Chapter 2

Review of Related Literature
REVIEW OF RELATED LITERATURE

The purpose of the literature review is to provide an overview of existing evidence and research in the area of Assertiveness and to develop an argument in support of the need of the current study and for Assertiveness Training. Comprehensive review of available Assertiveness literature was explored in conjunction with Social Anxiety, Perceived Social Self Efficacy and Social Emotional Skills.

2.1 Assertiveness and Social Anxiety

The present section is centered on the broader construct of Assertiveness with a particular focus on Social Anxiety. Here, in this study, one of the objectives is to study the relationship between Assertiveness and Social Anxiety. Assertiveness i.e. facing from the front and Social Anxiety i.e. staying behind the curtain seem to be negatively related on the face value.

Clark and Wells (1995) propose that the behaviour of socially anxious people is non-assertive and their primary goal is to avoid rejection at all costs and maintain some degree of connectedness with others. On the other hand, being assertive helps people to be more constructive and confident in dealing with situations in building the sorts of relationships they want. By not being assertive, people can often experience a lot of anger, resentment, dissatisfaction and anxiety with themselves and others (Gulsah, 2003).

Bates and Zimmerman (1971) suggested that inter-personal anxieties and their consequences can be treated by assertiveness training (as cited in Sahin, 1999). They further say that by being assertive, one can also end up allowing others to use, abuse and take
advantages of our passivity. Researches in this regard have been conducted across various age-groups as presented further.

Children who have inter-personal difficulties, who withdraw from social interactions and show little emotional expressiveness or social independence, were found to be low achievers in school (Perkins, 1965). In contrast, assertive social behaviour was shown to be positively correlated to IQ and healthy adjustment in the classroom (Cartledge and Milburn, 1978).

Sahiner (1994) found a positive relationship between assertiveness and social resonance. Sardogan (1998) investigated the effect of Florida Human Relationship Skills Programme on assertiveness, anxiety, loneliness, empathy and self-disclosure with university students. Results revealed that this training programme increased the level of assertiveness and decreased the level of anxiety and loneliness.

Culha and Dereli (1987) conducted a 7-week assertiveness training for elementary school children who were identified as non-assertive according to the Rathus Assertiveness Inventory. Pre test post test control group design was used and results showed significant improvement with respect to the experimental group on the assertiveness levels of the students.

Abdel and Ghareeb (1995) found that there is significant overall effect of assertiveness on anxiety i.e. assertiveness and anxiety are negatively related and assertiveness scores can be used as an indicator of anxiety. Volpi (1990) also showed that socially anxious people are low on assertiveness. Coyne, Seigne and Randall (2000) found that bullying victims tend to be less assertive and are high on neuroticism and anxiety.
Moreno – Jimenez, Rodriquez-Munoz, Moreno & Garrosa (2007) have found that both Assertiveness and Social Anxiety play a moderating role in workplace bullying. With regard to social contexts, anxious people perform worse in social interactions (Baker and Edelmann, 2002; Hampel, Weis, Hiller and Witthoft, 2011) and show low levels of assertiveness (Herzberger, Chan and Katz, 1984).

All these studies and contentions get reinforced as Wolpe (1958) says that people with traits of anxiety are typically less assertive as they are afraid of rejection and as such find social interaction often difficult.

Undergraduate students who report high levels of social anxiety have been shown to be less assertive (Creed and Funder, 1998; LeSure – Lester, 2001). College students who report high levels of social anxiety are viewed by their peers as being vulnerable to threat, while those lower in social anxiety are not viewed in this way (Creed and Funder, 1998). Low levels of assertiveness and high social anxiety may increase the risk of sexual victimization in college women (Schry, 2011).

In a cross-sectional study of the relationship between alcohol expectancies and social anxiety, Leonard and Blane (1988) had 86 male college students as their sample. Significant positive correlations were found between participants’ alcohol expectancies for general positive change (e.g. alcohol makes me more likeable) and social assertiveness (e.g. few drinks makes it easier to talk to people). The higher the participants’ level of social anxiety and concern over interpersonal evaluation, the greater the expectancy that drinking alcohol would reduce those concerns. Similar findings were also obtained by Brown and Munson (1987).
In another study of 606 male and female undergraduates, O’Hare (1990b) found that self-reported alcohol consumption was a significant predictor of expectancies of tension reduction, social assertion and social/physical pleasure. As their feelings of alcohol expectancies of tension reduction and social assertiveness increased, feelings of social anxiety decreased.

