INTRODUCTION

Is life really a stage? Are we all really actors enacting our parts? Then what is it that makes one avoid discussions for the fear of confrontation? What is it that you hold back what you wanted to say despite your esteem seriously been dented? What is it that constantly makes you feel guilty or uncomfortable asking for certain things, may be saying a ‘no’?

This, somewhere, means that we all are not very prepared actors to act extemporaneously on this stage of life as either a blockage is there or a sense of self-worth is yet to sink in. But more important is to realize that ‘I need to change’, ‘I need to feel less stressed’, ‘I need to have a greater confidence’, ‘I need to be able to disagree with people resolutely while retaining positive relationships with them’, ‘I need to resist other people’s attempts to manipulate me through bullying, flattery or emotional blackmail’.

Why, in interpersonal conflicts, do some people emerge as steadfast and conceding little ground whereas others give way, yielding to another person’s requests and surrendering their own interests?

The notion of assertiveness has been extensively used in popular literature and in social sciences, business, education and leadership training (Abbassi & Singh, 2006).

Assertiveness is the ability to represent to the world what you really are, to express what you feel, when you feel it necessary (Pipas & Jaradat, 2010). Lazarus (1973) was the first to identify specific classes of responses in which assertive behaviour can be defined: ”the ability to say no, the ability to ask favours or make requests, ability to
express positive and negative feelings, the ability to initiate, continue and finish a general conversation."

Smith (1975) analyses assertive behaviour as a fundamental right of every individual. His conception of freedom has taken a much more extensive liberty than the social democratic philosophy had: "You have the right to judge your own behaviour, thoughts and emotions, to have responsibility for taking behaviour and their consequences.

Lange & Jacubowski (1976) claimed that "assertiveness involves personal rights and expressing thoughts, feelings and beliefs directly, honestly and appropriately without violating the rights of others." Rimm & Masters (1979) said that, "Assertive behaviour is an interpersonal behaviour involving relatively honest and direct expression of thoughts and feelings that are socially appropriate and take into account the feelings and welfare of other people." Nicarthy et al (1993) define Assertiveness as showing respect for oneself and others by stating one’s opinion and letting others know the individual feelings, wants and needs. Morokoff (2000) - says that Assertiveness requires a person to attempt to ensure his/her rights and to actualize an internalized view of self through interaction with others. Twenge (2001) said that Assertiveness is standing up for one's personal rights and freely expressing ideas, feelings and opinions. Eskin (2003) characterized Assertiveness as "an important social skill that promotes personal well being". Being assertive is a core communication skill. Being assertive means that you express yourself effectively and stand up for your point of view, while also respecting the rights and beliefs of others. Being assertive help boost your self esteem and earn others' respect and finally culminating in mutual respect (Mayoclinic, 2013).
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Introduction

Taking this discussion further, one understands that one of the important dynamics of communication is being touched. People communicate with each other both verbally and nonverbally. We transmit our thoughts and feelings through words (verbal) and through body language, tone of voice, facial expressions, gestures and actions (non-verbal). It is important to have an agreement between the two forms of communication (Pipas & Jaradat, 2010). When there is a discrepancy between verbal and non-verbal message, we tend to believe the second one.

Clearly expressing yourself to others, persisting with your goals in the face of opposition and appropriately standing up for yourself in the midst of conflict or criticism is what Assertiveness is....

1.1 Types of Behavioural Responses in Social Situations

Forman (1993) and Cassell & Blackwell (2002) define Assertive behaviour as the midpoint of a continuum of behavioural styles ranging from passive behaviour (or nonassertive behaviour) to aggressive behaviour.

1.1.1 Nonassertive behaviour is characterised by its overly 'nice' and submissive quality as the individual engaging in passive behaviour is typically afraid of conflict and overly afraid of social rejection. The nonassertive individual frequently holds the belief that if you behave 'nicely enough' to somebody who is acting rudely, obnoxiously or is pushing towards you, then the rude person will eventually understand how 'good' you are and gratefully stop acting in a rude, obnoxious or overly demanding manner.

Frequently, a non assertive individual keeps his or her personal opinions, feelings or desires to him or herself while looking for those
things to say that will best win the other person’s approval, consequently, the nonassertive person frequently feels very frustrated and angry inside believing that people do not truly understand him/her. The basic message he/she sends is 'I'm not okay'.

The non-assertive person is emotionally dishonest, indirect, self-denying and inhibited.

**Non-assertive body language:**

- Lack of eye-contact, looking down or away.
- Swaying and stifling of weight from one foot to the other.
- Hesitant while speaking.

**Effects of non-assertive behaviour**

- **Short term**
  - Reduction of anxiety
  - Avoidance of guilt
- **Long term**
  - Continuing loss of self-esteem
  - Increased internal tensions leading to stress, anger and worsened depression.

(Williams, 2001).

**1.1.2 Aggressive Behaviour:** Stating your position in a dominating humiliating way is being aggressive. Aggression doesn't take into account the other person's feelings or rights. It is an attack on the other person. Aggression is expressing your own feelings, needs, rights
and opinions with no respect for other people's feelings, needs, rights and opinions (Williams, 2001). One's own needs are seen as being more important than others and theirs are ignored or dismissed. Here, the person does stand for his/her own rights, but doing so in such a way that you violate the rights of other people. One opines that one is having something to contribute and seeing the other people as having nothing to contribute (Williams, 2001).

The aim of aggression is to win, if necessary, at the expense of others. Such a person is hurting others, is intimidating, controls the environment to suit his/her needs and chooses for others. The message here is 'I am okay but you are not okay.'

An aggressive person is emotionally honest, direct and self-enhancing but at the expense of others and is inappropriately expressive.

**Aggressive body language**

- Leaning forward with glaring eyes.
- Pointing a finger at the person to whom you are speaking.
- Shouting
- Clenching the fists.
- Putting hands on the waist and wagging the head.

**Effects of Aggression**

- **Short term**
  - Release of tension
  - The person feels more powerful
- **Long term**
  - Feelings of guilt and shame.
- Place responsibility for anger onto other.
- Decreasing self confidence and self esteem.
- Resentment in those around the aggressive person.

