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# THE EFFECT OF GROUP ASSERTIVENESS TRAINING ON SELECTED MEASURES OF SELF-CONCEPT FOR COLLEGE WOMEN

A Dissertation

Presented for the

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Degree

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## DEDICATION

This study is dedicated to my parents, Betty and Wilmer Ball, without whose love and support none of this would have been possible. I admire and respect both my mother and my father as individuals and feel very fortunate to also call them my friends. Ms. Kay Ball, my sister, and Ms. Jo Ella Washburn and Ms. Becky Malone, my almost sisters, have given love, support, and encouragement above and beyond the call of duty. I can never fully thank Becky for her assistance in the preparation of this manuscript; her dedication and personal sacrifices throughout made me feel we were working as a team. Kay and Jo Ella were instrumental in helping me maintain a sense of humor even when the frustrations were high. The support of all these individuals helped me complete my graduate program by helping me laugh, by letting me cry, and by making me work.

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ABSTRACT

The present study examined the effect of group assertiveness training on selected measures of self-concept and self-reports of assertiveness. The study attempted to answer the following questions:

1. Will the treatment group differ from the control group on increased assertiveness as measured by the Rathus Assertive Schedule after group assertiveness training?

2. Will the treatment group differ from the control group on increased assertiveness as measured by the Adult Self-Expression Scale after group assertiveness training?

3. Will the treatment group differ from the control group after group assertiveness training on the Tennessee Self-Concept Scale?

4. Will the treatment group differ from the control group after group assertiveness training on the Rotter Internal-External Center of Reinforcement Scale?

5. Does a relationship exist between increases in self-concept as measured by the Tennessee Self-Concept Scale and increases in assertiveness as measured by the Adult Self-Expression Scale?

From a total of 68 responses to notices, 24 women were randomly selected and then assigned, using a table of random numbers, to treatment and control groups. Initially, the

treatment group contained 12 women and the control group contained 12 women. Due to attrition, 9 women completed the assertiveness training treatment and 10 women composed the no-treatment control group.

Subjects in the experimental assertiveness training group received six sessions, two hours each, of an assertiveness training model which utilized videofeedback, modeling, behavior rehearsal, role playing, and homework to acquire assertive skills in making a request, refusing a request, and requesting a change in another's behavior. The subjects randomly assigned to the control group received the same assertiveness training model at the completion of the study.

Pre- and posttest scores were obtained on the Rathus Assertiveness Schedule, the Adult Self-Expression Scale, the Tennessee Self-Concept Scale, and the Rotter Internal-External Center of Reinforcement Scale. The four dependent measures were analyzed on the basis of the pretest scores (covariate). Both the Adult Self-Expression Scale and the Tennesse Self-Concept Scale showed significant increases in assertiveness and self-concept, respectively, for the treatment group. The results from the Rathus Assertive Schedule and the Rotter Internal-External did not prove to be statistically significant but did produce results in the desired direction on both measures. Paired group $t$ tests revealed that the treatment group posttests were significantly

better than the treatment group pretest on the Adult Self-Expression Scale and the Tennessee Self-Concept Scale.

The application of the Pearson product-moment correlation to both the treatment and control gain scores for the Adult Self-Expression Scale and the Tennessee Self-Concept Scale revealed a slight positive but not statistically significant relationship between increases in assertiveness and increases in self-concept.

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# CHAPTER I

## INTRODUCTION

"If you go through life inhibited, giving in to the wishes of others, holding your own desires inside yourself, or conversely, destroying others in order to have your way, your feelings of personal worth will be low" (Alberti and Emmons, 1974, p. 3). One of the basic assumptions underlying assertiveness training is that changing an overt behavior pattern such as nonassertiveness or aggressiveness will lead to greater feelings of self-worth and improved feelings about oneself. In fact, increased self-concept is often listed as an outcome goal for various assertiveness training techniques (Lange, Rimm, and Loxley, 1975). The purpose of this study is to measure changes in self-concept and changes in assertiveness produced as a result of assertiveness training.

Research on assertive behavior has grown out of a basic behavioral theory that postulates the idea that a behavior change can foster an attitude change (Paul, 1965; Thorenson, 1969). Thus the cycle of nonassertiveness or aggressive behaviors would perpetuate until a decisive intervention such as assertiveness training occurs. Alberti and Emmons (1974) state that the nonassertive person usually has low self-concept since his/her self-denying or abusive behaviors are

responded to with scorn, disdain, or avoidance. The cycle would be repeated: inadequate behavior response, negative feedback from others, an attitude of self-depreciation, inadequate behavior response, etc. Therefore, efforts to facilitate more assertive interpersonal communication and a greater valuing of oneself would focus on changing the behavior pattern to a more positive sequence: a more assertive behavior response, positive feedback, enhanced self-concept, assertive behavior response, etc. This study was designed to be an initial investigation to see if indeed a change in self-concept does result from changing response behaviors through group assertiveness training for women.

## Definition of Assertiveness

Numerous pieces of research in behavior therapy have provided definitions of assertiveness. Wolpe (1969) defined assertive behavior as "the outward expression of practically all feelings other than anxiety" (p. 61); Wolpe and Lazarus (1966) define assertiveness as "all socially acceptable expressions of personal rights and feelings" (p. 39). Alberti and Emmons (1974) and Lazarus (1974) agree that assertiveness is a type of interpersonal behavior in which a person stands up for his/her own rights without violating the rights of others. Serber (1972) adds to this definition the ability to give and take tenderness and affection. Carkhuff

and Berenson (1967) introduced the idea that some assertions involve confrontation skills which are defined as verbal statements which accurately point out discrepancies in another's behavior or communication without hurting or belittling the other person. Hersen, Eisler, and Miller (1973) reinforced this position by calling for further research in "hostile" assertiveness such as standing up for one's rights when another has made an unreasonable request and "commendatory" assertiveness such as the expression of appropriate positive feelings such as praise, affection, or tenderness. Galassi and Galassi (1973) in accordance with this notion differentiate between "positive" assertiveness which consists of the expression of feelings of love, affection, admiration, approval, and agreement; while "negative" assertiveness includes expressions of justified disagreement, anger, dissatisfaction, and annoyance. Jakubowski-Spector (1973) feels that a more workable definition would be "that type of interpersonal behavior in which a person stands up for [his or] her legitimate rights in such a way that the rights of others are not violated" (p. 76). She believes that nonassertive behavior is equally as inhibited and nongoal related as aggressive behavior.

According to Alberti and Emmons (1974), assertive behaviors are the behaviors which enable a person to stand up for one's legitimate rights and to exercise one's own rights

without undue anxiety, to express one's honest feelings comfortably, and to exercise one's own rights without intruding upon the rights of others. The assertive individual conveys respect rather than deference for the other person's behavior. In their book, The Assertive Woman, Phelps and Austin (1975) present characters that correspond to the four major behavior types: nonassertive, aggressive, passive-aggressive, and assertive. Phelps and Austin (1975) call the character that states her views and desires directly, spontaneously, and honestly "April Assertive" (Appendix A).

If one looks at response behaviors on a continuum assertive behaviors would lie in the middle with nonassertive behaviors at one end and aggressive behaviors at the opposite end of the continuum (Appendix B). The nonassertive person allows others to choose for him/her and denies his/her true feelings. Typically the nonassertive person feels hurt, anxious, angry, and guilty about inhibiting his/her honest, spontaneous reactions (Jakubowski-Spector, 1973). Phelps and Austin (1975) say the nonassertive person is playing a role of "Doris Doormat" and usually feels helpless and powerless (Appendix A). The aggressive person at the other end of the continuum stands up for what he/she believes in but at the expense of someone else's feelings or rights (Appendix B). The aggressive person is self-enhancing at the expense of others and actually makes choices for others.

Aggressive people often respond too vigorously or are too expressive, leaving a negative impression which they may later regret. Phelps and Austin (1975) call this actor "Agatha Aggressive" and describe her as obnoxious, vicious, and egocentric (Appendix A).

Recently the literature has reflected a recognition of the behavior sometimes called "passive-aggressive" or "indirect aggressiveness." This terminology describes the person who tries to mask or hide his/her aggression by being indirect. Indirect aggression can take the form of trickery, seduction, or manipulation. Phelps and Austin (1975) explain that being indirect has been a culturally approved choice for women, while being directly aggressive has been commonly labeled as a very masculine behavior. This character is referred to as "Iris Indirect" by Phelps and Austin (1975) (Appendix A).

It is generally agreed that assertiveness cannot be usefully conceptualized as a general personality trait (Lawrence, 1970). It is more accurate to assume that a person responds assertively in some situations, nonassertively in others and aggressively at times. However, the person who has at his/her command a repertoire of responses is then in the position of choosing how he/she will react to a situation. The knowledge that one can respond assertively if he/she desires, gives the person a sense of power and a feeling of

choice. It was the contention of this study that having the necessary skills to respond assertively gives a person more control over one's life and improves self-concept.

## The Problem

### Statement of the Problem

The need for assertiveness training for women is due in part to the conditioning toward societal sex roles which has reinforced women for being sensitive but has discouraged the expression of assertive behaviors related to her feelings. With the growing flexibility of sex roles and the gradual opening of previously closed areas of employment, women are entering new jobs and social situations where they need assertive skills which often are not present in their behavior repertoire.

The present study investigated the effects of group assertiveness training on the self-concept of college women and on their reported aggressiveness. Using a control group and an experimental group, the study attempted to answer the following questions:

1. Will the treatment group differ from the control group on increased assertiveness as measured by the Rathus Assertive Schedule after group assertiveness training?

2. Will the treatment group differ from the control group on increased assertiveness as measured by the Adult Self-Expression Scale after group assertiveness training?

3. Will the treatment group differ from the control group after group assertiveness training on the Tennessee Self-Concept Scale?

4. Will the treatment group differ from the control group on increased assertiveness as measured by the Rotter Internal-External Center of Reinforcement Scale after group assertiveness training?

5. Does a relationship exist between self-concept and assertiveness?

The independent variable was defined as receiving the assertiveness training. Subjects in the experimental assertiveness training group received six lessons, two hours each of assertiveness training which included videofeedback, modeling, behavior rehearsal, role playing, and homework to acquire assertive skills in making a request, refusing a request, and requesting a change in another's behavior. The subjects randomly assigned to the control group received the assertiveness training presented in the treatment group at the completion of the study.

The dependent variables were: (1) scores on the Tennessee Self-Concept Scale, (2) scores on the Rotter Internal-External Center of Reinforcement Scale, (3) scores on the Rathus Assertive Schedule, and (4) scores on the Adult Self-Expression Scale.

## Significance of the Study

Throughout the research dealing with identifying and defining assertive behavior, it is clearly assumed that one will feel better about oneself when one is assertive (Alberti and Emmons, 1974; Jakubowski-Spector, 1974; Lazarus, 1973; Wolpe and Lazarus, 1966). However, empirical evidence to support the assumption that a change in self-concept does occur is, at best, limited. Percell, Berwick, and Beigel (1974) looked at the effects of group assertiveness training on self-acceptance and anxiety on 100 psychiatric outpatients. They found that assertiveness training did increase self-acceptance and decrease anxiety for these psychiatric outpatients. The article by Percell, Berwick, and Beigel (1974) was the only attempt this author found which looked at the relationship between assertiveness training and self-concept, and the focus was entirely on the psychiatric patient. The present study was a necessary step in looking at the relationship between assertiveness training and self-concept for the normal, healthy, nonhospitalized person. Gilmore (1973) goes so far as to say that being depressed and feeling bad about yourself is a direct product of being "subassertive." In Harris's (1967) terms, a nonassertive person would see himself/herself as being "not okay" while seeing others as automatically "okay." The aggressive

individual would see himself/herself as "okay" and the rest of the world as "not okay." Individuals using assertive skills may not always achieve their goal; but if a change in attitude towards oneself has occurred, then the assertive response would become rewarding in itself.

