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SELF-ESTEEM, ANXIETY, AND ASSERTIVENESS:

a theoretical and empirical approach to the effects of ASSERTION TRAINING.

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ABSTRACT

This study was conducted as a tentative investigation of the effect of Assertiveness Training on "normal to pre-clinical" outpatients attending a small psychological clinic. A full evaluation using an acceptable research design had been planned, however particular difficulties arose to obstruct this aim. Employing data from the subjects who had already been tested, further modifications of the major testing instruments (the Gambrill and Richey [1975] Assertion Inventory and Kelly's [1955] Role Construct Repertory Grid) were made as part of the present study. Since an extensive literature survey had indicated that structured theoretical or empirical reports are dwarfed by "popular" publications in the Assertion Training area, it was decided to use the data obtained through further testing to produce a theoretical paper based on the quasi-evaluation that remained.

Three levels of subjects, two being sub-samples of the major sample, were put forward to structure the data analysis which then proceeded in three stages to test five basic hypotheses. Comparative and correlational procedures were used in Stages I and II to examine the data firstly on 110 and then on 50 sets of pre-tests. Subjects at Stage III (N = 36) belonged to two training groups and a waiting-list control group. At this level, the experimenter was interested to ascertain whether or not there were significant changes between pre and post-test in subjects' scores on three main variables (Self-Esteem, Discomfort/Interpersonal Anxiety, and Response Probability). Such changes were found but only for subjects in the training groups and, in particular, the Discomfort variable appeared to take an important part in this preliminary "training effect". Whereas self-esteem and response probability ratings remained relatively consistent on average across the short testing interval, anxiety/discomfort levels decreased significantly among the trainees. This pointed to the benefit of AT as an anxiety-reducing procedure and stimulated comments on the importance of client/patient-oriented diagnostic and therapeutic media. In brief, the results provided some interesting catalysts for theoretical integration and, in addition, a discussion of the testing instruments and their prospects for future use supplied a functional approach to round off the study.

PREFACE

The planning and implementation of this research project have been a very rewarding growth experience for the experimenter. Much time and perseverance have gone into it, however the literature search and the continuous writing exercise, in particular, have given as much back in return. From the author's own viewpoint, this study has certainly proven the maxim: *"the more one puts in, the more one receives in return"*. To be able to claim such an achievement, there have obviously been some important people in the immediate background. Without such an understanding and stimulating supervisor, the extent of learning and creative thinking that existed throughout the experimental period may not have been possible. Sincere thanks are extended to Beryl Hesketh for being just that person. The typing of a manuscript can be a "means to an end" or a work of art - the author expresses much appreciation of the way in which Mrs. Anne Sickling set about producing the latter. Finally, without a doubt, the love and continuous encouragement received from the author's husband, Bob Smee, have been a major source of strength. To all of you who have helped in any way, thank you for understanding.

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GLOSSARY OF TERMS

ACTUAL SELF see Self-esteem

CONSTRUCTS - bipolar abstractions which a person uses to summarise, give meaning to and anticipate events (as used in Personal Construct Theory).

DISCOMFORT - interpersonal anxiety which is experienced in a range of life situations (as measured by a *1 to 5* scale on the Gambrill and Richey [1975] Assertion Inventory).

ELEMENTS - the things, events or individuals that are abstracted by a person's use of a construct. In this study they refer to the role titles used in the Modified Repertory Grid (see Appendix IIIC).

IDEAL SELF - see Self-esteem.

"NORMAL TO PRE-CLINICAL" subjects - those members of the public who are only distinguished from the general populace on account of their attendance at a private psychological clinic for counselling and or group training to resolve such areas of personal difficulty as excess stress and relationship dysfunction.

RESPONSE PROBABILITY - the likelihood of responding effectively or assertively as measured by a *1 to 5* scale on the Gambrill and Richey (1975) Assertion Inventory.

SELF-ESTEEM - the core construct or the personal evaluation mechanism of the self-concept; a measure of the relationship between the actual self and the ideal self concepts (measured in this study by differences in ratings on two Repertory Grid elements).

1. Actual Self refers to the person's current representation of herself, that is, of the way in which she actually views herself at present.
2. Ideal Self refers to the representation of self that the individual would like to attain or the direction that he wishes to move in.

High self-esteem subjects have a small AS - IS difference score, whereas low self-esteem subjects have a large difference score.

CHAPTER 1. INTRODUCTION

The concept and technology of Assertiveness Training (AT) have their base in Behavioural Psychology, notably in the work of such pioneers as Andrew Salter, Joseph Wolpe and Arnold Lazarus. As a treatment procedure, AT found its beginnings in the attempt to re-condition individuals who suffered under the limitations of *"neurotic social anxiety"* (Alberti, 1977). The major handicap experienced by such persons can be traced back to the possession of a negative self-concept. This limits what the individual is prepared to do or to try for himself, hence depriving him of the opportunities for growth and enjoyment. Bower and Bower (1978) suggest that an important determinant of whether or not a person is assertive is the state of his self-concept (that is, the *"blueprint"* or mental picture that he has of his strengths, weaknesses and personality in general). They believe that this overall picture influences very strongly the way people view their lives through exerting a central effect on their moods, aspirations, thoughts and behaviour. The self-concept develops as a product of social conditioning in that the individual internalises the relevant parts of what others tell or reflect about him, adding these to his own impressions of self, thus producing the more evaluative concept known as self-esteem. If the self-concept is made up of predominantly negative images which are based on memories of weakness, failure and embarrassment, then low self-esteem might be sustained by negative feelings, beliefs and *"self-talk"* that continue without stimulus for change. Carl Rogers (1961) viewed this devalued sense of personal worth as the root of many clients' life difficulties. Presenting as insecure, timid/aggressive, anxious and often depressed people, they provide a stereotype of the ineffective, non-confident or unassertive personality. Hence the assumed links between non-assertiveness, frustration, aggression and depression begin to make sense against this background.

Several writers have alluded to a basic rationale for Assertiveness Training which will form an underlying theme for this paper. By making the assumption that increased interpersonal awareness and assertiveness lead to greater need satisfaction and personal fulfillment, it is possible to predict that a more positive outlook and a less anxious internal state will allow the person to interact more freely with others

from a perspective of higher self-esteem. Thus the major parts of this study will look at relationships between self-esteem, anxiety and assertiveness using both a theoretical and an empirical framework. Bearing in mind that it may be an ideal to speak of the *"completely assertive person"* since each individual probably exhibits a combination of passive aggressive and assertive behaviour at various times (according to the dictum of *"appropriateness"*), Chapter 2 will strive towards a full explanation of several aspects of assertiveness as a prelude to the discussion of self-esteem and the tentative examination of how these personality variables inter-relate before and after Assertion Training. Throughout the text, there will be some interchanging of terms (such as she & he, his & her, Assertion & Assertiveness Training) mainly to indicate that these words are truly interchangeable and to avoid tedious repetition of the same expression. As the phrase Assertiveness Training is cumbersome to repeat often in full, the abbreviation "AT" will represent it periodically. Various other terms might be unfamiliar to the reader, therefore a "glossary of terms" has been drawn up to assist (p.).

Before moving on to the literature review, a brief synopsis of the juxtaposition between emotional health (cum interpersonal competence) and emotional maladjustment is offered to set the scene more succinctly for this study.

Patricia Jakubowski (1977) writes:

> *"Emotionally healthy, fully functioning people believe that they can make an effective impact on the people in their environment. They do not feel that they are helpless victims of life's events or of other people's demands. Instead they feel in charge of themselves because they believe that they can engage in direct behaviour which will effect other people in constructive ways ... When people do not feel that their behavior can make an impact on others - in other words, when they do not feel interpersonally effective - their resulting feelings of anger, helplessness, and hurt may evolve into a wide variety of psychological problems. Although a person needs many skills to be interpersonally effective, one essential skill is the ability to be assertive .... (p. 163).*

2.0. DEFINITIONS AND THEORETICAL BASE

During the last decade, Assertion Training has been given increasing attention in the psychological literature as a cognitive-behavioural procedure aimed at teaching people to substitute socially appropriate, honestly expressive, outgoing (i.e., assertive) behaviour for previous patterns of withdrawn, passive or aggressive behaviour. (Rathus, 1975). Assertion training (AT) has grown from being a relatively minor Behaviour Modification technique to a broad treatment approach which may be used as a systematic individual psychotherapy or general personal development group training, with flexibility and variety of structure and content as its most marked features. *"From its origin as a procedure for freeing the individual of his inhibitory behaviors and reducing anxiety, assertion training has evolved into a rather elaborate set of procedures which are also aimed at acquiring more needs [satisfaction] and establishing greater self-dignity and respect for the individual." (Cotler, 1975, p. 28).* From this point of view, AT can be seen to have scope for both specific, clinical and broader educational applications, as its main aim is to produce more assertive behaviour in a wide range of individuals.

According to a classical English Dictionary (Oxford English, 1933), the word *"assertion"*, which stems from the Latin verb *"asserere"* (to assert), refers to the action of liberating or setting free, maintaining a cause or defending it from hostile attack, and insisting firmly upon an individual right or claim. (Vol. 1, p. 505). The more recent "Contemporary English Dictionary" (1978) presents a similar definition but places greater emphasis on the forcefulness and personal control needed in the act of self-assertion. The focus on making claims for one's individual needs and rights, through the appropriate and controlled use of direct positive or negative statements, differentiates assertive behaviour from passive and aggressive communication styles. However, the impression given by some general dictionaries tends to confuse assertion with aggression as for example the Penguin English Dictionary (1969, p.39) which states that *"to assert oneself"* is to insist on one's claims or to push oneself forward aggressively. This general interpretation differs from those outlined in the psychological literature by allowing such breadth and imprecision of definition. Many writers, from both the humanistic and be-

haviourist streams of pyschology, have attempted to provide more precise definitions of assertive behaviour in order to separate the three styles of communication (passive, aggressive, and assertive) which are confounded so often in generalist or popular literature.

The most comprehensive account available combines the work of five prominent AT theorists in the following summarised statement:

> *"Assertive behavior [is] that complex of behaviors, emitted by a person in an interpersonal context, which express that person's feelings, attitudes, wishes, opinions or rights directly, firmly and honestly, while respecting the feelings, attitudes, wishes, opinions and rights of the other person(s). Such behavior may include the expression of such emotions as anger, fear, caring, hope, joy, despair, indignanace, embarrassment, but in any event is expressed in a manner which does not violate the rights of others. Assertive behavior is differentiated from aggressive behavior which, while expressive of one person's feelings, attitudes, opinions or rights, does not respect those characteristics in others."*
>
> *(Alberti, 1977, p. 367-368).*

Aggressive behaviour involves the use of coercion in the form of threats, punishment, and violence to oneself or others for the purpose of gaining compliance or getting one's own way. (Hollandsworth, 1977). Passivity or non-assertion is a withdrawn manner of communicating which is based on the misguided fear of one's own anger and aggression and the imagined retaliations that may come from others; it stands in the way of appropriate social interaction and allows the person's rights to be violated frequently. (Jakubowski-Spector, 1973; Wohlberg, 1977). Some common feelings promoted by these three behavioural styles and their accompanying interpersonal consequences are shown in Table I.

TABLE I. A COMPARISON OF NON-ASSERTIVE, ASSERTIVE AND AGGRESSIVE BEHAVIOUR

		Non-Assertive	*Assertive*	*Aggressive*
1.	Characteristics of the behaviour:	(Inappropriately) Self-denying, Emotionally dishonest, Indirect, Inhibited, Self-depreciation.	(Appropriately) Self-enhancing, Emotionally honest, Direct, Expressive, Appreciates self and others.	(Inappropriately) Self-enhancing at expense of recipient. Emotionally honest, Expressive, Depreciates others.
2.	Personal feelings when engaging in this behaviour:	Hurt, anxiety, anger, disappointment.	Confidence, Self-respect, Sincerity.	Righteous, Superiority, Anger (now) Guilt (later).
3.	Consequences for actor:	Allows other to make choices/decisions. Does not achieve desired goal.	Chooses/decides for self. May achieve desired foal.	Chooses/decides for others. Achieves desired goal by hurting others.
4.	Other person's feelings toward self when receiving this behaviour:	Guilt, anger, superiority.	Self-respect, Personal Value.	Hurt, defensiveness, humiliation.
5.	Other person's feelings toward actor when receiving this behaviour:	Irritation, pity, dislike, anger.	Respect, Gratitude.	Dislike, anger Vengeance.
6.	Consequences for recipient:	Achieves desired goal at actor's expense.	May achieve desired goal. Compromise if necessary.	Does not achieve desired goal.

Table compiled by the author from Robert E. Alberti & Michael L. Emmons, Your Perfect right: A Guide to assertive behaviour, San Luis Obispo, Calibornia: Impact, 1970 p.11; and Patricia Jakubowski - Spector, Facilitating the Growth of Women through Assertive Training. The Counseling Psychologist, *4 (i) 1973 p.77.*

Alberti and Emmons (1970) paraphrase their full discussion of the consequences of the three behaviour patterns by saying that

> *"it is clear that the actor is hurt by his own self-denial in non-assertive behavior; the person(s) toward whom he acts may be hurt in aggressive behavior, [but] in the case of assertion, neither person is hurt and unless their goal achievement is mutually exclusive, both may succeed." (p.12).*

To complete the definition, Alberti (1977) suggests that several important dimensions of assertive behaviour must be considered such as intent, objective characteristics, effects, and socio-cultural context. His explanation proceeds as follows (1977):

"... behavior classified as assertive

INTENT — *(a) is not intended by its author to be hurtful of others.*

BEHAVIOUR — *(b) would be evaluated by an "objective observer" as itself honest, direct, expressive and non-destructive of others.*

EFFECTS — *(c) has the effect upon the receiver of a direct and non-destructive message, by which a 'reasonable person' would not be hurt.*

SOCIO-CULTURAL CONTEXT — *(d) is appropriate to the environment and culture in which it is exhibited, and may not be considered 'assertive' in a different socio-cultural environment." (p. 368).*

Heimbert, Montgomery, Madsen and Heimberg (1977) incorporate at least two of these dimensions in their operational definition which states that *"assertive behaviour may be defined as behavior that is performed in order to maximize the reinforcement value (the algebraic sum of positive and negative factors) of a social interaction for all persons involved." (p. 954).*

Hence the main features of an assertive action may be viewed as its honesty, directness, constructiveness, and ability to compromise for

mutual success in interpersonal situations. Such characteristics allow the socially competent individual to develop and to reveal himself as being able to respond appropriately from a firm personal base of confidence, self-respect and high self-esteem. In keeping with this view, Rathus (1975) writes about non-assertive individuals: " ... *many unassertive clients are quite lonely people. They have a history of failure in interpersonal relationships which leads to low self-esteem, and then, in a predictably circular manner, poor self-image fosters increasing reluctance to expose oneself to further social interaction and possible rejection." (p.15)*. With regard to the description in Table I, this statement can be applied to the non-assertive and aggressive behaviour patterns as both contribute to and are nurtured by low self-esteem in a similar circular process. Salter (1949), Wolpe (1958), and Lazarus (1966), the pioneer writers of AT literature, advocated the use of early behaviour modification techniques in the process of helping anxious and inhibited people to break such cycles of low self-regard by developing or re-establishing appropriate emotional expressions. They believed that individuals who could gain from AT have not learned how, or had the opportunities, to be *"excitatory"* or outgoing partly because they may have been punished or ignored whilst expressing their feelings during childhood and hence have grown up with anxious and passive habitual responses to interpersonal situations.

Assertion Training brings together learning principles and techniques from the Behaviourist, Gestalt, Humanistic, and Cognitive therapeutic streams of Psychology. Relaxation exercises, systematic desensitisation, modelling, behaviour rehearsal, homework assignments, verbal and audio-visual feedback, role playing, imagery, thought stopping, belief challenging and implosion are some of the tools used to teach clients how to (1) decrease anxiety or interpersonal discomfort,

(2) increase assertive responding, and thus,

(3) develop a more positive and satisfying self-concept.

(Cotler (1975) explains the process well in the following quotation:

> *"Assertion training is something more than a set of behaviouristic procedures aimed at reducing anxiety; it is also a philosophy of life aimed at acquiring greater self-respect and dignity for the individual.*
>
> *Through the training of specific behavioral skills, it is hypothesized that the individual will derive*

> *greater pleasure in life being able to express his feelings and emotions, make free choices, and meet more of his interpersonal needs without experiencing undue amounts of anxiety or guilt and without violating the rights and dignity of others in the process. One of the goals of assertion training is to help the individual find the 'middle ground' between the unassertive individual who, because of his high levels of anxiety or deficits in learning, bottles up his emotions and allows himself to be taken advantage of by others, and the aggressive individual who often loses control of his emotions and, in doing so, violates the rights and self-dignity of others." (pp. 20-21).*

Wolpe and Lazarus (1966) and Alberti and Emmons (1970) refer to another concept which is fundamental to an understanding of the need for and purpose of AT. This concept is based on the assumption that individuals have specific rights (e.g., privacy, self-determination, and freedom to express feelings and thoughts) which they are entitled to exercise and if they fail to do so, then adequate human adjustment might not be attained. When these personal rights are not used because of the inhibiting action of anxiety, undesirable effects are likely to occur. The individual is left with many unexpressed feelings and impulses, thus preventing her from satisfying other essential needs and centring much of her energy on maintenance of the 'status quo'. Frequently, this inhibiting process results in spirally-increasing anxiety plus psychosomatic symptoms and, in some cases, pathological developments in susceptible organs (e.g., migraine, asthma, rashes, hypertension, and peptic ulcers). These authors view the practice and acquisition of assertive behaviour as a reciprocally inhibiting or counterconditioning agent for anxiety, and therefore as a mechanism for promoting the interpersonal satisfaction and general health of 'modern man'.

2.1. HISTORICAL BACKGROUND

Methods for training people to develop more appropriate social and emotional behaviour were clarified and drawn together systematically for the first time in 1949 when Andrew Salter's AT fore-runner was published. This book, "Conditioned Reflex Therapy", presents the equivalent of assertive behaviour in terms of excitatory reflexes. Salter's theory of excitatory and inhibitory reflexes evolved from Ivan Pavlov's (1927) earlier formulation of classical learning theory which was based on two interacting forces: *excitation*, the physiological process which increases activity and encourages the formation of new conditioned responses; and

inhibition, the corresponding conservative or dampening process which decreases behaviour and prevents opportunity for new learning. Salter (1949) described "excitatory reflexes" as

(1) *"feeling talk"* (saying what one feels),
(2) *"facial talk"* (non-verbal expression of feelings), and
(3) the ability (a) to accept compliments and praise,
(b) to respond with *"contradict and attack"* statements when disagreeing with someone,
(c) to live spontaneously and in the present, and
(d) to use *"I"* statements often pp97-100).

Salter applied his six rules for excitatory behaviour with some success to the treatment of a variety of maladaptive traits including depression, stuttering, psychosomatic symptoms, shyness, sexual dysfunction, low self-sufficiency, and alcohol addiction. It is worth noting that even though the AT "movement" has gathered most of its momentum during the 'seventies, many of its methods were documented in Salter's text. After the second World War, applications of B.F. Skinner's research in operant conditioning produced a broader view of the therapeutic process through which people could be liberated from their unproductive behaviour patterns, hence the development of imaginative techniques.

Joseph Wolpe was the next theorist to contribute a great deal to the early body of assertion literature. As Wolpe is a firm proponent of learning theory, some of his writings (1958, 1966, 1969, 1970) were the first to emphasise (1) the personal debilitation which accompanies the sense of helplessness that prolonged anxiety and inhibition can foster;

(2) the importance of thorough assessment of all areas of the client's inter-personal difficulties as a measure of behavioural contingencies before applying systematic treatment;

(3) the logic of using systematic desensitisation and behaviour rehearsal to prepare and train the client to be more assertive;

and (4) the effect of assertive responses as reciprocal inhibitors of anxiety.

His colleague, Arnold Lazarus, mounted the first large-scale study of AT in 1966. It compared the behaviour rehearsal component of AT with non-directive therapy and advice-giving as behaviour change agents and found that the former increased assertiveness significantly in a majority of patients, whereas the reflective interventions stimulated improvement to a much smaller extent.

In the period between 1966 and 1970, the volume of literature on AT and assertion-related techniques grew markedly. Wolpe was the co-author of two books in 1966 (Wolpe and Lazarus, 1966; Wolpe, Salter and Reyna, 1966) which contained basic material on AT. Lazarus' first evaluative study was followed by a paper (1968) describing the process of conducting AT in groups. Bandura's research on social learning (1969) contributed to the eventual incorporation of modelling procedures into the AT complex. Several other writers (Wagner, 1968; Wilson and Smith, 1968; Piaget and Lazarus, 1969; Geisinger, 1969; Hosford, 1969; Newman, 1969; Varenhorst, 1969) also published research reports related to assertiveness in 1968 and 1969. At around that time, the AT movement seemed to have gained enough literary and popular backing to be recognised as a body of theory and methodology in its own right, and thence ensued the "literature explosion".

Alberti and Emmons' popular book, *"Your perfect right: a guide to assertive behavior*, appeared in 1970 picking up the systematic presentation of assertion concepts and procedures and extending it from the point at which Salter left off. They moved the emphasis from "patient" to "trainee" and clarified previously vague areas such as the rationale behind AT, the situational appropriateness of assertive behaviours, the differences between the "generalized" and the "situational" non-assertive or aggressive individual, and the advantages of conducting AT in groups. Lazarus (1968) referred also to the efficiency of the group method and this has become the preferred arrangement for assertion courses during the 'seventies. The most important reasons for this preference are

(1) the availability of a variety of partners for role plays, behaviour rehearsal and other experiential exercises,

(2) the economic possibility of having more than one trainer (or at

least one male and one female trainer for a mixed group), and

(3) the realistic benefit of having a more heterogeneous group of people on which to practise new attitudes and behaviours, thus facilitating the generalisation of newly acquired assertive behaviour to clients' personal life situations. These aspects of group method have received support from the following writers: Hedquist and Weinhold, 1970; Fensterheim, 1972; Booraem and Flowers, 1972; Shoemaker and Paulson, 1973; Cotler, 1973, 1975; Bloomfield, 1973; Flowers and Guerra, 1974; Butler, 1976; and Heimberg et al, 1977.

2.2. LEVELS OF ASSERTION TRAINING

Since the publication of Alberti and Emmons' book, there have been many items written on various aspects of AT and at various levels of application. Alberti (1977) sets out three such levels -

(1) *"self-help"* which represents efforts by individuals to develop assertiveness on their own or in casual groups,

(2) *"training"* which consists of non-clinical interventions aimed at teaching assertive skills to individuals or groups of clients who need mainly encouragement, skill development and some anxiety reduction, and

(3) *"therapy"* which is the most intensive and deep level representing clinical efforts to help individuals who are

  (a) severely inhibited by anxiety,
  (b) controlled by aggression, and or
  (c) significantly lacking in social skills.

At the "popular" or "self-help" level, titles such as "Don't say yes when you want to say no" (Fensterheim and Baer, 1975), "I can if I want to" (Lazarus and Fay, 1975), "The assertive woman" (Phillips and Austin, 1975), "Stand up, speak out, talk back" (Alberti and Emmons, 1975), "It's up to you" (Gambrill and Richey, 1976) and many others have been published in paperback to increase accessibility. Some of these books are recommended as introductory reading at the formal group training level and it is for this intermediate form of intervention that the majority of research studies and training manuals have been developed during the last six to eight years. Some examples are those by McFall and Lillesand (1971); Rathus (1972); Fensterheim (1972); Eisler and Her-

sen (1973); Eisler, Hersen and Miller (1974); Galassi, Galassi and Litz (1974); Jakubowski-Spector (1975); Liberman, King, De Risi and McCann (1975); McDonald (1975); Osborn and Harris (1975); Bower and Bower (1976); Frederiksen, Jenkins, Foy and Eisler (1976); and McMullin and Casey (1976). The therapeutic level of application has produced a sizeable collection of research literature as well, partly on account of the greater accessibility of clinical subjects. By way of illustration, AT has been used effectively both as a crisis intervention technique and as a longer-term social skills programme with psychiatric patients by many psychotherapists and therapeutic teams (Balson, 1971; Katz, 1971; Edwards, 1972; Nydegger, 1972; Weinman, Gelbart, Wallace and Post, 1972; Bloomfield, 1973; Eisler and Hersen, 1973; Gutride, Goldstein and Hunter, 1973; Hersen, Eisler and Miller, 1974; Foy, Eisler and Pinkston, 1975; Goldsmith and McFall, 1975.)

2.3. THE NEED FOR AND EVALUATION OF ASSERTIVENESS TRAINING

With increasing practice and experimentation involving assertion training over the last few years, it has become available to a much wider range of people. The empirical question regarding who might benefit from exposure to at least some parts of a well-organised AT course remains to be answered. As Rathus (1975) points out, *"a great number of psychiatric patients and counselling clients can profit from some form of AT .... most clients would appear in need of .... some instruction in relating more effectively to others. People are social beings and when they are anxious or depressed, they are often responding to ineffective methods of handling social interactions. When they feel angry and estranged, when they possess low self-esteem, they are commonly reflecting the response they earn from others. And the socialized individual who intermittently punches and throws things rather than talks often seems to be saying that he does not know what else to do." (pp 9-11).* Some people do not know what to say or do in certain interpersonal situations irrespective of whether their anxiety levels are high or low. According to Cotler and Guerra (1976), it is unusual to find an individual who lacks appropriate social skills to be free of inter-personal anxiety. Bower and Bower (1976), writing on the social skills deficit theory, agreed with this concept stating that, in general, *"non-assertive people are shy ... they feel uncomfortable with [others] because they lack the social skills that would enable them to start and keep friendships" (p.206).* An investigation carried out by Bryant, Trower, Yardley, Urbieta and Letemendia (1976) on social inadequacy in psychiatric outpatients also

gave support to the idea that inadequate or socially inept individuals are often found to have a history of social difficulties which prevent them from leading an adjusted or satisfactory life-style. Hersen and Eisler (1976), in a review on social skills training (SST), claimed that this inadequacy or deficit is an important component of a variety of psychosocial problems which may be remediable. Before moving on to discuss the need for and evaluation of Assertiveness Training more fully, then, it will be useful to clarify some issues by comparing it with SST.

2.3.1. ASSERTIVENESS TRAINING OR SOCIAL SKILLS TRAINING?

At clinical or professional levels, both social skills training and assertion training procedures emanated from within the behaviourist school of psychology. However broader areas of application such as self-help groups and community education courses have promoted some "social skills programmes" which have consisted mainly of informal socialising and a few simple behavioural principles included more by accident than by design. This has helped to give an impression that social skills training can be anything from the neighbourly attempt to teach a shy solo mother appropriate words to use in introducing herself to strangers at the local playcentre, through to a highly systematic programme aimed at developing heterosocial skills in men who want to relinquish their homosexuality (Barlow, Abel, Blanchard, Bristow and Young, 1977). On account of this apparent looseness of definition, some training courses like the latter might have been called assertion training in order to be viewed in a more scientific or professional light (further examples - Gambrill, 1973, and Smith, 1975).

Jakubowski-Spector (1973) considered skill training, in the strictest sense of the term, to be *"a defined set of behaviors which are gradually acquired through an instructional program which has clear, behaviorally defined entry and terminal points and clear instructional steps between these two points" (p. 79)*. However this level of precision is not evident often in social skills training. The suggestion in her writing on

the two forms of training seems to be that social skills training was a forerunner to the more systematic AT approach. According to Lange, Rimm and Loxley (1975), AT includes a variety of therapeutic procedures (e.g., systematic desensitisation, modelling, feedback, relaxation, behaviour rehearsal and self-reinforcement) designed to help people to develop and communicate *"their thoughts, opinions and feelings more effectively and in some instances to receive such expressions from others more comfortably" (p.37)*. Some of the material included earlier in this chapter would support the claim that AT has been one of the chief "mainstays" of modern behaviour therapy (Corsini, 1973, p.236) and, as there has been more representation of it than of social skills training in the psychological literature, it may be regarded as a "parent body" of procedures containing within it most of the social skills content. Even though the two systems have some common objectives, such as identification of behavioural deficits, promoting an increase in need fulfilment via increased positive reinforcement, and increasing the quality and quantity of social interactions, AT is more comprehensive in the goals that it pursues. Lange et al (1975) support this view and offer a clear perspective on the rationale behind AT in the following statement regarding its major goals. AT objectives include:

"1) development of a belief system which maintains a high regard for one's personal rights and the rights of others,

2) recognition and change of the negative self-statements or irrational thinking which arouses excessive anger or intense anxiety,

3) reduction of excessive anger or anxiety,

4) development of a wider repertoire of assertive responses in specific interpersonal situations, and

5) increased self-regard and a greater sense of self-directedness" (p.37).

It incorporates both cognitive (attitudinal change) and behavioural (performance improvement) principles and techniques, whereas social skills training operates more at the level of external performance improvement. In this sense, AT has a wider application in therapeutic settings and SST remains more in the educative sphere.