(Williams, 2001)

Now, to have an understanding of passive and aggressive behaviour and paving a way to throw light upon the importance of assertive behaviour, Eric Berne’s Transactional Analysis Model (1950) is being described:

### I am okay

<table>
<thead>
<tr>
<th>Win/Lose</th>
<th>Win/Win</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aggressive</strong></td>
<td><strong>Assertive</strong></td>
</tr>
<tr>
<td>I care about myself, I do not care about you</td>
<td>I care about myself, I do care about you</td>
</tr>
<tr>
<td>Lose/Lose</td>
<td>Lose/Win</td>
</tr>
<tr>
<td><strong>No hope !</strong></td>
<td><strong>Passive</strong></td>
</tr>
</tbody>
</table>
| Neither me nor you are important | I don't care about myself, You are more important.

Modified from Franklin Ernst (1971) Corralogram.

### 1.1.3 Assertive Behaviour

An assertive individual maintains that he or she is the ultimate judge of his/her own behaviour although other people are free to have
their own opinions and approve or disapprove as they feel. An assertive person stands up for his or her tastes, desires, values and opinions while respecting other people's freedom to have their own individual differences on these things. A person who behaves assertively understands that he or she is naturally incompatible with certain other people, therefore social rejection is simply an acknowledgement of social incompatibility with a given person and not a reflection of their worth as a person (Forman, 1993).

Bedell & Lennox (1997) describe an assertive behaviour as the ability to state our feelings (how the other person's behaviour makes us feel) in a reasonable way, without being hostile to the other person and without using coercion to settle the conflict.

In an assertive behaviour, the focus is always on our needs, feelings and rights without hurting the same of the other.

Assertiveness should not be confused with self-defence! The term self-defence is generally understood as referring to actions and reactions that dearly involve physical force. In contrast, Assertiveness focuses on the skilled behaviour which empowers a person to come up with personal solutions when faced with the escalation of a threatening situation.

1.1.3.1 ASSERTIVENESS - THE BALANCED YOU...

The psychological concept of Assertiveness provokes a great deal of interest in the social psychological field mainly because of its multidimensional definition that covers the three major tenets of human expression: behaviour, cognition and affect. Behaviourally, assertiveness is exercised when an individual is capable of freely expressing his or her emotions, is able to defend his or her purposes
or goals in general and specific situations and can establish rewarding and fulfilling interpersonal relationships (Colter & Guera, 1976; Herzberger, Chan & Katz, 1984). Affectively and cognitively, assertive people are capable of expressing and reacting to positive and negative emotions without undue anxiety or aggression (Gladding, 1988).

1.2 ASSERTIVENESS AND THE THEORETICAL RATIONALE

Levine (1969) states that adaptation is the process of change whereby the individual retains his integrity within the realities of his environments. Adaptation is basic to survival and it is an expression of the integration of the entire organism. The measure of effective adaptation is the compatibility with life (pp. 9-10).

Here, we see an individual whose behavioural style is either passive (non-assertive) or aggressive as an individual who lacks effective adaptation and the one who needs to unlearn maladaptive and learn adaptive behaviour which is nothing less than a survival skill i.e. assertive behavioural style.

Another theoretical rationale has been derived from Hartmann's (1964) formulations on ego psychology. Hartmann posits that the infant is born with the apparatuses of primary autonomy that provide the framework for adaptation between the organism and its environment. Within an average expectable environment, created in the context of the mother-child dyad the infant begins to develop the internal structures that will facilitate increased mastery over the environment. Through the process of fitting together with the external world, the infant develops the capacity to regulate equilibrium by means of autoplasic modifications of the self and alloplastic modifications of the environment. The reciprocal relationship created through this interaction form the basis for the first social relations
that are crucial for maintaining biological and psychological equilibrium.

Ultimately, the newly differentiated skills are integrated at a higher, more complex level, the infant develops the ego functions necessary to execute the tasks that were originally performed by more primitive means. With his emphasis on the conflict free sphere of the ego as the organising foundation for fitting together of internal and external experiences, Hartmann laid the foundation for conceptualising adolescent development as influenced by but independent of psychosexual demands (Josselson, 1988).

According to Hartmann, "Evolution is a process of progressive" internalisation" (p.57) which requires further adaptive accommodations to introduce new configurations and equilibria to facilitate "increased independence from the environment" (Hartmann, 1964, p.40).

Based on Hartmann's theoretical framework, it can be said that the facility to develop protective coping mechanism can be fostered through the ability to inhibit negative responses by assertively modifying one's environment and the capacity to effectively and cognitively understand the emotional experience of others.

**Social Learning Theory (Bandura, 1977)** offers the explanation that people learn by observing others and then imitating that behaviour. Scheier, Botvin, Griffin and Diaz (1999) noted that a social learning approach maintains one's belief that social competence determines the likelihood of engaging in social behaviour. Akers and Lee (1996) reported that learning a new behaviour is the direct result of associating with individuals engaged in a similar behaviour and
their adoption of a set of attitudinal belief systems of others. It would seem feasible that individual participating in a study on the effect of assertive training should successfully be able to learn assertive behaviour by modeling the same behaviour demonstrated by the researcher/facilitator.

According to Salter (1949), two kinds of personalities categories individuals: inhibitory (nonassertive person) and excitatory (assertive person). Salter suggested that the assertive person is productive and functions at a high level, whereas the nonassertive individual is inhibited in approaching new tasks and people. Salter’s theory of Reflex Conditioning posits that a nonassertive person may be conditioned to become assertive by learning assertive skills. Salter maintained that assertive skills are a significant component of everyday living and mental well-being.

Wolpe (1958) contended that anxiety response habits may be extinguished if a response that is free of anxiety could be introduced at the same time that an anxiety provoking stimulus occurs. The process of conditioning the response is what Wolpe referred to as the reciprocal principle. One example provided by Wolpe was the use of assertive responses to overcome neurotic responses such as anxiety.

1.3 Assertiveness - The Survival Skill

Assertiveness is a very important social skill both in professional contexts and in everyday interactions. One feels hurt, aggrieved and upset if one's rights have been violated. Still not everyone can assert! This is often related to the upbringing in that those individuals may have been raised under an overly disciplined regime by parents in which there was no scope of being heard. Also,
the school reinforced the 'good child tag' to the quietest. It can be difficult in later life to overcome this residue of parental and educational upbringing. However, it is possible to improve assertion skills.

All the definitions discussed earlier emphasize important components of assertion, namely respect for the rights of other people and the skilled individual should be able to achieve a balance between ensuring personal rights and not infringing the rights of others.