The results of this study have a direct relationship to the generalizability of assertiveness training as a means of improving self-concept in nonclinical settings. In those cases where the objective of a group is to increase self-concept, assertiveness training procedures should be considered and may be the most effective method of accomplishing this for women. However, as current researchers attempt to standardize assertiveness training procedures, we must establish empirically the behavioral outcomes people can expect when they elect to participate in group assertiveness training.

## Null Hypothesis

The propositions tested in this study were concerned with the effect of group assertiveness training on selected measures of self-concept for college women and self-reports of assertiveness. The following hypotheses were tested:

1. There is no difference between the treatment group and control group with respect to scores on the Rathus Assertive Schedule.

2. There is no difference between the treatment group and control group with respect to scores on the Adult Self-Expression Scale.
3. There is no difference between the treatment group and the control group with respect to scores on the Tennessee Self-Concept Scale.
4. There is no difference between the treatment group and the control group with respect to the scores on the Rotter Internal-External Center of Reinforcement Scale.
5. The correlation between change is assertiveness and change in self-concept is 0 in the population.

## Assumptions

In conducting this study the following assumptions were made:

1. Assertiveness is a behavior not a trait that can be learned in a group assertiveness training situation.
2. Assertiveness is a construct which can be measured by valid and reliable instruments.
3. Self-concept is a construct which can be measured by valid and reliable instruments.
4. Those individuals who volunteered were from a relatively normal population of college students.

5. It is necessary to show that the assertiveness training did produce increased assertiveness before one can look at the effect of group assertiveness training on the self-concept of college women.

## Limitations

This study was limited to those women randomly selected from volunteers during the Spring 1975 Quarter to participate in an assertiveness training group during the Summer Quarter 1975. Consequently, the generalizability is limited to those college women who volunteered for assertiveness training. Also, the group assertiveness training procedures refer to only those developed and employed by the author in this study. A larger sample size is more desirable.

## Organization of the Study

Chapter I includes an introduction to the study, a definition of assertiveness, a statement of the problem, the significance of this study, the null hypotheses to be tested, assumptions, and limitations of the study. The review of relevant literature is presented in Chapter II while Chapter III includes the methodology utilized. The results are reported in Chapter IV, followed by the discussion and conclusions in Chapter V. An extensive appendix concludes the study.

# CHAPTER II

## REVIEW OF RELATED LITERATURE

In this chapter relevant research relating to the theoretical background of assertiveness training and its effectiveness as a type of behavioral therapy will be presented as well as data on the treatment variables included in group assertiveness training procedures. Selected research on self-concept and the implications for improving self-concept will also be cited.

### Theoretical Background

While assertiveness training has become a popular topic since 1970, the actual concept was identified some 22 years ago by Wolpe (1958, 1969; Wolpe and Lazarus, 1966). Wolpe (1958) employed the tecnique of reciprocal inhibition with fear and anxiety in interpersonal situations. Thus he found that the person exhibiting assertive behaviors was less likely to manifest fear and anxiety. The reporting of Wolpe's work and that of his colleagues has been in the form of case studies and verbal transcripts (Wolpe, 1958, 1968, 1969, 1970, 1973; Edwards, 1972; Wolpe and Lazarus, 1966).

Assertiveness training procedures have been used in combination with relaxation training and systematic desensitization to decrease social anxiety and increase the

interpersonal skills of chronic hospitalized and outpatient schizophrenics (Bloomfield, 1973; Weiman, Gelbart, Wallace, and Post, 1972; Bach, Lowry, and Moylan, 1972; Lomont, Gilmer, Spector, and Skinner, 1969). Other clinical studies include situations where assertiveness training was used to treat stammering and phobic symptoms, chronic blushing, chronic crying, homosexual pedophilia, pervasive anxiety, alcoholism, self-mutilation, hallucinatory and delusional behavior, and compulsive behavior (Walton and Matcher, 1963a; Gibbs, 1965; Rimm, 1967; Walton and Matcher, 1963b; Cautela, 1966; Martorano, 1973; Edwards, 1972; Nydegger, 1972; Sietz, 1953; and Walton and Mather, 1963). The majority of clinical studies have shown assertiveness training to be a useful therapeutic tool.

In nonclinical settings, a wrestling game served as the assertiveness training procedure employed by Patterson (1973) to assist a dependent child in becoming more assertive and independent. Other studies have focused on alleviating socially anxious behavior for college students (Martinson and Zerface, 1970; Hedquist and Weinhold, 1970; Krumboltz and Thorenson, 1969). Assertiveness training has proven to be more effective than systematic desensitization, group insight therapy, direct advice, and nondirective reflection interpretation in decreasing various types of social inhibitions such as timidity (Johnson, Tyler, Thompson,

and Jones, 1971; Lazarus, 1966; Lomont, Gilner, Spector, and Skinner, 1969; Serber and Nelson, 1971).

The literature also reports that assertiveness training can be a technique used with individuals as well as in a group setting. The vast majority of research reported utilize a group approach (Salter, 1949; Lazarus, 1966; Lazarus, 1968).

In one study conducted by Hedquist and Weinhold (1970), assertiveness training, which the investigators called behavioral group counseling, was compared with a social learning treatment group. During the treatment the subjects in the behavioral group were asked to specify problem situations and then role play their responses. After receiving positive and negative feedback from the trainers and other group members, the subjects rehearsed the scenes until the response was considered assertive. Results indicated that the assertive group differed significantly from the social learning group using the number of verbal assertive responses as criteria. Six weeks later the follow up study revealed that the behavioral group subjects were still emitting more assertive responses although the differences were no longer statistically significant.

Rathus (1972) looked at the effects of assertiveness training in a study where 57 college women were randomly selected from volunteers who said they wanted to be less

fearful in social situations. For a period of seven weeks, three groups received assertiveness training, three groups discussed fears and related problems, and the remainder of subjects composed the control group. Using the Rathus Assertive Schedule the assertiveness training group showed significant gains in assertive responses and significantly lower scores on the Temple Fear Survey Inventory. However, a videotaped behavioral test failed to show significant differences between the three groups. Rathus (1973) later repeated the study using 78 women but this time included videotaped assertive models in the assertiveness training. The results showed that the assertiveness training group differed significantly from the other treatment group and the control group on both the Rathus Assertiveness Schedule and the behavioral performance test.

Lawrence (1970) utilizing college women, looked at four treatment situations: (1) an assertive training group that included modeling, feedback, and coaching, (2) a logical directive group which read an essay on assertiveness with no discussion, (3) an attention control group which read and discussed an essay on assertiveness, and (4) a control group. The study concluded that the assertive training group showed significant gains in assertive behavior.

## Training Issues

One of the criticisms about present day assertiveness training is that most training procedures have concentrated on the explicit verbal message. Serber (1972) states that in most cases the ineffective person's lack is not knowledge or courage but command of style. Lack of style being the inability to master appropriate nonverbal, as well as verbal components of behavior. Serber (1972) defines the nonverbal components of assertiveness as: (1) loudness of spoken words, (2) fluency of spoken words, (3) eye contact, (4) facial expression, (5) body language, and (6) distance from the person with whom one is interacting. Since Serber's (1972) lead, several popular books on assertiveness have also stressed the paralinguistic component of assertiveness (Bloom, Coburn, Pearlman, 1975; Bach and Goldberg, 1974; Smith, 1975; Fensterheim and Baer, 1975).

In assertiveness training, defining the behavior in need of change is only a preliminary step which has to be followed by specific instructions, modeling, role playing, coaching, feedback, and the behavior rehearsal of the alternate behavior. According to McFall and Marston (1970) the possible combinations of treatment variables are unlimited. These variables could include

> a hierarchial presentation of stimulus situations, operant shaping by therapists, constructive criticism,

> role modeling, role playing, role reversal, repeated playbacks of audio or video recorded responses, response practice, homework assignments, postural and vocal analysis and training, therapists exhortation and lecturing, relaxation, and fixed role or exaggerated role behavior rehearsal. (McFall and Marston, 1970, p. 295)

McFall and Lillesand (1971) and McFall and Marston (1970) have done research that has centered around a more systematic training approach to assertive training. McFall and Martson (1970) begin by developing a strategy for behavior rehearsal which started with isolating the most fundamental, or theoretically significant treatment variables and assessing each component's effect on behavior. Then, building on this base, new treatment components are systematically added to determine whether they significantly enhance the fundamental treatment effects. Using self-report, behavioral and in vivo follow up measures as criteria, the authors conclude that overt behavioral rehearsal and video response playback result in significant therapeutic effects. This was the first study to publicize the use of a follow up in vivo telephone assessment which examined subject responses to a confederate magazine salesperson.

In the 1971 study by McFall and Lillesand, the authors added the treatment variables of verbal modeling and therapist coaching to the model developed by McFall and Marston (1970). The study describes three groups: (1) the experimental group which practices responses overtly, (2) the experimental group

which practices responses covertly, and (3) the control group. Following two, 20 minute treatment sessions, the results indicated that the subjects in both experimental groups showed significant increases in assertiveness over the control group. The subjects in the covert rehearsal group showed slightly more improvement than the subjects in the overt rehearsal group.

Loo (1971) replicated the previous study and added the dimension of "projected consequences" by incorporating in situ reactions by another to the assertive behavior of the role player. Seventeen male and nineteen female college students were assigned to one of three groups: (1) an overt behavior rehearsal group, (2) an overt behavior rehearsal group using projected consequences, and (3) a no-treatment control group. After two treatment sessions, both treatment groups differed from the control but not significantly.

Using assertiveness training, modeling, and a combination of assertiveness training and modeling, Perkins (1972) compared the three treatment procedures in an attempt to increase assertiveness in selected low assertive college students. The assertiveness training included behavior rehearsal, reinforcement of assertive responses, depropagandi-zation, and practice outside the group. Perkins found no significant differences between the three groups and he suggested that volunteers may have produced a more motivated group.

The literature reports conflicting data on the effectiveness of modeling in assertiveness training. Friedman (1971) compared the effectiveness of modeling, role playing, and modeling plus role playing with college students. Results of the self-report and the behavioral test found that modeling plus role playing was the most effective treatment variable. Eisler, Hersen, and Miller (1973) found modeling plus behavior rehearsal to be more effective than either modeling only or behavior rehearsal only or a control situation in increasing the assertive behavior of psychiatric patients.

In a series of four experiments McFall and Twentyman (1973) attempted the following: (1) to asses the relative contribution of each of the individual training components (rehearsal, modeling, and coaching) to the overall treatment effect, (2) to assess the durability and generalizability of the treatment effects, (3) to use two different types of modes and three different types of models, and (4) to use auditory versus audiovisual training stimuli. The results of the four experiments indicated that both the rehearsal and coaching treatments made significant additive contributions to improved performance on the self-report and the behavioral assertive measures. Modeling added little to the effects of rehearsal alone or to rehearsal and coaching together. This was true regardless of the type of model or type of media

used to present the models. Positive treatment effects generalized to situations outside the training group.

Galassi, DeLo, Galassi, and Litz (1974) utilized 32 subjects (16 male and 16 female) nonassertive college students in an assertiveness training program which included modeling, coaching, homework, discussions, and behavior rehearsal. Evaluation of the results indicated coaching and behavior rehearsal were the most important aspects of the program with modeling being slightly less important.

