right to complete information as to the nature and purpose of the study as soon as the information can be given without affecting the outcome of the study.
2. I understand that if any deception is involved, it is essential to the success of the study and I can expect to be briefed regarding it after the study has been completed.
3. I understand that I have the right to refuse to participate in the experiment or study without academic or other penalty.
4. I understand that I have the right to anonymity and that this confidentiality will be maintained by the investigators. In the event that the findings of the study are made public in any way, the results of my participation will not be associated with my name.
5. The nature and purpose of the study have been explained to my satisfaction. The investigators have also explained the benefits of my participation, the possible uses of the data, and my right to ask further questions regarding the study at any time.
6. I understand that I have the right to terminate my participation in the study if I so desire.

APPENDIX B

5. Role-Play: Facilitators model the three behaviors.
6. Kinds of Assertion:
 - Simple: "I" statements - "I want", "I need", "I prefer", "I believe", "I think". In dyads, participants role play three situations: (1) speaking to someone who gets ahead in line; (2) telling a friend to stop smoking; (3) exchanging merchandise at a store.
7. Participants write out a "real life" situation in which they would like to behave more assertively (to be utilized during session 3 for modeling, and role playing).
8. Homework Assignment: Participants select one they feel is appropriate for them.
 - a) Maintain eye contact during a conversation.
 - b) Phone a friend or acquaintance you would like to contact.
 - c) Begin a conversation with a stranger in a temporary setting (food line, outside a classroom, supper time, etc.).
 - d) Introduce yourself to someone and say something about yourself.
 - e) Tell someone you know about an accomplishment you feel proud of.

- f) Borrow something from someone you don't know very well.
- g) Ask someone to do something with you.
- h) Try on several items of clothing and leave them in the dressing room.
- i) Ask a clerk to help you look at quite a few items and don't buy anything.

SESSION II

1. Discussion about assertive behaviors that participants tried (emphasis on positive reinforcement for successes).
2. Brief review of Session One activities.
3. Demonstration of non-verbal behaviors by facilitators (allow discussion time):
 - a) eye contact
 - b) body posture
 - c) voice level
 - d) facial expressions
 - e) gestures
4. Kinds of Assertion (continued):
 - a) Empathetic: implies recognition of the other's feelings. Role play by facilitator - "I see you're really busy, but I need to talk with you" - unsolicited advice - "I know you're trying to help but I need to make my

own decisions."

5. Belief System: Ten legitimate interpersonal rights listed on chalk board - discussion of each item.

- a) Right to refuse requests without feeling guilty or selfish.
- b) Right to feel and express anger.
- c) Right to express competitiveness and achievement.
- d) Right to use one's own judgment in what needs one wishes to fulfill.
- e) Right to make mistakes.
- f) Right to have one's opinions given the same consideration and respect as the opinions of others.
- g) Right to ask for affection and help.
- h) Right to have needs that are important as those of others.
- i) Right to tell others what your needs are.
- j) Right to make demands on some occasions.

Participants add rights they believe they have.

6. Kinds of Assertion (continued):

- a) Confrontation: pointing out discrepancy between person's statement and his/her action - "you said you would clean up the dishes and you haven't done it."

- b) Angry
 - 1) State how you feel
 - 2) Describe the behavior that made you feel that way
 - 3) Tell the effect that behavior has on you
 - 4) describe how you want the others to behave differently.
5. Role rehearsal of anger situations: In dyads, participants rehearse situations in which they feel angry and would like to behave assertively (facilitators circulate and act as coaches).
6. Homework Commitment: In dyads, participants rehearse a situation in which they want to behave assertively.
7. Values Clarification Exercise:
Ten Things you Love to Do - (modified from Simon and Howe, Values Clarification, p. 30-34).

SESSION III

1. Discussion about assertive behaviors that participants tried (emphasis on positive reinforcement for successes).
2. Review: Kinds of Assertion
 - a) Simple
 - b) Empathetic
 - c) Confrontive
 - d) Angry

3. Presentation of tenets of Assertion Training:

- a) Freedom to pursue non-traditional careers both male and female - also non-traditional life styles (not infringing on the rights of others).
- b) Existence of new and better ways of relating to people.
- c) Men - existence of both: strength and need for achievement and compassion.
- d) Women - existence of both: strength and need for achievement and compassion.
- e) Role transcendence
- f) Risk of conflict in assertive behavior:
 - 1) good to face conflict
 - 2) skills needed
 - 3) domination not an attribute

4. Kinds of Assertion (continued):

Soft: Giving and receiving compliments, expressive of warm, loving, feelings toward another person.