Assertiveness helps people to be more constructive and confident in dealing with situations and in building the sorts of relationships they want. Non assertive people can often experience a lot of anger, dissatisfaction and anxiety with themselves and others. Bates and Zimmerman (1971) claimed that anxiety may inhibit the expression of appropriate feeling of adaptive social acts. They also suggested that interpersonal anxieties and their consequences can be treated by assertiveness training (as cited in Sahin, 1999).

Home, school life and peer-pressure often reinforce adolescents to indulge in non-assertive behavior as they may increasingly find it difficult to cope with and resist conventional expectations which deny our individuality and personal needs and wants. Children are not always encouraged to express their feelings and opinions. Sometimes, they are even punished for it. This can carry over into adulthood where people may feel uncomfortable in expressing their feelings. The short term rewards of praise and appreciations for doing what others want can lead us to neglect the long term rewards of being ourselves and asserting our needs. Schools and other institutions often seem to prefer and reward the obedient and co-operative child. In addition,
questioning individuals who express their opinion and feelings are often treated as difficult people. Further more, anxiety about causing embarrassment, a perceived sense of social self-inefficacy, lack of social emotional skills and misguided concept of politeness make it very difficult for some people to be assertive and many people do not realize or believe that they have individual rights.

In terms of actual rights, Zuker (1983) produced a general "Assertive Bill of Rights" for individuals which includes the right to be treated with respect, have and express personal feelings and opinions, be listened to and taken seriously, set one's own priorities, say no without feeling guilty, ask for what one wants, get what one pays for, make mistakes, assert ourselves even through it may cause inconvenience to others.

Assertive children grow as assertive adolescents and then assertive adults and stay happier, honest, healthy and less manipulative (Gokalan, 2000). Being assertive also means taking responsibility for life and choices. It means making one's own decisions, rather than simply going along with other people's choices (Rees & Graham, 1991).

As a conclusion, assertiveness is a very important and useful social skill that has the power to enhance, the power to modify, the power to accentuate the social relationships, academic success and personal development. It is a necessity to empower young people with the knowledge, understanding and skills to choose their own appropriate and effective patterns of behaviour. As a parent, as a teacher, as an individual, one does not need to wait till the adulthood to find that my child's or my pupil's or my patterns of behaviour and ability to express feelings are unsatisfactory.
1.4 INCEPTION AND HISTORY OF ASSERTIVENESS TRAINING

Assertiveness training programme, the tool in hand, is designed to improve an individual’s assertive beliefs and behaviours, which can help the individual change, how they view themselves and establish self-confidence and alleviate social anxiety (Wesley & Mattaini, 2008). Corey (2009) explained that assertiveness training is based on the principle of social learning theory and incorporates many social skills training methods. He explained further that the training is often conducted in groups using modeling, role-play and rehearsal to practice a new behaviour in the therapy session and then enacted in everyday life.

Assertion Training (AT) has a long history. As early as 1949, Andrew Salter in Conditioned Reflex Therapy described an early form of assertion training (Lange & Jacubowski, 1976). Wolpe (1958) and Lazarus (1971) were the other behaviour therapists who more clearly differentiated assertion from aggression and used various role play procedures as part of their assertion training. Assertion training programmes became popular mainly after 1970s as a means of increasing personal effectiveness and improving interpersonal relationships (Nadim, 1995).

Assertiveness Training serves two purposes: At the first place, it increase individual awareness of verbal patterns, awareness of intentions, being receptive to the feelings, rights, risks, and consequences both for the asserter and the other person in the situation and secondly, to increase the verbal as well as listening and attending skills of the would-be asserter. AT can be conducted on an individual or a group, but group training is considered generally more effective (Rathus, 1975). According to Morganett (1990), the group
based intervention programmes are beneficial especially for adolescents. Counselling groups provide an atmosphere of acceptance, encouragement and safe experimentation for new behaviours but with group rules and ethics of confidentiality clearly defined. Since peers strongly influence the young adolescent, group counselling enhances the possibility that youths will attempt new behaviour practiced and modelled by their peers and significant others (Gazda, 1989).

There are some training techniques that are usually used in AT groups. Each assertiveness technique can be categorised into one of the five basic operations: response acquisition strategies (instructions, overt and covert modelling, bibliotherapy), response reproduction procedures (overt and covert behavioural rehearsal), response refinement techniques (shaping, coaching, self-evaluation, feedback, reinforcement), cognitive restructuring procedures (rational relabelling, self instruction training, problem solving) and response transfer strategies (homework assignment, systematic naturalistic experimentation, self instruction training, self-monitoring, covert modelling, rehearsal and social perception skill training) (Rich & Schroeder, 1976).

AT can be conducted by using cognitive behavioural intervention techniques. Cognitive Restructuring is the process by which individuals become aware of their own thinking patterns which lead to ineffective behaviour and change these thought processes to more productive ones. Behavioural Rehearsal is another important way of teaching assertiveness.

1.5 Research on Assertiveness Training (AT)

Recent AT research has focused on enhancing adolescents’ assertiveness (Erogul & Zengel, 2009), enhancing self esteem and
general self efficacy (Akbari, Mohamadi & Sadeghi, 2012), on assertive communication skills (Pipas & Jaradat, 2010), assertiveness in marital relationships (Abbassi & Singh, 2006), leadership development (Faker, 2002), recovering mental health (Braiker, 2001; Enns, 1992; Jakubowski & Lange, 1978), conflict management (Bishop, 1997), overcoming discrimination and prejudice including violence and exploitations involved in gender relationships (Alberti & Emmons, 2001; Bloom, Coburn & Perlman, 1975; Butler, 1981; Gallois & Wilson, 1993; Goodman & Fallon, 1998; Neff & Harter, 2002; Phelps & Austin, 1975; Rudrappa, 2004), reducing anxiety (Aschen, 1997), in school settings to reduce aggressive behaviour (Studer, 1996), enhancing social skills and self-confidence in college students (Thompson, Bundy & Wolfe, 1996). AT is also being used in behavioural health and behavioural medicine programmes such as lowering blood pressure, smoking cessation and anger control (Larkin & Zayfert, 1996).

AT has been found to be effective in improving social coping skills of general populations of adolescents (Rotheram & Armstrong, 1980), Howing, Wodarski, Kurtz & Gaudin, 1990) and unassertive adolescents (McNeilley & Yorke, 1990), modifying adolescents' aggressive behaviour (Huey, 1988) and preventing adolescents from using alcohol, tobacco and other drugs (Metz, Fuemmeler & Brown, 2006).