Apart from the use of basic SST with chronic, institutionalised psychiatric and intellectually handicapped individuals who might benefit

from a straight-forward stimulus-response approach, the research literature indicates that AT is the preferred behavioural treatment process for therapeutic and prophylactic purposes (Eisler et al, 1973; Hersen et al, 1973). On this count, and because of its broader applicability and common content, AT may be granted some degree of superiority over SST, however this is an inference not an empirical conclusion as few experimental comparisons between the two systems have appeared in the literature to date. Reasonable alternatives to this hierarchical approach might be to combine the terms as Gambrill (1976) does in the title of her book "It's up to you: Developing assertive social skills", or to integrate ideas from the two training arenas using the phrase behavioural competence or social skill, as advocated by Goldfried and D'Zurilla (1969) and Heimberg et al (1977), with the common aim of teaching "effective responses" in specific situations. Defining an "effective response" as *"a response or pattern of responses to a problematic situation which alters the situation so it is no longer problematical, and at the same time produces a maximum of other positive consequences and a minimum of negative ones" (Goldfried & D'Zurilla,1969, p.158)*, the second alternative might help to promote a better combination of assertive yet optimally effective responses in individuals who benefit from AT (since assertive behaviours which are environmentally reinforced do not always constitute effective, mutually satisfactory interpersonal responses). Moreover, by narrowing the goal structure and offering a more specific focus for the evaluation of AT (namely, individualised assessment of personally effective responses), it might stimulate more rigorous studies in an area which has been disadvantaged by too many experimental difficulties.

Thus by viewing the combined approach Assertiveness Training in such a manner, it is evident that it could be useful to anyone who feels the need to recognise and channel tension more constructively, to relax more quickly and completely when desired, to cope with unexpected crises more effectively, and to develop and maintain relationships more satisfactorily. Furthermore, whilst it is possible to say that most people could benefit from either the continuing education in skills acquisition or the emotional remediation (via belief challenging, behaviour change and expression of feelings) that AT programmes offer, it is also important to emphasise that individuals will be more likely to learn from a course or group which incorporates content and a training style that is appropriate to their

particular level of functioning (in terms of personal awareness and readiness for AT) and to their reasons for seeking AT at the time. An important task is to develop means to assess the training needs of different individuals. This may be done through the use of a battery of paper and pencil tests or by initial interview and behavioural measures such as videotaped role plays and situation-specific response ratings.

2.3.2. ASSESSMENT TECHNIQUES

The popularity of AT in the U.S.A. between 1970 and 1976 stimulated much interest in paper and pencil assessment techniques as a means of

(1) differentiating assertive from non-assertive persons in order to channel the latter into appropriate training programmes, and

(2) comparing and evaluating the effectiveness of assertion therapy and training courses

   (a) to gain scientific recognition for the "school" and

   (b) to continue developing more relevant programmes.

Prior to the appearance of specially designed assertiveness measures, the Willoughby Neuroticism Schedule (Willoughby, 1934), the Wolpe-Lang Fear Survey Schedule (Wolpe and Lang, 1964), and several scales of the M.M.P.I. (Hathaway and Meehl, 1951) were used occasionally to identify individuals in need of AT (Wolpe, 1958; Wolpe and Lazarus, 1966; Wolpe, 1969; and Cotler, 1973). However, since 1970, a number of such questionnaires and scales (self-report inventories) have been developed in order to assess individuals and assertion programmes more accurately. Several of them were designed for use with particular groups of people which limits their valid application to these groups, e.g., the Lawrence Assertive Inventory (Lawrence, 1970), the Conflict Resolution Inventory (McFall and Lillesand, 1971), the Rathus Assertiveness Scale (Rathus, 1973), and the College Self-Expression Scale (Galassi et al, 1974) were validated on college students; the Adolescent Assertion Discrimination Test (Shoemaker, 1973, cited in Bodner, 1975) and the Adolescent Self-

Expression Scale (McCarthy and Belucci, 1974, cited in Galassi and Galassi, 1977) are based on situations pertaining mainly to teenagers; whilst the Adult Assertion Scale (Jakubowski and Wallace, 1975, cited in Lange and Jakubowski, 1976), the Adult Self-Expression Scale (Gay, Hollandsworth and Galassi, 1975), and the Assertion Inventory (Gambrill and Richey, 1975) are directed toward the measurement of a variety of assertive behaviours in heterogeneous adult populations.

When using these self-report instruments, both to identify individuals who need AT and to evaluate the effectiveness of training, it must be remembered that there have been contradictory findings with regard to the correlation between self-reports and overt or behavioural measures of assertiveness. (Hersen, Eisler and Miller, 1973 b). A substantial positive relationship has been found by some researchers (e.g., McFall and Lillesand, 1971), whilst others have produced low correlations (e.g. Friedman, 1970). In some cases individuals might change their overt behaviour without registering any significant change on a self-report measure of assertion (Hersen et al, 1973 b), whereas the reverse may occur in other cases (McFall and Marston, 1970) giving an impression of change which may not be supported by behavioural improvement. It might be assumed, then, that the use of behavioural measures in the assessment session, as a supplement to the self-report inventory and initial interview, would provide a more accurate and comprehensive account of the client's level of assertiveness prior to training and at various points throughout its course. Several behavioural measures have been used to assess changes in assertive behaviour in analogue situations (Wagner, 1968 a, 1968 b; Eisler, Hersen and Miller, 1973; Goldstein, Martens, Huben, Van Belle, Schaaf, Wiersma and Goedhard, 1973; Pachman and Foy, 1978). Hence, after proving their ability to differentiate between assertive and non-assertive responses, they could be implemented more widely in the process of confirming the need for AT in particular individuals. The difficulties involved in setting up the analogue situations, role plays and recording or rating apparatus needed for behavioural measurement of group members, may be balanced by the additional information gained on individual deficits or excesses and common situations to be worked on during the AT course. Thus, it is a person's lack of assertiveness, as well as the specific areas of behaviour which produce this low level of functioning, that are assessed by these measurement

techniques. They have also been used in evaluation studies to reassess the subject's level of assertiveness after training. Such studies have produced mixed results ranging from strong evidence of generalistation of training effects to the natural environment down to minimal behaviour change which could only just support the assumption that "AT is better than no treatment at all". (Rathus, 1972, 1973 a; Galassi et al, 1974, Gutride et al, 1974; Jakubowski and Lacks, 1975; Twentyman and McFall, 1975).

2.4. APPLICATIONS OF ASSERTIVENESS TRAINING

As has been outlined earlier, AT consists of a set of specialised intervention strategies which can be used as a whole or in various combinations to modify the thoughts, feelings and behaviour of a wide range of people. The literature on the subject reveals a representative selection of presenting problems and personality disorders that have been treated with the help of AT. Hersen, Eisler and Miller (1973) point out that treatment targets have ranged from small objective non-verbal changes (such as eye contact, facial expressions, gestures, posture and gait) to more complex life changes like decreasing aggressiveness, passivity and anxiety, developing dating and work skills, returning to school, and leaving home or a close relationship. This claim has also been made by Shoemaker and Satterfield (1977) who wrote that " ... AT has been used as the primary training or treatment mode for quite varying population groups. This would include college students (Hedquist and Weinhold, 1970; Rathus, 1972), neuropsychiatric inpatients (Booraem and Flowers, 1972), Spanish-speaking mothers (Landau and Paulson, 1975), delinquents (Shoemaker, 1974), prisoners (Novotry, 1975), geriatric groups (Levine, 1975) and others .... the list includes almost every major diagnostic classification in a wide variety of settings" (p.51). An overview of the literature pertaining to five of the major areas of application will serve to illustrate this point more fully.

2.4.1. EDUCATIONAL APPLICATIONS

Primary School: Thoft (1977) describes a fourteen week AT group for fourth, fifth and sixth grade children which resulted in greater assertiveness and satisfaction in the classroom; Johnson, Tyler, Thompson and Jones (1971) used systematic desensitisation and other AT techniques to lessen speech anxiety in intermediate school students.

Secondary School: A series of AT workshops was developed by McPhail (1977) to increase the appropriateness of high school students' social skills; Garnett (1977) reported positive improvements in a group of teenage delinquents during an AT programme at their special school; and strategies for facilitating the lessening of aggressive behaviour and the development of more appropriate social skills for aggressive and shy adolescents have been studied by D'Amico (1977).

Teachers and School administrators: Alberti and Emmons (1970) emphasise the benefit to classroom teachers of having AT as a routine part of both pre and in-service education programmes. According to them, increased assertiveness and self-esteem equip the teacher for more competent and humanitarian handling of pupils, parents and other staff (including principals and inspectors). These studies on the use of AT in educational settings make interesting reading, but they lack the scientific focus which could help to produce more significant conclusions.

2.4.2. HEALTH APPLICATIONS

The largest number of reports on AT have been produced in the mental health field. In order to present a sample of them, the categories used by Heimbert et al (1977) will be borrowed.

Obsessive-compulsive disorders: Phobias and obesity have been treated using thought stopping and covert assertion techniques (Rimm, 1973; Hardy, 1977; McMillan, 1977) and obsessive-compulsive complaints with the use of graded tasks (Walton and Mathor, 1963), whereas chronic crying spells (Rimm, 1967) and psychophysiological disorders (Barnard, Flesher and Steinbrook 1966; MacPherson, 1972) have been eliminated with

the help of behaviour rehearsal. The full complement of assertion training techniques have been applied successfully to the treatment of alcoholism during long-term therapy (Eisler et al, 1974; Hirsch, 1975, 1978; Miller and Eisler, 1977; Zielinski 1978).

Maladaptive interpersonal behaviours: Psychosomatic headaches (Dengrove, 1968), heterosexual anxiety (Burgess, 1969, D'Zurilla, 1969; Geisinger, 1969), homosexuality (Stevenson and Wolpe, 1960; Russell and Winkler, 1977) and pedophilia (Edwards, 1972) have also been treated successfully with various components of AT. In treating sexual dissatisfaction, several writers have reported on the benefit of using AT as part of their therapeutic programme (Ellis, 1975; Freiberg and Bridwell, 1975; Liss-Levinson, Coleman and Brown, 1975; Sayner and Durrell, 1975). Marital discord and rehabilitation after marriage failure have been treated similarly via AT (Fensterheim, 1972; Eisler et al, 1974; Alberti and Emmons, 1976; Paulson and Landau, 1977; Epstein and Jackson, 1978) as has family dysharmony (Liberman, 1970; Eisler and Hersen, 1973; Fodor and Wolpe, 1977).

Aggressive and explosive behaviours: Abusive verbal outbursts (Frederiksen, Jenkins, Foy and Eisler, 1976), uncontrolled rages (Foy, Eisler and Pinkston, 1975) and physically destructive behaviour (Wallace, Teigen, Liberman and Baker, 1973) have been modified and restructured through the use of AT procedures such as modelling, behaviour rehearsal, contingency contracting, instructions and feedback.

Chronic psychiatric disorders: Studies have been done on the relationships between depression, social skills deficits, low assertion and low self-esteem, which have lent support to the need to develop more personalised, situation-specific AT programmes for chronic depressives (Lewinsohn, Weinstein and Alper, 1970; Lewinsohn and Schaffer, 1971; Wolpe, 1971; Hersen et al, 1973; Libet and Lewinsohn, 1973; Ekman and Friesen, 1974; Lewinsohn, 1975; Pachman and Foy, 1978; Zielinski, 1978). Long-term results are less conclusive from reports on the use of AT with shizophrenic and psychotic patients; however there has been some useful work done with behaviour rehearsal, modelling, and coaching to develop more of the essential social skills required for their independent functioning (Bach, Lowry and Maylan, 1972; Bloomfield, 1972; Booraem and Flowers, 1972; Nydegger, 1972; Serber, 1972; Weinman, Gelbart,

Wallace and Post, 1972; Longin and Rooney, 1973; Hersen, Turner, Edelstein and Pinkston, 1975; Edelstein and Eisler, 1976). In spite of the paucity of longitudinal investigations and the non-significance of change scores in situations where test-retest designs have been used on this population, some of these studies have uncovered areas of potential for basic conditioning therapies (including group AT) which may be most beneficial to the psychiatric field in future. One of these is the apparent relationship between variables such as anxiety, self-esteem, assertiveness, and depression (learned helplessness), which will be explored further in Chapters 3 and 5 of this paper.

2.4.3. PROFESSIONAL APPLICATIONS

Alberti and Emmons (1970) write that people who are *"concerned with staff development in industrial and or government organizations may find that a systematic effort to train management and sales [or public relations] personnel in assertiveness will pay big dividends."* (p.86). Cotler and Cotler (1977) discuss several myths which encourage non-assertiveness in the work situation and how they can be dispelled. Prazak (1969) and Wheeler (1977) outline the benefits of training people to be assertive whilst they are looking for suitable jobs. AT can be instrumental also in improving workers' job satisfaction as has been done in the nursing profession (Herman, 1977); Bakdash, 1978; Numberof, 1978) and in other "helping" bodies such as probation and social work (Flowers and Guerra, 1974; Brockway, 1976).

2.4.4. COMMUNITY APPLICATIONS

Many books on AT have been written mainly for the general reader who is interested in such topics as personal growth, the rights of the consumer, how to communicate with and influence others and leadership in the community. In addition to those mentioned earlier (p.11), there are titles like "Confidence in communication: a guide to assertive and social skills" (Adler, 1977) and "Assert yourself! How to be your own person" (Galassi and Galassi, 1977). Attempts to teach parents AT concepts for use with their children have received some attention (e.g., Patterson,

1972; Fodor and Wolfe, 1977) and have shared much of their focus with Thomas Gordon's publication "Parent Effectiveness Training" (1970). Ralph Nader gave strong endorsement to an article "AT and the consumer" which appeared in 1977 in Assert: the Newsletter of Assertive Behavior. Alberti and Emmons (1970) suggest that AT, with a major emphasis on leadership skills, could be applied advantageously to volunteer community groups, service clubs, parent-teacher associations, interest groups, church and social clubs, youth organisations, women's auxiliaries, community action agencies and political parties.

2.4.5. SPECIAL APPLICATIONS

The development of assertive behaviour may be beneficial to members of any oppressed or socially powerless group, as for example, some sections of ethnic minorities, tertiary students, women, social welfare beneficiaries and low income workers, and the aged population. Many of these people have learned not to think well of themselves and their abilities for a variety of reasons, hence several AT programmes have been developed and used successfully with them. Some examples are the AT courses for women by Jakubowski-Spector (1973) and Liss-Levenson et al (1975); Levine (1974) and Corby's (1975) reports on AT for the aged; and Cheek (1976), Landau and Paulson (1977), and Hwang's (1977) descriptions of AT for ethnic groups.

The very fact that the examples in this review of AT applications are not comprehensive, gives a reasonable indication of the broad scope of problems and distressing situations that it can help to alleviate. Interestingly, as the primary publication of popular of "faddish" literature has decreased during the last few years in the U.S.A., so too has the proliferation of new experimental studies on AT. It may be that the "school" has been through its initial creative and compulsive stages, and having established its effectiveness with certain sections of the population, is experiencing now more widespread use in pre-clinical (community health), educational and professional settings.

2.5. SUMMARY

As an educational or therapeutic process, AT is specifically designed to deal with dysfunctional interpersonal behaviours in which simple and complex transactions with other individuals are the focus for intervention. It is used more commonly as a group training scheme to allow people to practise new skills on each other and is not often applied to individual fears or disorders (e.g., animal or space phobias) which do not involve dysfunctional interactions with other human beings. AT can be viewed succinctly as a four-stage process consisting of the development of

1) a new or modified belief system,
2) the ability to discriminate between aggressive, non-assertive and assertive thoughts and actions,
3) methods of identifying and changing thoughts which interfere with assertive behaviour, and
4) personalised behavioural procedures to facilitate actual behaviour change (Lange and Jakubowski, 1976).

The rationale for its use in behaviour therapy coincides with training goals such as reducing irrational thinking (hence decreasing excessive anger and anxiety), lessening the intensity of social fears, developing a functional repertoire of assertive responses for general and situation-specific usage, and concomitantly, increasing the self-esteem and self-determination of trainees.

Several authors have researched the effect of AT on such outcome criteria thus producing reports which claim for the procedure various levels of success when used on different population groups. There is little doubt that it has a broad range of applicability, but the need remains strong to continue evaluating its effectiveness on different groups in order to encourage improvements in practical training methodology and to claim more scientific strength for AT. These goals supplied added incentive for the present study, especially in connection with self-esteem development in socially anxious individuals. With this combination as the prime focus, then, we will move on to discuss some of the available literature on self-esteem before reviewing the research findings on assertiveness, anxiety and self-esteem, which provide the empirical foundations for this investigation.

2.6. THE SELF, SELF-CONCEPT AND SELF ESTEEM

Several theorists have studied the phenomenology of the self in conjunction with, or as a prelude to, dissertations on self-evaluation using terms such as self-regard, self-concept, self-respect, self-satisfaction and self-esteem. (Raimy, 1943; Hilgard, 1949; Snygg and Combs, 1949; Newcomb, 1950; Rogers, 1951; Anderson, 1952; Sarbin, 1952; Rotter, 1954; Allport, 1955; Kelly, 1955; Argyle, 1967; Coopersmith, 1967). Coopersmith (1967) viewed the self as *"an abstraction that the individual develops about the attributes, capacities, objects and activities which he possesses and pursues"* (p. 20). As such, it is based on the person's observations of his own behaviour and the way others respond to his attitudes, appearance and performance. The notion of self can be viewed both as a structure and as a process. Gergen (1971) defines the former as *"the system of concepts available to the person in attempting to define himself"*, while the latter is defined as *"that process by which the person conceptualizes (or categorizes) his behavior - both his external conduct and his internal states"* (pp. 22-23). For an elaboration of this notion, we can examine Kelly's (1955) phenomenological theory of personal constructs which gives a detailed account of how the self evolves and is maintained by the individual's construing system. Amongst the main constructs in this system, he viewed the self as a prominent collection of interpretations that have been amalgamated by cognitive similarities, thus allowing the individual the distinction of being unique. To Kelly, the terms self and self-concept conveyed the following ideas: separateness from others; privacy within one's own consciousness; a sense of (1) the integrity of personal experience,

(2) continuity over time, and

(3) the causality of one's actions (recognition of purposes and intentions) - all of which can be experienced only by the self's perceptual apparatus (the body).

He referred to the evaluative or self-judging part of the personality (self-esteem) as the *"core role structure"* (1955, p. 482). In general, constructs are cognitive and emotive discriminations which the person is able to make; however, those belonging to the core role structure are more specifically *"the dimensions in terms of which [he] evaluates the central aspects of his*

own behavior, the personal issues with which he is most concerned, the ways in which he tries to anticipate his own future directions and activities" (Bannister and Fransella, 1971, p. 36). This set of core constructs provides a framework for the functioning of the person's maintenance processes. Unfortunately, Kelly died without having taken the opportunity to document his views on the early development of construct systems, nevertheless his fundamental postulate foreshadowed his line of thought on the issue. This assumption states that an individual's psychological processes are channelled or built-up according to the ways in which he successively construes or anticipates events (1955, p.46). Each person is viewed as having the potential for developing or changing continuously from birth until death, depending upon the experiences and quality of parenting to which he is exposed during childhood. As one of several approaches taken to explain the development of the self and of its appraisal system (self-esteem), Kelly's construct theory has much to offer.

Both the uniqueness of the person's self and its multiple nature are stressed in Anderson's (1952) definition: *"... everyone has an image or a concept of himself as a unique person or self, different from every other self. This concept pertains to one's self both as a physical person and as a psychological person - that is, each one has a physical self-image and a psychological self-image"* (p.227). Newcomb (1950) combined the two and spoke of the individual's self-concept. According to him, the self-concept and the self are equivalent notions referring to the product of *"the individual as perceived by that individual in a socially determined frame of reference"* (p.328). Other people help to reflect certain aspects of the person, or in Cooley's (1922) terms, they contribute to the formation of the *"looking-glass self"* which reflects the imagined appraisal that others make of him. Carl Rogers (1951, 1961) also endorsed this view on the assumption that self-feeling or self-concept begins to develop as soon as the child is able to distinguish herself as a separate entity from others. When she has gained the ability to think about her own characteristics and actions, in conjunction with the attitudes that others have toward her, the foundation for future self-regarding patterns is said to have been formed. Subsequently, the self-concept performs the function of screening or selecting the ideas and perceptions that are accepted into the individual's consciousness.

William James (1890) contributed a great deal to self theory through the use of a process or systems approach. He proposed the idea of a general or "empirical" self which consisted of several sub-selves (spiritual, material, social and bodily) arranged in order of their implications for the evaluative aspect of the self-concept (namely, self-esteem). James defined the "empirical self", in its broadest context, as everything that an individual can claim as being his or part of him. By "spiritual self", he meant the actual psychic abilities and dispositions belonging to the person. The "bodily self" is the nucleus of sensations and physical reactions which arbitrates between thought and action, thus producing the sequence *feeling - cognition - action (or behaviour)*.He classed the material and social selves as general parts of the empirical self and did not give one more importance than the other. Instead he viewed them as being placed somewhere between the spiritual and bodily selves in terms of prominence in the functional schema of Self composition. Of a person's social make-up, James believed that there can be as many social selves within him as there are individuals or groups whose opinion he values. At times, some of these social selves may be incongruent with each other, thus creating an impression of personal inconsistency; however, in general, those relating to his loved ones are the most influential and potentially consistent. In relation to every-day life, James (1890) discussed the role of social self-seeking which is *"carried on directly through our amativeness and friendliness, our desire to please and attract notice and admiration, our emulation and jealousy, our love of glory, influence, and power, and indirectly through whichever of the material self-seeking impulses prove serviceable as means to social ends"* (p.308). This principle of self-seeking behaviour lays the foundation for a theory of self-esteem and its relationship to assertive thought and action,since it is not only self-preservation but self-enhancement which depends for its lifeblood on positive self-regard (high self-esteem) and ability to actively satisfy basic and interpersonal needs (assertiveness). From this simple perspective, it might be said that successful self-seeking behaviour and its product, self-enhancement, is approximately equal to the sum of high self-esteem and assertiveness.

2.7. SELF-ESTEEM: Definition and Theoretical Background

The relationship between self-concept and self-esteem is often confused. However Eysenck and Arnold (1972), in the Encyclopaedia of Psychology, present a discussion which will serve to introduce a clarifying explanation.

> *"Self-concept is the totality of attitudes, judgements, and values of an individual relating to his behavior, abilities and qualities. [It] embraces the awareness of these variables and their evaluation. Self-concept has been investigated by the use of the Q-sorting method which distinguishes between first the real self-description and second the discrepancy between this and the ideal self-description. Roger's theories of self elicited many empirical studies on the self-concept which show that parental behavior during upbringing has a strong influence on the appearance of the self-concept and that the measure of ego-ideal discrepancy is closely connected with the measure of failure in adjustment"*
>
> *(p. 185).*

James (1890) used the words "self-feeling" and "self-regard" to refer to the result of self-seeking behaviour and subsequent self-evaluation. He considered the main determining factor in evaluating self-regard to be the position or status the individual can claim for himself according to his successes and failures in day-to-day life. The motivation to elevate all of the various selves in the wider self system can be hindered by paucity of time and potential, hence each person tends to choose at some level of consciousness the section(s) of his "empirical self" most likely to guarantee self-preservation and to support his self-feeling. Once set, the level of self-regard produced by the most operational selves may be lowered by awareness of personal deficiencies and failures or heightened by further achievements that are relevant to the person's goals or aspirations (which James called "pretensions"). His classic statement on self-esteem summarises his view of self-regard and its relationship to realistic personal goals.

> *"With no attempt there can be no failure; with no failure no humiliation. So our self-feeling in this world depends entirely on what we back ourselves to be and do. It is determined by the ratio of our actualities to our supposed potentialities;*

> *a fraction of which our pretensions are the denominator and the numerator our success: thus,*
>
> $$\textit{Self-esteem} = \frac{\textit{Success}}{\textit{Pretensions}}.$$
>
> *To give up pretensions is as blessed a relief as to get them gratified; and where disappointment is incessant and the struggle unending, this is what men will always do"*
>
> *- (James, 1890, p. 313).*

As is evident from this quotation, James' view of self-esteem is in accordance with Eysenck and Arnold's (1972) ego-ideal discrepancy definition of self-concept. Argyle (1967) makes a similar point in his description of the relationship between self-image (or self-concept, ego identity or actual self) and ego-ideal (idealised self-image or ideal self). He noted that the existence of a significant difference between actual-self evaluation and idealised self-image is often associated with low self-esteem and occurs in partnership with severe neuroticism or inaccurate self-perception. If such inaccuracy pertains to the ego-ideal and produces highly unrealistic goals which the person is unable to attain, then disappointment, frustration and low self-esteem (more "pretensions" than "successes") will ensue until such time as he is helped to reconstruct his ideal self more realistically. In Argyle's view, self-esteem is an evaluative term which refers to the level of approval, self-acceptance, and praise-worthiness experienced by an individual, either absolutely or in comparison with others. Like James, he ascribes it a central or basic core surrounded by a series of peripheral esteems which are the result of reactions to relationships with different groups of people and comparison of self with others.

Alfred Adler (1927, 1956) was responsible for a similar notion which first drew attention to self-esteem as a major construct in personality theory. Instead of referring to the ego-ideal or ideal self, he spoke of the individual's striving for superiority as a means of compensating for the basic inferiority complex which is the legacy of many neurotics. He believed that the physical weaknesses and "organ inferiorities" experienced by children can be appraised in different ways according to the quality of parenting and of family interactions and, as a result, the child develops a particular "style of life" or way of viewing the world which determines the need for superiority striving. If, through her early experiences, she achieves a positively satisfactory attitude

toward herself and others, her level of self-esteem and social interest will be high enough to anchor her egocentricity or superiority striving (akin to ego-ideal) at a realistic, functional level. On the other hand, if her "style of life" consists mainly of negative attitudes toward herself and others, then it is most likely that her levels of self-esteem and social interest will be correspondingly low. Unfortunately, many of Adler's contributions to Self theory have not had the benefit of well-designed research efforts, thus few representative studies are available to support his ideas. Nevertheless his general formulations on self-esteem, social interest and social learning foreshadowed the work of later theorists such as Horney, Sullivan, Fromm and Rotter.

Karen Horney's contributions to self-esteem theory (1945, 1950) emphasise interpersonal processes and methods of defence against self-demeaning feelings. She outlined a range of inter-personal conditions that have been known to produce feelings of isolation and helplessness (i.e. "basic anxiety") which, in turn, are responsible for unhappiness, depression and reduced personal effectiveness. These conditions include discrimination, indifference, domination, seclusion, defamation, and lack of warmth, respect and admiration. Their common breeding ground is cited as being a disturbance in the relationship between parent and child which Horney associates with excess egocentricity on the part of one or both parents. As the child grows up, defence mechanisms are formed to protect her against overwhelming anxiety or stress. One such method of coping with anxiety is the development of an idealised concept of her capabilities and goals. In agreement with the views of James and Argyle, Horney states that this idealised image has the effect of inflating the ego-ideal and, subsequently, producing dissatisfaction when its unrealistic heights are not attained; thus,the ideal self is an important component of the individual's equipment for self-evaluation. Horney believed that the idealised image emanated only from negative feelings, whereas James' version attributed the advent of personal aspirations or pretensions to either negative or positive feeling states. Hence the conclusion that the level and flexibility of the ego-ideal are essential features of the personal evaluation process known as "self-esteem" (Coopersmith, 1967, p.33).

Another theorist whose ideas helped to build the self-esteem frame-

work was George Mead. As a sociologist, his main interest was in the development of a "social self". He described this process in his book "Mind, Self and Society" (1934) as an internalisation procedure by which the individual absorbs, through observation and interaction, the attitudes and values expressed by significant people in his life. He equated the social self with self-esteem as the two share common origins via internalisation and the reflected appraisal of "ego" by others. However self-esteem differs from the "social self" because of its evaluative nature and, in its capacity as the gauge of self-evaluation, it carries a varying quota of the assessment criteria (i.e., values) used by these important persons. Through internalisation, these criteria become imprinted psychologically during childhood and the individual forms the habit of taking notice of how he is regarded by others and valuing himself accordingly. This process has parallels with Cooley's (1922) "looking-glass self" which depicted the self-portrait that the person develops from the way that others react toward him and from the opinions that he hears from others about himself. In a similar vein, Hollender (1972) described two types of social self-esteem which emerged from his study of sex differences in the sources of self-esteem among college students. He viewed the first as the personal perspective which evolves through the experience of love and acceptance from significant others, and the second as the subjective assessment made by the person of his status and power compared with his perception of the same in others. Hollender (1972) proposed that the two may interact at some point as it can be argued that the level of self-esteem, which develops as a result of external evaluations and impressions gleaned during childhood, may determine the way in which the person compares himself with others. Nevertheless, he classified these two angles of social self-esteem as important components of "total self-esteem which involves evaluation in all areas of functioning, not just social" (1972, p. 343). Jones' (1973) review of self-esteem and self-consistency theories serves to clarify some issues in the two-part social self-esteem theory. According to him, the central tenet held by self-consistency theorists is that *"an individual's actions, attitudes, and his receptivity to information from other people are strongly affected by a tendency to create and maintain a consistent cognitive state with respect to his evaluations of himself" (p.186).* Secord and Backman (1961) elaborate on this theme with the comment that a state of self-consistency or congruence prevails *"when*

[*his own and others'*] *behaviors imply definitions of self congruent with relevant aspects of the self-concept" (p.23).* Thus if a person evaluates himself negatively, then negative evaluations of him by others will be consistent with or support his low self-appraisal; similarly with positive evaluations which will confirm a high self-evaluator's positive self-attitude. The implication of personality rigidity, or inability to cope with impressions that are inconsistent with one's own, is strong in this viewpoint and provides little optimism in the arena of personal development for the person whose self-esteem is set already. Motivation and capacity for personal change in certain areas of functioning may be limited severely through such a conditioning pattern which does not provide practice in receiving incongruent feedback from others and using it effectively to modify one's personality. In contrast, the self-esteem theories are based on the assumption that each individual has *"a need to enhance his self-evaluation and to increase, maintain, or confirm his feelings of personal satisfaction, worth and effectiveness" (Jones, 1973, p. 186).* The level of this need may vary

(1) across time, depending upon the type of experiences the individual is having at particular points, and

(2) between people according to their personal history of satisfaction or dissatisfaction.