The literature does present conflicting data as the effectiveness of individual treatment components in assertiveness training procedures. Though modeling was not found to be especially effective in the McFall studies (McFall and Marston, 1970; McFall and Lillesand, 1971; McFall and Twentyman, 1973), several other experiments have reported significant contributions through modeling (Friedman, 1971; Goldstein, Martens, Hubben, Van Belle, Schaaf, Wiersma, and Goldhard, 1973; Young, Rimm, and Kennedy, 1973). For the purpose of this study and based on the previous experience of the author in assertiveness training, modeling is used. Based on the studies cited, it appears that a combination of behavior rehearsal with videotaped feedback, trainer coaching, role playing, and homework are the most effective training components. The present study utilizes these methods in addition to modeling and the specific methodology outlined

in Galassi, DeLo, Galassi, and Bastien (1974) and Winship (1974).

A perusal of the assertiveness training literature reveals that studies have been done with single sex groups and coed groups. Jacabowski-Spector (1973) points out that traditionally females have worked on nonassertiveness while males have been reinforced in our society for being aggressive and would usually approach assertiveness from this position. Poland (1974) found no significant differences when looking at increases in assertive behaviors in a group of male and female college students while Burr (1974) noted differences in the types of responses emitted by men and women in growth groups. It was the intent of this study to utilize female participants with a female facilitator to account for any sex role differences or preconceived notions due to societal conditioning which might be present (Maccoby, 1974). In a systematic examination of the research, Poland (1974) concludes that same sex trainer and single sex groups are the most effective combination when the behavior being learned has sex role implications.

From the research on self-concept we know that those people with a positive self-concept are better employees, handle stress situations better, and are considered healthier individuals (Alberti and Emmons, 1974; James and Jongeward, 1973; Belcher, 1974; Fitts, 1965; Wagner and Fitts, 1974).

Conclusive evidence that assertiveness training increases self-concept would enlarge the number of possible applications. For example, the only piece of literature dealing with assertiveness training in a job setting showed that the dimensions of expressiveness and assertiveness were found to be the only factors which differentiated between successful and nonsuccessful bank officers (Leader, 1973). This information coupled with empirical data that assertiveness training does indeed affect positively the self-concept of the participants would have relevance to any personnel training program in business, industry, government, or education. Personnel directors could employ group assertiveness training techniques in management development, inservice, or staff training programs. It is also imperative that as responsible researchers in assertiveness training we begin to systematically identify the outcomes one can expect from participating in an assertiveness training group.

# CHAPTER III

# METHOD

## Design of Study

The present study followed the pretest-posttest control group design described in Campbell and Stanley (1969). The data were analyzed by analysis of covariance in which the pretest scores were the covariate while posttest scores served as the dependent variables in Hypotheses 1, 2, 3, and 4. The data concerning Hypothesis 5 was analyzed by computing a Pearson product-moment correlation for the gain scores of each subject and then applying a *t* test to see if the scores were significantly different from 0. Hypotheses 2 and 3 were also tested with paired group t-tests being applied to the treatment group scores on Adult Self-Expression Scale and the Tennessee Self-Concept Scale, respectively. The level of significance necessary to reject the null hypotheses was established at 0.05 level.

## Subjects

Subjects for the study were 19 women enrolled at The University of Tennessee, Knoxville, who responded to notices stating that an assertiveness training group for women would be offered at the Student Counseling Center (Appendix C).

The notices were mailed during Spring 1975 to academic departments, Women's Studies' faculty, Black Studies faculty, academic advising centers, female residence hall staff. In addition, a notice was placed in the student newspaper, the UT Daily Beacon, and multiple notices were posted in the Student Counseling Center, the Career Planning and Placement Center, the Office of Women's Programs and Minority Affairs, and the Student Activities Center in the Univesrity Center. The volunteers were asked to fill out a data sheet and were informed that the group would be part of a research study (Appendix D). They were informed that the anonymity of the volunteers would be protected and that the content of the group training sessions would be confidential. The Personal Data sheet requested the following demographic data: name, address, phone, marital status, age, class schedule, major, and classification. Specific demographic data on the subjects is available in Appendix E.

From a total of 68 responses, 24 students were randomly selected and then assigned, using a table of random numbers, to treatment and control groups. Initially, the treatment group contained 12 women and the control group contained 12 women. During the six week training program, three women dropped out of the treatment group and two women dropped out of the control group. For the purposes of this study the control group contained 9 members and the treatment group contained 10 members.

## Instrumentation

The instruments used in the study were: (1) the Adult Self-Expression Scale, (2) the Rathus Assertive Schedule, (3) The Tennessee Self-Concept Scale, and (4) the Rotter Internal-External Center of Reinforcement Scale. Sample copies of the Adult Self-Expression Scale, the Rathus Assertive Schedule, and the Rotter Internal-External Center of Reinforcement Scale are available in Appendix F.

### The Adult Self-Expression Scale (ASES)

The Adult Self-Expression Scale was developed by Melvin Gay (1975) and is a revision of the College Self-Expression Scale (CSES) developed by Galassi, DeLo, Galassi, and Bastien (1974). The College Self-Expression Scale was designed to measure assertiveness in single college students. Gay, in his doctoral dissertation, under the direction of Dr. John Galassi adapted the College Self-Expression Scale to become more appropriate for the general adult population. Utilizing three dimensions of assertiveness (positive assertiveness, negative assertiveness, and self-denial) the ASES touches upon a variety of interpersonal situations such as interactions with parents, the public, authority figures, friends, and intimate relationships. Other items deal with behaviors that included expressing personal opinions, refusing unreasonable requests, taking the initiative in conversations

and in dealing with others, expressing positive feelings, standing up for legitimate rights, expressing negative feelings, and asking favors of others. Positive assertiveness consists of the expression of feelings of love, affection, admiration, approval, or agreement. Negative assertiveness includes expressions of feelings of anger, disagreement, dissatisfaction, and annoyance. The ASES uses a five-point Likert format (0-4) with 25 positively worded and 23 negatively worded items. A high score indicates high assertiveness. Four original CSES items were retained, 15 new items were generated, and 29 items were rewritten. A Pearson product-moment correlation for the ASES with the CSES resulted in a coefficient of .88 using all subjects.

Using 60 and 63 subjects, respectively, drawn from English classes, two-week and five-week test-retest reliability data for the ASES has been collected. The reliability coefficients reported were .88 and .91 respectively.

In establishing construct validity, Gay (1975) found the ASES to correlate positively with the Gough Adjective Checklist at the $p < .001$ level with the number of Adjectives Checked, Defensiveness, Number of Favorable Adjectives Checked, Self-Confidence, Lability, Achievement, Dominance, Affiliation, Heterosexuality, Exhibition, Autonomy, Aggression, and Change scales of the Adjective Checklist. The ASES was

found to correlate negatively at the $p < .001$ level with Succorance, Abasement, and Deference scales of the Adjective Checklist. Therefore, correlation data for the ASES with the Adjective Checklist indicated that subjects scoring high on the ASES described themselves more favorably, more spontaneously, and more self-confidently than low scorers. These findings are very similar to the findings of Galassi, DeLo, Galassi, and Bastien (1974) for the CSES.

While concurrent validity data on the ASES is not available, Galassi and Galassi (1974) have established concurrent validity for the CSES in four separate studies by using correlations of self-ratings and expert judges' ratings of assertiveness and contracted groups. In the first two studies, CSES scores of 121 student teachers were correlated with ratings of their assertiveness by immediate supervisors. In the third study male college students in "nonpeople" majors were compared to male college students active in extracurricular activities and female college students in traditionally female majors were compared to female college students active in extracurricular activities. The fourth study contrasted college students who did not seek counseling to those who only sought career counseling to those that desired only personal adjustment counseling.

The Rathus Assertive Schedule (RAS)

The Rathus Assertive Schedule (Rathus, 1973b) contains 30 items which are presented in the form of brief statements. Subjects then indicate whether the response is characteristic of themselves on a six point scale from +3 (very characteristic) to -3 (very uncharacteristic) making the possible range from +90 to -90. A high score represents greater assertiveness but the RAS does not distinguish between assertive behaviors and aggressive behaviors. Seventeen of the items are reverse scored which means that an answer of +3 would be changed to -3. The total score is obtained by adding the numerical responses to each item, after changing the signs of the reversed items. The test-retest reliability of the RAS is reported at +.78 over a two-month period. The RAS has also been reported to correlate significantly ($r$ = +.61; $p$ < .01) with semantic differential ratings of the respondents. Rathus (1973) reported a high correlation for the RAS with a behavioral performance test of assertiveness ($r$ = +.70; $p$ < .01). Validity data has not been reported at the present but Rathus has indicated that he is doing current research in this area and is also trying to establish norms for men and women (Rathus, 1975).

The Tennessee Self-Concept Scale (TSCS)

The Tennessee Self-Concept Scale was developed by Dr. William Fitts in 1955 and has subsequently been revised many times. The Tennessee Self-Concept Scale consists of 100 self-descriptive standards which the subject uses to indicate his/her own picture of himself/herself. The Clinical and Research Form was used which distinguishes levels of personal effectiveness within the normal range as well as in deviancy. The profile provides a score of 29 variables such as criticism, identity, self-satisfaction, and conflict. For the purposes of this study the Total P score will be used. Fitts (1965) sees the Total P score as the single most important score on the TSCS. This is the score which actually reflects self-esteem. Persons with high scores tend to like themselves, feel that they are persons of value and worth, have confidence in themselves and act accordingly. People with low scores are doubtful about their own worth; see themselves as undesirable; often feel anxious, depressed, and unhappy; and have little faith or confidence in themselves (Fitts, 1965). The Total P score is composed of three subscore sets: identity, self-satisfaction, and behavior; self, moral-ethical self, and personal self; family self and social self. The Total P score reports a two-week test-retest reliability coefficient of .92 and is one of the most reliable reported. Test-retest reliability for the TSCS as a whole

has been reported in numerous articles with the range of reliability coefficients being .80 to .90 (Fitts, 1965). Content validity was established by a panel of seven clinical psychologists who selected the items from a larger pool of self-descriptive items. The TSCS scale is composed of the 90 items (half positive, half negative) which judges unanimously agreed upon plus the 10 items which composed the Self-Criticism scale. The TSCS has also been found to correlate highly with other personality inventories such as the Minnesota Multiphasic Personality Inventory, the Edwards Personal Preference Schedule, the Inventory of Feelings, the Minnesota Teacher Attitude Inventory, Izard's Self-Rating Positive Affect Scale, Kell-Hoefline Incomplete Sentence Blank, the Berger Scale, and the California Scale (Fitts, 1965).

### The Rotter Internal-External Center of Reinforcement Scale (I-E)

The I-E scale was developed by Rotter in 1966 to measure individual differences in generalized locus of control expectancy which reveals whether or not the individual possess or lacks power over what happens to him/her. The I-E scale also indicates the degree in which a person accepts personal responsibility for his/her behavior and life experiences (Rotter, 1966). Internal control refers to the perception of positive and/or negative events as being a consequence of

one's own actions and under personal control. The person showing a belief in internal control believes the outcome of an event is directly contingent upon his/her own behaviors or his/her own permanent characteristics. External control refers to the perception of positive and/or negative events as being unrelated to one's own behaviors in certain situations and beyond personal control. The person showing external control on the I-E scale sees the consequences of his/her behavior as a result of luck, chance, fate, or under the control of more powerful others (Rotter, 1966).