The use of assertiveness training as part of a programme to enhance social skills has been shown to have positive benefits for adolescent self-concept (Stake, Deville & Pennell, 1983), lowered self-abasement (Jackson, 1979) and improved locus of control (Waksman, 1984).
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AT has a special significance in adolescence when there is a conflict between the pressure to conform and the desire to establish unique identity, the ability to champion one's rights and to express both angry and positive feelings, is vital to the facilitation of a sense of personal self-efficacy (Bornstein et al, 1977).

1.6 Assertiveness Training for Various Groups

A large volume of research has been conducted on assertiveness training and these programs are introduced in many settings. It has been recognised that a lot of groups can benefit from becoming more assertive. Thus, programmes of assertiveness training were employed in the training of many such professional and social groups.

The pioneer study on assertiveness was conducted in 1942 by Chitenden. He conducted the study with preschool children about developing and assessing assertiveness. Results revealed that the experimental group got benefitted as it exhibited significant increase in cooperative behaviour and decrease in aggressive behaviour.

Researchers have investigated the efficacy of assertiveness training on different groups of people such as job seekers (Ball & McLoughlin, 1977), working women (Brockway, 1976), business staff (Schloss, Espin, Smith & Suffolk, 1987), and managers (Shaw, 1976).

Medical staff- especially nurses- medical students and patients were also the focus of assertiveness training (Kilkus, 1993; Poroch & McIntosh, 1995; Dunn & Sommer, 1997). Elderly people and adults with mental retardation were another group who was imparted AT (Franzke, 1987; Donnelly,1992; Granat,1978). Gender groups (Weinhardt, Carey & Verdecias 1998), couples (Gordon & Waldo, 1984), parents of children with disabilities (Markel & Greenbaum, 1981),
teacher educator (Hoffman, 1983) and people with hearing impairment (Sedge, 1982) were the other assertiveness training subjects.

1.7 Research on AT on Adolescents

Galassi, Litz and Galassi (1974) investigated the effectiveness of group AT with nonassertive college students. After receiving 8 week training including video-tape modelling, video-peer-trainer feedback, behavioural rehearsal, group support and bibliotherapy, significant differences were found between experimental and control groups on the self-expression scale, eye-contact and assertive content. These results showed that AT in groups using video feedback was useful for college students.

Perkins and Kemmerling (1983) examined the effectiveness of AT groups led by trained paraprofessional college students. Participants were assigned to a treatment or control group after completing two personality measures. Results suggested that paraprofessionals were effective in producing significant positive changes in the reported assertive behaviour of group members.

Nadim (1995) investigated the effect of a group AT programme on nonassertive adolescents with visual impairment ranging from 16 to 20 years of age from both the genders. Pre-post-control group design was used in the study. The programme was developed according to the needs of the group members. AT group revealed a significantly greater improvement than control group.

AT programmes were used to prevent adolescent from drugs and smoking. Dupont & Jason (1984) studied the efficacy of two drug education programmes for 41 seventh grade students who were provided with either a traditional or an assertive drug prevention
programme. While both groups showed significant gains in knowledge, only those in the assertiveness group demonstrated significant changes in drug attitudes.

Wise, Bundy, Bundy and Wise (1991) developed a systematic AT programme for adolescents based on social cognitive theory. The programme focused on peer interactions and social responsibility. It was presented to a class of 22 sixth grade students. Cognitive acquisition of the information was measured with multiple choice tests administered immediately after training and at a 6 month follow up. Trained students performed significantly better than the control group on the post test and on the 6 month follow-up. These results indicated that young adolescents can acquire and retain the symbolic information that forms a basis for assertive behavior (as cited in Sert, 2003).

Fifty four male children and adolescents, ranging from 8 to 19 years of age who were identified as non-problematic, mildly problematic or moderately problematic in reference to school performance, classroom behaviour and interpersonal skills participated in the study. The data obtained from the role-playing test, strongly suggested that giving AT to children leads to the acquisition of behaviour which are viewed as interpersonally effective or assertive. These effects persisted after treatment.

1.8 Assertiveness and Gender

Gender is often thought to be associated with assertiveness in an important way. With regard to gender, the majority of the studies have indicated that males score higher on Assertiveness as compared to their female counterparts. Ghareeb (1983) in his study of 140
subjects (82 female, 58 male) and using the Wolpe & Lazarus Assertive Inventory found that the male mean of assertiveness is significantly higher than the female mean of assertiveness.

Hollandsworth & Wall (1977) in their comprehensive review of the available sex-related assertiveness literature, found that of the 14 samples in which sex-identified assertiveness scores were available, four reached significance in favour of males. Orenstein et al (1975) in their study of 450 subjects (200 females, 250 males) using Rathus Assertiveness schedule (RAS), found that males scored significantly higher. Costa, Terracciano & McCrae (2001) found that males were more assertive than females in their cross-cultural analysis of adults and college students from 26 different countries.

1.9 SOCIAL ANXIETY (SA)

As Shakespeare said that life is a stage then Social Anxiety is the stage-fright of everyday life! (Leary and Kowalski, 1995) followed by feelings of nervousness, self-consciousness, uncertainty that one encounters sometimes before and during encounters with other people.

Cross-cultural researches show that social anxiety occurs in all cultures and its prevalence in countries like India and Japan is as high as in United States (Chaleby, 1987; Hansford and Hattie, 1982; Ishiyama, 1984; Kano et al., 1989).

According to Leary & Kowalski (1995), feelings of discomfort in social encounters are so common that we typically don’t even stop to ask ourselves the most basic question about them: What is so scary about certain social situations that people often feel uncomfortable when in them? What purpose do such feelings serve? Why are these feelings associated with awkward and disrupted behaviour? What can be done to reduce it?
Here, in this study, the aim to view social anxiety is not as a psychopathology but as a normal socio-cultural and social-psychological process. Apart from social anxiety disorder, generalized social phobia of specific social phobia, it has been recognized that people have significant levels of social anxiety, yet do not formally meet the diagnostic criteria of calling it a disorder (Fehm, Beesdo, Lacobi and Fiedle, 2008; Dell 'Osso et al, 2003). Experiences of these people include problems at work, conduct problems in society, less self-confidence, academic problems (Davidson et al 1994).