Jones assumes also that this individual variation can be assessed by attitudinal measures of self-esteem and that people who have high self-esteem are more satisfied with respect to this need than are those who have low self-esteem. In general, the individual satisfies his self-esteem need by coping effectively with the activities and problems he meets in his physical and social environment and by receiving impressions from others that he is liked and respected or that his personal characteristics and behaviour are highly valued. This direct relationship between satisfaction of self-esteem needs and social acceptance or rejection has been noted in several psychological investigations including the Hovland and Janis (1959) study of social influence, Jones' (1964) report on ingratiation as a style of self-presentation, and Morse and Gergen's (1970) paper on the effect of social comparison on self-concept development.

Harry Stack Sullivan (1953) also took up the social or interpersonal

approach to self development, summarising succinctly many of the theoretical notions which had preceeded him yet offering further contributions that have exerted a strong influence on current personality theory. He emphasised too the partnership between self-evaluation and the universal awareness of other people as the main component of an individual's self-esteem. According to Sullivan (1953), each person is on guard continuously against loss of self-esteem since it is this loss which precipitates those feelings of distress or despair otherwise known as *"anxiety"*. Defense mechanisms, as described by Horney, form the major group of protective devices developed by the individual to lessen the impact of rejecting or demeaning incidents. Sullivan pointed out that overwhelming anxiety occurs when a person expects and or experiences rejection or derogation by others, yet his defence system and feelings of personal worth are not strong enough to counteract the esteem-lessening effects of this real or imagined onslaught. Once the core of a person's self-esteem is formed during childhood, a life-long struggle to enrich it, or at least to maintain that basic level, begins resulting in either success with maintenance or extension of self-esteem (self satisfaction and personal growth) or failure to preserve even the basic level on account of self-abasement and the spiral of hopelessness that failure produces. Coopersmith (1967) summarises Sullivan's view of inadequate self-esteem in the following statement:

> *"If we find persons with low self-esteem, we assume that derogation by significant others has occurred in the previous life history of that individual and that he anticipates or perceives derogation in his present circumstances" (p.32).*

Thus, the importance of early formative experiences in the family and the development of functional coping procedures to minimise the effects of demeaning behaviour are the main features of Sullivan's version of the interpersonal theory of self-esteem.

The theoretical constructs of the writers presented in this section - James, Argyle, Adler, Horney, Mead and Sullivan - have shared similar origins and weaknesses. Many of these constructs describe subjective or internal states which are difficult to measure accurately. As most of the early writers devoted themselves to philosophical and clinical theorising on personality development (including self-esteem), they failed

to produce adequate methods for measuring the constructs they proposed. The lack of valid measures made it difficult to set up scientific studies for the testing of hypotheses and also led to confusion and misinterpretation in the analysis of results from experiments that were attempted. However since 1950, there has been a serious attempt by various writers to devise systematic personality theories which incorporate some of the valuable discoveries of experimental psychologists working in the areas of perception and learning. Dollard and Miller (1950) and Mowrer (1950) set out to do this by combining empirically-produced learning theory constructs with clinical content. Initially, this approach relied upon constructs which evolved from simple, highly controlled laboratory experiments; then the results from more complex field studies and clinical observations were combined to broaden the data base. This step was taken by an American psychologist, Julian Rotter, and his ensuing formulations became known as social learning theory.

One of the main strengths of Rotter's (1954) theory was the systematic approach it took toward operationalising personality constructs for testing by building on the constructive theorising that went on prior to its inception. This emphasis has facilitated much more research in various areas such as learning theory, social psychology, personality development, psychopathology and psychotherapy. It has even influenced some psychotherapists in the direction of using more scientifically-based learning principles in their attempt to affect cognitive and behavioural changes in their clients (Rotter, Chance and Phares, 1972). The social learning approach is based upon two major assumptions. Firstly, it makes the claim that the unit for investigation in personality studies is the observable interaction that the individual has with his environment (i.e., behaviour). This unit consists of a set of response potentials that the person draws from in particular social situations. Rotter (1954) considered them to be learned responses which are shaped or set down by the experiences which have accrued since infancy. They add up to a unified set of personal characteristics with the potential for

(1) continuous modification given the continual flow of new experiences, and for

(2) relative stability in some areas since past experiences have helped to establish response sets that affect new learning.

The second major assumption of social learning theory is concerned with an attempt to explain human motivation. Dissatisfaction with the drive reduction concept led Rotter to define reinforcement, the main unit of motivation, as any condition, event or action that influences a person's movement toward a goal: those that facilitate goal-directed movement are viewed as positive reinforcements whilst those that discourage or inhibit such movement would be negative reinforcements. Four basic constructs make up Rotter's theory - behaviour potential (NEED POTENTIAL), expectancy (FREEDOM OF MOVEMENT), reinforcement value (NEED VALUE), and situation - and by doing so, they integrate two important streams of psychology, namely the cognitive approach and the reinforcement or stimulus-response orientation. These constructs are amenable to operationalisation at various levels of generality and can be measured using techniques which are logically consistent with the theory. Each of the four variables relates to the others in such a way as to allow for the development of predictive formulae which may be used experimentally to test hypotheses about goal-directed behaviour. A brief explanation of the variables will help to show how one such formula is derived and how it relates to self-esteem.

"Behaviour potential" refers to the likelihood of a behaviour occurring in a specific situation depending upon the presence or absence of a particular reinforcement, whilst *"expectancy"* denotes the belief that the individual holds regarding the probability of encountering such reinforcement, and *"reinforcement value"* relates to his learned preference for one type or level of reinforcement in situations where more than one is available. *"Situation"* is the term used to refer to the psychological circumstance(s) or particular condition(s) to which the person is responding. The situational construct figures largely in predictive formulae since particular situations are likely to evoke particular reactions in view of Rotter's assumption concerning the relative stability of the personality (or of the attitudinal response sets which form its base). Rotter (1975) concedes the fact that both internal and situational factors are important in understanding individual human behaviour, however he emphasises more strongly than other personality theorists the potency of situational influence. A general predictive formula [NP = f (FM & NV)], in which the situational variable is implicit, states that the potential for occur-

rence of a set of behaviours that lead to satisfaction of some need (Need Potential) in a given situation is a function of

(1) the expectancies that these behaviours will lead to these reinforcements (Freedom of Movement) and

(2) the perceived value of these reinforcements (Need Value).

In his model of psychopathology, Rotter (1975) considers various combinations of the four main constructs which can be used to explain maladaptive behaviour. Low freedom of movement and high need value is one such combination. For the individual who has a low expectation of gaining particular reinforcements which he needs or wants very much, maladaptive or defensive thoughts and behaviours tend to develop. This low level of expectancy (FM) does not help him to learn how to set or to achieve realistic goals, instead it encourages him

(a) to adopt avoidance or defence tactics which shield him from the feelings of disappointment and frustration which often accompany failure to obtain what one wants, and or

(b) to attempt goal achievement using unrealistic *("irreal")* methods.

Whilst trying to avoid anticipated failure or punishment, he may exclude certain situations by physical avoidance or mental repression, or he might attempt to get satisfaction with the help of defence mechanisms such as rationalisation, projection or intellectualisation. In Rotter's theory, the variety of behaviours regarded by other theorists as defence mechanisms or psychopathological symptoms are referred to as *"avoidance and irreal"* behaviours (1975, p. 103). They can be responsible for a cycle of psychological difficulties [similar to the spiral of anxiety cited earlier in this chapter (p. 8)] which produce both immediate and delayed negative reinforcements in addition to those operating already. These consequences often include negative feedback from others which increases his anticipation of failure and continues the decreasing trend with regard to his freedom of movement. In this way, the accumulation of psychological problems can be viewed as a product of the individual's

low freedom of movement compared with the values he attributes to needs or goals that are important to him. This explanation is a more complex and precise version of William James' concept of self-esteem. Using substitution is his simple formula, Self-esteem = $\frac{\text{Successes/Achievements}}{\text{Pretensions/Aspirations}}$, it might be said that the realistic assessment of an individual's potential for ensuring need satisfaction (Need Potential) will approximate his self-esteem rating since his feelings of self-respect and confidence may be determined by the general degree of success he has experienced in being able to expect or command gratification (E or FM) for highly valued needs (NV) by behaving according to learned response sets (and being flexible enough to modify behaviours appropriately in relation to situational demands). Thus Rotter's explanation of Need Potential will be used in this study as his equivalent of self-esteem since he does not use the latter term as such.

Coopersmith (1967) broadened the framework of self-evaluation by citing four major bases of self-esteem: competence, significance, virtue and power. He stated that

> *"persons come to evaluate themselves according to how proficient they are in performing tasks, how well they meet ethical or religious standards, how loved and accepted they are by others, and how much power they exert". (p. 262).*

According to a major study on the self-esteem and anxiety levels of pre-adolescent boys (conducted by Stanley Coopersmith between the years 1959-1965), individuals who differ on measures of self-esteem also differ on other personality variables and behave in markedly different ways. Coopersmith (1967, p. 70) supplied general character sketches of low and high self-esteem individuals which were based on the findings from this study. Table II represents a summary of the ways in which the two levels were seen to differ.

TABLE II. CHARACTER SKETCHES OF INDIVIDUALS WITH HIGH AND LOW SELF-ESTEEM

High Self-Esteem	*Low Self-Esteem*
- confident (trusts own perceptions and judgement).	- non self-trusting.
- accepts own opinions.	- hesitant about expressing unusual ideas (conformist).
- courageous: moral convictions / physical	- submissive: maintains low profile.
- socially independent	- listens rather than participating.
- creative and assertive	- withdraws from interactions : interpersonal discomfort.
- enjoys and forms relationships easily: interpersonal ease.	- unimaginative
- lack of self-consciousness and pre-occupation with personal problems: self-confidence.	- marked self-consciousness and pre-occupation with own problems.
- objectivity and appropriate level of rationality.	- introspective: turned into self and personal difficulties → limits social interation and decreases possibilities for supportive relationships.

Table compiled by the author from a summary by S. Coopersmith, The Antecedents of Self-esteem, San Francisco, W.H. Freeman, 1967, p. 70.

Coopersmith (1967) claimed that the behavioural differences listed in Table II are the result of individual differences in anticipation (similar to Rotter's expectancy notion), response style, and ability to trust or rely upon personal judgment as the basis for action. In addition, they may be attributable to the greater sense of personal exposure or self-consciousness that the person low in self-esteem seems to experience. In fact, this very feature could be one of the major personality ingredients which encourages him to become introspective to the point of dwelling non-productively on his own difficulties. From both a psychological and a sociological point of view then, Coopersmith (1967) believed that the individual's level of self-esteem has *"consequences that vitally affect the*

manner in which [she] responds to [her] self and [to] the outside world" (p.71); in other words, it is the central structure or filter of the self-concept which is responsible for many aspects of personality development.

To summarise, self-esteem is the individual's perception of her worth within a context of self-other orientation. It is a commonly studied aspect of the phenomenal self which is associated often with such terms as *"self-satisfaction", "self-regard"* and *"self-concept"*. In effect, it is the evaluative aspect of the self-concept which develops as a result of the individual's response to her social environment. Some of the recognised conditions that are required for the development of high self-esteem are acceptance, limit-setting and respect by significant others, a high level of parental self-esteem, and minimal derogatory experiences (Coopersmith, 1967, p. 240). The degree of self-esteem attained by the person reflects the extent to which she was exposed to these optimum conditions and to which her life successes approximate her aspirations in areas of functioning of particular importance to her. The defence mechanisms developed by her personality to protect against overwhelming anxiety help to maintain and or extend previous levels of self-esteem, and to sustain definition of her values, ideals, and standards of success.

An overview of the theoretical formulations of several writers on the development of self-esteem isolates four major factors which support these comments. Factor 1 encompasses the ideas of Fromm (1941, 1947) and Rogers (1951) claiming that the individual will value himself according to the amount of accepting, concerned and respectful treatment that he receives from the significant people in his life. Factor 2 arises from James' belief that the person's history of successes, and the ensuing status or position he gains over time, help to define his self-worth. Factor 3 amalgamates some extensions of this notion put forward by Horney (1950) and Rotter (1954) which indicate that it is not only the external evaluation of others but the degree of proximity which the individual attains with regard to aspirations that he values personally that determines his level of self-esteem. Therefore,if there is a large difference between his ideals or aspirations and his actual achievements in various areas of personal significance, then his self-esteem will be inordinately low as a result of

excessively unrealistic aspirations and or continuous disappointment overfailure to achieve. Factor 4 focusses on the person's characteristic manner of responding to devaluation. Horney (1945) and Sullivan (1953) spoke of the coping mechanisms used by individuals to minimise, distort, or completely suppress derogatory behaviour from others, whether personally deserved or not. They viewed defence mechanisms such as denial, projection, repression, and sublimation, as important methods of defending or maintaining self-esteem by reducing guilt and anxiety. To most of these writers, the process of maintenance and extension of self-esteem plays a crucial part in the preservation or reconstruction of mental health. In this respect it has been defined as a mediating variable which acts as a cognitive intermediary between social stimuli and responses, thus demonstrating its potential as a behaviour-modifying agent. Ziller (1969) supported this view stating that self-esteem is the evaluative component of the self system that regulates the extent to which the system is *"maintained under conditions of strain, such as during the processing of new information concerning the self"* (p.84). Hence positive or negative evaluations are not necessarily followed immediately by corresponding behaviour in the high self-esteem individual as her ability to deal with incoming personal material is highly developed and allows her to assimilate it before reacting. Conversely, the person with low self-esteem may not have a well-developed buffer system to cope with evaluative input. Witkin, Dyk, Foterson, Goodenough and Karp (1962) regarded this type of person as being field dependent; that is, one who conforms passively to the influence or direction provided by the predominant socio-environmental field or context. Hence the image of a poorly-developed individual moving relatively aimlessly, according to the prevailing field of influence and obtaining from it minimum amounts of personal satisfaction, provides a fitting introduction to the realm of passive or unassertive behaviour and its associations with anxiety and self-esteem deficiencies.

2.8. SELF-ESTEEM, ASSERTIVENESS AND ANXIETY

The attainment of a favourable attitude toward oneself is considered to be a very important feature of healthy personal development. Ruth Wylie's (1961) review of studies on the significance of self-esteem carried out by theorists such as Adler, Manis, Horney, Rogers, and Coopersmith, indicates

that people who seek some form of psychological help come to realise that they suffer from feelings of inadequacy and unworthiness. According to Coopersmith (1967, p.3) they view themselves as being inferior and helpless, incapable of improving their life situations and devoid of the inner resources needed to cope with or decrease the anxiety that is so easily aroused in them by daily events. This style of self-perception may be said to pre-dispose such individuals to a relatively troubled, anxious existence. Before proceeding though, what is anxiety and how does it manifest in the human personality?

Anxiety is a subjective feeling of fear or uneasy anticipation (apprehension) which may have definite topical content but is often associated with the *"unknown"* or unrecognisable causative factors. Gambrill and Richey (1975) viewed it as a state of discomfort which has strong interpersonal overtones. Kelly (1955) also endorsed this view, placing it in a situational context within his personal construct theory. He defined anxiety as an awareness that the events with which a person is confronted lie mostly outside of the functional scope of his construct system. Kelly (1955) claimed that people become anxious when they can only partially construe the events which they encounter, thus leaving too many of their implications in obscurity. For some individuals, anxiety is an acute state of vulnerability, insecurity, or agitation which may arise in response to the threat of exposing personal inadequacies. Other persons experience it as a chronic sense of fear of relatively mild intensity or as strong, overwhelming fears which evolve periodically out of the chronic state and manifest themselves in various phobias. However, in general, anxiety is said to range from

> *"uneasiness ... through to complete panic preceded by a real or symbolic condition of threat which the subject perceives diffusely and to which he reacts with an intensity that tends to be disproportionate" (Gould and Kolb, 1964, p.30).*

The condition of threat in some cases is associated with the person's ability to maintain his self-image intact and to function consistently according to expectations. Anderson (1965) explains that

> *"whenever a person feels that there is a threat to the integrity of the whole or to any portion of his self-structure (physical or psychological), or*

> *whenever part of his structure does not function in the anticipated manner, he will experience psychic pain, which is anxiety .... When the sensed threat is recognized and labelled, we call it fear; when it is not labelled, we call it anxiety". (pp. 9 - 10).*

Fear and anxiety share some of the physiological signs of distress such as breathlessness, palpitations, restlessness, choking sensations, increased muscular tension, trembling, tightness in the chest, giddiness, sweating and flushing.

An important source of anxiety is the feeling of being overwhelmed that accompanies the incapacity to deal with threat or danger,given the personal resources available. Basic to this state is a feeling of helplessness which may be associated at first with a real or assumed lack of physical resources. Subsequently, if the psychological self becomes more structuralised with age and interpersonal experience without acquiring more inner resources and social skills, the sense of helplessness sets in around the individual's belief in his ineptitude. According to Martin Seligman (1975), anxious individuals often feel a profound sense of helplessness or general impotence. They view themselves negatively and tend to attribute personal successes or achievements to fate rather than to their own ability. Their feelings of social impotence are based upon the anger and guilt which results from personal inadequacy - the underlying cause of which is not the circumstances inflicted on them by the external world, but the attitudes and assumptions they possess with regard to their proven abilities and achievement potential. Seligman's learned helplessness theory (1975) explains this attitudinal foundation for behaviour by stating that organisms learn not to respond in many situations where responding has proven dangerous or futile. For some individuals this may happen as a result of only one or a few such stimulus presentations, thus precipitating attitudinal generalisation. Fear of traumatic consequences or frustration over failure to obtain desired reinforcements interfere with the social learning process in this way and produce debilitating states of anxiety, worthlessness (or low self-esteem), and helplessness in vulnerable persons.

If such states are to be prevented, the developing individual must achieve and maintain a healthy ego (cognitive and affective faculty of awareness) which allows him to be in direct, rational contact with reality.

For this purpose, he needs to strive towards the clearest possible awareness of his thoughts, feelings, actions, concerns and of all the factors relating to them. Failure to take up this personal responsibility may precipitate penalties on the person's ego in the form of inferiority feelings, low self-esteem, cognitive disorientation, irrationality and anxiety. Some of these factors such as

(1) awareness of self in terms of physical and social perception,

(2) ability to cope effectively with different levels of anxiety, and

(3) the extent to which the individual has developed self control,

are basic determinants of assertive behaviour. Alberti (1977) hastened to point out that an assertive person possesses a well-developed sense of self-awareness which is variously displayed in the capacity for quick introspection to identify what she needs or wants as a separate entity from what other people want and expect from her in a particular situation. Closely attached to this is the potential for assessing simultaneously several features of the situation before acting - an ability which develops in the perceptive individual from experience of seeing the likely consequences of specific behaviour in specific situations, and of taking responsibility for those consequences if the decision to act is commissioned. Alberti (1977) goes on to say that the assertive person who acts with appropriate anticipation, responsibility, and due regard for her own needs (without depriving others of their requirements), is not hampered often by more than minimal levels of anxiety. Conversely, the non-assertive individual (passive or aggressive) either fails to act or over-reacts, having exercised inappropriate foresight and little inter-personal responsibility or self-regard. Her passive or aggressive mode of behaviour typically produces moderate to high levels of anxiety depending upon the efficiency with which her defense system handles the critical or derogatory reactions she receives from others. In this case, anxiety may build upon anxiety producing the spiral of distress which precludes the emission of appropriate behaviour as it allows too few opportunities for the develop-

ment of positive or rewarding response chains.

Wolpe (1958) and Wolpe and Lazarus (1966) made similar claims several years ago which laid the foundation for the behavioural theory of assertiveness. They stated that a person who is unassertive

> *"... has unadaptive anxiety-response habits in inter-personal relationships and the evocation of anxiety inhibits the expression of appropriate feelings and the performance of adaptive acts". (1966, p.38).*

In their view, assertive responses are incompatible with anxiety as the individual cannot be highly anxious and appropriately assertive at the same time. The behavioural theory predicted that assertive responses could be used effectively as reciprocal inhibitors to counteract neurotic fears and anxious behaviour, given the principle which states that

> *"if a response inhibitory of anxiety can be made to occur in the presence of anxiety-evoking stimuli, it will weaken the bond between these stimuli and the anxiety" (Fensterheim, 1975, p.12).*

Once the cycle of fear is broken, with the aid of desensitisation and repeated satisfactory assertive sequences, the individual may be trained to increase the quantity and level of assertive responses thus decreasing her level of anxiety. Salter (1961) supported this view and suggested that the unassertive individual whose personality is usually inhibitory suffers under the domination of too much foresight (thinking and catastrophising about the future) and too little emotional freedom, hence therapy designed to create a new balance between excitatory and inhibitory processes could be facilitated by re-arranging the reinforceing elements so that the person is encouraged to behave deliberately in an excitatory manner. Wolpe (1969) and Lazarus (1971) agreed that tightly-controlled or repressed emotions and rigid habitual responses contribute much to anxiety states and that the capacity for recognition and appropriate expression of human feelings is the opposite end of the continuum for assertive behaviour.

In their behavioural programmes to increase assertiveness, Wolpe and Lazarus (1966) gave some credibility to the claim that non-assertive behaviour is related to high levels of social fear or anxiety and to the

lack of learned social skills or "*necessary habits*" which facilitate appropriate assertiveness (p.40). Orenstein, Orenstein, and Carr (1975) confirmed the validity of this assumption with highly significant findings (analyses of variance produced significant [$P<0.0005$] inverse relationships between assertiveness on the one hand and measures of neuroticism trait anxiety, and interpersonal anxiety, on the other for both males and females) and emphasised the potential usefulness of assertion training as a procedure for reducing anxiety. Percell, Berwick, and Beigel's (1974) earlier study had supported this hypothesis for women only, i.e., the correlations between assertion and anxiety measures were -.88 for women and -.04 for men in their sample. However another section of their experiment, which compared the results of group AT and group discussion (Independent Variable - use of behaviour rehearsal in experimental group), produced significant differences on measures of self-acceptance, assertion and anxiety in both males and females (AT group subjects were rated after training as significantly more assertive, empathic, self-satisfied, outgoing and less anxious on self-report and behavioural rating tests than were the twelve control subjects). The authors claimed that this study was one of the first to test the relationship between the effectiveness of a behaviour modification technique and improvements in the cognitive and affective spheres. Nevertheless, their findings are suspect on account of their elementary research methodology, i.e.

(1) the use of two treatment groups without a strict NO-treatment control group,

(2) inadequate random assignment to these two groups from a small, therapist-selected psychiatric sample, and

(3) lack of information on essential control factors such as specifying whether or not the groups had

   a) the same trainers,
   b) a set time span for sessions, and
   c) an equal distribution of male and female subjects

which may have confounded therapist and group-composition variables with treatment effects. However, Percell et al (1974) suggested that at least their results demonstrated that AT, as a behaviour therapy, was capable

of improving the client's self-concept, modifying his interpersonal behaviour and decreasing his level of anxiety (p. 504).

Two more recent studies, which were based on the assumption regarding an inverse relationship between assertiveness and anxiety, have furnished mixed results. Galassi, Hollandsworth, Radecki, Gay, Howe and Evan (1976) predicted that subjects found to be low in assertiveness would report greater anxiety on the subjective unit of Disturbance Scale (S.U.D.S.) when performing role plays than would the more assertive subjects. Multivariate analyses performed on a combination of four dependent variables indicated significant differences between the low group and the average score of the moderate and highly assertive groups [$F(4, 39) = 3.51$, $p < .05$] and between the low and high assertion groups [$F(4, 39) = 2.84$, $p < .05$], hence confirming the general assumption that low assertion subjects tend to give poorer quality assertive responses (content), to maintain less eye contact and to feel greater anxiety during role plays than more assertive subjects. Although univariate analyses failed to yield acceptably significant results for self-reported anxiety, the trend was in the predicted direction ($p < .10$) as individual subjects scoring low on assertiveness reported higher levels of anxiety than did highly or moderately assertive subjects. Also the S.U.D.S. standard deviation for the low assertion group (20.93) was greater than for the moderate (12.49) or high 13.04) groups, which indicates a wider variation around the mean with more subjects scoring in the higher range of anxiety than in the other two groups. Indirectly, Mishel's (1978) research on the use of AT with matched groups of physically handicapped persons dealt with the tendency for anxiety to decrease as assertive behaviour develops. Results from the two treatment groups showed significant increases in self-reported assertive behaviour, speech fluency, and in the incidence of discretionary-interaction, semi-obligatory and social interaction activities, the latter being effective indicators of transfer of training to the natural environment. The hypothesis regarding the increase in speech fluence was tested by way of measuring the frequency of incomplete sentences and the length of silences. These factors were classified by Mahl (1956) as indicators of anxiety in disabled patients, hence the deduction that any significant decrease in one or both reflects a reduction in anxiety. Mishel (1978) makes the following comment:

> *"as the goal of assertion training is the relief of interpersonal discomfort, the significant change in these two categories indicates that the assertion training was effect-*

ive in relieving some degree of interpersonal anxiety". (p. 241).

As the sample size for this study was relatively small (7 subjects per group) and individual variation wide, the results cannot be construed conclusively; however inferences regarding the marked improvements made by the individual treatment subjects in terms of greater assertiveness and less interpersonal discomfort are appropriate.

Pachman and Foy's (1978) correlational investigation of self-esteem, anxiety, depression and assertiveness provides more evidence on the possible relationships among these variables which is most pertinent to this study. Fifty-five male alcoholic patients were assessed with the aid of paper and pencil measures of depression, anxiety, hostility and self-esteem, and a behavioural test of assertiveness, before coming involved in an alcohol treatment programme. The authors predicted

(1) that significant negative correlations would exist between anxiety and assertiveness, self-esteem and depression, and assertiveness and depression, and

(2) that there would be significant positive relationships between self-esteem and assertiveness, and depression and anxiety.

Most of these hypotheses were confirmed with correlations which reached acceptable levels of significance:

(1) anxiety and assertiveness: $- 0.31$, $p < 0.05$;
self-esteem and depression: $- 0.38$, $p < 0.01$;
assertiveness and depression: $- 0.26$, $p < 0.05$;
(2) depression and anxiety: 0.42, $p < 0.01$.

The significant negative correlation between anxiety and assertiveness supports Wolpe's hypothesis regarding the incompatibility of appropriately assertive behaviour and high levels of anxiety. This confirms the notion that in any one individual the ability to act assertively is usually accompanied by the subjective state of being non-anxious (i.e.

relatively calm, relaxed and clear in cognition). The ensuing deduction that anxiety will decrease as the ability to think and act assertively increases is one aspect of the rationale behind AT and has been speculated upon by several writers including Wolpe and Lazarus, Alberti and Emmons, Salter, Orenstein, and Mishel (as set out in previous sections of this paper). It will be taken up again in Chapter 3 as one of the hypotheses to be re-tested on a non-pathological population.

