

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

JULIANA MAJELLA SMEE

SELF-ESTEEM, ANXIETY, AND ASSERTIVENESS:

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

*Submitted as part of the requirements for
the Degree of Master of Arts (Clinical
Psychology).*

April, 1980.

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.

TABLE OF CONTENTS

	<u>Page</u>
ABSTRACT	i
PREFACE	ii
GLOSSARY OF TERMS	v
CHAPTER 1. INTRODUCTION	1
CHAPTER 2. LITERATURE REVIEW	
2.0. Definitions and Theoretical Base	3
2.1. Historical Background	8
2.2. Levels of Assertion Training	11
2.3. The Need for and Evaluation of Assertiveness Training	12
2.4. Applications of Assertiveness Training	18
2.5. Summary	23
2.6. The Self, Self-concept and Self-esteem	24
2.7. Self-esteem: Definition and Theoretical Background	27
2.8. Self-esteem, Assertiveness and Anxiety	39
2.9. Future Research	48
CHAPTER 3. METHOD	
3.0. Introduction	50
3.1. Aims of the Present Study	53
3.2. Hypotheses	53
3.3. Subjects	54
3.4. Procedure	55
3.5. Measures	56
3.5.1. The Assertion Inventory	56
3.5.2. The Repertory Grid	61
3.5.3. The General Information and life satisfaction questionnaire	70
CHAPTER 4. RESULTS	
4.0. Introduction	72
4.1. Computer Analysis of Data	72
4.2. Results of the Analyses	73

		<u>Page</u>
CHAPTER 5.	DISCUSSION	
5.0.	Introduction	89
5.1.	Interpretation of Results	89
5.2.	Discussion of Testing Instruments	100
CHAPTER 6.	SUMMARY AND RECOMMENDATIONS	105
BIBLIOGRAPHY		109
APPENDICES		
I	Random Assignment Chart	135
II	The Gambrill and Richey (1975) Assertion Inventory.	136
IIIA	Kelly's (1955) Role Construct Repertory Grid [A]	137
IIIB	Repertory Grid [B]	138
IIIC	Modified Repertory Grid [C]	140
IVA	General Information and Life Satisfaction questionnaire	142
IVB	Post-training evaluation questions	143
V	Discomfort, Response Probability and Self-esteem scores, means and standard deviations for Groups A, B and C subjects.	144
VIA	(Regression scatterplots showing pre versus post-test <u>Self-Esteem</u> , <u>Discomfort</u> , & <u>Response Probability</u> scores obtained by Groups A, B and C.	145
VIB		
VIC		
VII	Case Studies on selected stage III subjects	148

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).