Internality has been found to be related to insight, self-actualizing responses, and efforts to better one's life circumstances while externality is consistently associated with measures of maladjustment (Foulds, Guinan, and Warehine, 1974). Hersch and Scheibe (1967) report that internals describe themselves as active, striving, achieving, powerful, independent, and effective, but externals describe themselves in opposite fashion.

The I-E scale is a 29 item, forced-choice test including six filler items intended to make somewhat more ambiguous the purpose of the test. The score is the total number of external choices. Test-retest reliability for a one-month period is reported at +.69. Rotter (1966) found that the I-E scale correlates satisfactorily with other methods of assessing the same variable such as questionnaire, Likert

scale, interview assessments, and ratings from a story completion technique.

## Experimental Procedures

Nineteen women who volunteered for the assertiveness training program during the Summer Quarter 1975 served as subjects. The subjects were asked to fill out the personal data sheet (Appendix D). Each student was contacted by phone as to the first session meeting place and time. All sessions were held in the UT,K Student Counseling Center at 804 Volunteer Boulevard.

During the first session pretest scores were obtained for all subjects on the Adult Self-Expression Scale, the Rathus Assertive Schedule, the Tennessee Self-Concept Scale and the Rotter Internal-External Center of Reinforcement Scale. The pretests were randomly ordered in packets so that no measure was consistently taken first or last. The first session was held in the GED testing room of the Student Counseling Center. This room was designed for testing purposes and provided sufficient overhead light, comfortable desks, and a clock.

### Experimental Group

The assertiveness training group met for two hours once a week for six weeks. The training sesions were held in the

Group Room of the Student Counseling Center which is an average size, carpeted room. In one corner of the room the Sony videotape equipment and camera were located. Subjects involved in doing a scene were sitting in chairs in the opposite corner. The trainer and other group members were seated on the floor facing the scene. During the training sessions, modeling, group and videotaped feedback, coaching, behavior rehearsal, role playing and homework assignments were utilized. Behavior rehearsal refers to a scene where the subject is practicing behaviors she may not normally use but the situation is real for the subject. Role playing implies that the scene is probably not real for the player and she may or may not possess the behavior. Coaching is defined as suggestions, positive feedback, hints, or directions that the trainer might give to the trainee before, during, or after the behavior rehearsal. Modeling by the trainer and group members is incorporated whenever it is needed after the initial modeling demonstration.

Group feedback is defined as the communication of positive and negative constructive criticism about the trainee's responses in the assertive situations. The group sessions include feedback information on the nonverbal as well as the verbal message. Each scene is videotaped and played back after the trainee has had an opportunity to discuss her feelings and her own evaluations. The trainer and the group

members provide feedback on the specific nonverbal and/or verbal components for the trainee.

The first training session begins with an introductory exercise developed by the author to help group members get to know each other and put faces with names. The rationale and expectations for the training is presented and the overview of the training model is explained. The definition of assertive, nonassertive, and aggressive behaviors is conveyed through the use of handouts and posters (Appendix G). A discussion of the nonverbal aspects of assertiveness is then followed by a triad exercise using a sheet of questions concerning assertive situations (Appendix H). The use of "I" statements is explained and the session concludes with an explanation of the homework sheet and assertiveness handout (Appendix I and Appendix J).

The second and third sessions focus on making simple requests and begin with a warm up exercise. The warm up exercise deals with the giving and receiving of compliments. The trainer reviews the major concepts to keep in mind when making requests and then ask for volunteers to role play their scenes one at a time (Appendix K).

The fourth session begins with an exercise in saying no and looks at the concepts involved in refusing a request (Appendix L). Each session includes a discussion of the homework sheet and concludes with an assignment for the next week.

The fifth and six sessions stress requesting a change in another's behavior (Appendix M). The opening exercise is a deep muscle relaxation exercise that pairs assertive competency with relaxation. At the final session subjects receive instructions to report to the Testing Room the following evening to complete the posttest packet. The posttest measures were administered in the same room, at the same time of day, and on the same day of the week as the pretest measures. When the posttest packets were completed by all subjects, each treatment group member received a certificate of assertiveness (Appendix N).

Control Group

The control group did not receive the assertiveness training until both the treatment and control group had completed the posttest measures. The control group received the same assertiveness training which is outlined in detail in Appendix O. Subjects evaluations can be found in Appendix P.

# CHAPTER IV

## RESULTS

Hypothesis 1 through 4 were stated in the null form and tested for significance using a one-way analysis of covariance. The analysis of covariance design was used to control statistically for any initial differences among the student's pretest scores (Huck, 1974). Due to the unequal cell size, the Hartley's F-Max, a discriminant analysis $X^2$ test of homogeneiety of variance was applied to the data. The findings revealed no significant differences for the Adult Self-Expression Scale, the Tennessee Self-Concept Scale and the Rotter Internal-External Center of Reinforcement Scale. However, the Hartley's F-Max test did indicate significance for the Rathus Assertive Schedule. Due to the fact that the control group contained only one more subject and that the test of homogeneity of regression slopes indicated parallel regression slopes for all four dependent variables, the analysis of covariance was applied to the Rathus Assertive Schedule (Huck, 1976). In further testing Hypotheses 2 and 3, paired group $t$ tests were applied to the treatment group pre- and postscores on the Adult Self-Expression Scale (Hypothesis 2) and the Tennessee Self-Concept Scale (Hypothesis 3). Hypothesis 5 was tested by applying the

Pearson product-moment correlation to both the treatment and control group gain scores after which a *t* test was used to test significance.

The first hypothesis predicted no difference between the treatment and control groups with respect to scores on the Rathus Assertive Schedule. Pretest and posttest scores were obtained for treatment subjects and for control subjects on the Rathus Assertive Schedule as shown in Table 1. Posttest means on the RAS were adjusted on the basis of pretest RAS scores (covariate). As can be seen in Table 2, the F statistic (*F* = 4.22871, *df* = 1/16) was not statistically significant at the .05 level. Hence, the first hypothesis was accepted. It appears from the results that the treatment group did not differ significantly from the control group on the scores for the Rathus Assertive Schedule although a change was noted in the predicted direction.

The second hypothesis predicted no difference between the treatment group and the control group with respect to scores on the Adult Self-Expression Scale as pre- and postmeasures of assertiveness. The means, adjusted means, and standard deviations can be found in Table 1. Posttest means were adjusted on the basis of the Adult Self-Expression pretest scores (covariate). Results of the analysis of covariance (*F* = 4.493, *df* = 1/16) proved significantly

Table 1

Summary of Pretest and Posttest Means, Adjusted Means, and Standard Deviations for Treatment and Control Groups on Four Dependent Measures

| Dependent Variable | Group | Pretest Mean | Pretest SD | Posttest Mean | Posttest Mean | Posttest SD |
|---|---|---|---|---|---|---|
| Rathus | treatment | -8.778 | 19.351 | 17.333 | 27.5435 | 21.201 |
| | control | 14.300 | 39.164 | 21.500 | 12.311 | 36.348 |
| Adult Self-Expression Scale | treatment | 105.000 | 19.994 | 131.111 | 139.166 | 19.915 |
| | control | 127.600 | 32.562 | 129.500 | 122.251 | 27.334 |
| Tennessee Self-Concept Scale | treatment | 330.222 | 23.156 | 352.667 | 370.0318 | 23.092 |
| | control | 366.000 | 42.236 | 366.100 | 350.471 | 42.608 |
| Rotter I-E Scale | treatment | 9.557 | 4.475 | 7.444 | 7.603 | 5.077 |
| | control | 9.900 | 5.343 | 9.600 | 9.458 | 4.881 |

Table 2

Summary of Analysis of Covariance for Treatment and Control Groups on Four Dependent Measures

| Dependent Variable | Source of Variation | Ancova Summary df | MS | F | P |
|---|---|---|---|---|---|
| Rathus | between | 1 | 955.596 | 4.22871 | ns |
| | within | 16 | 225.978 | | |
| Adult Self-Expression Scale | between | 1 | 1138.919 | 4.49308 | * |
| | within | 16 | 253.483 | | |
| Tennessee Self-Concept Scale | between | 1 | 1408.023 | 8.503 | * |
| | within | 16 | 165.580 | | |
| Rotter I-E Scale | between | 1 | 16.272 | 2.544 | ns |
| | within | 16 | 6.395 | | |

*$p < .05$, $F$ ∂ (1, 16) = 4.49.

different from zero. Therefore, the second hypothesis was rejected. Looking at the adjusted means it appears that the treatment group performed significantly better on the Adult Self-Expression Scale posttest when adjusting for pretest scores. Differences between mean pretest scores and mean posttest scores for the assertiveness training group on the Adult Self-Expression Scale were analyzed by computing means and standard deviations and then applying a paired group *t* test (Table 3). From the statistically significant findings, the conclusion can be drawn that the treatment posttest scores on the ASES differ significantly from the treatment pretest scores after group assertiveness training.

Table 3

*T* Test for Treatment Group Pre- and Posttest Mean Scores on the Adult Self-Expression Scale

| Adult Self-Expression Scale | M | SD | T |
|---|---|---|---|
| Pretest | 330.222 | 23.092 | 4.89* |
| Posttest | 352.666 | 23.156 | |

*$p < .05$
$n = 9$.

The third hypothesis stated that there were no differences between the treatment group and the control group with respect to scores on the Tennessee Self-Concept Scale.

The means, adjusted means, and standard deviations which are reported in Table 1, page 38, indicate that the treatment subjects increase in self-concept, while control group members decreased in overall self-concept. The *F* statistic (*F* = 3.503, *df* = 1/16) which resulted from the analysis of covariance indicates that the treatment and control group scores differ significantly (Table 2, page 39). Thus, the third hypothesis was rejected. It would appear, based on the analysis of covariance, that group assertiveness training was helpful in increasing self-concept scores on the Tennessee Self-Concept Scale for college women. The means and standard deviations were computed for the mean pretest scores and the mean posttest scores for the treatment group on the Tennessee Self-Concept Scale. Analysis by a paired group *t* test reveals that after group assertiveness training the treatment group pretest scores differ significantly from the posttest scores on the Tennessee Self-Concept Scale (Table 4).

Table 4

*T* Test for Treatment Group Pre- and Posttest Mean Scores on the Tennessee Self-Concept Scale

| Tennessee Self-Concept Scale | M | SD | T |
|---|---|---|---|
| Pretest | 131.111 | 19.994 | 4.14* |
| Posttest | 105.000 | 19.915 | |

*$p < .05$
$n = 9$.

The fourth hypothesis predicted no difference between the treatment group and the control group with respect to adjusted scores on the Rotter Internal-External Center of Reinforcement Scale. As can be seen from the means, adjusted means, and standard deviations reported in Table 1, page 38, the treatment group posttest means did move downward in the desired direction from the pretest means. Posttest scores on the Rotter I-E scale were adjusted on the basis of the pretest Rotter I-E scores (covariate) and an analysis of covariance was applied. The resultant $F$ statistic ($F = 2.544$, $df = 1/16$) showed no significant differences between the treatment group and the control group on this variable. Therefore, the fourth hypothesis was accepted. It is apparent from the statistical results of the analysis of covariance that group assertiveness training did not result in statistically significant differences. However, the treatment group mean and adjusted mean did decrease slightly but were not statistically significant. Lower scores imply that the person sees herself in a more positive light and feels that she is in control of her actions.