The emergence of a significant negative relationship between assertiveness and depression (i.e., low assertion scores coinciding with high depression scores, and vice versa) leads to further comment on the social skills deficit theory of depression as proposed by Lewinsohn and his research colleagues (1970), 1971, 1973, 1975). They contended that, historically and concomitantly, depressed individuals gain relatively low amounts of positive reinforcement from their environment. Some have failed to develop the social skills necessary to obtain such reinforcement, others may have developed defence systems which prevent them from practising their elementary social skills; in both cases the developmental deficit in appropriate social skills (and the resulting lack of positive reinforcement) is a major antecedent of depression. Pachman and Foy's negative correlation between self-esteem and depression (i.e. low self-esteem ratings corresponding with high levels of depression, and vice versa) reaffirms Beck's (1964, 1970) idea that the depressed person's depreciating attitudes toward himself and his environment (comprising negative self and other statements) are also important depressive agents as they have the potential to distort his interpretation of sensory and interpersonal stimuli in favour of his negative self-concept, thus producing a generally negative outlook which provides few opportunities for self-esteem enhancement. Contrary to the findings of Percell et al (1974), a significant positive relationship between self-esteem and assertiveness, (0.10, $p<0.50$) was not obtained in the Pachman and Foy (1978) study. This result runs contrary also to the self-esteem or personal achievement theory (Alberti and Emmons, 1970) which assumes that individuals who behave assertively are more likely to view themselves positively than those who remain unassertive since self-esteem is said to increase as people learn how to be assertive, thus fulfilling more of their needs and developing a *"success identity"* which supplies additional motivation to assert appropriately via the positive reinforcement pro-

cess. Pachman and Foy (1978) point out that this discrepancy in correlational findings may have arisen as a result of methodological differences in view of the fact that the Percell (1974) study utilised only a self-report measure of assertiveness and incorporated both men and women as opposed to their own research design which limited the sample to male alcoholics and relied upon a modified behavioural measure (featuring set interpersonal scenes, live models, videotaped responses and objective ratings) to test level of assertion as one of the dependent variables. They implied that much more research on the self-esteem - assertiveness relationship is needed using rigorous research methodology, and replicating clinical studies on non-alcoholic and non-psychiatric populations, in order to produce more scientifically conclusive results and to compare findings from self-report and behavioural measures performed on various populations.

2.9. FUTURE RESEARCH

Reviewing studies have been quick to point out some of the pitfalls of research on AT. Amongst others, Jakubowski and Lacks (1975) commented that the paper and pencil measures used to assess assertive behaviour cover only general problem areas rather than the specific concerns or deficits of individual trainees; Rathus (1975) observed that the dependent variables used in studies of self-assertion have not been *"sturdy"* enough to cope with scientific criticism yet *"molar"* enough to ensure that something worthwhile is being studies; and Heimberg et al (1977) warned that group training investigations are fraught with methodological problems including subject selection, treatment specification, experimental control, and statistical design.

In the face of such difficulties, future evaluative studies will benefit from attention to development in these areas. As variables like self-esteem, helplessness, and, to a certain extent, anxiety, relate to subjective or phenomenological states which are not overtly available for assessment, there may always be some problems encountered when attempting to use them experimentally. It would seem now that the effort that theorists like Alberti and Emmons (1970) put into broadening the AT approach from its

early behavioural stimulus-response focus to a more functional behavioural humanistic system aimed at reducing social anxiety and enhancing self-esteem, may have drawn it further away from the possibility of rigorous experimentation by the very inclusion of these nebulous, internal concepts. However, with improvements in behavioural measures and audio-visual techniques of providing speed-controlled feedback to both trainees and evaluators, some of the difficulties related to the reliable assessment of such subjective states might be resolved. Rather than avoiding the issue of further testing and modification of the most useful paper and pencil tests, researchers might find it beneficial to learn more about their evaluative potential by using them in different combinations and also by validating them against criterion measures such as objective behavioural tests of assertiveness. Finally, as much of the thrust behind the AT movement has concentrated on the practice and development of the group method itself, too little time has been given to rigorous evaluative work. Therefore, a great deal remains to be done by way of serious action research in this expanding area and it is expected that the present study will add to the existing body of knowledge at least some new insights into

(1) the usefulness of specific self-report inventories and

(2) the relationships between self-esteem, assertiveness and anxiety.

3.0. Introduction

Some of the research cited in the literature review on assertion training has indicated that it (AT) is

1. more effective than no treatment at all (Jakubowski and Lacks, 1975; Turner and Adams, 1977),
2. superior to some non-directive therapies used in individual or group contexts (Lazarus, 1966; Gormally et al, 1975),
3. useful in changing some specific behaviours such as verbal aggression and lack of eye contact (Epstein et al, 1978; Mishel, 1978), and
4. capable of helping the individual to increase his self-esteem whilst decreasing his level of anxiety or interpersonal discomfort (Percell et al, 1974; Pachman and Foy, 1978).

Many general and specific issues were touched upon in the original review in order to provide a foundation for the evaluative study which was designed to arise from it. However, for various reasons the proposed systematic attempt to evaluate the effectiveness of a local AT course did not proceed according to the author's research plan, therefore the focus of both the literature review and the experimental investigation was shifted as a means of preserving the utility of some of the basic data.

The Solomon Four-Group design, with two experimental groups using different time spans for AT and two waiting-list control groups (pre and post, and post test only), was chosen for the evaluation [see Appendix I]. Theoretically, this appeared to be the most adequate method of controlling for the Hawthorne effect and testing simultaneously for outcome differences between block and sequential assertion training. A small, fee-setting clinic showed much interest in having its AT programme evaluated and offered to help in obtaining a target sample large enough to allow random assignment to the four specified conditions. This was done by advertising in a local newspaper and on community noticeboards. An accepted method of randomisation (tossing of dice) was used by clinic

staff to assign to the four groups the 62 individuals who made serious enquiries. Written notification of appropriate assessment and or training times (as set out in Appendix I) were sent to all subjects. During implementation of the study, the following contentious situations arose:

1. Incomplete randomisation - when the individual assessment/training schedules were being prepared, it became obvious that randomisation had not occurred according to plan. Some married couples were listed together in the experimental groups and four subjects from the same rural area appeared in the Saturday training group, indicating that practical considerations had been allowed to take priority over randomisation.

2. Inadequate control group response -
even though subjects received sufficient notification and incentive to attend assessment sessions, some failed to keep their appointments for either pre or post testing. Hence, the originally adequate control groups each containing 15 waiting-list trainees were weakened by the absence from the group testing context of several subjects, more of whom had been assigned to the post-test only condition.

3. Accommodation and testing difficulties -
physical space within the clinic was limited, therefore the area which was comfortable for the five subjects who completed the tests as part of the pilot study became inadequate as an assessment venue for 15 trainees. The lack of space and a noisy environment interfered with the administration of Kelly's Repertory Grid in its elicited form, making it necessary to use supplied constructs and fewer elements in subsequent Grid administrations.

4. Necessary changes in clinic priorities -
following experimental group training and preliminary data analysis, a re-run of the Solomon Four design on a new sample was planned using the modified Repertory Grid (see Appendix IIIC) and aiming to achieve randomisation and sufficient control group participation.

Due to staff shortages and the trainer's inability to conduct two more training groups at a time when other clinic activities had to be given precedence, this plan could not be put into operation until a later date.

Some of these difficulties could possibly have been anticipated, but others were beyond the control of the researcher. This was particularly so because when preliminary difficulties had been resolved and the design re-run looked possible, it was found then that the clinic's renewed interest in a full evaluation was aimed toward a different purpose than that originally negotiated with the experimenter. It was at this point that the decision was made to change the focus of the study.

3.1. AIMS OF THE PRESENT STUDY

Despite the original intention of evaluating an AT course with view to the proposal of appropriate modifications to allow for maximisation of benefit to individual trainees, the investigation developed into a more comprehensive literature review and correlational study in order to strengthen the fragmented theoretical basis for assertion training. By analysing data obtained from a sample of 110 "normal to pre-clinical" subjects it was possible to test for relationships among variables such as

1. self-esteem,
2. assertiveness, and
3. anxiety

as they presented on self-report measures. In addition, it was intended that information gained from the modified Repertory Grid, Gambrill and Richey's (1975) Assertion Inventory, plus life satisfaction and training evaluation questionnaires, should be used to generate several research proposals aimed at further refinement of testing instruments and theoretical formulations on AT for the NZ setting. The following hypotheses were put forward for this purpose.

3.2. HYPOTHESES

1. Amongst people seeking AT, men will be less anxious (lower Discomfort) and more assertive (higher Response Probability) than women.
2. Using the Gambrill and Richey (1975) assertiveness profiles as a pre-testing measure, individuals who enrol for AT will be less likely to belong to its assertive category than to its unassertive, passive and anxious performer categories.
3. There will be significant correlations between self-esteem, assertiveness and life satisfaction variables among pre-assertion trainees.
4. Pre-assertion trainees who are assigned to the four different sections of the assertiveness profile will have different levels of self-esteem: those in the passive and assertive categories experiencing higher

self-esteem than those who are unassertive or anxious performers.

5. There will be greater changes in self-reported assertiveness (Discomfort and Response Probability) and self-esteem for individuals participating in AT groups than for those in the waiting list control group.

3.3. SUBJECTS

There are 3 levels of subjects to be considered in this study.

1. The first and broadest level is a pooled sample of 110 prospective assertion trainees who responded to advertisements publicising courses held at a private psychological clinic in Auckland between November 1978 and June 1979. The sample consisted of 44 men and 66 women with an age range of 20 to 57, the mean age being 34.9. All of these subjects completed at least one self-report inventory (Gambrill and Richey) which was administered as a pre-training measure of assertiveness.

2. The second level consists of a smaller sub-sample of 50 subjects. Of these, (1) 38 were assigned randomly to two training groups when the clinic resumed sequential AT courses, and

   (2) 12 represented members of the original control groups who could not participate in training or assessment during December, but were able to attend pre and post testing sessions in March in order to be included in the next available course. This sub-sample was made up of 21 men and 29 women between the ages of 20 and 55 (mean age = 33.42). As 14 of the training subjects either did not attend all of the five scheduled sessions (N=11) or failed to complete post-tests satisfactorily (N=3), Stage II subjects will be analysed only on pre-test data.

   (3) The third level is a logical extension of level two:

without the 14 trainees who failed to satisfy post-testing requirements, there were 36 subjects from the second phase of testing who had completed both pre and post tests adequately. Twenty-four of them received sequential training and several of the original controls (N=12) remained on the waiting list for future block training courses. Of these 36 subjects, 21 were men and 15 were women and the mean age was 33.47 (age range: 20 to 54).

3.4. PROCEDURE

The three stages of subjects were assessed cognitively for assertiveness and or self-esteem depending upon the use to which the Response Probability (RP), Discomfort (D) and Self-esteem (SE) variables were to be put in the data analysis. Stage I (N=110) received pre-tests on the assertiveness variables (D and RP) providing information for sex differences and a quadrant analysis; stage II subjects (N=50) received pre-tests on assertiveness as for Stage I but, in addition, self-esteem and life satisfaction (LS) pre-test data was obtained; Stage III subjects completed both pre and post-tests on the major variables thus facilitating for the smaller sub-sample a more comprehensive data analysis and tentative evaluation of some AT effects.

Stage II and III subjects were tested with the final product of the Repertory Grid modifications (see Appendix IIIC). A standard set of instructions was given to each group of subjects before test administration and few problems were encountered with test participation in the group context.

Both training and waiting-list control subjects were pre and post-tested over a ten-day assessment period. Group A of the training subjects and the control group were tested in March, 1979, and training Group B in May, 1979 (at the time of their AT course). The training sequence presented to Groups A and B was identical in content and style, incorporating cognitive and behavioural components in five sessions:

1. Confidence building,

2. Expressing feelings ,
3. Coping with conflict ,
4. Setting limits,

and 5. Taking risks

Relaxation exercises were included at the beginning of most sessions to help trainees to prepare for active participation and content absorption.

As this course was part of an AT programme that the trainer was preparing for standardised public usage, it will not be included in the appendices of this study as illustrative material, however selected details could possibly be obtained from the author if required.

3.5. MEASURES

As four main dependent variables (D, RP, SE and LS) were to be used, appropriate measures which would test them in a group context had to be found. Hence Gambrill and Richey's (1975) Assertion Inventory, Kelly's (1955) Role Construct Repertory Grid (modified version) and Campbell, Converse and Rodgers'(1976) Life Satisfaction questionnaire were chosen.

3.5.1. The Assertion Inventory (AI)

The Gambrill and Richey (1975) inventory is a self-report instrument consisting of 40 items (see Appendix II) which were selected empirically to cover a range of situation-specific and general assertive behaviours. It provides a format for subjects to indicate for each item

1. the degree of discomfort or anxiety that the situation might provoke on a scale ranging from 1 (none) to 5 (very much),
2. the likelihood of them engaging in the behaviour ranging from 1 (always do it) to 5 (never do it), and
3. whether or not they would like to handle it more assertively.

Thus, three types of information may be gained from a single administration of the test, making it a useful instrument for assessing assertiveness whithin a confined space of time. When considering several

assertiveness measures for selection, these advantages, together with its applicability to a more heterogeneous population, placed the Gambrill and Richey inventory ahead comparatively. In addition, some of the other measures were eliminated because of their methodological weaknesses and the administration or scoring problems that they presented. These shortcomings are presented in Table III which is a summary of the comparative analysis carried out by the author whilst attempting to choose the most suitable instrument. The Assertion Inventory was constructed carefully from a pool of potential items gleaned from clinical reports, literature reviews, and testing experience. Eight areas of content (as set out in Table III) were included to ensure that there was enough representation from different categories of assertive behaviour (with reference to the Galassi and Galassi factor analysis of assertiveness, 1973) to allow at least face validity.

RELIABILITY

In an attempt to standardise the measure Gambrill and Richey (1975) collected normative and reliability data from 676 subjects from the college and general adult populations.

TABLE IV MEANS AND STANDARD DEVIATIONS OF DISCOMFORT, RESPONSE PROBABILITY AND DIFFERENCE SCORES ON THE ASSERTION INVENTORY.

Sample	Sex	N	Mean discomfort	SD	Mean Response Probability	SD	Mean difference	SD
U.C. Berkeley	Male	116	94.38	19.48	104.85	16.46	10.46	15.77
1973	Female	197	96.34	20.21	103.91	15.27	7.88	17.73
	Both	313	95.61	19.91	104.3	15.70		
U.C. Berkeley	Male	137	90.28	22.06	103.68	15.5	13.95	23.52
1974	Female	158	94.67	21.97	102.68	17.5	7.92*	17.74
U.W. Seattle	Male	16	95.5	18.82	111.9	13.39	12.87	14.57
Pretest	Female	33	94.8	21.33	106.2	13.73	10.81	12.53
	Both	49	96.0	20.67	108.1	13.88		
U.W., Seattle	Male	16	96.6	20.95	112.7	12.70	16.06	14.18
Posttest	Female	33	94.5	22.29	101.2*	15.49	6.69**	2.52
Assertion training Ss (efore)	Female	19	107.7	22.37	104.8	22.55	-2.89	12.11
Assertion training Ss (fter)	Female	19	82.0	19.49	87.9	20.09	5.36	7.87

* $p<.02$.
** $p<.002$.

Table taken from E.D. Gambrill and C.A. Richey, "An Assertion Inventory for Use in Assessment and Research", Behavior Therapy, 6, 1975, p. 555.

According to Table IV, the standard deviations for discomfort and response probability showed that there was a relatively wide range of scores on each of the four samples, thus suggesting that subjects from a "normal population" are widely distributed along the assertive - unassertive continuum. Mean discomfort scores were very similar on the college samples (between 90.28 and 96.6), yet consistently lower than that for adult females seeking an AT course (107.7). This pre-test score was significantly higher than both the combined mean discomfort score of 95.6 for one sample [$t(330) = 2.55$, $p < .02$] and the corresponding score of 96 for another sample [$t(66) = 2.02$, $p < .05$]. Mean pre-test response probability scores were fairly similar on the four samples. Mean difference (RP-D) scores for the college subjects were all positive which means that the total discomfort scores for each respondent were generally lower than total response probability scores. In contrast, the pre-test difference score for the training group was 2.89 (standard deviation, 12.11), hence discomfort scores must have been higher than probability scores for several subjects prior to training.

Pearson test-retest reliability coefficients on a random sample from the college population were high ($r = .87$ for discomfort and .81 for response probability), indicating consistency of scores over a five week testing interval. However, this sample was not large enough ($N = 49$) to prove the inventory's reliability conclusively. A similar reliability measure was built into the present study. The original intention was to compute Pearson Product-Moment correlations on approximately 30 subjects from the two evaluation control groups, however the experimental difficulties described previously (pp 51-52) caused this plan to be diminished to a small, preliminary investigation of the pre-post score consistency of 12 "no training" subjects. Intercorrelations between pre and post scores on five of the main variables were positively directed and ranged from moderately to very high (Self-esteem .842, Discomfort .9, Response Probability .848, RP minus D .518, and situations for improvement .762). This would suggest that the three major variables (SE, D, and RP) remained highly consistent across the ten-day testing interval when no training or other intervention was offered. However, because of the small size and incomplete randomisation of this group, more conclusive reliability claims cannot be made without extensive and rigorous research.

VALIDITY

Apart from some information on concurrent and discriminative validity, Gambrill and Richey (1975) did not report adequately on the falidity of their measure. They offered a statistical comparison of adult clinical and college samples as the main validity check. Some discriminative ability was demonstrated by contrasting the significantly higher mean Discomfort score for the pre-training clinical group with the corresponding mean scores for the other samples (see Table IV). Also quadrant analysis showed that higher percentages of clinical subjects were represented in the "unassertive" and "anxious performer" categories compared with subjects from the college population as illustrated in Table V.

TABLE V. COMPARISON OF THE DISTRIBUTIONS OF TWO GAMBRILL AND RICHEY SAMPLES INTO FOUR PROFILES BEFORE TRAINING.

	RESPONSE PROBABILITY					
	Low (105+)		High (104-)		Totals	
DISCOMFORT	A	B	A	B	A	B
High (96+)	111 (35%)	9 (47%)	35 (11%)	5 (26%)	146 (46%)	14 (74%)
Low (95-)	55 (18%)	0	112 (36%)	5 (26%)	167 (54%)	5 (26%)
TOTALS	166 (53%)	9 (47%)	147 (47%)	10 (53%)		

Table adapted by the author from E.D. Gambrill and C.A. Richey, "An Assertion Inventory for Use in Assessment and Research", Behavior Therapy, 6, 1975, pp. 556-557.

Seventy-four percent of the clinical sample had high Discomfort scores, which, according to Gambrill and Richey, was meant to indicate that this variable is the more highly operant in discriminating between assertive and unassertive individuals who may benefit from assertion training. The fact that the clinical group decreased significantly on both Discomfort and Response Probability Scores following trainign ($\bar{X}$ D: 107.7 vs 82.0, $t(36) = 3.67$. $p < .002$; $\bar{X}$ RP: 104.8 vs 87.9, $t(36) - 2.39$, $p < .05$) in contrast to no change in the pre-post test reliability sample, provided some measure of construct validity. Gambrill's earlier study of social interactions (1973) using the Assertion Inventory and 'blind' observer-rated audiotape role plays, gave a preliminary indication (N=15) of predictive validity for the Discomfort dimension through a significant positive correlation between changes in external ratings and changes in self-reported inventory scores (Spearman rank coefficient = 465, $p <$,05). Thus the tentative claims that the authors have made for the test go no further than pointing out its versatility, ease of administration, ability to separate trainees into four useful assertiveness categories, and its apparent face validity since most of the items relate to common life situations.

For these reasons, and as it is capable of assessing the two components of assertiveness to which self-esteem is assumed to be related (i.e. interpersonal discomfort or anxiety and response probability), it was chosen as the most suitable self-report measure for this study. However, such a selection from the limited range of instruments (Table III) does not mean that the AI is the empirically refined measure that it should be for scientific purposes. On the contrary, it has much potential which could be released via continued efforts to develop its reliability, construct and predictive validity (using behavioural criteria), and its national or regional suitability (NZ standardisation).

3.5.2. The Role Construct Repertory Grid

Repertory grid testing, which developed from the personal construct theory of George Kelly (1955), has been used widely to explore individual construct systems (Bannister & Mair, 1968) and to determine relationships between both constructs and elements within such systems (Slater, 1965; Ryle, 1967; Ryle and Lunghi, 1969). In general, personal construct theory provides a framework for studying the way in which individuals view themselves, their life problems and other people. Grid method has been commended for its marked flexibility and for the variety and complexity of information that it can produce (Mair and Boyd, 1967; Adams-Webber, 1968). Different forms of it have been used on normal, deviant and psychiatric persons to assess relationships within the elements (Bannister, 1960, 1962; Cromwell and Caldwell, 1962; Ravenette, 1975; Ball and Cocker, 1976). The type of repertory grid or sorting matrix used in this study was derived from a consistent procedure that the subjects followed in order to rate a set of elements or role titles with regard to a particular set of constructs appropriate to the area of investigation. As the sorting procedure allows for the collection of two types of data (covering both the content and structure of the subject's construct system), the grid is useful

> *"1. as a method of eliciting constructs,*
>
> *2. as a means of noting linkages between specific constructs (content analysis) or*
>
> *3. as a basis for examining the structural 'height' (the number of constructs between top and bottom) and the organisation of the system (structural analysis):"*
>
> *(Bannister & Mair, 1968, p.141).*

The latter, done through examination of the way in which the constructs and elements are organised, produces a valuable picture of how the person blends the content of his constructs and how he regards himself in comparison with other people who could be either significant or non-significant to him. In the present study, only basic information to do with the elements or role titles will be analysed for inclusion since the primary focus is on testing levels of self-esteem with a modified repertory grid. The comparison of Actual Self with Ideal Self within the construing system of subjects provides a measure of self-esteem akin to the self-concept discrepancy scores obtained from other self evaluation techniques such as the Q-sort (Stephenson, 1953), the Self-Activity

Inventory (Worchel, 1957) and the Index of Adjustment and Values (Bills, Vance and McLean, 1951). Thus a semi-structural analysis will be used for the purpose of this study merely to test the hypotheses proposed. A vast amount of content is available in the grids which were administered, however its analysis and description will be incorporated in a further study.

As a flexible and much varied measurement technique, grid method offers a strong challenge to the traditional concepts of reliability and validity whose usual concern is with the consistenc and accurate functioning of psychological tests.

RELIABILITY

Bannister and Mair (1968, p.156) point out that a strict definition of reliability is not appropriate to repertory grids since there are many different matrices and scoring protocols which form part of grid method. Hence there is no standardised grid format which can be said to be *'the grid'* and, consequently, no single coefficient which can qualify alone as *'the reliability'* of *'the grid'*. Slater (1974) claims that it is preferable to refer non-technically to the *stability* of grid indices rather than using the statistical term *reliability*. This view coincides with Kelly's (1955, p.48) notion that *'man is himself a form of motion'*, therefore change can be expected constantly and researchers might be better served by trying

1. to understand the significance of change and
2. to assess *'predictable stability and predictable change'* (Bannister and Mair, 1968, p.156) than by continuing to apply the *'consistency over time'* principle within every test.

Slater's (1974) study of the reliability and signficance of self-identity grids showed that there was little change in grid construction and content when the same grid was repeated periodically over several months, unless some strategy intervened which produced substantial behavioural change in the subject. He found the grid method to be both adequately stable and adequately sensitive to change, especially in single case design, and thus concluded tentatively that repertory grids can be use-

ful in the evaluation of response to treatment or training.

From the earliest study to be reported on the consistency of elicited constructs, Hunt (1951) was able to show that 70% of the constructs used by "normal" and psychiatric subjects on a repeated measures test were reproduced and that few new constructs evolved after 20 to 30 triadic sorts. Using a more complex design and a larger single population (80 "normal" subjects), Fjeld and Landfield (1961) updated Hunt's work thus providing some interesting reliability data. They used four different testing conditions and a two-week test-retest sequence which revealed that

(1) given the same elements to use for eliciting constructs, subjects produced very similar constructs to those that they supplied on the first test (Pearson $r = 0.79$);

(b) given the same elements and constructs as used in the first grid, subjects showed high agreement when reapplying their original elicited constructs to the element list (agreement on test-retest = 83%; $X^2 = 7119.3$; $df = 25$, $p < .001$; contingency coefficient = 0.80);

(c) given the original role titles and asked to supply different elements in order to produce constructs from new combinations of these elements, subjects supplied constructs which were highly consistent with those in the first trial (Pearson $r = 0.79$);

(d) given neither the elements nor the constructs used on the first grid, subjects produced sets of elements which rated a high percentage of agreement (72%) and construct lists which showed a high degree of similarity (Pearson $r = 0.80$) between the two tests.

The authors concluded that grids tap a limited schema of constructs currently available to the subject which allows them to be an appropriate map or summary of the person's psychological system and lends credibility to the high degree of consistency found under each condition of the study. These factors support the view that the Role Construct Repertory Test is a reliable research tool, given the broad definition of reliability previously cited.

In line with these findings, Pedersen (1958) and Mitsos (1958), conducting separate studies on element consistency, showed that subjects reproduced a significant number of elements and constructs when given a blank form of the original grid after intervals of one week and three months. However this applied more conclusively to element repetition when Kelly's role title list was used with its specific categories (e.g., self, family, friends, influential figures ...). When these were removed and subjects were asked to supply elements for a single role title of *'19 friends'* only two out of nine equivalent subjects repeated a significant number of constructs (group difference, $p < 0.02$), The indication from the Mitsos (1958) investigation was that the absence of role title restrictions or categories may lower the reliability rating of a particular grid form. With respect to population group variance, several studies (Bannister, 1960, 1962; Bannister and Fransella, 1966; Foulds and McPherson, 1968) have reported on the differences in test-retest consistency between "normals" and thought-disordered schizophrenics. In the three earlier investigations, reliability coefficients of construct relationships were calculated for the different groups. The correlations for "normals" were 0.60, 0.72 and 0.80, whilst those for the schizophrenic groups were 0.33, 0.35, and 0.18. As a reliability coefficient can be calculated for each subject separately within the grid format, these differences have been used by Bannister and Fransella (1966) as part of a diagnostic measure of schizophrenic thought disorder. Bannister and Mair (1968) claim (from these and other figures) that, in general "normal" subjects doing repeat grids on either the same or different elements, tend to produce reliability coefficients which come within the range of 0.6 to 0.8. However in view of the variability within grid form and between population groups, they pose a most practical suggestion with regard to reliability. As standardised data on different types of grids for specific purposes is still relatively scarce, Bannister and Mair (1968) advise that

> *"if the reliability of a particular grid in a particular context needs to be known for either theoretical or practical reasons, then it will have to be specifically assessed as part of the experimental venture"*
>
> *(p.175-176).*

This idea has been incorporated informally into the body of the present study by constructing a test-retest correlation on one small aspect of the grid using a control group (N = 12). The reliability coefficient for Self-esteem was 0.842, indicating a high positive relationship between pre and post measures.

Nevertheless, as Bannister and Mair (1968) warn, reliability coefficients which are obtained in this way should not be rashly generalised since the previous studies mentioned represent examples of

> *"the use of the notion of reliability as a measure of the subject's psychological processes rather than as an estimate of the error variance of the test." (p.174).*

VALIDITY

If one of the chief functions of the concept of validity is to ensure that a test actually measures what it was designed to measure, then repertory grid techniques could be seen to have at least general validity as most of them are tailor-made for the purpose they serve (that is, their semi-projective nature allows them to be modified in various ways in order to assess appropriately the inter-relationships among subjects' responses). With regard to the flexibility and personal orientation of grid testing, Kelly (1955) stated that the individual grid form has general validity if the subject is able to use successfully the set of constructs which the examiner supplies for a specific purpose rather than if it merely prompts him to produce his own constructs. In other words, the more structured *'construct supplied'* version of the grid provides more definite lines upon which to calculate validity than does the open-ended *'construct eliciting'* grid. It also has more potential for becoming matched with external criterion-related measures since the more structured grid has been designed usually to test a particular area of functioning. As Personal Construct Theory is based on the dual notion that individuals construe their world in an organised way and that statistically significant relationships appear regularly from grid sorts, face validity may be claimed whilst subjects continue to complete their grids in a meaningful and unambiguous manner. If clearly significant element and construct relationships had not continued to appear from most subjects and within most grids, then Personal Construct Theory would have been invalidated many times over during the last 25 years.

The individual's construing system is subject to change and development constantly as part of the normal process of validation and invalidation which enables her to cope with daily events. On a short-

term basis at least, grids completed by subjects within one culture (Mair, 1966) have revealed a high degree of similarity (coefficient of concordance = 0.729, $p < 0.001$) which indicates that in spite of different experiences and genetic constitutions, people generally tend to construe events in a similar way. When testing groups of subjects, then, it would be possible to check for

1. internal validity (i.e., the grid's ability to assess adequately the individual's personal construing system with respect to its construct relationships),
2. construct validity as a reflection of the extent to which the components of the grid are true measures of the construing systems of the subject sample as a whole, and
3. predictive validity or the grid's criterion-related success at anticipating individual or group performance in the area of interest.

From the point of view of investigating an individual's construction of events or a group's common characteristics, it has been shown by an expanding array of studies that valid inferences may be made from grid data. Bannister's (1962) study revealed that it is possible to have significant relationships between constructs for individual subjects and similarity of patterning of construct relationships between subjects, which provides a general index of internal and construct validity. A range of accurate clinical prognoses to do with improvement via psychotherapy and success in therapy or training have been reported (for example, Landfield and Nawas, 1964; Ryle and Lunghi, 1969; Bannister, Fransella and Agnew, 1971), as has successfully-anticipated voting behaviour (Fransella and Bannister, 1967) and likelihood of high responsiveness to management training (Smith and Ashton, 1975). Such anticipatory studies give some indication of predictive validity by matching the relationship between evaluative constructs and external outcome criteria. Single case investigations also suggest that construct relationships are significantly linked to demographic or case history information on specific individuals and that certain predictable patternings re-occur (Salmon, 1963; Fransella and Adams, 1965; Bannister and Mair, 1968).