Individuals experience anxiety in a variety of social situations ranging from important meaningful encounters to mundane seemingly trivial ones. People may feel nervous in job interviews, in interactions with their superiors, while speaking or performing in public, when leading or meeting or in casual conversation with strangers. Sometimes their unease may only be a minor annoyance with someone or a preoccupation with some other pending important task but at other times, people may be so anxious that they are unable to function normally and may even flee the stressful situation.

The feelings of anxiety in social settings are quite common. Virtually everyone experiences social anxiety at least occasionally and some people experience such feelings frequently.

People normally experience Social Anxiety in:

- addressing large audiences.
- interacting with people of opposite sex.
- Public speaking.
- Socially evaluative situations – oral exams, interviews.
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• Social gatherings.
• being the centre of attraction.

Holt, Heimberg, Hope and Liebowitz (1992) suggested that the situations that precipitate Social Anxiety can be classified into 4 primary categories:

1. Formal Speaking and Interaction.
2. Informal Speaking and Interaction.
3. Assertive Interaction.
4. Observation of one's behaviour.

• The most anxiety producing are the situations involving formal speaking and interaction: giving a talk in front of an audience, performing on stage, giving a report to a group, speaking up at a meeting etc.

• The second category of situations that induce social anxiety involves informal speaking and interaction e.g. going to a social function, meeting strangers etc.

• Third, interactions requiring assertive behaviour e.g. expressing disagreement, returning goods to a store or resisting high pressure salesperson also precipitate social anxiety.

• Fourth, people sometimes feel socially anxious when they are simply being observed by others while working, writing or eating.

What all of these situations have in common is that they tend to evoke concerns with other people's evaluations of oneself.
Specifically, the defining characteristic of social anxiety is that unlike other anxieties, social anxiety arises from the prospect or presence of interpersonal interaction in real or imagined social settings (Schlenker and Leary, 1982). Social Anxiety occurs when people become concerned about how they are being perceived and evaluated by others. People become socially anxious not only when they are currently being evaluated but also when the possibility or prospect of interpersonal evaluation exists. People may experience social anxiety even when they are alone if they worry about how others may regard them in an upcoming interaction. People may become anxious about those social interactions also that are entirely imagined rather than real.

It is important to intervene early with effective interventions otherwise social anxiety may result in harmful effects on one’s long term emotional development in terms of mental health and well-being (Khalid – Khan et al 2007).

1.10 THEORIES OF SOCIAL ANXIETY

1.10.1 Self-Presentation Theory (Leary and Kowalski, 1995a, 1995b; Schlenker and Leary, 1982).

Self-presentational theory of social anxiety proposes that people experience social anxiety when they are motivated to make a desired impression on other people but doubt that they will successfully do so. Because the impressions that people make on others have important implications for how they are evaluated and treated in everyday life, people are understandably motivated to convey certain impressions of themselves and to avoid making certain impressions (Goffman, 1959; Leary, 1995; Schlenker, 1980). The theory predicts that the likelihood and intensity of social anxiety increases as people
become more motivated to make a particular desired impression and less certain that they will successfully do so.

People need to impress upon others that they are a worthy social investment. People who are socially desirable (e.g. competent and responsive to a conventional social group norms are considered a worthy investment of time, energy and resources (Baumeister and Tice, 1990; Gilbert 2001). Consequently, social anxiety can be triggered by concerns about making a favourable impression on others, beliefs that one will be unable to do so and appraisals of social danger. People with greater social anxiety are extremely reactive to social threat cues (Gilboa – "Schechtman, Foa & Amir, 1999; Stein, Goldin, Sareen, Zorrilla and Brown, 2002), they consistently underestimate their social performance and overestimate the visibility of anxiety (Wallace and Alden, 1997). The information – processing biases appear to elevate anxiety, self-presentation concerns and the use of avoidance coping strategies (Clark and Wells, 1995).

1.10.2 Sociometric Theory (Baumeister and Leary, 1995)

Relational devaluation occurs when an individual perceives that one or more other people do not regard their relationship with the individual to be as important, close or valuable as he or she desires. But differently, people feel socially anxious when they believe that the impression they make will not lead others to value their relationship with them as much as they desire and particularly if those impressions may lead others to actually devalue, avoid or reject them e.g. the job applicant in the interview, the performer on stage.

Socially anxious people tend to avoid their emotions as a safety behaviour to prevent the possible display of undesirable feelings to others, which may invite social blunders, embarrassment and rejection. Their primary goal is to avoid rejection at all costs and
maintain some degree of connectedness to others (Clark and Wells, 1995). Socially anxious people are more socially isolated and have unsatisfactory social relationships (Wittchen, Fuetsch, Sonntag, Muller & Leibowitz, 2000).

So, on the basis of the above discussion, Social Anxiety refers to the tendency to be nervous or being uncomfortable in social situations, usually because of the fear about doing something embarrassing, making a bad impression or being judged negatively by others.

Given that adolescence is a developmental period that constitutes potential for conflict as well as opportunity for growth, understanding the conflicts that arise for individuals attempting to overcome barriers and obstacles along their developmental paths may provide insights into the subsequent development and expression of emotional difficulties.

Adolescent development is majorly governed by 3 processes: biological, cognitive and socio-emotional (Santrok, 2001). Biological processes consists of individual’s unique biological make-up, cognitive view emphasises that adolescents have sophisticated thinking abilities and are motivated to understand and construct their own cognitive worlds (Albano and Kendall, 2002), socio-emotional processes involve the development of individual emotions in relation to social contexts and other people (Santrok, 2001). The important context in child and adolescent development includes family, peer, school and culture (Santrok, 2001).
Therefore, biological, cognitive and socio-emotional processes are intricately related and constantly interacting. A holistic perspective of adolescent development purports that changes in adolescent development are an outcome of all the three processes (Santrok, 2001). Thus, an adolescent, who has been ridiculed, not listened to, not credited for hard-work rather he/she was doubted, mocked at, isolated, excluded or rejected can be a victim of this debilitating social anxiety where an undue importance is given to the other person as one’s own self is treated or if it doesn’t exist.

Cognitive behavioural theorists have labeled fear of negative evaluation a core feature of social anxiety (Clark & Wells, 1995; Rapee & Heimberg, 1997) and extensive empirical support has been obtained in support of this notion (Coles, Turk, Heimberg & Fresco, 2001; Hackmann, Surawy and Clark, 1998; Horley, Williams, Gonsalvez & Gordon, 2004; Mansell & Clark, 1999).