- 1) facilitators model soft assertion
- 2) soft assertion practice (groups of 5): participants say something positive and receive feedback from group members

5. Values Clarification exercise: rank order of value list - selection of top three, specifying last

time the behavior was exhibited (discussion in groups).

6. Role Play: two groups - one facilitator in each group:
 - a) Utilization of situations written out by participants at Session 1.
 - b) Participants write out assertive responses then role play the situations.

SESSION IV

1. Discussion about assertive behaviors that participants tried (emphasis on positive reinforcement for successes).
2. Review: Kinds of Assertion
3. Role Play: two groups - one facilitator in each group:
 - a) utilization of situations written out by participants at Session I.
 - b) Participants role play situations
4. Values clarification exercise: participants write responses to the following statements:
 - a) Things your parents do/did that you don't like.
 - b) Things your parents do/did that you do like.
 - c) Ask yourself if you do any of these things, and with whom.

- d) Write out parent messages you still hear.
 - e) describe if you feel the messages are positive or negative.
 - f) Describe the present influence of parent messages on you - where and with whom.
(sharing in dyads)
5. Role Rehearsal: Triads - (a) asserter, (b) recipient, (c) coach
- a) Demonstration by facilitators
 - b) Participants rehearse "broken record" technique and "disarming anger"
6. The Party: In groups of 4-5, participants take turns breaking into a social circle of strangers, allow discussion and feedback time.
7. Positive Statements: In triads, participants take turns saying positive things about themselves - (a) asserter, (b) recipient, (c) coach.
8. Homework Commitment: Participants rehearse assertive behavior they will practice outside the workshop.

SESSION V

1. Discussion about assertive behaviors that participants tried (emphasis on positive reinforcement for successes).
2. Review (Kinds of Assertion)

3. Kinds of Assertion:

- a) Persuasion - groups of 4-5
 - 1) Participants take turns trying to persuade a group
 - 2) Timing important
 - 3) Point out something positive about the other's statement
 - 4) State one's own feelings - look for support from others

4. Refusing Requests:

- a) In groups of 4-5 participants will state a request.
- b) Group members practice using assertive behavior in "no" responses

5. List of "Don'ts": Basic childhood injunctions

listed on chalk board - discussion

- a) don't be (not wanted)
- b) don't be a child
- c) don't grow up
- d) don't be close
- e) don't feel
- f) don't belong
- g) don't be well (hypochondria)
- h) don't be weak
- i) don't be yourself
- j) don't-don't (spill, laugh, eat, etc.)

6. Role Rehearsal: In triads, participants rehearse situations in which they have the most difficulty (facilitators circulate as coaches).
7. Homework commitments
8. Positive statements: in dyads, participants practice making positive self-statements

SESSION VI

1. Discussion about assertive behaviors that participants tried (emphasis on positive reinforcement for successes)
2. Self-evaluation and discussion: participants respond to following questions:
 - a) When do I feel fully alive?
 - b) What do I do well?
 - c) What choices should I make about things I don't do well?
 - d) What wishes should I be turning into plans?
 - e) What underdeveloped or misused resources do I have?
 - f) What should I start doing now?
 - g) What should I stop doing now?(Sharing in dyads)
3. Role rehearsal: participants work on behaving assertively in their most difficult situations.

4. Circle exercise: Groups of four or five.
 - a) Each participant takes a turn in the middle of the circle.
 - b) Participants turn and face group members responding to unfinished sentences:
 - 1) When I feel angry, I
 - 2) I could be more assertive if
 - 3) If I hurt someone, I
 - 4) I want to assert myself when
 - 5) When my feelings are hurt, I
 - 6) If I am really honest, I
 - 7) I could assert myself if
 - 8) When someone pays me a compliment, I
 - 9) When someone acts aggressively toward me,
I
 - 10) I am going to try to act assertively when
. . . .
5. Closing: In a circle, each participant takes a turn talking positively about him or herself for a minimum of one minute.