SELECTION OF GRID METHOD

An oblique measure of self-esteem which allowed for within and between-group comparison was needed for this study. As it was to be used in partnership with the Assertion Inventory to evaluate training-induced *attitudinal* change, it was important to select an appropriately reliable and valid test that also possessed some of the advantages of projective methods of assessment (such as their ambiguity and minimal structure which help to decrease social acquiescence by shielding what the test is designed to measure). The grid method was chosen over other measures which use an actual self-ideal self discrepancy score to gauge self-perception (e.g., the Q-sort, the Matteson Self-evaluation Scale, and the Worchell Self-activity Inventory) because of its superiority in these respects. Its flexibility and the opportunity it provides for exploring, in quantifiable terms, areas of personal conceptualisation that are difficult to examine with conventional methods were also in the grid's favour. As Strong and Feder (1961) pointed out, some of the more straight-forward instruments are lacking in several respects, particularly in the realm of statistical validity and testing of the personality in terms of the total person. From this angle, repertory grids, with their emphasis being on giving the individual freedom to express his own way of structuring events and anticipating the future, can be said to produce *'more meaningful reflections of personality organization'* (Strong and Feder, 1961, p.175) than traditional measures.

Even though grids are most often used singly for diagnostic purposes, they can be modified easily to evaluate group processes and collective response to training. As the present study aimed to assess the self-esteem of people in groups, such flexibility was seen to be a major advantage. Precedents for measuring self-esteem via the actual versus ideal self discrepancy have been set by Watson (1970) and discussed earlier in the literature by Strong and Feder (1961). Watson (1970) investigated the use of repertory grids in studying groups of therapy patients and found that

> *"self-esteem may be measured by the correlation between 'like me' and 'like I would like to be' ... a rater with a high positive correlation in the self-esteem column whuld be content with himself, in a general way" (pp. 311-314).*

Strong and Feder (1961), writing of evaluation of training effects, stated that

> *"a discrepancy between the self concept and the concept of the desired or ideal self is viewed as reflecting a sense of self-dissatisfaction or maladjustment. It is hypothesized that a reduction in self-ideal discrepancies results from the self concept and the ideal concept coming to rest upon a broader base of available experience than previously" (pp.170-171).*

This is the point at which self-esteem and Assertiveness Training can be brought back together as the focus for study, hence the development of an appropriate form of the grid to measure the effect of structured training procedures on the self-esteem and anxiety levels of a sample of "normal" subjects.

THE MODIFIED REPERTORY GRID

The repertory grid, in its original form (see Appendix IIIA), was completed initially by five subjects in order to evaluate its appropriateness for group administration. Strict standards were maintained with regard to testing format and instructions. Nevertheless, four of the subjects took more than 90 minutes to complete the full grid which left little time in the testing period for the Assertion Inventory. Even though the standard explanation was presented clearly to the pilot sample as a group, each of the subjects asked for some individual guidance at least once during that time. These factors created an atmosphere of distraction and exasperation that did not prove conducive to concentrated effort. Thus it became necessary to modify the grid before using it on a larger group. By decreasing the number of role titles from 26 to 8 and asking subjects to use a *1 to 7* rating scale when applying each element to the construct pairs, the first attempt was made to shorten administration time. This form of the grid (Appendix IIIB) was then administered to four subjects who took approximately 65 minutes to complete it, reporting some difficulty with supplying their own constructs.

In this form, the grid was used to test the intended Control Groups and Experimental Group 2 (see Appendix I) of the original research design. The first sizeable group to complete it was Experimental 2, the Assertion Training block course which was conducted over eight hours of

one day. In addition, it was given to those members of the control groups who attended testing sessions as requested. Several administration difficulties became obvious at this point as set out in categories 1) to 3) (pp. 50-51) of this chapter, thus necessitating either changes in experimental design and testing venue or further modification of the grid to render it more suitable for quiet group administration. Attempts to find alternative training accommodation were unsuccessful and the experimenters were reluctant to alter the carefully developed research plan, despite accidental sampling inconsistencies, since it appeared highly possible for these problems to be resolved by repeating the experiment using stricter and more appropriate procedures on a new subject sample. Hence, it was considered worthwhile to modify the grid further in readiness for the main testing sequence. Administration time and difficulty with

(1) understanding written instructions and
(2) supplying eight different constructs

were still the major problems to counteract before the grid reached an acceptable level of suitability for group administration in a confined space. Whilst many subjects reported a high degree of interest in and enjoyment of grid procedure which gave support to its continued use in the evaluation, they also complained about the length of time taken to fully grasp the instructions: some stated that it took at least four or five element sorts with construct elicitation before they felt confident that they were following the isntructions carefully, leaving only three or four sorts before completion.

To alleviate these difficulties, the author decided to do a basic item analysis on the constructs contained in the modified grids that had been completed up to that point in order to develop a third grid using supplied constructs. A large pool of constructs was extracted from approximately 40 grids and, after many were eliminated because of their degree of similarity or subordination to other commonly occurring constructs, a list of fourteen superordinate construct pairs was obtained. These were combined with eight key role titles to give a more appropriate construct-element matrix designed to assess the subject's level of self-esteem within the framework of comparing Actual Self and Ideal Self with six other important persons in her social environment. This final grid modification (Appendix IIIC) was administered informally to another pilot

group of four subjects who completed it within 45 minutes and reported few difficulties with the instructions. Grid C plus the introductory questionnaire and the Assertion Inventory were then used to test groups of subjects as set out in Section 3.3.

3.5.3. The General Information and Life Satisfaction Questionnaire (Appendix IVA)

It was intended in the original research design to incorporate life satisfaction questions in order to do a pre-post test comparison as an additional evaluative technique. However with the change in focus, their use in the present study provides another variable which may be correlated with the major dependent variables and with age. Questions on life satisfaction and personal well-being have been mentioned in the psychological literature in conjunction with the measurement of self-esteem, or how a person feels about himself. According to Campbell, Converse and Rodgers (1976), an important aspect of self-esteem involves

> *"a sense of personal competence which is determined, in some respects, by the extent to which the individual feels that he is in control of his life rather than being subject to control by external forces". (p.59).*

Life Satisfaction Question 1 was taken from a questionnaire published in a book by these authors (1976, p. 554). The rationale behind this questionnaire was that self-reports of satisfaction or happiness have been correlated significantly, in various studies, with other indicators of psychological well-being that are either firmly grounded in empirical research or have face validity on the basis of everyday experience (Gurin Veroff and Feld, 1960; Inkeles, 1960; Wilson, 1967).

Question 2 came from Bradburn's (1969, p. 267) study of psychological well-being which was based on the notion that the individual's self-feeling results from two independent dimensions - one of positive affect and the other of negative affect.

Bradburn (1969) put forward the hypothesis that the person will be

> *"high in psychological well-being in the degree to which he has an excess of positive over negative affect and will be low in well-being in the degree to which negative affect predominates over positive" (p.9).*

He found in his study that the best predictor of the overall self-rating is the discrepancy between the two scores: the greater the excess of positive over-negative affect, the higher the general rating of psychological well-being. Bradburn (1969) wrote little about the validity of his questionnaire, seemingly excusing himself from the issue by saying that

> *"the available evidence suggests that self-reports are not likely to be subject to any greater validity problems than confront any other measure of subjective states"* (p. 37).

However he concentrated more readily on the reliability or stability of his measure, producing significant correlations between responses in successive waves of testing (gamma coefficients for men in a suburban sample ranged from .65 to .80 and for women from .79 to .84 over three testing intervals). In this study, a test-retest correlation for pre and post test was obtained on control group data (N = 12). The correlation coefficient was .67 (sig.<.02) which gives only a very basic indication of the reliability of a personal feelings question when taken out of its usual context. As both of these individual questions will be used in the present study for exploratory purposes only, extreme caution regarding their interpretation should be exercised.

4.2. Results of the Analyses

Even though Stages I to III referred initially to the process of subject collection in this study, they may also be applied to the phases through which the data obtained from the three subject groupings have passed. Each of the hypotheses was tested on only one of the three groupings which allows them to be analysed within the stages format.

4.2.1. Stage I

Hypothesis 1 (p. 53) deals with sex differences on the assertiveness variables Discomfort and Response Probability. It predicts that male subjects will have a lower level of anxiety (low discomfort) and higher likelihood of responding assertively (high response probability) than females in the sample. For the Discomfort variable, low scores correspond with low numerical ratings, whereas for Response Probability, high scores are associated with low numerical ratings. The hypotheses was tested by comparing the means of the pre-test D and RP scores for men and women in the stage I subject grouping. An analysis of variance was performed to test the significance of the difference between the two means for each variable. The .05 level of significance was used. Table VI shows the means and standard deviations of the 110 subjects according to sex.

TABLE VI. MEANS AND STANDARD DEVIATIONS OF ASSERTION INVENTORY PRE-TEST SCORES ACCORDING TO THE SEX OF STAGE I SUBJECTS

		DISCOMFORT		RESPONSE PROBABILITY		R - D		DESIRED IMPROVEMENT	
Sex	N	$\bar{X}$	σ	$\bar{X}$	σ	$\bar{X}$	σ	$\bar{X}$	σ
Female	66	100.7	21.7	111.2	16.6	10.1	16.7	6.14	5.72
Male	44	94.4	20.9	108.9	18.2	14.6	18.7	4.5	4.58
Both	110	98.14	21.5	110.25	17.2	11.89	17.6	5.48	5.33
F ratio	1,109	2.27 (NS)		0.46 (NS)		1.74 (NS)		2.52 (NS)	
t	109	1.56 (NS)		0.68 (NS)		1.32 (NS)		1.59 (NS)	

The analysis of variance on each variable indicated that the sex means were not significantly different: neither the F ratio for Discomfort (2.27) nor Response Probability (0.46) reached significance at the .05 level, hence no significant differences between men and women on the two major variables can be claimed.

Hypothesis 2 (p.53) is concerned with the four quadrant assertiveness profiles (as in Gambrill, and Richey, 1975) which has been constructed by plotting subjects' pre-test Discomfort scores against their Response Probability scores. This profile provides four easily identified categories (unassertive, passive, anxious-performer and assertive) to which trainees can be assigned according to individual combinations of D and RP scores. The hypothesis predicts that candidates who seek Assertion Training are less likely to be included in the assertive quadrant of the profile than in its unassertive, anxious-performer and passive categories. Thus, it was tested by visual inspection of a bar graph (Fig 1) which was drawn to show the percentage of subjects appearing in each of the four quadrants at pre-test.

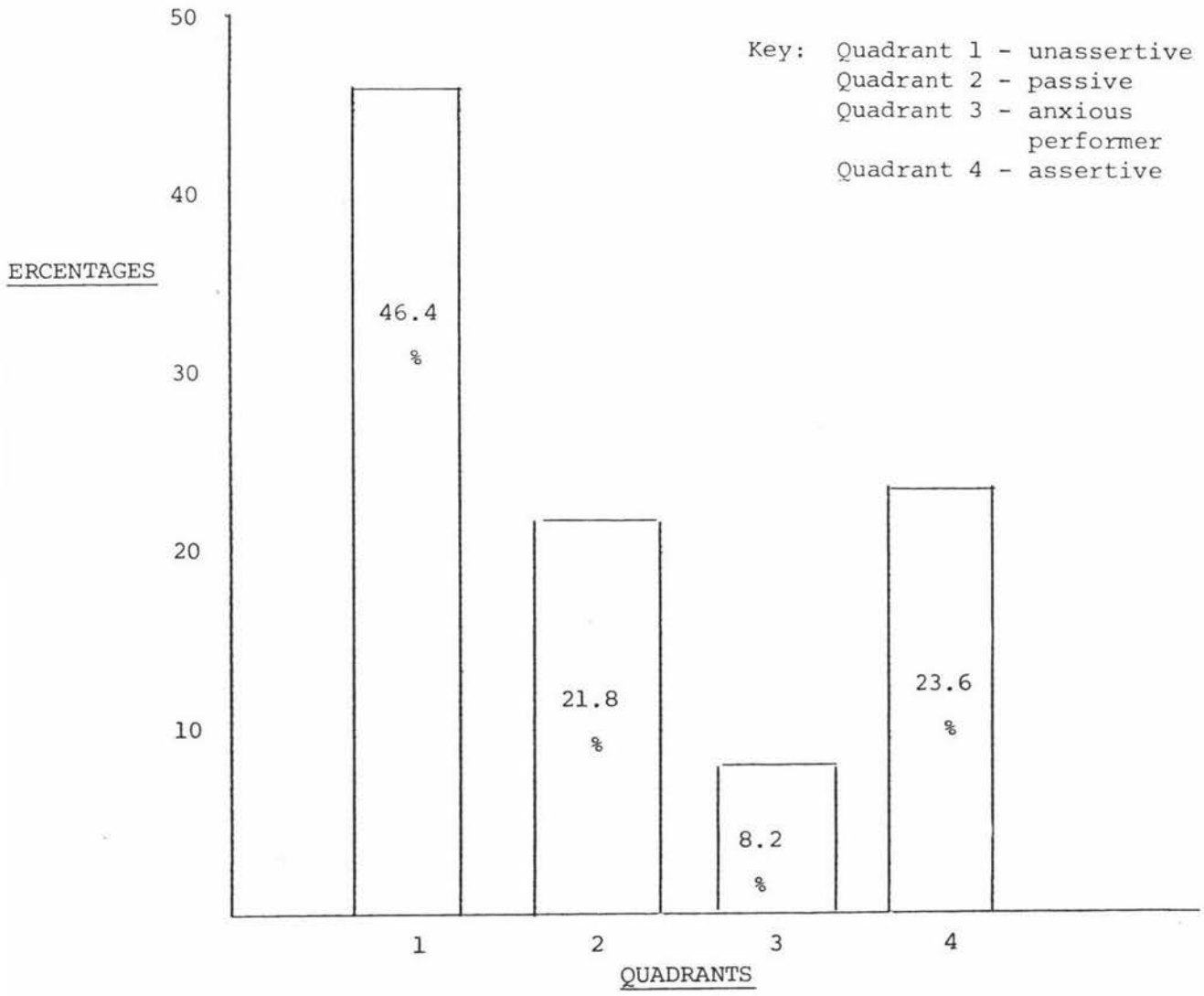


Figure 1 . *Bar graph showing percentages of Stage I (N = 110 subjects belonging to 4 quadrants on the pre-test assertiveness scattergram*

The diagram indicates clearly that the unassertive quadrant claims the largest percentage of subjects as a single category. When taken together the three non-assertive quadrants account for 76.4% of the total subject sample, leaving only 23.6% included in the assertive quadrant. This basic representation confirms the assumption that when individuals choose to enrol for AT, it is likely that a larger percentage of them will score within the non-assertive range of the assertiveness profile thus decreasing the likelihood of high incidence in the (already) assertive category. Further discussion of this claim will be suspended until Chapter 5, however it is important to include in this section a more detailed summary of normative data obtained at Stage I to allow a constructive comparison to be made later between it and the Gambrill and Richey pre-test profile data. Some of the information provided in Table VII will be used for this purpose in the next chapter.

TABLE VII PROFILE DISTRIBUTION DATA SHOWING PERCENTAGES, MEANS AND STANDARD DEVIATIONS FOR 110 STAGE I SUBJECTS (ASSERTION INVENTORY PRE-TEST SCORES)

			AGE		DISCOMFORT		RESPONSE PROBABILITY		R - D		DESIRED IMPMT	
Quadrant	N	%S	$\bar{X}$	σ	$\bar{X}$	σ	$\bar{X}$	σ	$\bar{X}$	σ	$\bar{X}$	σ
1 Unassertive	51	46.4	33.49	15.7	114.2	15.7	121.1	10.4	6.9	18.0	7.24	5.96
2 Passive	24	21.8	38.04	10.07	86.1	10.8	115.7	9.6	29.6	14.5	4.25	5.04
3 Anxious Performer	9	8.2	31.22	7.92	106.8	6.1	102.1	5.8	-4.2	9.4	6.67	4.03
4 Assertive	26	23.6	36.04	11.34	74.8	11.8	86.8	10.8	11.0	12.9	2.77	2.92

4.2.2. Stage II

Hypothesis 3 states that there will be significant relationships among the self-esteem, assertiveness and life satisfaction variables used in this study. It was tested by examining the Pearson Product Moment correlation coefficients which were used to construct an inter-correlation matrix for Stage II data. Table VIII shows the pattern of significant correlations obtained.

TABLE VIII INTERCORRELATIONS BETWEEN THE DEPENDENT VARIABLES FROM PRE-TEST ASSERTION INVENTORIES, REPERTORY GRIDS AND LIFE SATISFACTION QUESTIONS FOR STAGE II SUBJECTS.

	AGE	SE	DISC.	RP	R - D	DI	LS
Age	X						
SE	-0.337**	X					
DISC.	-0.328**	0.547***	X				
RP	-0.061	0.120	0.448***	X			
R-D	0.311**	-0.505***	-0.756***	0.246*	X		
DI	-0.241*	0.111	0.486***	0.332**	0.284**	X	
LS	0.101	-0.440***	-0.469***	0.088	0.443***	0.018	X

*** .01 = .354; ** .05 = .273; * .10 = .231

As Table VIII indicates, self-esteem is strongly related to measures of

1 Discomfort (D)
2 the difference between response probability and discomfort (R - D), and
3 Life Satisfaction (LS).

All three coefficients are significant at the .01 level. It is important to note here that a high SE difference score (AS - IS) corresponds with a low SE rating and vice versa. Hence the positive correlation between SE and D means that SE difference scores and D decrease or increase together, whilst the inverse relationship between SE and assertiveness difference (R - D) scores suggests that as the SE difference score increases the R - D score decreases and likewise for the negative relationship between SE and LS (for example, the higher the SE difference score [low SE] the lower the LS rating). It was expected that the assertiveness variables would have high correlations with each other becuase of the fact that they were produced in response to a single set of stimulus items treated in 3 different ways (see Appendix II). This was the case, as is indicated by the following results. From the intercorrelation matrix, it can be seen that the various combinations of pre-test Discomfort scores with each other variable produce highly significant relationships in every instance.

Discomfort is the only measure on the matrix which is strongly related to all of the other variables. It has high positive correlations with SE, RP, and DI, and negative correlations with R - D, LS, and age. Response Probability, as a major assertiveness variable, has fewer significant correlations than has the Discomfort score. The only coefficient to reach the .01 level of significance for RP is for its relationship with Discomfort. RP is not significantly related to SE, but it does have moderately positive relationships with Desired Improvement and assertiveness difference scores (R - D).

It is important to remember, with regard to Response Probability, that high RP scores correspond with low RP (i.e. likelihood of responding assertively) whereas low numerical scores mean high RP.

R - D also has a number of highly significant relationships, however as it is still a relatively unexplained assertiveness measure, more specific comments will be suspended until Chapter 5. It is evident from the inter-correlation matrix that there are several highly significant relationships among the self-esteem, assertiveness and life satisfaction variables which gives support to the prediction made by Hypothesis 3 for this sub-sample of subjects.

Hypothesis 4 refers to the self-esteem levels of the 50 stage II subjects in relation to the four Gambrill and Richey assertiveness categories. Fig.2 (p.78) illustrates the incidence of high, moderate and low self-esteem on the four quadrants by way of a three-dimensional scatterplot.

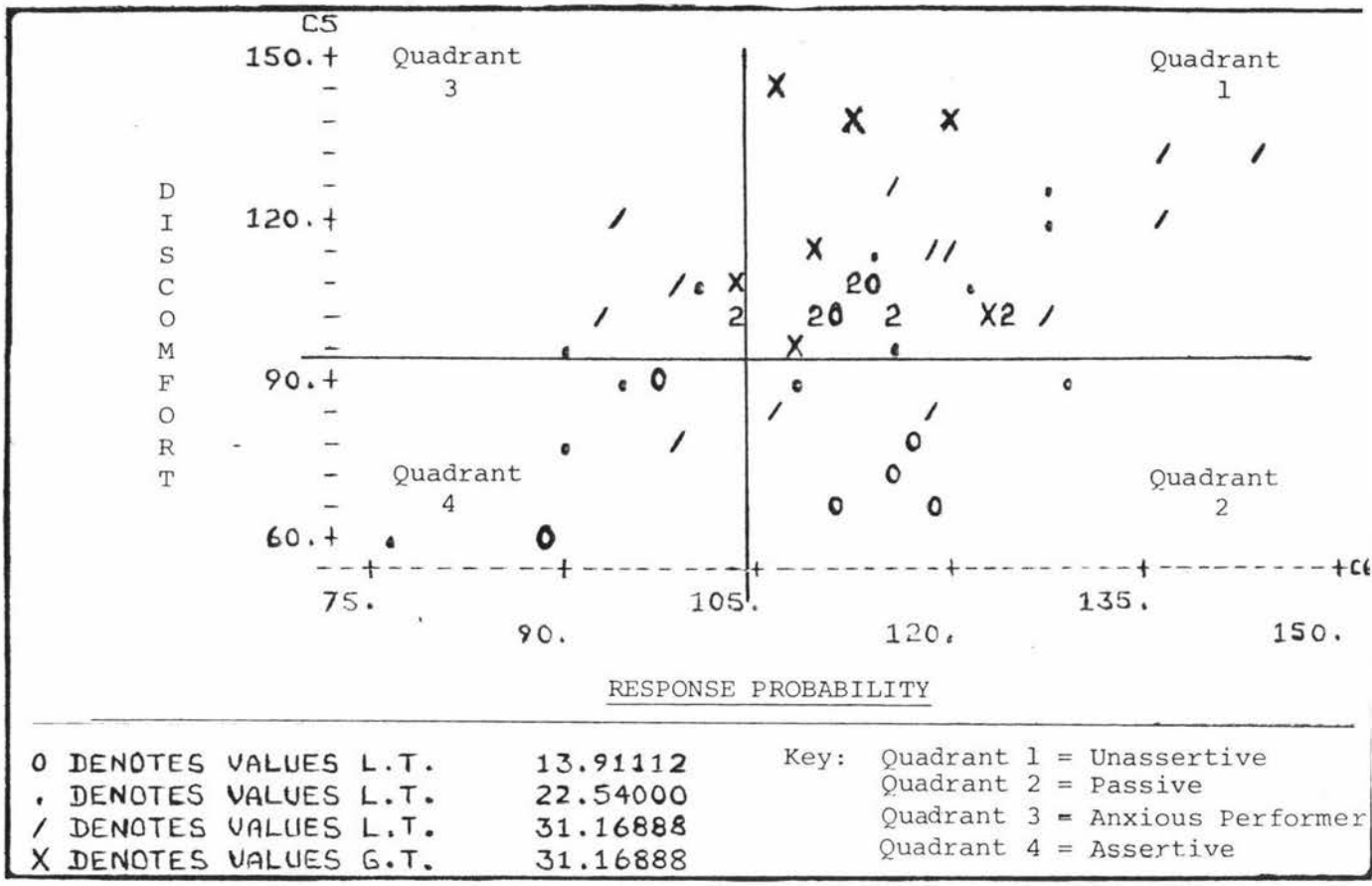
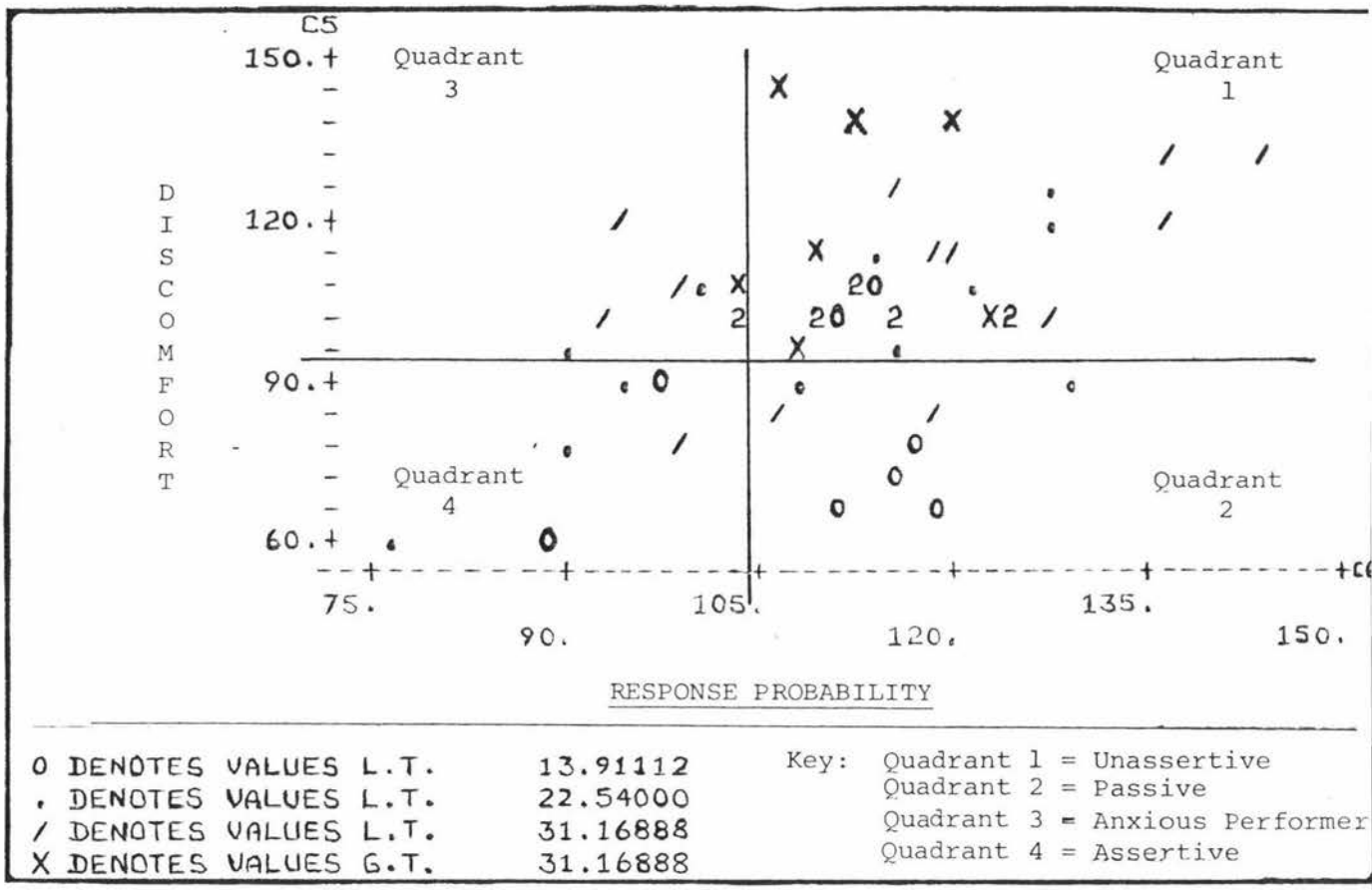


Figure 2. *Three-dimensional Scatterplot showing the Self-esteem level of Stage II subjects according to their Discomfort and Response Probability scores.*

This diagram was constructed by Minitab and the cut-off points between levels were calculated by the computer on a purely mathematical basis (i.e., to give three equal intervals according to the SE scores obtained by this sample). Fig.2 shows that a larger number of subjects in the unassertive quadrant have moderate to low self-esteem (values greater than 13.91) than in any of the three other quadrants. High difference scores between Actual Self and Ideal Self correspond with low self-esteem and vice versa, thus a low numerical SE score indicates high self-esteem. As Hypothesis 4 predicts that subjects in the passive and assertive categories will have higher SE than those in the unassertive and anxious performer quadrants, it was tested by comparing the SE means



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from each quadrant. Table IX summarises the normative data for Stage II and presents the four SE means for comparison.

TABLE IX PROFILE DISTRIBUTION DATA SHOWING PERCENTAGES, MEANS AND STANDARD DEVIATIONS FOR 50 STAGE II SUBJECTS (PRE-TEST SCORES)

			DISCOMFORT		RESPONSE PROBABILITY		R - D		DESIRED IMPVMT		SELF-ESTEEM	
Quadrant	N	%S	$\bar{X}$	σ	$\bar{X}$	σ	$\bar{X}$	σ	$\bar{X}$	σ	$\bar{X}$	σ
1 Unassert-ive	28	56	112.7	13.9	118.93	9.33	6.3	14.8	9.00	4.92	24.5	8.09
2 Passive	9	18	81.1	13.4	113.67	8.57	32.6	18.7	5.78	5.38	17.44	8.9
3 Anxious performer	6	12	106.2	6.9	100.00	4.82	-6.2	9.1	6.00	4.00	29.17	5.27
4 Assertive	7	14	77.9	13.3	90.71	7.25	12.9	10.6	4.14	4.2	15.57	5.22
F ratio	49		21.72 (S.001)		24.57 (S.001)		10.31 (S.001)		2.60 (NS)		5.36 (S.01)	

An analysis of variance was performed to test for significant differences in the mean SE scores for subjects falling into each of the four quadrants. The summary table is provided below.