Apart from this, predictive links between parental overprotectiveness, over-control, intrusion and child’s socially withdrawn behaviour have been reported in several studies (Barber, Olsen & Shagle, 1994; Lieb et al, 2002; Coplan et al, 2004; Mills and Rubin, 1998; Rubin, Cheah and Fox, 2001; Rubin, Stewart, Henderson and Chen, 1997). Taken together, these findings support some classic writings pertaining to the role of parental overprotectiveness in the development of anxiety and social withdrawal (Levy, 1943; Winder and Ran, 1962). The literature also links overprotective, intrusive parenting to the development of social anxiety, of which social withdrawal is a behavioural indicator (Hudson & Rapee, 2001; Manassis and Bradley, 1994).
1.11 SELF EFFICACY (SE)

Imagine a world where you perceive that you CANNOT do anything. Imagine another world where you perceive that you CAN do many things. The situation in first scenario is absolutely awful and in the second, may be its awesome. So now, we focus on one type of very important cognitive factor – SELF-EFFICACY.

Bandura (1997) defines self-efficacy as one’s perceived capabilities for learning or performing actions at designated levels. The concept of self-efficacy is framed within the context of social cognitive theory (Bandura, 1986).

Although self-efficacy is a type of cognition, theory and research support the idea that it can affect other facets of development like social, emotional and behavioural and that it is influenced by various personal, social and contextual variables (Bandura, 1997).

Adolescence is a time of great changes – physical, cognitive, social and emotional. Adolescents also experience significant changes in their family relations, school environments and peer group affiliations and these changes can have profound effects on adolescents’ motivation and learning. As adolescents develop, the changes in self-efficacy have important implications for their school performances, friendships and career choices (Schunk and Meece, 2005).

Among the mechanisms of human agency, none is more central or pervasive than beliefs of personal efficacy. Self-efficacy expectations are concerned not with an individual’s actual skills but with a person’s perceptions of his or her behavioural capacity (Bandura, 1986).
Bandura, in his 1977 work suggested that there are postulated sources of efficacy information such as an individual's performance accomplishments, vicarious learning, emotional arousal and verbal persuasion experiences, which determine the strength of self-efficacy expectations for a specific domain of behaviour. These self-efficacy expectations in turn influence the behavioural outcome and the quality of performance.

Bandura's theory emphasises the importance of self-efficacy for the outcome variables and suggests that self-efficacy acts as a moderator for three specific outcome behaviours. An individual's self-efficacy expectations will influence:

- whether one will approach or avoid certain behaviour.
- how long one will persist his or her efforts in pursuing and performing certain behaviour regardless of the presence of obstacles or aversive experiences.
• and the quality of one's performance.

According to Bandura, people with high self-efficacy have 5 characteristics:

1. They assign high goals for themselves and undertake duties to reach their goals.
2. They welcome troubles and try hard to face them.
3. Their personal motivation is very high.
4. They do not refrain from doing any attempts to access their goals.
5. They are consistent when encountering the obstacles.

1.11.1 Five major characteristics of self-efficacy

1. Self-efficacy in each field is specific for the same domain of activities and cannot simply be generalized to other fields of individual’s life.

2. Obtaining self-efficacy in each activity is based on exercise and proficiency in that field.

3. In each activity, it is always possible to elevate the self-efficacy of even an efficacious individual.

4. Self-efficacy is under the influence of other's beliefs about one's abilities (Luthans, Youssef & Avolio, 2007).

5. Self-efficacy is under the influence of some elements such as individual knowledge and skills, bodily and mental health and also external conditions surrounding the person (Luthans, Youssef & Avolio, 2007).
Bandura (1977, 1981, 1986) distinguishes between efficacy expectations and outcome expectations. An efficacy expectation is a belief that one can successfully perform a particular action. It’s a judgement of one’s personal efficacy. An outcome expectation is an estimate that a given action will lead to a certain outcome. The former is a belief about one’s competence and the latter is a belief about one’s environment. Bandura further says that self-efficacy is a malleable construct i.e. an individual would enhance with supplemental reinforcements.

1.1.2 Social Self Efficacy

Bandura (2001) has focused his study on the importance of self-efficacy in psychological adjustments broadly. He indicated the profound impact of self-efficacy in the process and outcome of an individual’s adjustment. One of the domains of self-efficacy often examined in accord with Bandura’s focus on adjustment has been self-efficacy in social domains. Smith and Betz (2000) have applied Bandura’s theoretical model to social situations and have developed a psychological construct called social self-efficacy. Social self-efficacy was defined as an individual’s confidence in his/her ability to engage in the social interactional tasks necessary to initiate and maintain interpersonal relationships (Smith and Betz, 2000). This definition of social self-efficacy can be conceptualized as an example of the approach versus avoidance component of Bandura’s (1977) model.

Sherer et al (1982) first introduced social self-efficacy as a separate domain during the development of the Generalized Self-Efficacy Scale. Results of a factor-analysis, however, indicated one general factor (generalised self-efficacy) and one specific factor of six
items whose content focused on social interactions. Accordingly, they named this smaller factor 'social self-efficacy'. Following their work, Smith and Betz (2000) defined Social self-efficacy as the level of an individual's confidence in his/her ability to engage in the social interactional tasks necessary to initiate and maintain interpersonal relationships.

Researchers like Schenker and Leary (1982), Connolly (1989), Patterson & O'Brein (1997) have focused their efforts on exploring the relationships between social self-efficacy and a range of personal adjustment and self-concept variables. In his work of 1989, Connolly suggested that a higher perceived social self-efficacy of an individual would predict a well self-accepted person who has a stronger sense of general self-worth, perceived social acceptance, cognitive and physical competence and self-esteem. Patterson & O'Brein (1997) also found a significant positive relationship between social self-efficacy and the sense of social control, social adjustment and global self-esteem. Ferrari & Parker (1992) found a positive correlation between social self-efficacy and academic performance.

Based on these studies it is evident that social self-efficacy is a robust variable in predicting an individual's general social and psychological functioning. Social self-efficacy as postulated by Smith and Betz has been a means for psychological interventions for individual's outcome behaviours. In introducing the concept of self-efficacy, Bandura (1977) proposed that therapeutic change occurs due to changes in the levels of perceived self-efficacy.
Smith & Betz (2002) model based on Bandura’s (1977) model:

Studies of social self-efficacy have suggested that perceived social confidence in social settings is strongly correlated to related variables in an individual’s psychological adjustment, such as shyness and depression (Smith & Betz, 2000; Stroiney & Betz, 2003). Also, social self-efficacy has been suggested to impact various domains of an individual’s life experiences, such as social adjustment and academic performance (e.g. Ferrarri & Parker, 1992; Patterson & O’Brien, 1997; Smith & Betz, 2002; Herman and Betz, 2004). The beliefs regarding self-efficacy in social domains have important relationships to different aspects of adjustment, which suggests that social self-efficacy is one of the potentially most important domains of self-efficacy.