The fifth hypothesis stated that the correlation between change in assertiveness and change in self-concept is 0 in the population. The Adult Self-Expression Scale and the Tennessee Self-Concept Scale were selected as the two measures to be used in computing gain scores because these

were the two best measures of assertiveness and self-concept, respectively in terms of validity and reliability data. Mean gain scores were computed by subtracting the pretest score for each subject from the posttest score. The Pearson product-moment correlation ($r$ = .3389) for the treatment group gain scores showed a low positive correlation. The correlation coefficient ($r$ = .0753) for the control group showed no systematic relationship. While the treatment group relationship was stronger than the control group neither proved to be statistically significant and hypothesis 5 was accepted. From this data we can conclude that increases in assertiveness seem to have a slight positive relationship with increases in self-concept but the correlation was not statistically significant.

# CHAPTER V

## DISCUSSION AND CONCLUSIONS

The present study examined the effectiveness of group assertive training procedures in increasing assertiveness and self-concept. The Rathus Assertive Schedule and the Adult Self-Expression Scale were used as measures of assertiveness; the Tennessee Self-Concept Scale and the Rotter Internal-External Center of Reinforcement were measures of self-concept.

The treatment group did not differ significantly from the control group when an analysis of covariance was applied to the Rathus data. While the results did not prove statistically significant, the treatment group did increase in the desired direction. These findings may be due in part to the instruments failure to detect behavior changes over an eight-week period.

More conclusive, however, was the information obtained from the Adult Self-Expression Scale. These findings indicate a significant difference between the treatment group and the control group on the Adult Self-Expression Scale. It appears that the assertiveness training model presented to the treatment group was effective in increasing assertiveness as measureed by the Adult Self-Expression Scale. The ASES is considered by many researchers to be the most reliable and valid measure of assertiveness (Gay, 1975). These findings

were consistent with the findings of other researchers that used the ASES or the College Self-Expression Scale to measure changes in assertiveness after an assertiveness training group (Galassi, DeLo, Galassi, and Bastien, 1974; Galassi, DeLo, Galassi, and Litz, 1974; Gay, 1975).

The significantly higher scores for the treatment group on the Tennessee Self-Concept Scale indicated that after assertiveness training the treatment subjects felt more positive about themselves. Due to the high validity and reliability of the TSCS and the high correlations of the TSCS with other personality measures, the significantly higher posttest scores show that the treatment subjects had a more positive self-esteem after the assertiveness training than the control subjects who received no training.

While the analysis of covariance did fail to reveal significant differences on the pre- and post-Rotter I-E scores, the treatment subjects mean score following assertiveness training was lower than the pretest mean score. The lower score on the Rotter I-E indicates internal control which is considered the healthier behavior. One possible explanation of not finding significant results is that the Rotter did not pick up a change in locus of control due to the relatively low reliability of the instrument. A longer treatment might have given subjects a chance to incorporate assertive behaviors into their lives rather than responding assertively

to specific situations only. The skill of responding assertively requires practice and the attitude change required for a perceived change in locus of control would probably require many successful attempts at being assertive. Locus of control is theoretically a much broader and more generalized trait which would make a short term change more difficult to measure.

One of the purposes of the study was to determine if a relationship existed between assertiveness scores and self-concept scores. From the analysis we can only conclude that there appears to be a slight positive but not statistically significant relationship between assertiveness scores and self-concept scores.

The assertiveness training procedures employed in the study proved to be highly effective in producing increases in assertiveness as measured by the Adult Self-Expression Scale increases in self-concept as measured by the Tennessee Self-Concept Scale. Not only did the training produce significant treatment group mean scores both on the ASES and the TSCS were significantly different from the mean scores for the control group. From these results, it appears that there is validity in using the group assertiveness training procedures as one method to increase assertiveness and self-concept in college women.

At a fundamental level, the evidence presented in this study provides additional support for using group assertiveness training procedures with college women. In addition, it can also be concluded that as a result of receiving the assertiveness training model outlined in the study, college women did show increases in self-concept. Due to the significant increases in self-concept, one can conclude that there is some empirical evidence to support the fact that increased positive self-concept is a behavioral outcome of group assertiveness training.

It should be pointed out that while "no differences" were found between the treatment and control groups on the Rathus Assertive Schedule and while the results from the Rotter Internal-External Center of Reinforcement were not statistically significant, both the RAS and the I-E scale indicated results in the desired direction. Campbell and Stanley (1963) mention several factors that could limit the external validity of the pretest-posttest control group. One constraint is the interaction of the pretest and the training where the effects of the training may be specific to groups primed by the pretest or the pretest may have effected the scores on the posttest. Also, specific external events may have occurred during the training period which could have influenced the results. These factors should be considered before subsequent studies replicate the identified procedures.

Assertiveness training procedures focus on behavior changes and hopefully new assertive behaviors are reinforced and maintained by new attitudes and new beliefs. It is probably that the Rotter I-E scale failed to show significant results because the subjects were incorporating new behaviors which may generate anxiety or nervousness until these new behaviors become a comfortable part of an individual's response repertoire. Both a longer treatment period and a follow up study would assist future researchers in measuring subjects perceived changes in locus of control as a result of group assertiveness training. It is also possible that women may be responding assertively in life situations but still believe that they do not have control over the consequences of their behavior. The fact that several researchers have not found the I-E scale to discriminate between low and high assertive subjects may be due in part to the reliability of the instrument and points to the need for further research.

The present study and the problems of instrumentation with the RAS and the Rotter I-E scale substantiate the fact that there continues to be a very real problem in obtaining reliable, valid instruments to measure assertiveness. Several assertive measures such as the Alberti and the Phelps and Austin measure do not have reliability and validity data at present. The author is particularly interested in future

research on assertiveness measures. There appears to be much future work to be done in this area by researchers in assertiveness training.

Replication of the study with an expansion of the treatment period is an important step in obtaining more conclusive evidence. The generalizability of future findings would also be greatly enhanced by increasing the number of subjects involved in the research. Follow up measures and behavioral performance evaluation are two particular areas of interest that the present author hopes to pursue in additional research. It is imperative that eventually the present study be replicated with male subjects before the findings can be generalized to the population as a whole.

During the training, many of the real situations selected by the subjects to be role played or to be rehearsed involved men. Future research should explore the addition of an aware male actor or actors in the final sessions in an effort to make training procedures as relevant to real life situations as possible. Comparative research is also needed which looks at the increases in assertiveness in all female groups, all male groups and coed groups.

Group assertiveness training for women demonstrates many positive consequences for college women desiring to express their feelings comfortably, to be direct, open, and honest, and to exercise personal rights. Group assertiveness training

is also helpful in teaching women to value, exercise, and express their own thoughts and ideas of other assertive women and men.

This researcher feels that group assertiveness training for women should be included in management training programs, inservice education, graduate and professional programs. Women that want to hold public office and be involved in politics would especially need assertive behaviors to succeed in a traditionally male dominated area. Women in other traditionally male career fields such as architecture and law should be encouraged to have group assertiveness training at some point in their academic careers. Women in traditionally female professions should be encouraged to have group assertiveness training to work for increased pay, status, and promotion opportunities within their fields. Assertive skills would be useful for any intergrated woman desiring to compete and excel in the professional world. Interpersonal interactions could be greatly enhanced with an assertive style of communication.

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# APPENDIXES

# APPENDIX A

| SELECTED TYPICAL CHARACTERISTICS | DORIS DOORMAT | AGATHA AGGRESSIVE | IRIS INDIRECT | APRIL ASSERTIVE |
|---|---|---|---|---|
| Point of view | I'm not OK | You're not OK | You're not OK, but I'll let you think you are | I'm OK and you're OK |
| Dominant role | inhibited underdog | underdog in bear suit | mad dog in lamb's suit | top-dog |
| Sample games | "If it weren't for you," "Kick me" and "Why does it always happen to me?" | "Now I've got you!" | "I'm smiling while stabbing you in the back" | "Let's play tennis" |
| Self-sufficiency | low | high or low | looks high but is usually low | usually high |
| Decision-making | others choose for her | chooses for others and they know it | chooses for others and they don't know it | chooses for herself |
| Significant other | Agatha, Iris, or April | Doris | Agatha, April, and/or Doris | herself |
| Feedback she gets from others | guilt, anger, frustration, disrespect | hurt, defensive, humiliated | confusion, frustration, feels manipulated | you respect me and I respect you |
| Social pattern | puts herself down | puts herself up by putting others down | appears to put others up while putting them down | puts herself up |
| Defensive pattern | flees or gives in | outright attack | concealed attack | evaluates and acts |
| Action pattern | under-reacts | over-reacts | acts indirectly | acts directly |
| Success pattern | lucks out | beats out others | wins by manipulating others | wins honestly |
| Potential for | suicide, alcoholism, drug abuse, other withdrawals | committing crimes, homicide | being murdered, provoking retaliation | peaceful, active life |

*The idea for this chart was modified and adapted from the "Characterological Lifechart of Three Fellows We All Know," by Gerald Piaget presented at the Institute on Assertive Communication, American Orthopsychiatric Association Convention, San Francisco, April, 1974.*

*The Assertive Woman, Phelps and Austin, 1975, p. 11.

# APPENDIX B

A COMPARISON OF NONASSERTIVE, ASSERTIVE, AND AGGRESSIVE BEHAVIOR

| Item | Nonassertive Behavior | Assertive Behavior | Aggressive Behavior |
|---|---|---|---|
| Characteristics of the behavior | Emotionally dishonest, indirect, self-denying, inhibited | (Appropriately) emotionally honest, direct, self-enhancing, expressive | (Inappropriately) emotionally honest, direct, self-enhancing at expense of another, expressive |
| Your feelings when you engage in this behavior | Hurt, anxious at the time and possibly angry later | Confident, self-respecting at the time and later | Righteous, superior, deprecatory at the time and possibly guilty later |
| The other person's feelings about herself when you engage in this behavior | Guilty or superior | Valued, respected | Hurt, humiliated |
| The other person's feelings toward you when you engage in this behavior | Irritation, pity, disgust | Generally respect | Angry, vengeful |

Modified from Alberti and Emmons (1970).



* An Introduction to Assertive Training for Women, Jackubowski-Spector, 1973, p. 5,.

*An Introduction to Assertive Training for Women, Jackubowski-Spector, 1973, p. 5.

# APPENDIX C

OFFICE OF SPECIAL SERVICES
The University of Tennessee—812 Volunteer Boulevard—
Knoxville 37916

M E M O R A N D U M

TO: Interested Persons

FROM: Patricia G. Ball

DATE: June 2, 1975

Re: Subjects for Dissertation

I am planning to conduct the assertive training groups for my dissertation during Summer Quarter. I would appreciate any assistance that you could offer in securing female subjects. Those persons randomly selected for this study will receive a six-week assertiveness training model that I have developed after considerable research and several trial runs. Interested persons should contact me at 4471 or come by the Office of Special Services at 812 Volunteer Boulevard to fill out a form indicating times available.

Thank you for your assistance.

m

OFFICE OF SPECIAL SERVICES
The University of Tennessee—812 Volunteer Boulevard—
Knoxville 37916

Dear

Assertiveness training is a systematic approach to teaching someone to express her feelings in such a way that her own feelings are not denied but without attacking the other person involved.

I will be conducting several assertiveness training groups for my dissertation during Summer Quarter. The groups will meet for two hours a week for six weeks. If you are interested or know of other female students that might be interested, please fill out the attached form to indicate time available by June 16. Thank you for your assistance.