TABLE X. SUMMARY ANALYSIS OF VARIANCE TABLE FOR THE SELF-ESTEEM MEASURE ON STAGE II SUBJECTS.

Source of Variance	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio
Between Groups	3	944.7	314.9	5.36***
Within Groups	46	2703.8	58.8	
Total	49	3684.4		

*** .01 = 4.31

The ANOVA indicates that there is a significant difference among the self-esteem means for the four quadrants, therefore it can be claimed that different SE levels do apply to the assertiveness categories. From visual inspection of the means in Table IX , it appears that the passive and assertive quadrants are represented by lower mean scores (17.44 and 15.57) than are the unassertive (24.5) and anxious-performer (29.17) quadrants, indicating that the former have higher self-esteem than the latter. This impression would support the prediction made in Hypothesis 4. A multiple comparison of selected means where the differences appeared to be of intermediate value showed that some self-esteem quadrant means were significaltly different. For instance, the unassertive and the assertive (df (33), $t = 2.43$, $p < .05$), the passive and the anxious performer (df (13), $t = 2.88$, $p < .02$), and the assertive and the anxious performer (df (11), $t = 4.25$, $p < .01$) quadrant mean differences reached significance. Thus, part of the assumption tested in this hypothesis can be supported since some of the assertiveness quadrants do have different self-esteem levels.

4.2.3. Stage III

As this sub-sample consisted of the majority of subjects from Stage II, leaving out only those individuals who did not satisfy post-testing requirements, a brief examination of the mean group composition was considered necessary before analysing Stage III data. In order to check whether the attrition of subjects posed threats to internal validity, the significance of differences on the mean pre-test scores between those who completed post-tests (N = 36) and those who did not (N = 14) was computed. Analysis of variance showed that none of these differences reached significance on four variables. (Age, df (49), $t = 0.00$ NS; Self-esteem, df (49), $t = 1.04$, NS; Discomfort, df (49), $t = 0.22$, NS; Response Probability, df (49), $t = 1.59$, NS.) Thus it appeared that there were no important pretest differences between those who did not complete the course or the post-tests and those who did, allowing further data analysis to proceed. Visual inspection of the Stage II data gave an impression that subjects in the control group may have been slightly older than those in the training groups, therefore special attention was paid to the comparison of mean ages on the three groups. These are presented in Table IX .

TABLE XI AGE MEANS AND STANDARD DEVIATIONS FOR THE THREE GROUPS OF STAGE III SUBJECTS (N = 36)

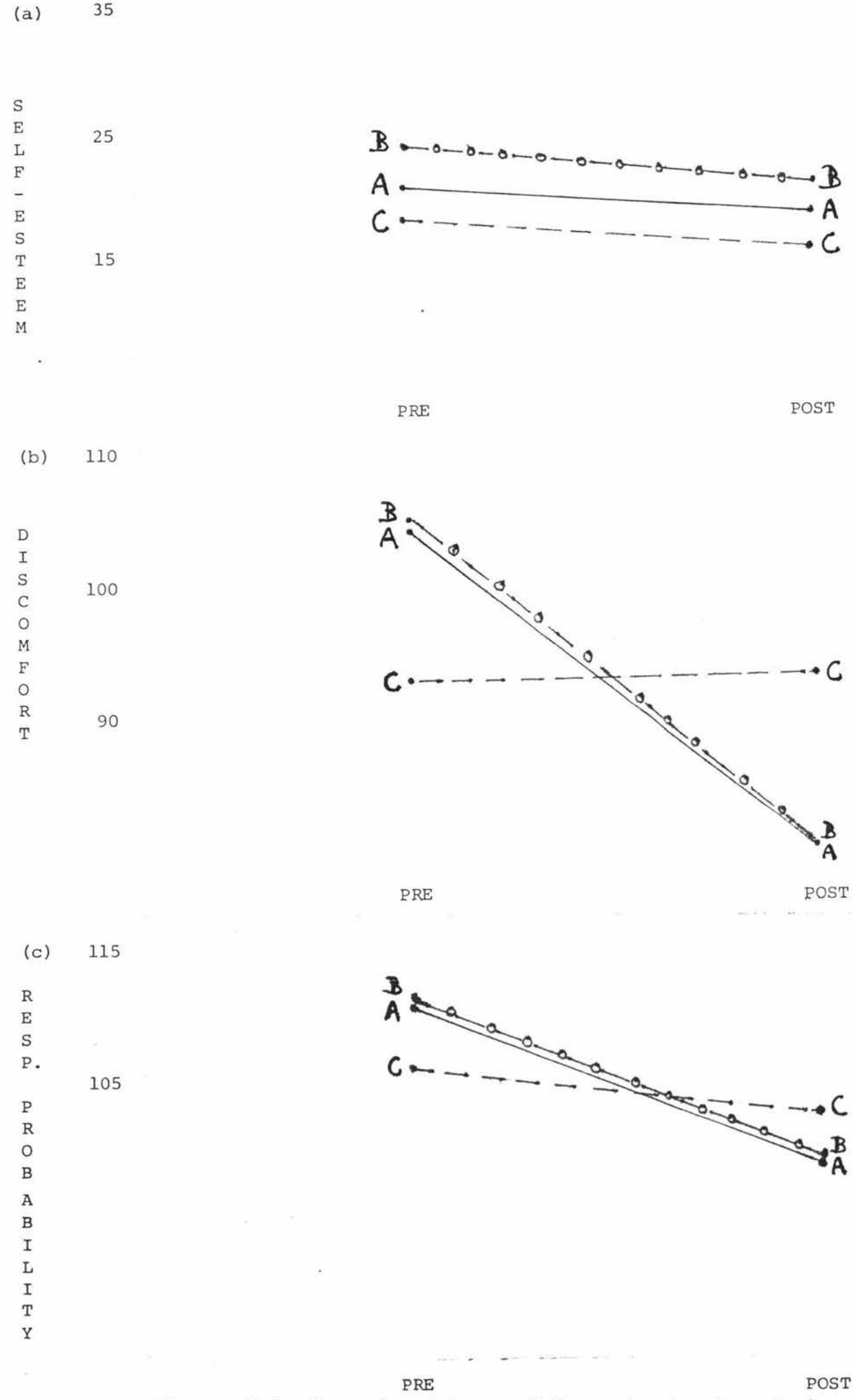
Group	N	$\bar{X}$	σ
Training A	12	30.58	7.40
Training B	12	31.42	7.29
Control C	12	38.42	9.72

Analysis of variance showed that the difference between the means was not significant ($F = 3.29$, $p < .05$, NS) even though it did approach significance at the .05 level. Whilst the three groups were not obtained through strict random assignment of subjects, it was decided that the data was adequate to tentatively test Hypothesis 5.

Hypothesis 5 is concerned with the self-reported attitudinal changes in self-esteem and the two major assertiveness variables (D and RP) experienced by the Stage III subjects. The two groups of trainees who participated in a five-session AT course were to be compared on pre and post-test scores with subjects in the waiting-list control group who received no training. The hypothesis predicted that subjects in the training groups would report greater changes in self-esteem and assertiveness than subjects in the control group at the end of the testing period. To test this hypothesis a number of considerations had to be taken which allowed the results to develop as follows:

1. visual exploration of data,
2. choice of statistics, and
3. analysis of covariance.

From Appendix V pre and post mean D, RP and SE scores for the three groups were extracted in order to construct basic outcome graphs (after Cook and Campbell, 1979) as a way of illustrating whether or not control group scores differed from experimental group scores on these variables at pre and post testing. Figures 3a, b, c, (on p. 82) present clearly



Figures 3 (a, b. & c). Outcome of the no-treatment control group design showing pre versus post mean scores on 3 variables: (a) Self-esteem, (b) Discomfort and (c) Response Probability.

the trends which evolved from this study.

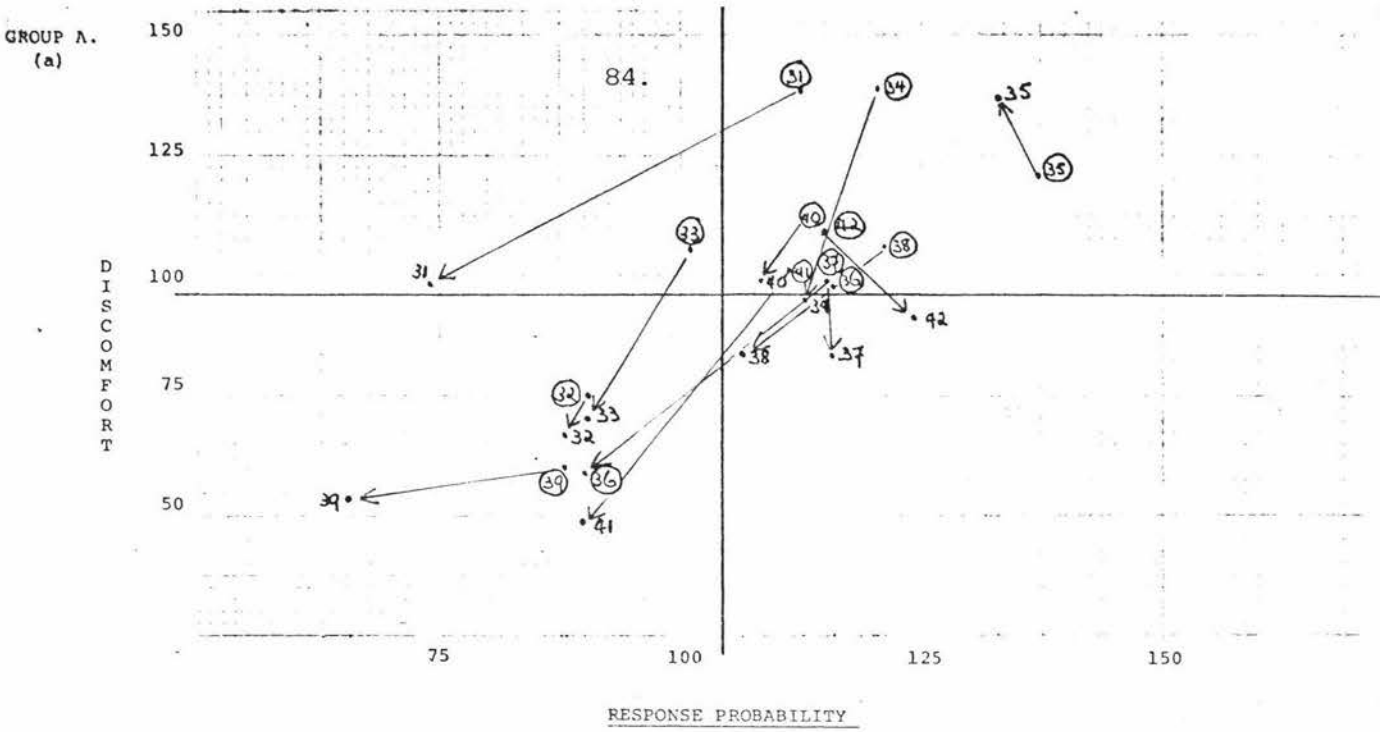
The Discomfort and Response Probability mean scores for the experimental groups decreased noticeably, as expected, whereas the corresponding means for the control group remained very consistent. This trend coincides adequately with Cook and Campbell's (1979, p. 111) model of the "crossover" outcome of the no-treatment control group design. From inspection of the Self-esteem graph (Figure 3a) however, it appears that there was roughly the same amount of change in mean self-esteem for the three groups during the testing period. The visual effect produced by Figures 3b,c indicated that further statistical testing was warranted to find out more about the D and RP changes that were apparent.

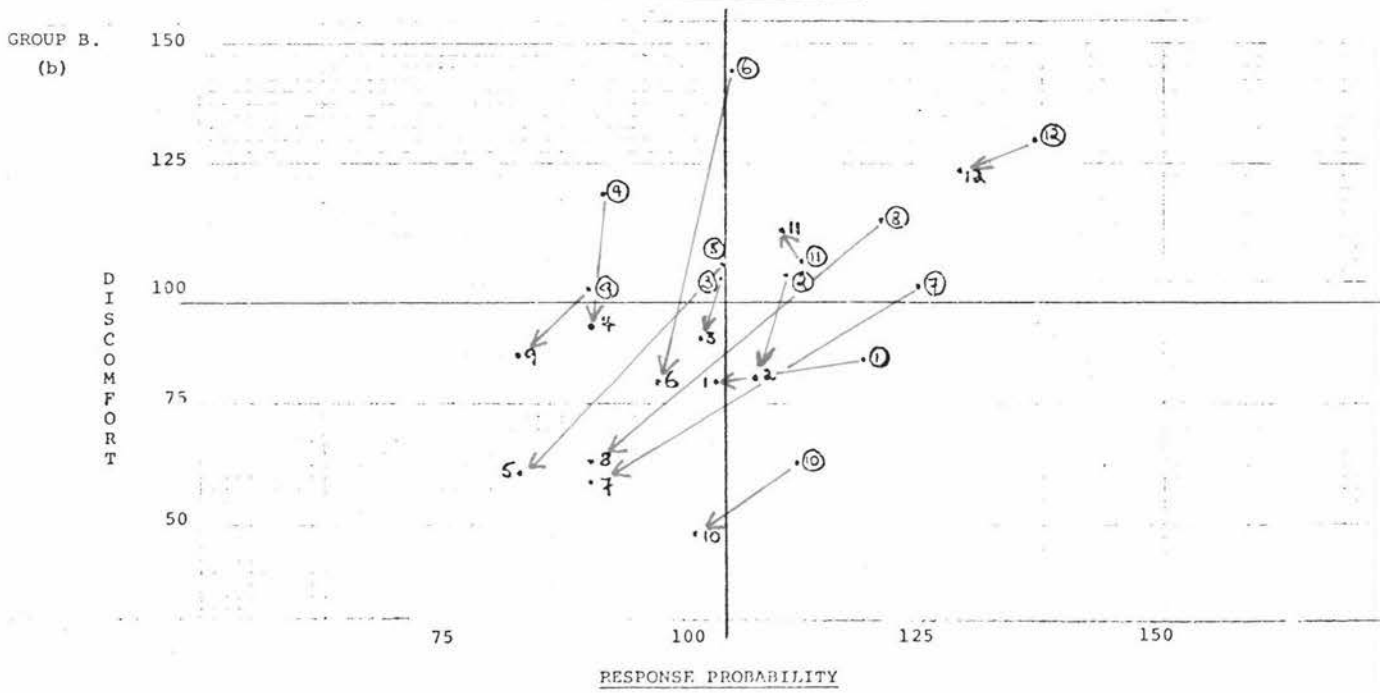
Having looked at the mean differences in outcome, pre and post scores for the three groups were plotted on the Gambrill and Richey (1975) quadrants. These plots were used because there is no satisfactory way of combining Gambrill and Richey scores into one numerical expression of assertivenss. The quadrant scatterplots (Figures 4a,b,and c) shown on p.84 provide a visual summary of

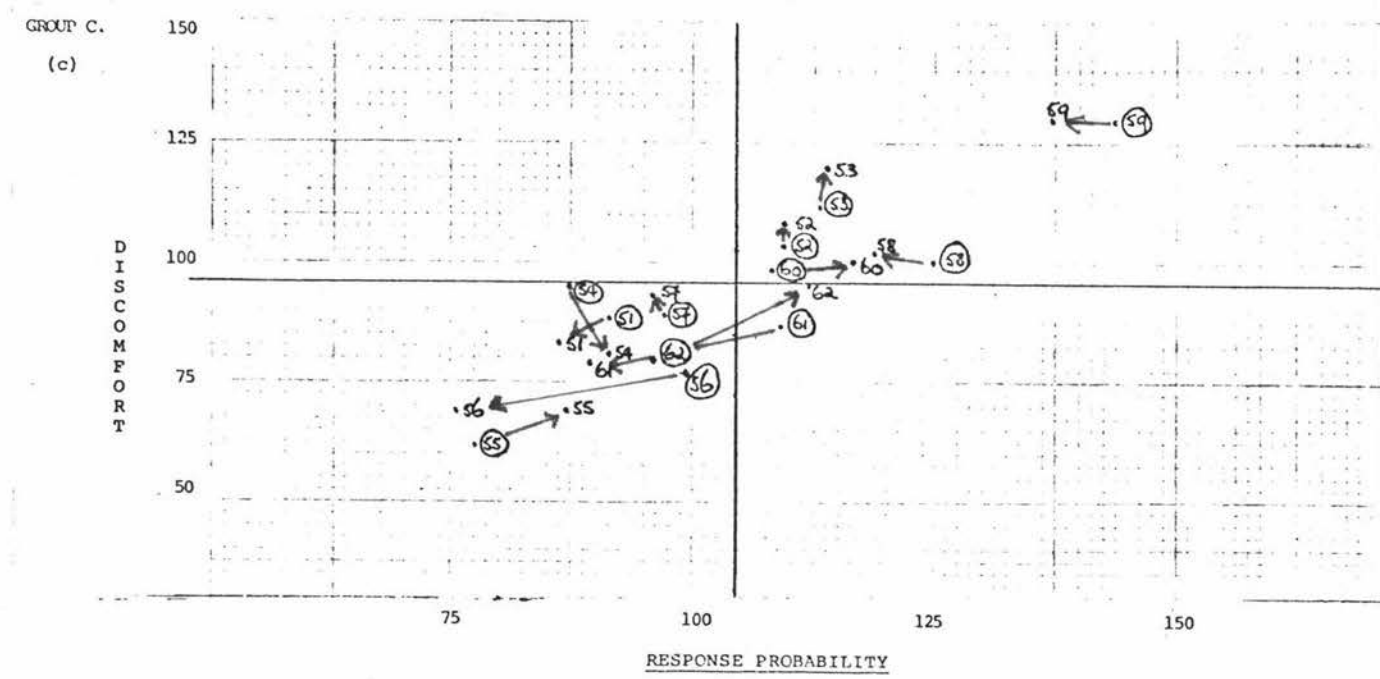
1. the assertiveness categories that subjects can be assigned to at pre-test,
2. the amount of change made between pre and post-testing, and
3. the direction of change in terms of category movement.

Close examination of these diagrams suggests that much less change (direction and magnitude) was experienced by control group subjects than by training group subjects. Both training groups (A and B) provide evidence of noticeable change for the majority of subjects with a tendency toward becoming more assertive (66.6% of subjects in each of groups A and B, as opposed to 16.7% of control subjects, changed quadrants between pre and post testing). This general information about the amount of change achieved on the D and RP variables during training also pointed to the need for further analysis.

Having established visually that there appear to be greater changes in D and RP for training than for control subjects, a method of assessing







Figures 4 (a, b & c). Assertiveness scatterplots showing pre versus post Discomfort and Response Probability scores for 3 groups of Stage III subjects.

which, if any, of the variables was contributing to the differences between pre and post mean scores was needed. As the three groups had not been randomly assigned, the need to check for differences between the groups on mean pre-test scores was recognised. To test for these differences, one way analyses of variance were calculated on D, RP and SE pre-test means. F ratios for none of the three variables reached significance at the .05 level (SE: $F = 1.72$, $p < .05$, NS; D: $F = 1.32$, $p < .05$, NS; RP: $F = 0.41$, $p < .05$, NS). Thus it was accepted that the three groups did not differ significantly at pre-test on the three major variables, although the D and RP standard deviations indicated that there was considerable variability around the group means. One way ANOVAs were also calculated on post-test D, RP and SE means for the three groups, before doing the analysis of covariance (ANCOVA) in order to check whether the prospective covariates were functioning. Again the F ratios did not reach significance at the .05 level on any of the variables (SE: $F = 0.73$, $p < .05$, NS; D: $F = 1.39$, $p < .05$, NS; RP: $F = 0.17$, $p < .05$, NS). It was therefore considered necessary to use covariates to test for significant differences between the post-test scores on the three groups.

Cook and Campbell (1979) point out that ANCOVA is statistically more powerful than the ANOVA when used to assess training or treatment effects since it provides a way of adjusting for initial differences between the groups tested (i.e., it reduces the size of the error variance by including the pre-test scores directly in the calculation). However its use with non-randomised groups must be treated carefully since the level of ANCOVA estimate is lower when the groups are nonequivalent than when they are formed randomly (Cook and Campbell, 1979, p. 157). With such groups not only is the estimate of the training effect liable to imprecision but the expected value of post-test predictions may also be open to under or over-adjustment biases. Nevertheless, as Cook and Campbell suggest the changing structure of behaviour occurring naturally between pre and post-testing can bias the ANCOVA as it does other statistical tests. However by using the model experimentally with strictly relevant covariates and limited numbers of groups (to preserve degrees of freedom), it can still be a much more precise and extensive test than the simple ANOVA. Despite these cautions, it appeared appropriate to use ANCOVA with the data in the existing three groups.

Regression data was obtained on Minitab and was then used to construct the ANCOVA tables (included below) following the method suggested by Schilling (1974). This was done separately for each of the three variables using D, RP and SE pre-test scores as covariates.

TABLE XII SUMMARY ANALYSIS OF COVARIANCE TABLE - SELF-ESTEEM

Source of Variance	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio
Between groups	2	9.3	4.65	0.1 (NS)
Within groups	30	1434.1	47.8	
Total (adjusted)	32	1443.4		
Covariates	3	1144.2		
Total	35	2587.6		

TABLE XIII SUMMARY ANALYSIS OF COVARIANCE TABLE - DISCOMFORT

Source of Variance	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio
Between groups	2	3355	1677.5	6.76***
Within groups	30	7444	248.1	
Total (adjusted)	32	10799		
Covariates	3	5905		
Total	35	16704		

*** .01 = 3.70

TABLE XIV — SUMMARY ANALYSIS OF COVARIANCE TABLE - RESPONSE PROBABILITY

Source of Variance	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio
Between groups	2	525	262.5	2.0 (NS)
Within groups	30	3931	131	
Total (adjusted)	32	4456		
Covariates	3	5258		
Total	35	9714		

From these tables it is evident that just one significant F ratio was obtained (D: $F = 6.76$, $p < .01$), although Response Probability did approach significance at the .05 level. Hence the ANCOVA indicates that of the three covariates, Discomfort is the only one that can show significant differences on post-test scores. As the D coefficient was highly significant, an additional test was sought to find out whether or not it could be accounted for by change scores in any one group. This was done by calculating ANCOVAs using the three covariates firstly for Groups A and B ($N = 24$) and then again for Experimental subjects versus Control subjects ($N = 36$). Summary ANCOVA tables are given below (Tables XV and XVI).

TABLE XV — SUMMARY ANALYSIS OF COVARIANCE RESULTS ON TRAINING GROUPS A & B.

Source of Variance	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio
Between groups	1	46	46	0.133 (NS)
Within Groups	19	6557	345.1	
Total (adjusted)	20	6603		
Covariates	3	4771		
Total	23	11374		

TABLE XVI SUMMARY ANALYSIS OF COVARIANCE RESULTS ON COMBINED TRAINING GROUPS (A & B) AND CONTROL GROUP (C) DATA

Source of Variance	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio
Between groups	1	3355	3355	13.97***
Within groups	31	7444	240.13	
Total (adjusted)	32	10799		
Covariates	3	5905		
Total	35	16704		

*** .01 = 7.56

No significant difference was found between the mean post-test scores of A and B on the three variables (Table XVI), however a highly significant difference was obtained between the combined training groups and the control group (Table XVI). Thus if the two experimental groups together are significantly different from the control group on post-test scores and there is no difference between the two experimental groups, then by logical extension Groups A and B will each be different from Group C on post-test scores.

From this deduction and from inspection of Figures 4a, b, c, it might be claimed then that the greatest amount of change on pre versus post-test scores was achieved in the training groups. The Discomfort score appears to have been more active in this training effect than either of the other two major variables. Hence only part of Hypothesis 5 has been supported, in other words there was greater change in self-reported assertiveness for training than for control subjects, but there was little or no change comparatively in the self-esteem level of all Stage III subjects.

CHAPTER 5. DISCUSSION

5.0. This study of three major variables which are said to contribute to the molar concept of assertiveness (Discomfort, Response Probability and Self-esteem) developed from a preliminary evaluation of an Assertion Training course. Chapter Five's purposes are

1. to interpret the results that were obtained from the subject sample,
2. to consider the measuring instruments used and their future prospects, and
3. to integrate some of the resulting implications into a theoretical model for AT.

5.1. Interpretation of Results

By way of preliminary findings, the results indicated

(a) that there were no significant sex differences with regard to assertiveness scores and

(b) that age is inversely related to self-esteem and discomfort, but bears no relation to the response probability aspect of assertiveness.

The result on sex differences is in keeping with Gambrill and Richey's (1975) normative study which produced only one significant difference between male and female Discomfort and Response Probability Scores, despite research involving several samples. This was a barely significant difference between male and female response probability levels on a very small sample. Jakubowski-Spector (1973) and Wolfe and Fodor (1975) claimed, on a purely observational basis, that women appear to be less assertive and more anxious about life situations than men, however this notion was not supported on the population under investigation. Age has not been isolated in the literature as a significant differential in determining level of assertiveness and self-regard, nevertheless the present finding was not completely unexpected. Its negative relationships with Self-esteem, Discomfort, and Desired Improvement suggest that increasing age is associated with higher self-esteem (low AS - IS) and lower levels of (1) anxiety and (2) desire for

behavioural improvement. This trend may be linked to concepts such as 'adjustment through life experience' as for example in Argyle's (1967) social skills and Rotter's (1975) social learning theories) and the decreased organisational pressure and low motivational patterns that are often attributed to increasing age.

Quadrant analysis, as used by Gambrill and Richey (1975), proved to be most functional in this study. It allowed clear illustrations of both pre and post-test assertiveness to be produced. The resulting trend supported the prediction that a greater representation of non-assertive individuals sought Assertion Training than did people who were reasonably assertive already. Comparison with Gambrill and Richey (1975) data (Table V) shows that the percentages of college students appearing in each quadrant of their profile differed from those for this study. More of these subjects belong to the unassertive and less to the assertive categories than in the Gambrill and Richey samples which is probably because of the fact that their subjects were university students who may have been proportionately more assertive than the 'normal to pre-clinical' subjects represented in this study. As would be expected, their profile distribution compared favourably with Gambrill and Richey's small sample of clinical trainees (Table XVII (p.91)) thus providing a slightly stronger case for the use of quadrant analysis in the diagnosis of assertiveness deficits.

TABLE XVII COMPARISON OF THE DISTRIBUTION OF STAGE III SUBJECTS INTO 4 PROFILES BEFORE AND AFTER TRAINING WITH THAT OF GAMBRILL & RICHEY'S CLINICAL SAMPLE.

RESPONSE PROBABILITY

DISCOMFORT	Low (105+)				High (104-)				Totals			
	Before		After		Before		After		Before		After	
	A	B	A	B	A	B	A	B	A	B	A	B
High (96+)	9 (47%)	22 (61%)	2 (11%)	10 (28%)	5 (26%)	3 (8%)	3 (16%)	1 (3%)	14 (79%)	25 (69%)	5 (26%)	11 (31%)
Low (95-)	0	4 (11%)	1 (5%)	5 (14%)	5 (26%)	7 (20%)	13 (68%)	20 (55%)	5 (26%)	11 (31%)	14 (74%)	25 (69%)
TOTALS	9 (47%)	26 (72%)	3 (16%)	15 (42%)	10 (53%)	10 (28%)	16 (84%)	21 (58%)				

A = Gambrill and Richey's clinical sample (N = 19)
B = Stage III *"normal to pre-clinical"* sample (N =36)

Table compiled by author after E.D. Gambrill and C.A. Richey, "An Assertion Inventory for use in Assessment and Research", Behavior Therapy. 6. 1975, p. 557.

From Stage III data, it is interesting to note that subjects who were assigned to the assertive category at pre-test experienced much less attitudinal change during the testing period than did other subjects. Comments made about the AT course by some of these *"already assertive"* trainees suggested that they gained most from the belief-challenging and physical-relaxation-training parts of the programme. Inspection of change patterns in Figures 4, a,b,c reinforced the impression that subjects classified in the assertive quadrant at pre-test changed more on the discomfort or anxiety dimension than on response probability. The use of relaxation exercises and behaviour rehearsal probably helped a great deal in this respect, especially considering Wolpe's (1969) claim that interpersonal anxiety is a conditioned state which can be counteracted through a combination of deliberate muscle relaxation and sequential practice of assertive responses. It seemed for several assertive subjects, that the decrease in anxiety fulfilled their aims in seeking AT as this was the main area of their lives requiring improvement.