1.12 SOCIAL EMOTIONAL SKILLS (SES)

Jonathan Cohen (1999) presents the social emotional learning as a new concept. In the last few years, the social emotional learning
requires to be recognized as a learning form. The outcome of the social emotional learning is the development of the emotional and social competences, which take the form of "the self-reflective capacities and the ability to recognize what others are thinking and feeling, providing the foundation for children to understand, manage and express social and emotional aspects of life." (Cohen, 1999).

Social Emotional Skills reflect the capacity to recognize and control emotions, to solve problems efficiently and to establish positive relationship with others.

1.2.1 History traces back to ancient times

As with many ideas, the roots of SEL are as old as ancient Greece. When Plato wrote about education in The Republic, he proposed a holistic curriculum that requires a balance of training in physical education, the arts, math, science, character, and moral judgment. "By maintaining a sound system of education and upbringing, you produce citizens of good character," he explained. Preparing children to be responsible, productive, caring, and engaged citizens is a timeless pursuit that continues to be the goal of education today.

1.2.2 Modern Origins in New Haven

In the late 1960s, James Comer began piloting a program called the Comer School Development Program. It was, as he wrote later in a 1988 Scientific American article, centered on his speculation that "the contrast between a child's experiences at home and those in school deeply affects the child's psychosocial development and that this in turn shapes academic achievement."
The School Development Program focused on two poor, low-achieving, predominately African American elementary schools in New Haven, Connecticut, that had the worst attendance and the lowest academic achievement in the city. With help from the program, the schools established a collaborative-management team composed of teachers, parents, the principal, and a mental health worker. The team made decisions on issues ranging from the schools' academic and social programs to how to change school procedures that seemed to be engendering behavior problems.

By the early 1980s, academic performance at the two schools exceeded the national average, and truancy and behavior problems had declined, adding momentum to the nascent SEL movement.

1.12.3 A Movement Takes Off

New Haven became the de facto hub of SEL research and included active researchers who would become key figures in the movement, such as Roger P. Weissberg, a professor of psychology at Yale, and Timothy Shriver, a Yale graduate and educator in the New Haven Public Schools. Weissberg and Shriver worked closely together between 1987 and 1992 (along with local educators) to establish the K-12 New Haven Social Development program.

Within that same period came the W.T. Grant Consortium on the School-Based Promotion of Social Competence, a project funded by the W.T. Grant Foundation and co-chaired by Weissberg and Maurice Elias. This group of leading school-based-prevention experts and youth-development experts released a framework for incorporating social and emotional learning in schools, and the group listed the emotional skills necessary for emotional competence as "identifying and labeling feelings, expressing feelings, assessing the
intensity of feelings, managing feelings, delaying gratification, controlling impulses, and reducing stress."

In 1994, as the term **social emotional learning** was making its way into the lexicon, the organization CASEL was created under its original name, the Collaborative to Advance Social and Emotional Learning. That same year, the Fetzer Institute hosted the first CASEL conference with researchers, educators, child advocates, and others in the field. These people were working on various projects that aimed to prevent violence and drug use in schools and to promote healthy choices, school-community connections, and generally responsible behavior. Nine CASEL collaborators coauthored *Promoting Social and Emotional Learning: Guidelines for Educators*, which established and defined the field.

The concept of SEL was propelled into the popular culture in 1995 with a book by Daniel Goleman. With support from Fetzer, Goleman published *Emotional Intelligence: Why It Can Matter More Than IQ*, in which he argued that character matters and, more significantly, the skills that build character can be taught.

### 1.12.4 CASEL Drives the Movement

Originally based at Yale, CASEL moved to the University of Illinois at Chicago in 1996 when Roger P. Weissberg became its director. In 2001, the board changed the name to the Collaborative for Academic, Social, and Emotional Learning to reflect the new research in the field and to make sure that academics were a part of the conversation. Weissberg went on to become and currently serves as president and CEO of CASEL. CASEL’s mission is "to establish social and emotional learning as an essential part of education." (Based on the information provided by Edutopia, 2011).
1.12.5 MODELS OF SOCIAL EMOTIONAL SKILLS/LEARNING

Various models of Social Emotional Learning or Skills have been forwarded:

1. CASEL, i.e. Collaborative for Academic, Social and Emotional Learning, in 2003, considers Social Emotional Learning as a process of acquisitions and efficient applying of knowledge, attitudes and abilities useful for recognizing and controlling the emotions; useful for developing the caring and compassion for others, for responsible decision-making, for building positive relationships, for coping the difficult and challenging situations.

According to CASEL, the 5 key components of the SE Learning that can be developed, trained and enhanced through training programmes:

a. **Self-Awareness**: Identification and recognition of personal emotions, recognizing personal strengths, self-efficacy, self-confidence.

b. **Social Awareness**: Empathy, respect for others.

c. **Self-Management**: Impulse control, Stress Management, Persistence, goal-setting and motivation.

d. **Relationship Skills**: Co-operation, providing and seeking help, communication.

e. **Responsible Decision Making**: Evaluative and reflection, personal and ethical responsibility.
A socially intelligent individual is skilled in receiving, decoding and accurately interpreting emotional and social information from both the self and from others and is also skilled in sending and regulating emotional and social information, appropriate to the interpersonal and situational circumstances (Guilford, 1967; Mayer & Salovery, 1997; Riggio, 1986)

2. **The concept of Social Emotional Learning has its roots in the concept of Emotional Intelligence (Goleman, 2001).**

The concept of emotional intelligence goes back to early studies in the 1920s (Bar-On & Parker, 2000). In the early 1980s, scholars began to systematically conceptualise the idea of Emotional Intelligence. Notably, Gardner’s (1983) conceptualization of interpersonal intelligence and intrapersonal intelligence and Steiner’s (1984) work on emotional literacy were the building blocks of what Salovey & Mayer (1989-1990) first termed as Emotional Intelligence as a non-cognitive intelligence which is defined as an array of emotional, personal and social abilities and skills that influence an individual’s ability to cope effectively with environmental demands and pressures.