Sincerely,

Patricia G. Ball, Assistant Coordinator
Women's Programs and Special Services

m

# APPENDIX D

PERSONAL DATA SHEET

NAME _____ ADDRESS _____

PHONE _____ _____

CLASSIFICATION _____ AGE _____

MARITAL STATUS _____

ENROLLED FOR: _____ 1st session

_____ 2nd session

_____ both sessions

PLEASE INDICATE TIMES AVAILABLE:

1st session

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|
| | 2:00 | | 2:00 | 2:00 |
| | 3:00 | | 3:00 | 3:00 |
| 4:00 | 4:00 | 4:00 | 4:00 | 4:00 |
| 5:00 | 5:00 | 5:00 | 5:00 | 5:00 |
| 6:00 | 6:00 | 6:00 | 6:00 | 6:00 |
| 7:00 | 7:00 | 7:00 | 7:00 | 7:00 |
| 8:00 | 8:00 | 8:00 | 8:00 | 8:00 |
| 9:00 | 9:00 | 9:00 | 9:00 | 9:00 |

2nd session

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|
| 10:00 | 10:00 | 10:00 | 10:00 | 10:00 |
| 11:00 | 11:00 | 11:00 | 11:00 | 11:00 |
| 12:00 | 12:00 | 12:00 | 12:00 | 12:00 |
| 1:00 | 1:00 | 1:00 | 1:00 | 1:00 |
| 2:00 | 2:00 | 2:00 | 2:00 | 2:00 |
| 3:00 | 3:00 | 3:00 | 3:00 | 3:00 |
| 4:00 | 4:00 | 4:00 | 4:00 | 4:00 |
| 5:00 | 5:00 | 5:00 | 5:00 | 5:00 |
| 6:00 | 6:00 | 6:00 | 6:00 | 6:00 |
| 7:00 | 7:00 | 7:00 | 7:00 | 7:00 |
| 8:00 | 8:00 | 8:00 | 8:00 | 8:00 |
| 9:00 | 9:00 | 9:00 | 9:00 | 9:00 |

# APPENDIX E

Do not print

DEMOGRAPHIC DATA

| Identification Number | Subject Group | Age | Class | Married or Single |
|---|---|---|---|---|
| 1 | Treatment | 26 | Junior | Married |
| 2 | Treatment | 19 | Sophomore | Single |
| 3 | Treatment | 32 | Freshman | Married |
| 4 | Treatment | 24 | Graduate | Single |
| 5 | Treatment | 22 | Graduate | Single |
| 6 | Treatment | 22 | Senior | Married |
| 7 | Treatment | 34 | Graduate | Single |
| 8 | Treatment | 21 | Senior | Married |
| 9 | Treatment | 23 | Senior | Single |
| 10 | Control | 42 | Freshman | Married |
| 11 | Control | 57 | Freshman | Married |
| 12 | Control | 22 | Senior | Single |
| 13 | Control | 30 | Graduate | Single |
| 14 | Control | 28 | Graduate | Single |
| 15 | Control | 45 | Junior | Married |
| 16 | Control | 21 | Freshman | Married |
| 17 | Control | 22 | Freshman | Married |
| 18 | Control | 28 | Graduate | Single |
| 19 | Control | 23 | Graduate | Single |

# APPENDIX F

## THE ADULT SELF-EXPRESSION SCALE

The following inventory is designed to provide information about the way in which you express yourself. Please answer the questions by blackening the appropriate box from 0 to 4 on the answer sheet. Your answer should indicate how you generally express yourself in a variety of situations. If a particular situation does not apply to you, answer as you think you would respond in that situation. Your answer should not reflect how you feel you ought to act or how you would like to act. Do not deliberate over any individual question. Please work quickly. Your first response to the question is probably your most accurate one. Thank you.

| Almost Always of Always (0) | Usually (1) | Sometimes (2) | Seldom (3) | Never or Rarely (4) |
|---|---|---|---|---|

1. Do you ignore it when someone pushes in front of you in line?
2. Do you find it difficult to ask a friend to do a favor for you?
3. If your boss or supervisor makes what you consider to be an unreasonable request, do you have difficulty saying no?
4. Are you reluctant to speak to an attractive acquaintance of the opposite sex?
5. Is it difficult for you to refuse unreasonable requests from your parents?
6. Do you find it difficult to accept compliments from your boss or supervisor?
7. Do you express your negative feelings to others when it is appropriate?
8. Do you freely volunteer information or opinions in discussions with people whom you do not know very well?
9. If there was a public figure whom you greatly admired and respected at a large social gathering, would you make an effort to introduce yourself?
10. How often do you openly express justified feelings of anger to your parents?
11. If you have a friend of whom your parents do not approve, do you make an effort to help them get to know one another better?
12. If you were watching a TV program in which you were very interested and a close relative was disturbing you, would you ask them to be quiet?

| Almost Always or Always (0) | Usually (1) | Sometimes (2) | Seldom (3) | Never or Rarely (4) |
|---|---|---|---|---|

13. Do you play an important part in deciding how you and your close friends spend your leisure time together?
14. If you are angry at your spouse/boyfriend or girlfriend, is it difficult for you to tell them?
15. If a friend who is supposed to pick you up for an important engagement calls fifteen minutes before he (she) is supposed to be there and says that they cannot make it, do you express your annoyance?
16. If you approve of something your parents do, do you express your approval?
17. If in a rush you stop by a supermarket to pick up a few items, would you ask to go before someone in the check-out line?
18. Do you find it difficult to refuse the request of others?
19. If your boss or supervisor expresses opinions with which you strongly disagree, do you venture to state your own point of view?
20. If you have a close friend whom your spouse/boyfriend or girlfriend dislikes and constantly criticizes, would you inform them that you disagree and tell them of your friend's assets?
21. Do you find it difficult to ask favors of others?
22. If food which is not to your satisfaction was served in a good restaurant, would you bring it to the waiter's attention?
23. Do you tend to drag out your apologies?
24. When necessary, do you find it difficult to ask favors of your parents?
25. Do you insist that others do their fair share of the work?
26. Do you have difficulty saying no to salesmen?
27. Are you reluctant to speak up in a discussion with a small group of friends?
28. Do you express anger or annoyance to your boss or supervisor when it is justified?
29. Do you compliment and praise others?
30. Do you have difficulty asking a close friend to do an important favor even though it will cause them some inconvenience?
31. If a close relative makes what you consider to be an unreasonable request, do you have difficulty saying no?
32. If your boss or supervisor makes a statement that you consider untrue, do you question it aloud?
33. If you find yourself becoming fond of a friend, do you have difficulty expressing these feelings to that person?

| Almost Always or Always (0) | Usually (1) | Sometimes (2) | Seldom (3) | Never or Rarely (4) |
|---|---|---|---|---|

34. Do you have difficulty exchanging a purchase with which you are dissatisfied?
35. If someone in authority interrupts you in the middle of an important conversation, do you request that the person wait until you have finished?
36. If a person of the opposite sex whom you have been wanting to meet directs attention to you at a party, do you take the initiative in beginning the conversation?
37. Do you hesitate to express resentment to a friend who has unjustifiably criticized you?
38. If your parents wanted you to come home for a weekend visit and you had made important plans, would you change your plans?
39. Are you reluctant to speak up in a discussion or debate?
40. If a friend who has borrowed $5 from you seems to have forgotten about it, is it difficult for you to remind this person?
41. If your boss or supervisor teases you to the point that it is no longer fun, do you have difficulty expressing your displeasure?
42. If your spouse/boyfriend or girlfriend is blantly unfair, do you find it difficult to say something about it to them?
43. If a clerk in a store waits on someone who has come in after you when you are in a rush, do you call his attention to the matter?
44. If you lived in an apartment and the landlord failed to make certain repairs after it had been brought to his attention, would you insist on it?
45. Do you find it difficult to ask your boss or supervisor to let you off early?
46. Do you have difficulty verbally expressing love and affection to your spouse/boyfriend or girlfriend?
47. Do you readily express your opinions to others?
48. If a friend makes what you consider to be an unreasonable request, are you able to refuse?

# RATHUS ASSERTIVENESS SCHEDULE

Directions: Indicate how characteristic or descriptive each of the following statements is of you by using the code given below.

+3 very characteristic of me, extremely descriptive
+2 rather characteristic of me, quite descriptive
+1 somewhat characteristic of me, slightly descriptive
-1 somewhat uncharacteristic of me, slightly nondescriptive
-2 rather uncharacteristic of me, quite nondescriptive
-3 very uncharacteristic of me, extremely nondescriptive

___ 1. Most people seem to be more aggresive and assertive than I am.*
___ 2. I have hesitated to make or accept dates because of "shyness."*
___ 3. When the food served at a restaurant is not done to my satisfaction, I complain about it to the waiter or waitress.
___ 4. I am careful to avoid hurting other people's feelings, even when I feel that I have been injured.*
___ 5. If a salesperson has gone to considerable trouble to show me merchandise which is not quite suitable, I have a difficult time in saying "no."*
___ 6. When I am asked to do something, I insist upon knowing why.
___ 7. There are times when I look for a good, vigorous argument.
___ 8. I strive to get ahead as well as most people in my position.
___ 9. To be honest, people often take advantage of me.*
___10. I enjoy starting conversations with new acquaintances and strangers.
___11. I often don't know what to say to attractive persons of the opposite sex.*
___12. I will hesitate to make phone calls to business establishments and institutions.*
___13. I would rather apply for a job or for admission to a college by writing letters than by going through with personal interviews.*
___14. I find it embarrassing to return merchandise.*
___15. If a close and respected relative were annoying me, I would smother my feelings rather than express my annoyance.*
___16. I have avoided asking questions for fear of sounding stupid.*

___17. During an argument I am sometimes afraid that I will get so upset that I will shake all over.*
___18. If a famed and respected lecturer makes a statement which I think is incorrect, I will have the audience hear my point of view as well.
___19. I avoid arguing over prices with clerks and salespersons.*
___20. When I have done something important or worthwhile, I manage to let others know about it.
___21. I am open and frank about my feelings.
___22. If someone has been spreading false and bad stories about me, I see him (her) as soon as possible to "have a talk" about it.
___23. I often have a hard time saying "No."*
___24. I tend to bottle up my emotions rather than make a scene.*
___25. I complain about poor service in a restaurant and elsewhere.
___26. When I am given a compliment, I sometimes just don't know what to say.*
___27. If a couple near me in a theatre or at a lecture were conversing rather loudly, I would ask them to be quiet or take their conversation elsewhere.
___28. Anyone attempting to push ahead of me in a line is in for a good battle.
___29. I am quick to express an opinion.
___30. There are times when I just can't say anything.*

---

*Total score obtained by adding numerical responses to each item, after changing the signs of reversed items.
*Reversed item.

ROTTER INTERNAL-EXTERNAL SCALE

1. a. Children get into trouble because their parents punish them too much.
   b. The trouble with most children nowadays is that their parents are too easy with them.

2. a. Many of the unhappy things in people's lives are partly due to bad luck.
   b. People's misfortunes results from the mistakes they make.

3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.
   b. There will always be wars, no matter how hard people try to prevent them.

4. a. In the long run people get the respect they deserve in this world.
   b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

5. a. The idea that teachers are unfair to students is nonsense.
   b. Most students don't realize the extent to which their grades are influenced by accidental happenings.

6. a. Without the right breaks one cannot be an effective leader.
   b. Capable people who fail to become leaders have not taken advantage of their opportunities.

7. a. No matter how hard you try some people just don't like you.
   b. People who can't get others to like them don't understand how to get along with others.

8. a. Heredity plays the major role in determining one's personality.
   b. It is one's experiences in life which determine what they're like.

9. a. I have often found that what is going to happen will happen.
   b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
    b. Many times exam questions tend to be so unrelated to course work that studying is really useless.