Having defined self-esteem as a basic concept which relates to the evaluation of personal worth, it was expected that it may be one of the central factors within an assertiveness model. When testing Hypothesis 3, partly to assess the strength of this assumption, it was recognised that the assertiveness variables (D, RP, R - D, and DI) would correlate highly with each other because of their common origin from responses to the same set of stimulus items. Hence self-esteem and life satisfaction became the focus variables early in Stage II. Given the inverse directionality of the SE score and the *real* self-esteem rating, the highly positive relationship between Self-esteem and Discomfort signifies that high *real* Self-esteem corresponds with low discomfort or interpersonal anxiety (and vice versa). Sullivan (1953) wrote extensively on such a clinical relationship between Self-esteem and anxiety. As pointed out in the literature review, he claimed a causative interaction between the two variables. In other words, Sullivan believed that self-esteem and the person's system of defence mechanisms are strongly interlinked in an effort to maintain high self-esteem. When situational effects threaten the self system, an increase in anxiety or interpersonal discomfort is likely to occur. Even though Sullivan did not put this notion to scientific test, it is a commonly observed partnership in the clinical field (with the proviso that it may be more acceptable to claim a concurrent effect rather than a causative one between the two variables). In line with this comment, nothing more can be claimed than a highly significant correlation between self-esteem and discomfort on the present subject sample. However even this may be enough to promote interest in further empirical investigation of the relationship.

As expected, high correlations among the assertiveness variables were obtained. The positive relationship between Discomfort and Response Probability, Desired Improvement and Discomfort, and Response Probability and Desired Improvement indicated that high D a low *real* RP (inverse direction), high D and high DI, and low DI and low *real* RP would go together. These relationships could be predicted from logical deduction, given the earlier comments regarding common stimulus items. Hence the discussion will not dwell on the assertiveness variables apart from expressing a caution on the R - D correlations. While the R - D score may have been an unsuccessful attempt to provide a single assertiveness index, it appears to do nothing else in the Assertion Inventory than to

indicate the difference between RP and D. As both of these scores can change in either direction between pre and post testing, R - D does not provide a meaningful score which can be submitted for group analysis. Therefore, it might be more usefully applied in clinical single case research rather than in group evaluation work. For this reason, the R - D correlations were disregarded in this study.

The use of the Life Satisfaction question offered tentative insight into the relationship between self-esteem and satisfaction with life in general. From a logical point of view, the positive correlation between the two would seem to be expected: a person with high self-esteem (low AS - IS) might be predicted to report a high degree of life satisfaction: likewise, an individual who is most dissatisfied with his life (low LS) would probably have a wide discrepancy between his Actual Self and his Ideal Self (high AS - IS, irrespective of sign), thus indicating low Self-esteem. It could be explained that such a person has low self-esteem partly on account of failure to achieve the ideals or expectations that he has for himself, either because his ideals (IS) are too high or because his present evaluation of self (AS) is too low. This idea was developed by James (1890) and extended by Rotter (1954) and Argyle (1967) in conjunction with their theories of self-seeking behaviour, high self-esteem plus high assertiveness, and low self-esteem plus inaccurate self-perception (respectively), as described in section 2.7 of the literature review (pp.27-38). Campbell, Converse and Rodgers (1976), in their study of the sense of well-being, also spoke of a very definite relationship between self-esteem and life satisfaction. However they hesitated to refer to self-esteem as the causative factor and settled instead for a claim regarding reciprocal causation between the two variables.

In addition, life satisfaction is seen from the results to be related to interpersonal discomfort. The inverse nature of the relationship indicates that high Life Satisfaction scores correspond with low Discomfort scores. This finding could fit into an assertiveness model which would include high self-esteem, low anxiety and high life satisfaction. Furthermore, adding the negative correlation between Response Probability and Discomfort (signifying correspondence between low D and high *real* RP) may provide extra support for the notion of drawing up an assertiveness profile consisting of characteristics from

the high self-esteem, high life satisfaction, high response probability and low discomfort or anxiety dimensions. This combination coincides well with part of the Coopersmith (1967) study of self-esteem, anxiety and competence, which attempted to produce such a personality profile (see p. 37 of this paper). As a cautionary note, however, it is important to state that whilst the existing data on the three main variables may hold up to empirical testing for this type of profile, the assumption could not be developed on life satisfaction as it was not measured using an adequate instrument. The collection of life satisfaction data was intended to be purely exploratory and,as such, it has supplied some valuable pointers for theoretical development.

A closer examination of self-esteem in Hypothesis 4 stimulated further interest in the assertiveness profiles. Results of the analyses indicated that even though a significant difference does exist among the SE means for the four assertiveness quadrants in general, specific differences could only be claimed between some of the pairs of quadrants. If it is considered that an appropriately assertive person would be self-respecting, confident, appreciative relatively non-anxious and able to respond effectively (Table I), then this combination might equate with a high SE + low D + high RP formula. Similarly, the anxious performer could be described as being expressive, self-enhancing, externally confident, indirectly depreciating of others, highly anxious and able to respond actively even if not appropriately; equating with the low SE and high D + high RP conbination. The unassertive individual might appear as the inhibited, self-denying, depreciating, shy/retiring, highly anxious and ineffectually responsive personality who could fit the low SE + high D + low RP formula only too well. Theoretically, such character sketches would be very useful in terms of conceptualising assertiveness deficits and of developing effective therapeutics. However, from the limited evidence gained from testing this hypothesis, it is not empirically justified to formalise these three-dimensional combinations. Whilst this may be done for the two assertiveness variables on the strength of the Gambrill and Richey (1975) data, it is recognised that much more research is needed on the Grid-measured self-esteem variable before a valid three-dimensional model can be constructed.

The analyses carried out in order to test Hypothesis 5 provided some interesting results. In view of the large amount of theoretical writing that has been done on the relative stability of self-esteem as a core personality construct (e.g. Horney, 1945; Kelly, 1955; Adler, 1956), it is not surprising to find that SE was the only variable showing little change at post-test.

The Cook and Campbell (1979) outcome graphs (Figures 3a, b, c) portrayed self-esteem as the most consistent variable of the three across groups, irrespective of the intervention of a training programme for Groups A and B. On average, more dramatic pre versus post-test change patterns were apparent for the two assertiveness measures. Discomfort and Response Probability mean scores for Groups A and B changed in the direction of increased assertiveness (lower D and higher *real* RP) between pre and post-testing, whereas the corresponding means for the control group (pre and post) varied very slightly. As the three groups were shown to be roughly equivalent at pre-test, it was obvious that the lower post-training scores for Groups A and B were not determined by initial non-equivalence.

From the point of view of optimal assertiveness, then, the training groups achieved a greater amount of change which allowed them to surpass control group subjects on anxiety and response probability levels. Cook and Campbell (1979) established precedents for accepting and interpreting this form of outcome on a no-treatment control group quasi-experimental design (pp. 111-112). The intervention which may have helped to precipitate such change in the experimental groups, in this case Assertion Training, can be linked with a motivational factor to provide such an interpretation. If instead of Cook and Campbell's *'selection motivation'* concept a more applicable *'selection-necessity'* explanation is developed for the assertiveness arena, discussion of the training effect displayed in Figures 3a, b, c might evolve as follows. For the lower scoring pre-test groups (the experimentals/trainees) to overtake the previously higher scoring control group, some type of training or *'need for change'* effect must be in operation. Considering these small groups of subjects as three sets of individuals, it may be noted that those in the Control Group waited longer to become part of the testing-training sequence than did most of the *'experimental'* subjects.

'Controls' had the opportunity to participate soon after enrolment, but for various reasons they did not assemble for testing until three months later. It might be assumed that because of proximity in time to the life crisis that brought individuals to the clinic for help, there would have been more motivation to work hard toward personal change among trainees than among waiting control subjects. Hence if selected to join an AT group when the necessity is strongest, individuals may participate more actively within an experimental framework and produce more marked self-reported changes than waiting-list subjects who receive nothing for their testing efforts apart from the prospect of training at a later date. These points of application to the "pre-clinical" sub-set of this study have strong parallels with the Cook and Campbell (1979) explanation of the *"cross-over"* paradigm for pre-post evaluation. Against the background of relatively stable pre-post control group scores, training subjects can be seen to move in the direction of optimum scoring on the variables in question, just as Groups A and B members have done here in terms of lower anxiety (D) and higher likelihood of responding assertively (RP).

Even though there was little change in the self-esteem level of subjects (irrespective of group membership), there did appear to be noticeable changes on the other two variables. Further statistical analysis of the whole Stage III sub-sample showed that, of these, only Discomfort produced a significantly different mean at post-test. The Response Probability mean came close to reaching significance at the 0.5 level whereas Discomfort was highly significant at the .01 level. When it was shown that the three groups were not non-equivalent at both pre and post-testing on the main variables, this finding became more interpretable. The discomfort variable accounted for a greater proportion of the self-reported pre-post changes amongst trainees than did the response probability and self-esteem dimensions. In view of some of the written comments made by them in response to post-training evaluation questions (see Appendix IVB), it seems that anxiety reduction was one of the most important aspects of the course. Many of the trainees came to the clinic and began AT feeling highly anxious about themselves and their interactions with other people, hence it stands to reason that they needed to relax more easily (both internally and interpersonally) before they could benefit more broadly from course content. Considered objectively, this principle offers the basis for an elementary theory. If feelings of

anxiety or interpersonal discomfort are viewed as the *emotive* elements, ratings of likelihood to respond effectively as the *behavioural*, and attitudes toward self and others as the *cognitive components* of an *assertiveness model*, then the following explanation may be developed.

As Wolpe and Lazarus (1966) pointed out assertive responses are both incompatible with and adequate inhibitors of anxiety. They believed that relaxation and assertiveness training has the potential for reducing effectively the anxiety or discomfort that results from the inability to be assertive in social situations. From the present study, it emerges that discomfort or interpersonal anxiety is the variable showing most change after training. Thus, it is suggested that anxiety reduction should be the prime aim of AT in order to allow trainees to proceed past the first base of becoming ready *emotively* to absorb course content. This would involve learning

1. to relax physically when required,
2. to identify one's own feelings, and
3. to give oneself permission to feel and act according to personal rights in life situations.

Some of these aspects might extend into the *cognitive* area as well, especially in view of the model put forward by Lange et al (1975) claiming that recognition of a change within the individual's belief system actually precedes anxiety reduction (see p. 14 of this paper). The belief-challenging part of the AT course, probably interacts with the anxiety reducing exercises to produce emotive and cognitive changes since the two modalities are very closely intertwined (Ellis, 1975). Then once development has been restimulated in these two modes, more specific *behavioural* changes may be facilitated via repeated role plays, videotaped feedback, deliberate homework tasks, and extended classroom practice.

This basic model rests on the important notion of *"readiness for Assertion Training"* which was referred to earlier in the literature review. Writers such as Carkhuff (1969) and Gormally et al (1975) have emphasised the need for emotive and cognitive preparation procedures to bring certain individuals to a level of self-understanding from which they can gain more optimally from such behavioural action-orientated approaches as AT (See Case studies 1a and b, Appendix VII). Since the course of training used for Groups A and B of this study was relatively

short in duration (five two-hour sessions), there was little time for the type of behavioural approach which relies on frequent action exercises and feedback. In terms of the model set out above, this may explain the lack of significant change on the self-esteem and response probability dimensions. The course can only be viewed as a short preparatory one which helped significantly in lowering the interpersonal discomfort experienced by trainees in every day life situations. Even so this is an essential function of AT groups as Rathus (1975) and Mishel (1978) suggested in their studies of anxiety and ineffective responding among handicapped and depressed persons. A full follow-up enquiry was not conducted on the present study's Group A and B subjects to assess further change after three months, however feedback to the clinic indicated that for several of them more behavioural change began to occur after the training course than during it when they were concentrating on physical relaxation and self-understanding. This finding would be expected given the period of time it often takes to change belief systems and break behavioural habits which usually depend for their existence on the person's characteristic way of viewing himself (i.e., level of self-esteem) [See Case Study 2, Appendix VII].

Although there was little change in the average self-esteem levels of subjects in the three groups between testing sessions, this too can be explained by the model on pp 96 - 97 . Thinking of the individual in terms of Kelly's (1955, p. 46) fundamental postulate which suggests that her psychological processes are developed according to the ways in which she anticipates or explains events, it would seem that she has the potential for continuing change. It could be predicted that effective modification of her self-concept may help to change her manner of construing events and in turn, the ways in which she responds to them. Percell et al (1974) showed that after an 8-week training course clinical subjects who became more self-accepting also became more assertive which could imply that genuine self-acceptance is an initial step in the process of self-esteem growth. However, as the self-consistency theories indicate in Chapter 2, it is very difficult for many people to integrate changes in self-regard since its developmental process has been guided by the tendency to build up gradually (from childhood) to the point of maintaining a consistent self-evaluative state. This idea can be seen in practice among individuals who cannot confront the negative aspects of themselves

probability. Both of them are more firmly entrenched in the cognitive-behavioural phases of the earlier assertiveness acquisition model than the discomfort component, thus more time and motion are needed than were available in 5 sessions to engineer effective changes in them. Future training programmes and evaluations will be well advised to pay particular attention to providing sufficient

(a) course duration
(b) action exercises,
(c) individual and videotaped feedback and
(d) follow-up assessment,

in order to do justice to these two variables.

5.2. Discussion of Testing Instruments

The Assertion Inventory provided a useful and interesting format for testing self-reported assertiveness. Even though it does not have a single score to represent assertiveness level, the profiles that it offers via quadrant analysis of composite Discomfort and Response Probability scores are excellent tools for diagnostic and evaluative purposes. The results of this investigation and the case study examples given in Appendix VII lend support to this claim. Aside from the Inventory's main measures, the Desired Improvement (this author's term) score, which is merely the number of items that the subject would like to handle more assertively, has good potential for short-form use on its own. As it stands, subjects find either that rating the 40 stimulus items twice (D and RP responses) helps them to become familiar with situations requiring change or that they overlook the circling exercise altogether in the rush to move on to the next test. It was for this reason that the experimenter had the third instruction typed in bold capitals (see Appendix II) before test administration. For trainers involved in time-restricted courses with a directly behavioural orientation, the Desired Improvement exercise could be a quick and valuable guide to areas requiring frequent behaviour rehearsal among group members. The R - D score remains incompletely explained. In keeping with the comment made earlier about its apparent futility as a group measure, it is probably best left for use as an index of consistency or congruence between discomfort and response probability in single case design until further studies are able to provide it with a valid group

function. Viewed singly, it might indicate that at different time intervals a trainee is moving towards congruence between her levels of anxiety and likelihood of responding effectively, hopefully in the direction of optimal assertiveness (i.e. low R - D, where discomfort is low and *real* response probability is high).

In general, subjects found completion of the Inventory fairly simple; however there were a few items which created confusion. Situations 20 and 33, dealing with seeking and leaving employment, were difficult for some female respondents since they were housewives who had secured no more than one job in their lives. A few of these women complained about having to use their imaginations on a situation that *"does not apply"* to them (quote from personal communication). Item 34 stimulated many questions as its meaning is ambiguous. Several of the younger subjects interpreted it as *"turning on"* to drugs or drink, whereas many of the older ones wanted to disregard it or to view it as *"turning on"* to sex. This discrepancy opened up some interesting discussions after the testing session. Another area of confusion was precipitated by general items that did not specify the status of the person to whom a response might be directed, as for example items 3, 17, 24 and 30 which referred to *"someone"* or *"a/the person"*. To turn this problem to advantage in small group or single case design, respondents might choose a target person on such items and note their relationship status in the margin. The threat to internal validity through the social desirability factor is a definite concern. There is no guarantee, other than vigilance to ensure that subjects cover their Discomfort ratings whilst working on Response Probability, thus the potential *'carry-over'* effect could be lessened by repeating the stimulus items and setting the test out sequentially. Despite these minor short-comings that were discovered during the first testing phase, there is much to recommend in the Assertion Inventory especially as a forum for the conceptual analysis of people who need Assertion Training. It has a very important part to play in the study of pre-training assertiveness via its quadrant profiles, thus supplying valuable diagnostic information to the trainer. From that point, the enthusiastic trainer can arrange the structure and content of the course to suit the needs of the group of individuals with whom she is concerned. The results of this study, and comments made by trainees at the end of the course, impressed upon the author just how essential this tailoring effort is to the effective outcome of AT.

Even though the process of modifying Kelly's Repertory Grid was time consuming, it proved to be most worthwhile in that a dynamic yet appropriate measure of self-esteem was produced. By designing a preliminary protocol which collected, in a semi-projective manner, a wider set of information on attitudes toward self and others than was specifically required for the self-esteem calculation, a broadly functional test was obtained revealing itself during testing as a good antidote for socially desirable responding (i.e. subjects could not detect what the grid was measuring). Another advantage that it had over simple self-esteem indexes shows through in its breadth of scope, for even if all of the information collected was not directly applicable to this study, it was available for further analysis if more needed to be known about the self-esteem variable and how it relates to such issues as parental identification, attitude toward significant others, and comparison between self and spouse. As a way of showing how useful Grid analysis can be in the latter instance, a brief case study has been prepared incorporating three elements from the grids done by a married couple.

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> *These two people were referred to the clinic by their local doctor. They were both in the 30 - 35 age bracket and had experienced much dissatisfaction in recent months with their 10 year marriage. The woman presented as a quiet, capable person whose levels of interpersonal discomfort, assertiveness and self-esteem were low to moderate at pre-test. She rated her husband as being less affectionate, sensitive and friendly, and more unselfish, dominant, intelligent and decisive than herself. He appeared to be a pressured, heavy-drinking man who reported that until recently he had been "assertive" in the business world even though he often felt anxious about his activities. His assertiveness scores portrayed him as a "passive" person and his very low self-esteem rating supported the image of him as an initial "anxious performer" who had given up the effort of responding to situations which were anxiety-producing. Even though his real*

Discomfort and Response Probability ratings were low, he indicated on several items that he wanted to improve and become more assertive on them despite previous lack of interest or connection with them (e.g., he reported that apologising when he is at fault or asking for constructive criticism caused him no anxiety at all, yet he rarely does either and checked both clearly for "desired improvement"). He rated his wife as being more affectionate, friendly, unselfish, eventempered, honest, humorous and attractive, and less tolerant, dominant and intelligent than himself. Hence, the description of this husband and wife as two unassertive individuals whose view of each other differs slightly from their own personal evaluation. Their low self-esteem, and lack of consistency between ratings of each other and reports of situational anxiety and assertiveness, point to the need for extensive individual and conjoint counselling as well as situation-specific Assertion Training to

1. *clarify life role issues,*
2. *re-build understanding of each other, and*
3. *encourage more appropriate use of effective interpersonal responses.*

This information could be used and compared regularly through re-test in a combined programme of assertiveness training and marital reconstruction.

The preference for eliciting rather than supplying constructs, as set down by Kelly (1955) in his original work, could not be maintained in this group study. His notion of allowing respondents the opportunity of presenting a relatively free-flowing picture of the way they view themselves and others was given full respect, however for the purpose of group administration a set of appropriate constructs had to be supplied in order to resolve major testing difficulties. It is suggested that what may have been lost in terms of true grid construction (i.e., projective development of construct patterning) was made up for by ease of subject participation and a higher percentage of completed tests. On the final grid form (see Appendix IIIC) only one role title caused

difficulty for some respondents. Several of them claimed that they did not have a *"disliked relative"*, therefore they found it hard to put someone into that category for rating. It was interesting to discover from further analysis that most of them belonged to the *"passive"* quadrant of the assertiveness model, possibly indicating that they were basically *"very nice"* people who have learnt not to recognise negative feelings. Since the constructs were taken from an analysis of 40 construct-eliciting grids completed during the first phase of testing, some of them raised queries in certain respondents as to their actual bi-polarity. Some individuals became distracted by the semantics of the grid, wanting to be sure that the two poles of each construct were satisfactorily opposite. It was clear that for several subjects the supply of constructs imposed the type of conceptual bind that Kelly (1955) was keen to avoid. For this reason it is recommended that in future, if a short-form of the Repertory Grid is needed for single or group administration the version shown in Appendix IIIC, without its constructs, might be used as a guide.

In order to preserve the rationale and validity of Kelly's measurement procedure, it is preferable to elicit individual constructs from the person. Hence if time permits in a testing sequence, construct elicitation should be attempted. Both single case study and small group design should be able to make use of the elicited grid format, however caution would need to be exercised in its application to large group assessment, until such time as further reliability and validity studies are carried out. This statement reflects some of the guidelines proposed by Bannister and Mair (1968) regarding the evaluative and predictive use of repertory grids on single subjects. In preparation for extending such comments to group study, they write:

> *"Probably the most useful, if not the most frequent, ventures will be those in which the grid is used with a single patient where the approach has formal coherence, so that predictions are made before test, the lines of treatment appropriate to negation or support of the hypotheses are specified before test, and the criteria of successful outcome of these predictions are defined in advance." (1968, p.200).*

Thus, if repertory grids are used to measure self-esteem, parental identification, cross-sexual transference and other personality features in pre-post group investigations, adequate analysis of their contents should include much attention to them as single case studies in addition to statistical calculations which rely on group data.

CHAPTER 6. SUMMARY AND RECOMMENDATIONS

Whilst discussing the testing instruments and interpreting the results obtained in this study against a background of relevant literature, some interesting perspectives emerged in relation to theoretical development and future research on Assertiveness Training. The most important of these will be listed in paragraph form as a means of summarising the contents of this paper.

1) Gambrill and Richey (1975) assertiveness profiles showed much promise as diagnostic and evaluative tools. Trainees who were classified as "assertive" before training changed only slightly during the course, some in the direction of lower anxiety. According to the profiles, there was greater change in the training groups than in the control group and this was mostly accounted for by the Discomfort (or interpersonal anxiety) variable.

2) An assertiveness model was proposed tentatively. Based on
   a) significant relationships among Self-esteem, Discomfort, Life Satisfaction and Response Probability and
   b) the importance of Discomfort as the main change factor, optimal assertiveness criteria were viewed as high self-esteem, low anxiety, high life satisfaction and high likelihood of responding effectively, and the sequence for their acquisition was postulated as
      (1) emotive readiness (lowered anxiety),
      (2) cognitive change (belief challenging and further counterconditioning, self-esteem modification), and
      (3) behavioural development (lower anxiety, attitudinal breadth, self-esteem growth and more effective responses).

   As the AT course under investigation was only a short, introductory one many trainees did not make more than emotive and some cognitive changes.

3) Theories of self-esteem indicate that whilst SE is a relatively stable construct which develops gradually and strives for consistency, it also has the potential for development given adequate motivation. Personal life crises, plus individual therapy and or assertiveness training conducted over a period of time, can provide the motivation and stimulus for self-modification. If higher self-esteem and effective responding take longer to engineer than lower anxiety, then group AT courses must be

   (1) flexible enough to allow for concentration on individual needs,

   (2) frequent enough to encourage content generalisation to life situations, and

   (3) long enough to ensure that satisfactory cognitive and behavioural changes are made.

4) Some theorists claim that self-esteem is a mediating variable with respect to personality development and change. The preliminary findings from this study did not provide enough evidence to test this hypothesis, however its highly significant relationships with anxiety and life satisfaction stimulate interest in a full-scale investigation of the importance of self-esteem as a core construct of the personality. The use of a modified Repertory Grid, without supplied constructs, on a large sample of the "normal" population to gather reliability, validity and normative data is recommended. Analysis of this data could also be used to establish valid cut-off points for different levels of self-esteem, enabling the variable to be applied more constructively to the Gambrill and Richey (1975) assertiveness quadrants in order to obtain a more accurate set of three-dimensional profiles. Longitudinal studies of self-esteem and its relationship to long-term personality adjustment would be a valuable method of testing its mediating effects.

5) Given that the Assertion Inventory was developed for use in the U.S.A., much interesting work could be done to modify it for more appropriate application to Australasian settings

(beginning with New Zealand). Various items may require changes in terminology, and experimentation with the present one-page format might produce a less confusing protocol. The collection and analysis of normative data could also validate quadrant cut-off scores for New Zealand. Equally important would be the need for self-report measures such as this to be validated against behavioural criteria using videotaped sequences and ratings by several judges. A further area of research interest might be a theoretical and empirical investigation of the significance of the R - D score.

6) As many experimenters have found, action research in the field setting is often a difficult exercise. Many methodological problems can develop to complicate the issue when studying the greatest variable in history - human behaviour. Therefore in view of the experiences, both successful and not so successful, that were encountered in the present study, a few suggestions will be offered to smooth the way for other keen evaluators:

   (a) select a realistic research design to suit the purpose;

   (b) ensure that subject samples can be obtained reliabily and that randomisation procedures are followed *strictly*;

   (c) attempt to locate alternative testing accommodation in case of unforeseen circumstances which may render the first choice unsuitable or unavailable;

   (d) select testing instruments carefully in accordance with evaluation design, size of samples for group administration, and the time limits and physical environment in which to work;

   (e) place the most difficult and time consuming test at the beginning of the testing session if more than one is to be used; (This allows the

experimenter to ensure that the written instructions are understood, with the help of a practical demonstration, whilst respondents are fully receptive;)

(f) try to create a relaxed atmosphere in the testing room by paying attention to issues such as the importance of being introduced formally to the group, delivering the instructions in a confident clearly-audible voice, being ready immediately to help respondents who are floundering, and thanking all participants personally at the end of the session (especially if the evaluator is expecting to conduct post and follow-up testing sequences).

Finally, it must be remembered that as an evaluation, this has been only a small, preliminary study. Nevertheless, it has integrated a number of interesting theoretical assumptions during the process of testing some basic hypotheses. This was done as a means of generating a series of research prospects that may be more easily mounted on account of the ground work that has been formulated here. In view of the fact that a great deal of the popular literature on Assertion Training has little direct grounding in empirical findings, there is room for much work to be done on measurement techniques, course structure, and evaluation of different training styles and effective outcome in different population groups. As there is little research represented in the literature for settings outside of America and Great Britain, it is hoped that this paper will stimulate more solid empirical research on AT and its effect on New Zealanders.

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APPENDIX I RANDOM ASSIGNMENT CHART

	WEEK 1	WEEKS 2 - 5	WEEK 6
CONDITION 1 EXPERIMENTAL GROUP 1	Pre-Test 15.11.78. (8 - 10pm)	ASSERTION TRAINING Session 1 Wed 22.11.78. (8 - 10pm) Session 4 Wed 13.12.78. (8 - 10pm)	POST-TEST + $5.00 REFUND 20.12.78. (8 - 10pm)
CONDITION 2 EXPERIMENTAL GROUP 2	Pre-Test 17.11.78. (8 - 10pm)	ASSERTION TRAINING BLOCK COURSE Saturday 25.11.78. (9am - 5pm)	POST-TEST + $5.00 REFUND 21.12.78. (8 - 10pm)
CONDITION 3 CONTROL GROUP 1	Pre-Test 14.11.78. (8 - 10pm)	NO TRAINING	POST-TEST + WINE & CHEESE 19.12.78. (7 - 10pm)
CONDITION 4 CONTROL GROUP 2	No Pre-Test	NO TRAINING	POST-TEST + WINE & CHEESE 19.12.78. (7 - 10pm)

favor, giving someone a compliment, expressing disapproval or approval, etc. Please indicate your degree of discomfort or anxiety in the space provided *before* each situation listed below. Utilize the following scale to indicate degree of discomfort:

1 = none
2 = a little
3 = a fair amount
4 = much
5 = very much

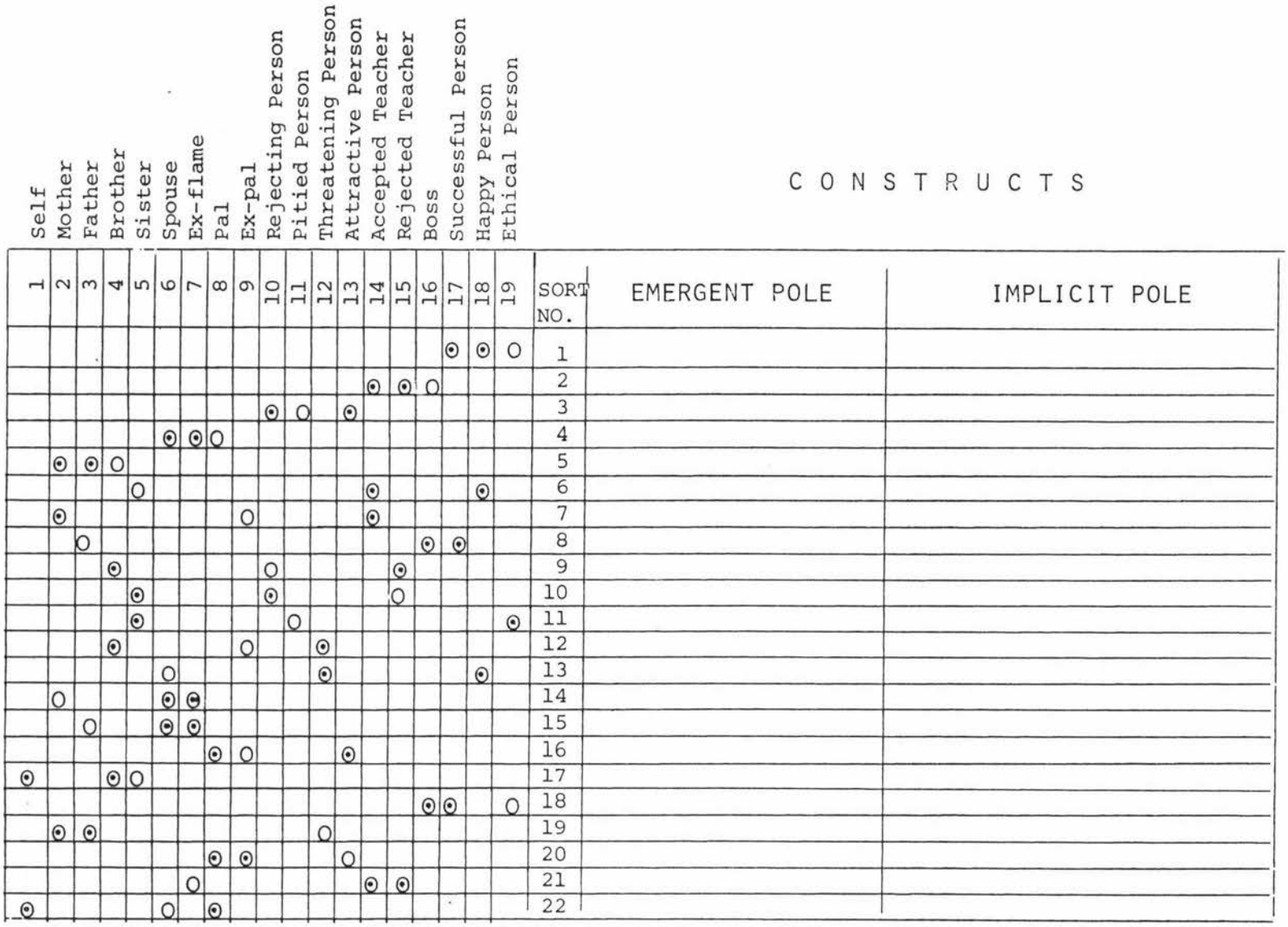
Then, go over the list a second time and indicate *after* each item the probability or likelihood of your displaying the behavior if actually presented with the situation.* For example, if you rarely apologize when you are at fault, you would mark a "4" after that item. Utilize the following scale to indicate response probability:

1 = always do it
2 = usually do it
3 = do it about half the time
4 = rarely do it
5 = never do it

**Note*. It is important to cover your discomfort ratings (located in front of the items) while indicating response probability. Otherwise, one rating may contaminate the other and a realistic assessment of your behavior is unlikely. To correct for this, place a piece of paper over your discomfort ratings while responding to the situations a second time for response probability.