The literature reveals various attempts to combine the emotional and social components of the construct of emotional intelligence e.g. Howard Gardener (1983) explains that this conceptualization of personal intelligence is based on intrapersonal (emotional) and interpersonal (social) intelligence. Additionally, Carolyn Saarni (1990) describes emotional competence as including eight interrelated emotional and social skills. Furthermore, Bar-On has shown that emotional social intelligence is composed of a number of intrapersonal and interpersonal competencies, skills and facilitations that combine to determine effective behaviour (1988,
1997b, 2000), which gets highlighted in the EQi measure forwarded by Bar-On: EQi (Bar-on) has 5 composite scales and 15 sub-scales:

<table>
<thead>
<tr>
<th></th>
<th>Intrapersonal Scale</th>
<th>Self Regard, emotional self-awareness, assertiveness, independence, self-actualisation.</th>
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<tbody>
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<td>2.</td>
<td>Interpersonal Scale</td>
<td>Empathy, social responsibility, interpersonal relationship.</td>
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<tr>
<td>4.</td>
<td>Stress Management Scale</td>
<td>Stress Tolerance, Impulse control</td>
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<tr>
<td>5.</td>
<td>General Mood Scale</td>
<td>Optimism, Happiness</td>
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According to Daniel Goleman in his book *Leadership: Realising the Power of Emotional Intelligence (2001)* the construct of Emotional Intelligence is bifurcated into 2 aspects:

(i) **Personal Emotional Intelligence Competencies**:
(ii) Social Emotional Intelligence Competencies:

Goleman (1995) argued that because many children are not being given the social emotional training they need at home, schools are the one place where we have an opportunity to compensate for the serious emotional deficits that are widespread. Goleman talked of emotional illiteracy describing it as problematic and blamed the schools for not being involved in addressing deficits in this domain.

Goleman (1995) asserted that being emotionally literate is as important for learning instructions in Maths and reading. The Wellesley College Centre for Research on Women (1992) concluded that all students need to be supported in becoming socially and emotionally competent. They further say that the schools must help girls and boys acquire both the rational and competitive skills needed for full participation in the work force, family and community.
Goleman (1995) in a thoughtful and comprehensive exploration of social emotional developmental issues, strongly recommended that the schools work towards establishing a Human Development focus i.e. childhood and adolescence are the critical windows of opportunity for setting down the essential emotional habits that will govern our lives. Goleman said that he could foresee a day when education will routinely include inculcating essential human competencies such as self-awareness, self-control, empathy, the art of listening, resolving conflicts and cooperation (Goleman, 1995). One of the important keys to healthy and successful life is to handle negative emotions. Enhancing social and emotional competence not only helps develop an optimal state of well being but also paves the way to achieving your personal goals and fulfilled relationships.

1.13 RATIONALE OF THE STUDY

When one is going through a transition phase, especially adolescence, the world around the person changes in a significant manner. It is very important to cope with this change in a positive and an effective manner as the life beyond is laying its foundation during this time in all the ways-behavioural, social, and emotional. In a fast-paced and competitive world, it becomes imperative for a person to be equipped with certain skills or precisely the survival skills. An adolescent is confronted with variously challenging interpersonal situations. These situations place demands on him/her in various ways and an adolescent, who is skilled in resolving these demands is more likely to be well-adjusted in many areas of his/her life. Assertiveness is one such survival skill which can help an adolescent going more than half way-through in overcoming the social, emotional and interpersonal demands as the research shows that Assertiveness
puts an individual in a ‘win-win’ situation and the person is able to come out as an enhanced person as he/she is not socially anxious, has efficacy beliefs about the social situations and is equipped with social emotional skills. The research also suggests that healthy, well adjusted people also get benefited from receiving Assertiveness Training. Thus Assertiveness Training can lead a society towards improved mental health and conduciveness. Male gender role is assumed to be agentic/active, while female gender role is assumed to be communal/passive. Assertiveness is more congruent with the male gender role stereotypes than with the female gender role stereotypes. Empirical evidence shows that assertiveness is a highly socially desired male gender-role attribute (Cheng, Bond & Chan, 1995). In a study with European, Indian and African nurses in South Africa, Furnham (1979) reported Europeans to be the most and Indians to be the least assertive. For many girls, adolescence is a time of significant pressure. This pressure is increasing as our culture shortens the length of childhood and encourages girls to take on adult roles earlier. In a way, this socialization process reinforces non-assertiveness. Assertiveness training teaches her to communicate her thoughts, wishes, and feelings, and to stand up for her rights without violating the rights of others. Adolescent girls can learn new skills that will help them negotiate the challenges they face and make their lives happier and more productive through Assertiveness Training.

On the basis of above presentation of the variables, the present study intends to study Assertiveness in relation to Social Anxiety, Self Efficacy and Social-Emotional Skills and to assess the impact of Assertiveness Training Programme in enhancing Perceived Social Self Efficacy and Social Emotional Skills and lowering Social Anxiety. For this purpose, the following objectives and hypotheses are framed:
OBJECTIVES OF THE STUDY

1. To study the relationship between Assertiveness and Social Anxiety.

2. To Study the relationship between Assertiveness and Self Efficacy.

3. To Study the relationship between Assertiveness and Social Emotional Skills.

4. To Study the inter-relationships of Social Anxiety, Self Efficacy and Social Emotional Skills.

5. To determine the efficacy of Assertiveness Training on Social Anxiety.

6. To determine the efficacy of Assertiveness Training on Self Efficacy.

7. To determine the efficacy of Assertiveness Training on Social Emotional Skills.

HYPOTHESES

1. Assertiveness and Social Anxiety will be negatively related.

2. Assertiveness and Self Efficacy will be positively related.

3. Assertiveness and Social Emotional Skills will be positively related.

4. a) Social Anxiety & Self Efficacy will be negatively related.

   b) Social Anxiety & Social Emotional Skills will be negatively related.
c) Self Efficacy & Social Emotional Skills will be positively related.

5. Individuals who receive Assertiveness Training will have a significantly lower score on Social Anxiety than the individuals who receive no training.

6. Individuals who receive Assertiveness Training will have a significantly higher score on Self Efficacy than the individuals who receive no training.

7. Individuals who receive Assertiveness Training will have a significantly higher score on Social Emotional Skills than the individuals who receive no training.