11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
    b. Getting a good job depends mainly on being in the right place at the right time.

12. a. The average citizen can have an influence in government decisions.
    b. This world is run by the few people in power, and there is not much the little guy can do about it.

13. a. When I make plans, I am almost certain that I can make them work.
    b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.

14. a. There are certain people who are just no good.
    b. There is some good in everybody.

15. a. In my case getting what I want has little or nothing to do with luck.
    b. Many times we might just as well decide what to do by flipping a coin.

16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
    b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.

17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand nor control.
    b. By taking an active part in political and social affairs the people can control world events.

18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
    b. There really is no such thing as "luck."

19. a. One should always be willing to admit mistakes.
    b. It is usually best to cover up one's mistakes.

20. a. It is hard to know whether or not a person really likes you.
    b. How many friends you have depends upon how nice a person you are.

21. a. In the long run the bad things that happen to us are balanced by the good ones.
    b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

22. a. With enough effort we can wipe out political corruption.
    b. It is difficult for people to have much control over things politicians do in office.

23. a. Sometimes I can't understand how teachers arrive at the grades they give.
    b. There is a direct connection between how hard I study and the grades I get.

24. a. A good leader expects people to decide for themselves what they should do.
    b. A good leader makes it clear to everybody what their jobs are.

25. a. Many times I feel that I have little influence over the things that happen to me.
    b. It is impossible for me to believe that chance or luck plays an important role in my life.

26. a. People are lonely because they don't try to be friendly.
    b. There's not much use in trying too hard to please people, if they like you, they like you.

27. a. There is too much emphasis on athletics in high school.
    b. Team sports are an excellent way to build character.

28. a. What happens to me is my own doing.
    b. Sometimes I feel that I don't have enough control over the direction my life is taking.

29. a. Most of the time I can't understand why politicians behave the way they do.
    b. In the long run the people are responsible for bad government on a national as well as on a local level.

# APPENDIX G

NONASSERTIVENESS-ASSERTIVENESS-AGGRESSIVENESS**

Behavior which enables a person to act in his/her own best interests, to stand up for himself/herself without undue anxiety, to express his/her honest feeling comfortably, or to exercise his/her own rights without denying the rights of others we call assertive behavior. The nonassertive person is likely to think of the appropriate response after the opportunity has passed. The aggressive person may respond too vigorously, making a deep and negative impression, and may later be sorry for it.*

NONASSERTIVE BEHAVIOR*

self-denying
inhibited
does not achieve desired goal(s)
allows others to choose for him/her
feels hurt, anxious

Results:

feels guilty or angry
depreciates self
achieves desired goal at own expense

ASSERTIVE BEHAVIOR*

expressive
self-enhancing
may achieve desired goal(s)
chooses for self
feels good about self

Results:

expressive
self-enhanced
may achieve desired goal(s)

AGGRESSIVE BEHAVIOR*

self-enhancing at the expense of another
expressive
achieves desired goal(s) by hurting others
chooses for others
depreciate others

Results:

self-denying
hurt, defensive, humiliated
does not achieve desired goal

ASSERTIVE BEHAVIOR: IDEAS TO KEEP IN MIND**

1. Enhance your own importance by making your wants known to others. Directly asking for what you want can become a habit with many pleasant returns.
2. Validate your self-esteem. Don't say yes when you really mean no. Saying no and not feeling guilty about it is a skill that improves with practice.
3. Develop self-fulfillment as well as positive relationships by letting others know that their behavior bothers you. Giving other people direct messages about how their behavior affects you, and/or asking them to modify it is a skill that can be learned and maintained.
4. Assertive language combined with appropriate "body language" sends a clear and emphatic message, and the message is:

   "I'm important and so are you."

*From: Alberti, R. E., & Emmons, M. L. Your Perfect Right, San Luis Obispo: Impact, 1970, p. 24.

**Adapted from M. A. Manderino, The Effects of a Group Assertive Training Procedures on Undergraduate Women, Unpublished doctoral dissertation, Arizona State University, 1974.

| NONASSERTIVE BEHAVIOR | ASSERTIVE BEHAVIOR | AGGRESSIVE BEHAVIOR |
|---|---|---|
| ACTOR | ACTOR | ACTOR |
| Self-denying | Self-enhancing | Self-enhancing at the expense of another. |
| Inhibited<br>Does not achieve desired goal(s) | Expressive<br>May achieve desired goal(s) | Expressive<br>Achieves desired goal(s) by hurting others |
| Allows others to choose for him/her | Chooses for self | Chooses for others |
| Feels hurt, anxious | Feels good about self | Depreciate others |
| ACTED UPON | ACTED UPON | ACTED UPON |
| Feels guilty or angry depreciates actor | Self-enhanced<br>Expressive | Self-denying<br>Hurt, defensive, humiliated |
| Achieves desired goals at actors expense. | May achieve desired goal | Does not achieve desired goal |

From: Alberti, R. E., & Emmons, M. L. Your Perfect Right, San Luis Obispo: Impact, 1970, p. 24.

# APPENDIX H

## ASSERTIVE TRAINING

Do you protest out loud when someone pushes in front of you in line?

Is it difficult for you to correct inappropriate behavior when leading a group?

Do you avoid complaining about the poor service in a restaurant or elsewhere?

Are you inclined to be overapologetic?

Would you be very reluctant to change a garment bought a few days previously which you discover to be faulty?

If a friend unjustifiably criticizes you do you express your resentment there and then?

Do you usually try to avoid "bossy" people?

If you arrived late at a class would you rather stand than go to a front seat which could only be secured with a fair degree of conspicuousness?

Are you able to contradict a domineering person?

If the student library assistant gives a book you've been waiting for to her friend, would you merely sit and wait?

If a salesperson has gone to considerable trouble to show you some merchandise which is not quite suitable do you have difficulty in saying "no"?

Do you generally express what you feel?

If you heard that one of your friends was spreading false rumors about you, would you hesitate to "have it out" with him/her?

Do you have difficulty turning down dates when you need to study?

Do you usually keep your opinions to yourself?

Do you find it difficult to begin a conversation with a stranger?

Are you able openly to express love and affection?

If food which is not to your satisfaction is served up at a restaurant would you complain about it to the waiter?

Are you careful to avoid hurting other people's feelings?

If you were at a class and the professor made a statement that you considered erroneous, would you question it?

If an older and respected person made a statement with which you strongly disagreed, would you express your own point of view?

Do you usually keep quiet "for the sake of peace"?

If a friend makes what you consider to be an unreasonable request are you able to refuse?

If after leaving a shop you notice that you have been given short change, do you go back and point out the error?

If a close and respected relative were annoying you, would you smother your feelings rather than express your annoyance?

Do you find it easier to show anger towards people of your own sex than to members of the opposite sex?

Is it difficult for you to compliment and praise others?

Do you have a close confidant with whom you can discuss virtually anything?

Do you admire people who justifiably strike back when they have been wronged?

*Adapted from: M. A. Manderino. The Effects of Group Assertive Training Procedures on Undergraduate Women. Unpublished doctoral dissertation, Arizona State University, 1974.

# APPENDIX I

BETWEEN SESSION PRACTICE REPORT

NAME:

DATE:

DESCRIBE THE SITUATION IN WHICH YOU WERE ASSERTIVE: (e.g., my friend asked me to borrow my car).

DESCRIBE WHAT YOU SAID AND/OR DID: (e.g., I said "No, I need it for myself this evening.").

DESCRIBE HOW THE OTHER PERSON RESPONDED TO YOUR ASSERTIVENESS: (e.g., She said, "O.K., I'll take my bike instead.").

DESCRIBE HOW YOU FELT DURING THE INTERACTION: (e.g., I felt a little nervous at first. I was afraid to say no for fear she would be a little put out with me).

DESCRIBE HOW YOU FELT AFTER THE INTERACTION: (e.g., I felt good that I was able to say no to her. I was tempted to say yes, but it would have really inconvenienced me. I was relieved to find that she did not get made at me.).

*Adapted from: M. A. Manderino. The Effects of Group Assertive Training Procedures on Undergraduate Women. Unpublished doctoral dissertation, Arizona State University, 1974.

# APPENDIX J

ASSERTIVE BEHAVIOR: IDEAS TO KEEP IN MIND

1. Assertive Behavior is a skill that can be learned and maintained by frequent practice.

2. Assertive Behavior involves expressing your legitimate rights as an individual. You have a right to express your own wants, needs, feelings, and ideas.

3. By behaving assertively, you open the way for honest relationships with others.

4. Remember: Other individuals have a right to respond to your assertiveness with their own wants, needs, feelings, and ideas.

5. An assertive encounter with another individual may involve negotiating an agreeable compromise.

6. Assertive behavior is often confused with agressive behavior, however, assertion does not involve hurting the other person physically or emotionally.

7. Assertive behavior aims at equalizing the balance of power, not in "winning the battle" by putting down the other person or rendering her/him helpless.

8. Assertive behavior not only is concerned with what you say but how you say it.

9. Assertive words accompanied by appropriate assertive "body language" makes your message more clear and impactful.

10. Assertive body language includes the following:

    a. maintaining direct eye contact
    b. maintaining an erect posture
    c. speaking clearly and audibly
    d. making sure you do not have a whiney quality to your voice
    e. using facial expression and gestures to add emphasis to your words.

*Adapted from: M. A. Manderino. The Effects of Group Assertive Training Procedures on Undergraduate Women. Unpublished doctoral dissertation, Arizona State University, 1974.

# APPENDIX K

MAKING SIMPLE REQUESTS: IDEAS TO KEEP IN MIND

1. YOU HAVE A RIGHT TO MAKE YOUR WANTS KNOWN TO OTHERS.

2. YOU DENY YOUR OWN IMPORTANCE WHEN YOU DO NOT ASK FOR WHAT YOU WANT.

3. THE BEST WAY TO GET EXACTLY WHAT YOU WANT IS TO ASK FOR IT DIRECTLY.

4. INDIRECT WAYS OF ASKING FOR WHAT YOU WANT MAY NOT BE UNDERSTOOD (e.g., COMPLAINING OF A SORE BACK RATHER THAN ASKING FOR A BACK RUB).

5. DEMONSTRATE ASSERTIVE BODY LANGUAGE:

   A. MAINTAIN DIRECT EYE CONTACT

   B. MAINTAIN AN ERECT BODY POSTURE

   C. SPEAK CLEARLY AND AUDIBLY

   D. DO NOT WHINE OR HAVE A PLEADING VOICE QUALITY

   E. MAKE USE OF GESTURES AND FACIAL EXPRESSION FOR EMPHASIS.

6. ASKING FOR WHAT YOU WANT IS A SKILL THAT CAN BE LEARNED.

7. DIRECTLY ASKING FOR WHAT YOU WANT CAN BECOME A HABIT WITH MANY PLEASANT REWARDS.

*Adapted from: M. A. Manderino. The Effects of Group Assertive Training Procedures on Undergraduate Women. Unpublished doctoral dissertation, Arizona State University, 1974.