Degree of discomfort	Situation	Response probability
_____	1. Turn down a request to borrow your car	_____
_____	2. Compliment a friend	_____
_____	3. Ask a favor of someone	_____
_____	4. Resist sales pressure	_____
_____	5. Apologize when you are at fault	_____
_____	6. Turn down a request for a meeting or date	_____
_____	7. Admit fear and request consideration	_____
_____	8. Tell a person you are intimately involved with when he/she says or does something that bothers you	_____
_____	9. Ask for a raise	_____
_____	10. Admit ignorance in some area	_____
_____	11. Turn down a request to borrow money	_____
_____	12. Ask personal questions	_____
_____	13. Turn off a talkative friend	_____
_____	14. Ask for constructive criticism	_____
_____	15. Initiate a conversation with a stranger	_____
_____	16. Compliment a person you are romantically involved with or interested in	_____
_____	17. Request a meeting or a date with a person	_____
_____	18. Your initial request for a meeting is turned down and you ask the person again at a later time	_____
_____	19. Admit confusion about a point under discussion and ask for clarification	_____
_____	20. Apply for a job	_____
_____	21. Ask whether you have offended someone	_____
_____	22. Tell someone that you like them	_____
_____	23. Request expected service when such is not forthcoming, e.g., in a restaurant	_____
_____	24. Discuss openly with the person his/her criticism of your behavior	_____
_____	25. Return defective items, e.g., store or restaurant	_____
_____	26. Express an opinion that differs from that of the person you are talking to	_____
_____	27. Resist sexual overtures when you are not interested	_____
_____	28. Tell the person when you feel he/she has done something that is unfair to you	_____
_____	29. Accept a date	_____
_____	30. Tell someone good news about yourself	_____
_____	31. Resist pressure to drink	_____
_____	32. Resist a significant person's unfair demand	_____
_____	33. Quit a job	_____
_____	34. Resist pressure to "turn on"	_____
_____	35. Discuss openly with the person his/her criticism of your work	_____
_____	36. Request the return of borrowed items	_____
_____	37. Receive compliments	_____
_____	38. Continue to converse with someone who disagrees with you	_____
_____	39. Tell a friend or someone with whom you work when he/she says or does something that bothers you	_____
_____	40. Ask a person who is annoying you in a public situation to stop	_____

LASTLY, PLEASE INDICATE THE SITUATIONS YOU WOULD LIKE TO HANDLE MORE ASSERTIVELY BY PLACING A CIRCLE AROUND THE ITEM NUMBER.



APPENDIX IIIA

The original form of Kelly's Repertory Grid. Taken from G.A. Kelly, "The Psychology of Personal Constructs", Vol. 1, New York, Norton, 1955, p. 270.

APPENDIX IIIB

REPERTORY GRID TEST

On each of the numbered cards write the name of a person known to you who best fits the role described below. You may use initials or first names if you wish as long as you personally can identify the individual. Be sure that the number on each card where you are filling in the name of the person corresponds to the number of the role given below. No one will see these cards.

Do not repeat names. If you cannot think of a person to fit the role think of a person in an associated role.
Do not leave blank spaces.

1. Actual Self - as you are now.
2. Parent / Older person.
3. Brother / male friend / male child.
4. Sister / female friend / female child.
5. Spouse / closest friend.
6. Social Self - as others see you.
7. Disliked acquaintance.
8. Boss / authority figure.
9. Work / interest mate.
10. Ideal Self - as you'd like to be.

Take the cards numbered 4, 3 and 10. In what way are two of these three people alike and yet different from the third. Write the adjective or phrase describing how these two are alike in the grid under Column A and the way in which they differ from the third under Column B. Using the 1 - 7 scale, rate each of the people fitting the roles along the top of the grid with 1 representing the extreme of the characteristic under Column A and 7 the extreme under Column B.

Return cards 4, 3 and 10 to the pack.

Repeat the exercise using the groups of cards given below. In each case write the way in which two of the three people are alike under column A and how these two differ from the third under Column B, and enter your rating of each person on this dimension along the row.

Sort 2	2,	9,	8
Sort 3	1,	4,	9
Sort 4	9,	7,	8
Sort 5	10,	7,	6
Sort 6	5,	6,	4
Sort 7	3,	8,	5
Sort 8	6,	1,	2
Sort 9	1,	3,	7
Sort 10	5,	2,	10
Sort 11	1,	8,	10
Sort 12	5,	7,	2

Rating Scale 1 2 3 4 5 6 7 Column A Two Alike	Column B Differ from third	Actual Self - As you are now.	Parent or Older Person.	Brother or Male Friend or Male Child	Sister or Female Friend or Female Child	Spouse or Closest Friend	Social Self- as Others see you.	Disliked Acquain-tance	Boss or Authority Figure.	Work or Interest Mate.	Ideal Self- As You'd Like to be
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

APPENDIX IIIC

MODIFIED REPERTORY GRID

Look closely at the role titles in each of Columns 1 to 8 . In the space immediately below each title write the name of a person known to you who best fits the role described, eg., in Column 2 for "Mother or elderly woman" you might write "Mum". You may use initials or first names if you wish as long as you can identify the person clearly and quickly.

DO NOT REPEAT NAMES. If you cannot think of a person to fit the role in question, then use the name of an individual who has or did have a similar role, eg., if you do not have a boss or authority figure in your life at present, think back to a strict School teacher or dominant grandfather in your childhood, and place his/her name in the space.

DO NOT LEAVE BLANK SPACES. It is very important to fill in all role titles and to produce the appropriate number for each space across the rows.

Using a piece of paper to cover every row except Row 1, get ready to begin by studying the descriptive words under Column A and Column B, ie., happy ..... unhappy, discontent. The rating scale (numbers 1 to 7) is to be used right across the row to indicate how happy or unhappy is each of the persons in Columns 1 to 8 . Remember that 1 is to represent the extreme of the characteristic under Column A and 7 the extreme under Column B eg., in Row 1, if your Mother is the happiest person you know the number 1 would appear in her space; if you consider yourself a "fairly happy" person, you might put 2 or 3 under actual self; and if your boss seems to be the most unhappy person possible, then a 7 would be appropriate in that space. Thus, numbers 1,2,3,4 can be used to refer to words in Column A and numbers 4,5,6,7 to those in Column B - 4 being the midway rating which may go either way.

REMEMBER that your rating of each person needs to be only an impression (you don't have to be exact with the numbers) of how he/she appears to you - either in the present or the past. However it is preferable for each box to have only one number so do not split the ratings by using 2 numbers (eg. 2 - 3 or $2\frac{1}{2}$) when you are not sure.

When you have filled each space in Row 1, move your covering page down to expose Row 2 and proceed to rate each role title again using the descriptive words for Row 2 as your focus. If you move across each row then down to the next in this way until you have finished the 14 rows, you will end up with 1 page full of numbers (ie. NO BLANK SPACES).

REPERTORY GRID

RATING SCALE

1 2 3 4 5 6 7

	COLUMN A	COLUMN B	1 Actual Self- as you are now.	2 Mother or elderly Woman.	3 Father or elderly Man.	4 Spouse or closest friend.	5 Friend of same sex.	6 Disliked Relative.	7 Boss or authority figure.	8 Ideal self - as you'd like to be.
1	Happy	Unhappy, discontent								
2	Affectionate, loving	Callous, unloving								
3	Confident, self-assured	Insecure, self-conscious								
4	Friendly, sociable	Distant, unfriendly								
5	Selfish, egotist	Kind, unselfish								
6	Uptight, "moody"	Calm, eventempered								
7	Tolerant, accepting	Critical, judging								
8	Bossy, dominant	Timid, submissive								
9	Intelligent	Dull, ignorant								
10	Open, honest	Closed, deceitful								
11	Tough, resilient	Sensitive, easily hurt								
12	Humorous, fun-loving	Serious, staid								
13	Physically attractive	Slovenly, unattractive								
14	Decisive	Indecisive								

APPENDIX 1VA **GENERAL INFORMATION AND LIFE SATISFACTION QUESTIONNAIRE**

NAME: PHONE NO:

ADDRESS: SEX:

MARITAL STATUS:

OCCUPATION: AGE:

.....

QUESTION 1.

How satisfied are you with your life as a whole these days? Circle the number on the scale which comes closest to how satisfied or dissastified you are with your life.

I feel:

7	6	5	4	3	2	1
Delighted	Pleased	Mostly satisfied	Mixed (about equally satisfied and dissatisfied)	Mostly dissatisfied	Unhappy	Terrible

QUESTION 2.

During the past few weeks have you felt.... (circle appropriate numbers).

1. pleased about having accomplished something?
2. that things were going your way?
3. proud because someone complimented you on something you had done?
4. particularly excited or interested in something?
5. "on top of the world"?
6. so restless that you could not sit long in a chair?
7. bored?
8. depressed or very unhappy?
9. very lonely or remote from other people?
10. upset because someone criticised you?

APPENDIX 1VB POST-TRAINING EVALUATION QUESTIONS

QUESTION 3

(a) How helpful was the assertiveness training course to you?

(circle a number)

5	4	3	2	1
Very Much	Much	Fair Amount	Little	Not At All

Comments? .....

.....

(b) Have you noticed any changes in yourself since beginning the course?

.....

If yes, how have you changed?

.....

.....

.....

(c) Have you had reactions from other people to changes that they see in you?

.....By whom?.....

What kind of reactions?

.....

.....

.....

QUESTION 4

If you have been acting more assertively during the week, indicate how much by circling the appropriate NUMBER below.

(a)

4	3	2	1
Very Much	Much	Fair Amount	Little

In what ways?.....

(b) Which parts of the course helped you to do this? .....

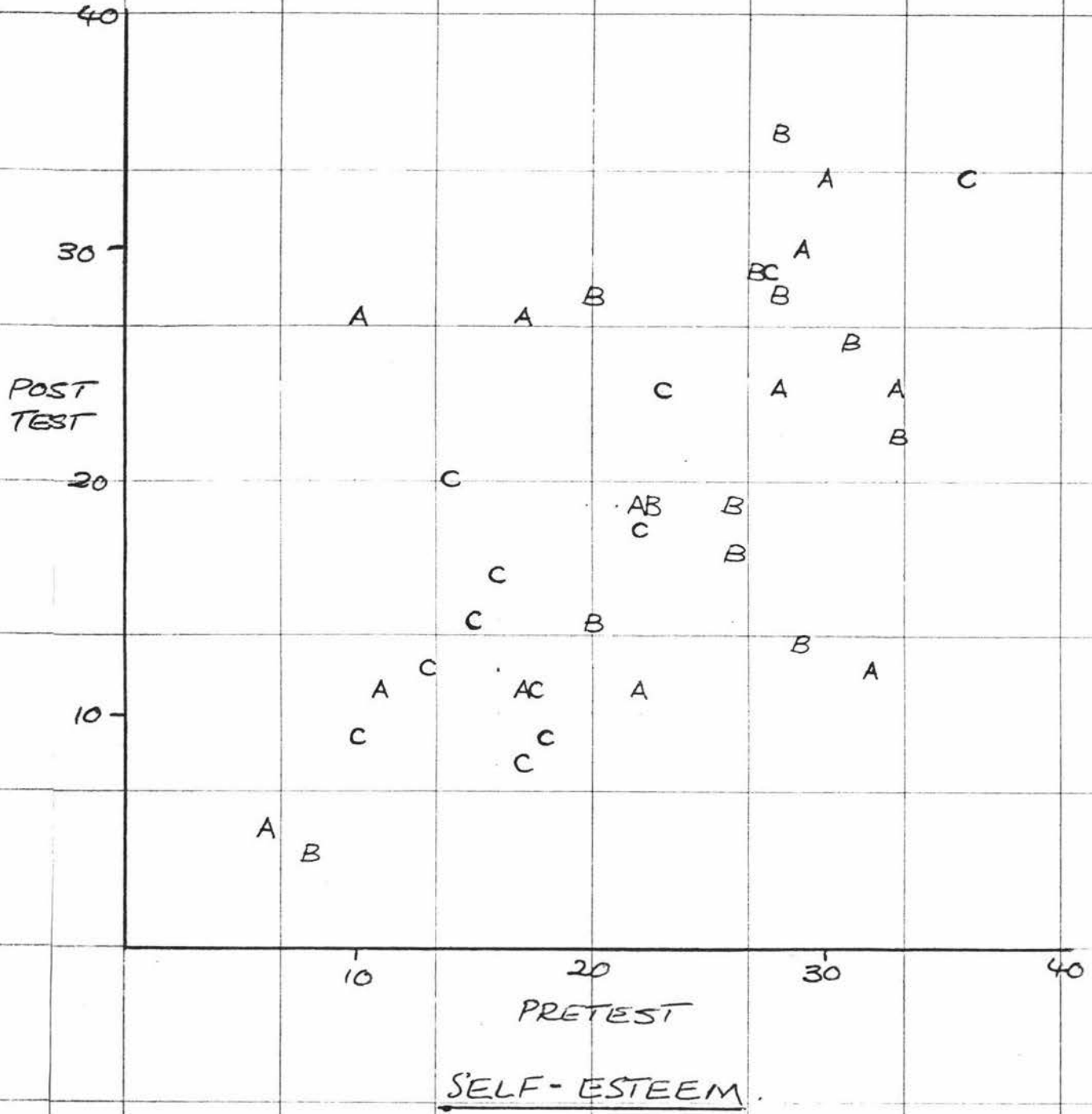
.....

(c) Have you read any books or articles on assertiveness?..... How many?.....

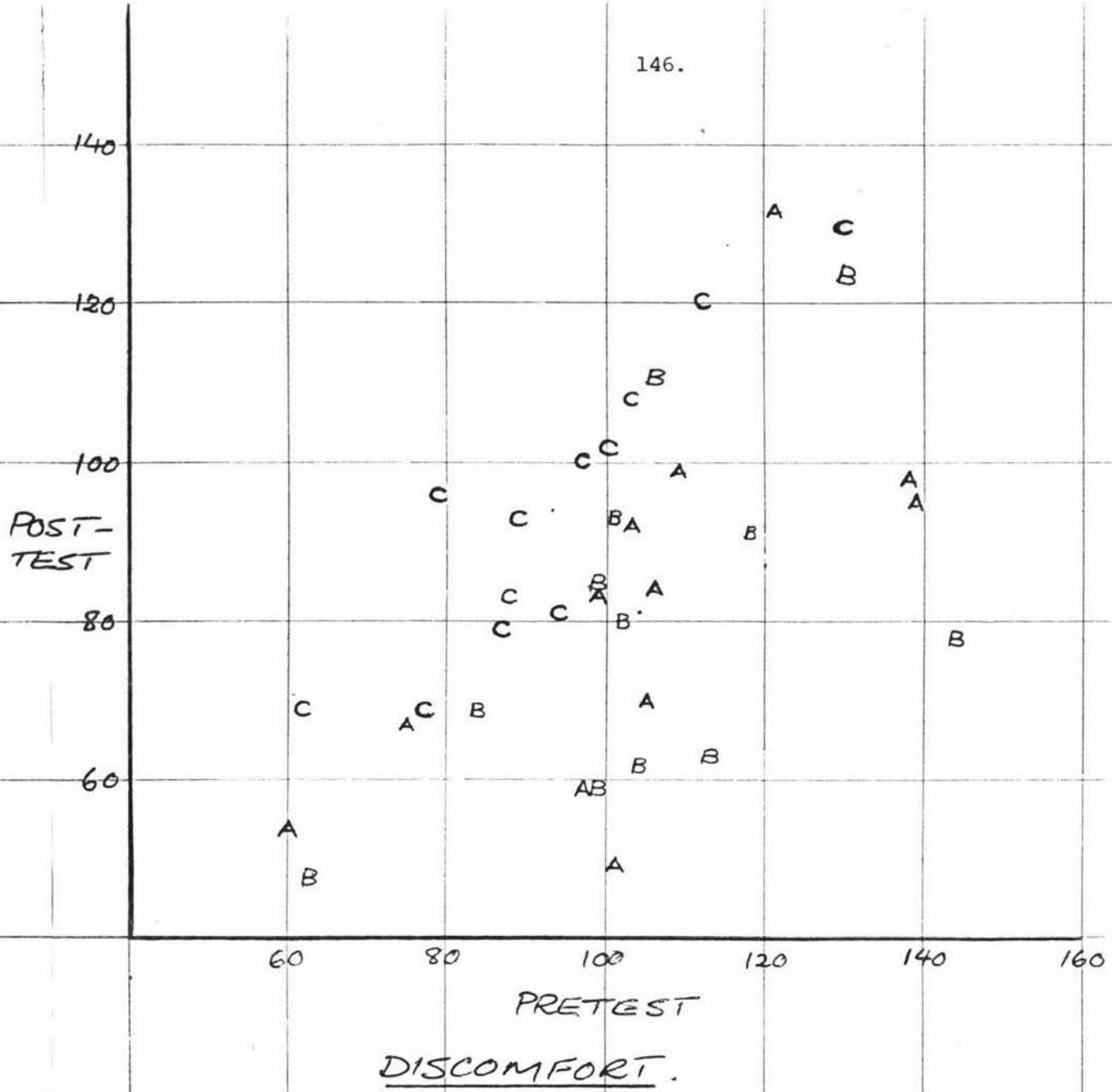
Has reading helped you to become more assertive?

APPENDIX V. DISCOMFORT, RESPONSE PROBABILITY AND SELF-ESTEEM SCORES, MEANS AND STANDARD DEVIATIONS FOR GROUPS A, B AND C SUBJECTS (STAGE III)

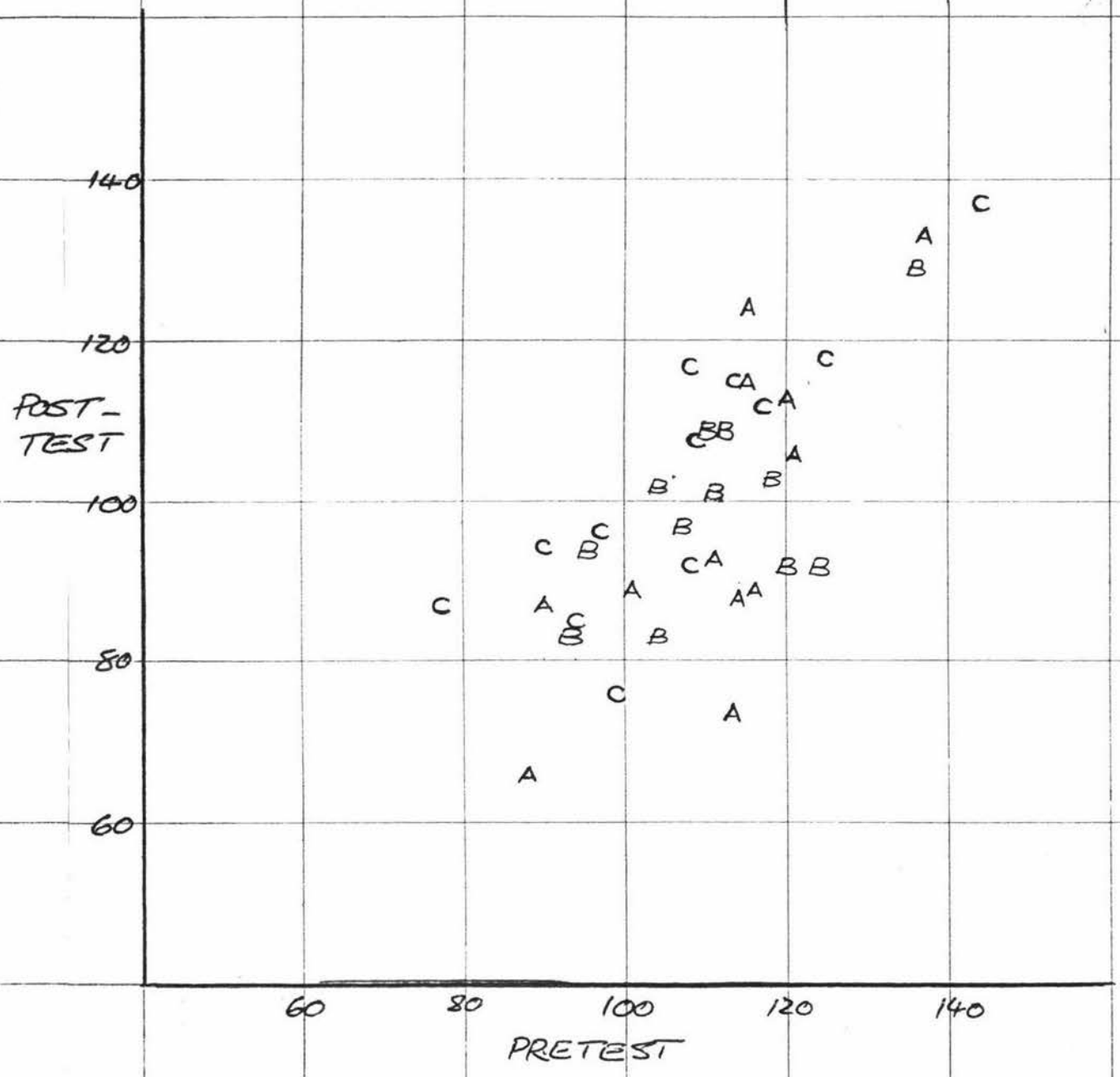
GROUP A N = 12							*GROUP B* N = 12							*GROUP C* N = 12						
S NO	DISC. PRE	DISC. POST	RESP. PROB. PRE	RESP. PROB. POST	AS-IS PRE	AS-IS POST	S NO	DISC. PRE	DISC. POST	RESP. P. PRE	RESP. P. POST	AS - IS PRE	AS - IS POST	S NO.	DISC. PRE	DISC. POST	RESP. P. PRE	RESP. P. POST	AS - IS PRE	AS - IS POST
31	138	98	113	74	32	12	1	84	79	118	103	28	35	51	88	83	94	85	17	8
32	75	67	90	87	17	27	2	102	80	110	109	22	19	52	103	108	109	109	22	18
33	105	70	101	89	22	11	3	101	93	104	102	28	28	53	112	120	114	115	16	16
34	139	95	120	113	33	24	4	118	91	95	94	31	26	54	94	81	90	94	15	14
35	121	132	137	133	30	33	5	104	62	104	83	29	13	55	62	69	77	87	18	9
36	97	59	116	89	22	19	6	144	78	107	97	33	22	56	77	69	99	76	23	24
37	99	83	115	115	28	24	7	99	59	124	92	20	14	57	89	93	97	96	13	12
38	106	84	121	106	17	11	8	113	63	120	92	26	17	58	100	102	125	118	14	20
39	60	54	88	66	6	5	10	99	85	93	83	27	29	59	130	130	144	137	27	29
40	109	99	114	108	11	11	11	106	111	112	109	8	4	60	97	100	108	117	36	33
41	101	49	111	93	10	27	12	130	124	136	129	20	28	61	87	79	108	92	17	11
42	103	92	115	124	29	30								62	79	96	117	112	10	9
$\bar{X}$	104.42	81.33	111.75	99.75	21.42	19.5		105.25	81.08	111.16	99.5	24.83	21.16		93.16	94.16	106.83	103.16	19.0	16.92
σ	22.48	23.53	13.45	15.76	19.23	9.19		20.63	21.91	12.13	12.66	6.65	8.57		17.54	19.15	17.5	17.57	7.09	8.19



APPENDIX VIA REGRESSION SCATTERPLOT SHOWING PRE VERSUS POST-TEST SELF-ESTEEM SCORES OBTAINED BY GROUPS A, B AND C SUBJECTS.



APPENDIX VIB REGRESSION SCATTERPLOT SHOWING PRE VERSUS POST-TEST DISCOMFORT SCORES OBTAINED BY GROUPS A, B AND C SUBJECTS.



RESPONSE PROBABILITY.

APPENDIX VIC — REGRESSION SCATTERPLOT SHOWING PRE VERSUS POST-TEST RESPONSE PROBABILITY SCORES OBTAINED BY GROUPS A, B AND C SUBJECTS.

APPENDIX VII CASE STUDIES

1 (a) Subject 35, Group A.

This person's pre-test assertiveness scores (Discomfort, 121, and Response Probability, 137) placed her well into the "unassertive" quadrant of the Assertion Inventory. She was a 42 year old married woman who classified herself as a housewife and claimed to be about equally satisfied and dissatisfied with her life. On the "recent feelings" question, she circled most of the items indicating that she had experienced a variety of positive and negative states in the weeks prior to clinic attendance. Her score on the self-esteem measure indicated that her sense of personal worth was relatively low and her Ideal Self ratings showed that she did not have an unrealistic impression of what she might become. Nevertheless, during the AT course her anxiety, assertiveness and self-esteem levels did not change noticeably. She reported feeling equally anxious at the end of the course, even though she could "speak up" for herself more easily, and expressed interest in going through the series again with special attention to the sessions on relaxation and identification of feelings.

1 (b) Subject 12, Group B.

The outcome of training for this woman provides another example of the need for AT preparation. As a young housewife and mother who had been bored and depressed for some time, she presented with low self-esteem, high anxiety and low likelihood of behaving assertively. During the training sessions she was very tense, found it hard to concentrate and felt apprehensive and embarrassed about joining in pair or small-group exercises. At post-test, she reported not feeling so depressed, being more aware of her personal rights, and finding it easier to accept criticism . However her self-esteem, anxiety and assertiveness scores changed only slightly for the better and she stated that she was, at that time, feeling "more ready to begin the course".

2. Subject 6, Group B.

Mrs. L. was a 28 year old woman who sought help in becoming more assertive mainly because she thought that her husband and children gave her no consideration, therefore her life was lonely and meaningless. Her feelings of insignificance had increased greatly since the second child began school some months previously. At pre-test, her anxiety level was extremely high yet she scored moderately on response probability, thus putting her in the "anxious performer" category. Her self-esteem level was fairly low in coincidence with an equally satisfied and dissatisfied outlook on life. The main areas of difficulty shown in her test results were insecurity, low confidence, sensitivity to criticism, and dissatisfaction with herself both physically and mentally. She took special interest in the relaxation and limit-setting parts of the course and reported a large decrease in her anxiety level at the end of training. There was also a gain in self-esteem but little change in likelihood of responding more effectively. She left the clinic indicating that she felt much differently about herself and her capabilities. A follow-up visit 3 months later showed that she had practised several of the AT exercises in interaction with her family and that she was behaving far more assertively from a personal stance of greater self-confidence.