# APPENDIX L

REFUSING REQUESTS: IDEAS TO KEEP IN MIND

1. YOU HAVE A RIGHT TO SAY NO.
2. YOU DENY YOUR OWN IMPORTANCE WHEN YOU SAY YES AND YOU REALLY MEAN NO.
3. SAYING NO DOES NOT IMPLY THAT YOU REJECT ANOTHER PERSON . . . YOU ARE SIMPLY REFUSING A REQUEST.
4. WHEN SAYING NO, IT IS IMPORTANT TO BE DIRECT, CONCISE, AND TO THE POINT.
5. IF YOU REALLY MEAN TO SAY NO, DO NOT BE SWAYED BY PLEADING, BEGGING, CAJOLING, COMPLIMENTS, OR OTHER FORMS OF MANIPULATION.
6. YOU MAY OFFER REASONS FOR YOUR REFUSAL, BUT DO NOT GET CARRIED AWAY WITH NUMEROUS "EXCUSES."
7. DO NOT BECOME OVERLY APOLOGETIC; THIS CAN BE OFFENSIVE.
8. DEMONSTRATE ASSERTIVE BODY LANGUAGE:
   A. MAINTAIN DIRECT EYE CONTACT
   B. MAINTAIN AN ERECT BODY POSTURE
   C. SPEAK CLEARLY AND AUDIBLY
   D. DO NOT WHINE OR HAVE AN APOLOGETIC TONE TO YOUR VOICE
   E. MAKE USE OF GESTURES AND FACIAL EXPRESSION FOR EMPHASIS.
9. SAYING NO IS A SKILL THAT CAN BE LEARNED

10. SAYING NO AND NOT FEELING GUILTY ABOUT IT CAN BECOME A HABIT . . . A HABIT THAT CAN BE VERY GROWTH ENHANCING.

*Adapted from: M. A. Manderino. The Effects of Group Assertive Training Procedures on Undergraduate Women. Unpublished doctoral dissertation, Arizona State University, 1974.

# APPENDIX M

REQUESTING A CHANGE IN BEHAVIOR: IDEAS TO KEEP IN MIND

1. YOU HAVE A RIGHT TO LET OTHERS KNOW THAT THEIR BEHAVIOR BOTHERS YOU. YOU ALSO HAVE A RIGHT TO ASK THEM TO MODIFY THEIR BEHAVIOR.
2. WHEN YOU DO NOT EXERCISE THIS RIGHT YOU DENY THE IMPORTANCE OF YOURSELF AS WELL AS THE RELATIONSHIP.
3. FOLLOW THIS IMPORTANT FOUR STEP PROCEDURE:
   A. DESCRIBE THE BEHAVIOR YOU SEE AND/OR HEAR IN THE OTHER PERSON. IT IS IMPORTANT THAT YOU USE DESCRIPTIVE RATHER THAN LABELING WORDS. E.G., YOU HAVE BEEN LEAVING YOUR DIRTY LAUNDRY ALL OVER THE ROOM . . . RATHER THAN YOU ARE AN INCONSIDERATE SLOB!
   B. EXPRESS THE FEELING YOU EXPERIENCE AS A RESULT OF THE OTHER PERSON'S BEHAVIOR. E.G., I FEEL ANGRY AND RESENTFUL WHEN YOU LEAVE YOUR DIRTY LAUNDRY ALL OVER THE ROOM.
   C. ASK FOR A SPECIFIC CHANGE IN BEHAVIOR. E.G., I WOULD LIKE YOU TO KEEP YOUR DIRTY LAUNDRY IN THE CLOSET. ARE YOU WILLING TO DO THIS?
   D. IT MAY BE NECESSARY TO SPELL OUT SPECIFIC AND REASONABLE CONSEQUENCES SHOULD THE PERSON NOT COMPLY WITH YOUR REQUEST. E.G., IF YOU CONTINUE

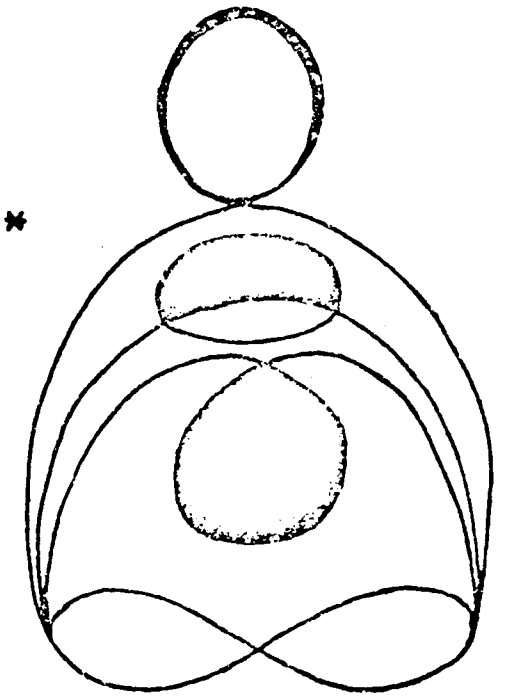
TO SCATTER YOUR DIRTY LAUNDRY ALL OVER THE PLACE, I WILL SIMPLY SWEEP IT ALL UNDERNEATH YOUR BED.

4. REMEMBER TO DEMONSTRATE ASSERTIVE BODY LANGUAGE:
   A. MAINTAIN DIRECT EYE CONTACT
   B. MAINTAIN AN ERECT BODY POSTURE
   C. SPEAK CLEARLY AND AUDIBLY
   D. DO NOT WHINE
   E. MAKE USE OF GESTURES AND FACIAL EXPRESSIONS FOR EMPHASIS.
5. GIVING OTHER PEOPLE DIRECT MESSAGES ABOUT HOW THEIR BEHAVIOR AFFECTS YOU IS A SKILL THAT CAN BE LEARNED.

*Adapted from: M. A. Manderino. The Effects of Group Assertive Training Procedures on Undergraduate Women. Unpublished doctoral dissertation, Arizona State University, 1974.

APPENDIX N

# Certificate of Assertiveness*



_____

is hereby declared a certified assertive* woman. She is up-front, straight-talking, plain-speaking, and self-assured. She knows herself, speaks her mind, and feels good about it. (i.e. She don't take nothing from nobody!)

witness to assertiveness: Patricia G. Ball

*assertive, not aggressive

*From: Assert Yourself, edited by Jean Withers, Seattle-King County NOW Chapter, 1974.

# APPENDIX O

## Group Assertiveness Training Model Used in Study

Session I

1. Introductory Exercise

   Each member is asked to put something from her person into the middle of the circle. Then each person selects an item of interest and the owner explains giving biographical data also.

2. Overview of Training

   Discuss format, expectations, pretest, and group process. Confidentiality is explained.

3. Discussion of Assertive Behaviors

   Define terms, role playing of examples, explanation of handouts and homework assignment.

4. Triad Exercise

Session II

1. Compliment Bombardment Exercise

   Each subject receives compliments from all group members and cannot offer excuses or explain.

2. Review concepts in making request through handouts and modeling.

3. Process individual scenes.

4. Homework assignment on assertive experiences.

Session III

1. Review of week's assertive experiences using homework assignment.

2. Finish processing individual scenes.

3. Review concepts in refusing a request through handouts and modeling.

4. Homework assignments.

Session IV

1. Consumer exercise and feeling identification (triads).
2. Process refusing request scenes.
3. Homework assignment.

Session V

1. Deep muscle relaxation exercise.
2. Review concepts in requesting a change in another's behavior through handouts, modeling.
3. Discuss cartoon.
4. Process individual scenes.

Session VI

1. Deep muscle relaxation exercise.
2. Process individual scenes.
3. Book display and bibliography.
4. Remind of posttest meeting and evaluation.
5. Concluding exercise.

APPENDIX P

stop

The assertive training course was one of the most rewarding and beneficial experiences in which I've ever participated. The role playing and videotaping was most beneficial. The instruction (comments, questions, guidance) of the director (Ms. Ball) was the primary reason for my progress and awareness. I would not alter any aspect of the course unless it would be adding another sesion or two. It has changed my life for the better—thank you.

I truly enjoyed and gained a lot from the assertive training you directed. Most of my criticism is positive: I enjoyed the sharing at the beginning of the sessions—I feel like I got to know everyone there; the videotaping was an excellent resource—I learned a lot about myself. My only suggestion is to perhaps move the sessions a little faster, especially the first 30 minutes of each one. I honestly can't think of anything else that I would change because I feel that it was a very good, intensive course.

I think the thing I liked best about the assertiveness training is the sense of well-being and self-esteem I got from asserting myself. I feel more confident in dealing with my own feelings as well as with other people. I think that now most of my behavior is assertive, but when it's not, I still feel in control of situations and that's a great way to feel! I really hope your dissertation goes well and that you enjoy your new job.

The group helped me to be more aware of situations and I am still trying to say what I mean to. Especially liked the triad work.

The use of videotape was the most helpful along with group criticism. I can feel that I have become more assertive and self-assured. If anything, the sessions could have been longer.

On the whole, I felt the training was very effective. The greatest parts of the training were the acting out situations and finding that other people go through the same uncertainty that I do—even people who appear very self-confident. However, I did feel that a smaller group (six or seven) would have been better. That would have made it possible to practice a few more situations which I felt was most helpful. I feel that ideally, everyone should have had a turn each week.

I don't feel that I'm suddenly an assertive person, and I still get the quivers in certain situations but I feel

more determined to overcome the fears and force myself to be assertive. I also feel that I have the right and the duty to myself to be assertive in situations which intimidated me before.

This assertiveness training has been most beneficial, only wish it could have lasted longer. I felt your method of training was very good. Making everyone aware of their nonassertiveness, assertiveness, and aggressiveness was the first step. Relating to genuine problems, using the videotape for replays, divided groups looking for different responses, and each person expressing her thoughts in helping the others. All of these steps were excellent.

The only suggestion I have is that once someone has been taped on videotape, the group should avoid lingering at great length concerning what the person should look for in changes on the replay. Because once all the points of corrective criticism have been made, it's time to get on with the replay. Discussions of added helpful hints after the video replay was most beneficial.

Thank you for helping me become more aware of how to express my feelings in an assertive way.

I enjoyed the training very much. I believe that more handout sheets on assertiveness might be helpful. The time spent reviewing the videotapes was worthwhile but it was somehow drawn out. More individual problems should be confronted and the triad situations were quite good. Thanks.

I think that if the group size had been smaller the group members would have had more opportunity to practice (in depth) assertiveness. I think that six to eight in a group would be maximum.

I don't think that breaking into triads was extremely helpful because group members didn't have enough training to pick-up on the "five" behavioral characteristics.

Pat, these are only minor points; overall, I think you did an excellent job in the training program. Also, I have a lot of confidence in your skills as a facilitator after seeing you work in this setting. Your "low-keyed" approach removed the potential threat that can exist in such training.

The assertive training sessions were extremely helpful. It gave me a working formula for dealing with difficult situations, and made me aware of my right to assert myself. The video tape was an essential device for self-observation, and I believe that the time spent on individual problems was well worth it. I think that the spirit of helping one

another, brought on by the triad and group observation of the video replay was a definite plus. The greatest benefit is that I feel better about myself when relating to other people.

# VITA

Patricia Gail Ball was born in Roanoke, Virginia, on January 19, 1951. She received her elementary education at Burlington Elementary School and was a 1968 graduate of Northside High School. She entered Radford College, Radford, Virginia, in 1968 and received the Bachelor of Science degree in Home Economics Education in 1971. From September 1971 to August 1972, she was employed as a Head Resident and Assistant Head Resident at The University of Tennessee, Knoxville, while pursuing graduate work in College Student Personnel. In September 1972, she was hired as the Assistant Coordinator of Women's Programs and Special Services. After completing the Master's degree in June 1973, she continued studies in the doctoral program in Educational Psychology. In July 1975, she was named to the Chancellor's staff as Assistant Ombudsperson. She received the Doctor of Education degree in Educational Psychology and Guidance in June 1976. She is presently employed as a Career Counselor in the Student Counseling Center and Assistant Ombudsperson at The University of Tennessee, Knoxville.