Lee et al (2013) investigated the effects of group assertiveness training on assertiveness, social anxiety and satisfaction with interpersonal communication among patients with chronic schizophrenia. The results revealed that assertiveness significantly improved from pre- to post intervention and was maintained until the follow-up, anxiety regarding social interactions significantly decreased after assertiveness training and satisfaction with interpersonal communication improved slightly. The findings may provide a reference guide to clinical nurses for developing assertiveness-training protocols.

2.2 Assertiveness and Self-Efficacy

Studies on Assertiveness and Self-efficacy have revealed a positive relationship. In the present section, the focus is on Assertiveness and Self-Efficacy. Self-efficacy beliefs in the domain of social interactions and interpersonal relationships are of huge importance as individuals with poor beliefs in their ability fail to be assertive and to cope with conflictual social interactions (Gini et al, 2008). Studies on Assertiveness and Self-Efficacy have been conducted in diverse areas, on various age-groups, in various contexts.

Caprara and colleagues, on bullying behaviour, repeatedly found that confident beliefs about interpersonal efficacy positively
affect prosocial behaviour (Caprara and Steca, 2005; Caprara, Steca, Cervone and Artistico, 2003). In contrast, low levels of perceived social efficacy may lead students to remain aside as avoidant bystanders in bullying situation, since they may not believe to be able to intervene with efficacious assertive actions. In bullying situations, Salmivalli (1999) used Assertiveness Training through role-play exercises to enhance social self-efficacy beliefs and the students learn to resist pressure.

Bandura (1977) and Maddux (1995) claim that enhancing self-efficacy for overcoming any problem and for implementing self-control strategies in specific challenging situations is essential to the success of therapeutic interventions. Rumrill (1999) proposed that higher self-efficacy, social competence and assertiveness were associated with more frequent requests for job-accommodations.

Gini, Alberio, Benelli and Altoe (2007) found that high social self-efficacy results in assertively handling social environments whereas low social self-efficacy is higher related to a timid and a reserve way of handling social environments. Efficacy beliefs affect whether individuals think in self-enhancing or self-debilititating ways. Lee (1984) as empirically associated with self-efficacy and assertiveness.

Apart from this, most of the instruments designed for social self-efficacy have assertiveness as one of the underlying dimensions. E.g. MSPSE (Multidimensional Scales of Perceived Self-Efficacy) is a self-report measure developed by Bandura (1990), which taps self-efficacy in 9 domains: enlisting social resources, academic achievement, self-regulated learning, leisure time skills and extracurricular activities, self-regulatory efficacy, self-efficacy to meet others' expectations, social-efficacy, self-assertive efficacy and
enlisting parental and community support. Little has been published regarding the validity scores. However, Miller, Coombs and Fuqua (1999) examined the psychometric properties and found general support for all the nine dimensions.

PSSE (i.e. Perceive Social Self Efficacy Scale) developed by Smith and Betz (2000) is a 25-item, 5 point type scale which includes behaviour such as negotiating interpersonal conflict, meeting new people, displaying assertiveness in social situations, cultivating romantic relationships, developing friendships and interacting in group settings. Internal consistency reliability was found to be 94. Test retest reliability over a 3 week interval was .82.

CPSE (Children’s perceived Self-Efficacy Scale) developed by Bandura (1990) and Bandura et al (1996) comprises 37 items representing seven domains of functioning that form three basic efficacy factors – academic, self-regulatory and social self-efficacy. Perceived social self-efficacy measures children’s capability for peer relationships, self-assertiveness and leisure-time activities. Bandura et al (1996) established the three factors to be highly reliable (0.87 for academic self-efficacy, 0.75 for social self-efficacy and 0.80 for self-regulatory efficacy).

The Self Efficacy Scale by Sherer and Adams (1983) was developed to assess generalized self-efficacy expectations that consist of two subscales: general self-efficacy and social self-efficacy. To provide further evidence on the construct validity of the Self Efficacy Scale and to investigate the relationship between the self-efficacy subscales and other personality measures i.e. Minnesota Multiphasic Personality Inventory, the Rathus Assertiveness Schedule and the Bem Sex Role Inventory to Introductory psychology students (N=101)
so far as self-efficacy and assertiveness are concerned, analysis of results showed that higher score on self-efficacy scales corresponds with higher score on Assertiveness Scale.

Yamada et al (2013) showed that incorporating self-efficacy formation and cognitive development in basic life skills teaching was effective for developing Assertive communication skills.

### 2.3 Assertiveness and Social Emotional Skills

Emotional skills are about learning to manage and express feelings appropriately. Social skills are about relating to others. They involve being able to be a friend, to negotiate our needs and difficulties, to be assertive without being aggressive and to relate effectively with peers.

Greenberg et al (2001) reported that a well-designed and well-implemented social-emotional learning programme can enhance assertiveness and vice-versa. Eskin (2003) reported that assertive people are able to lead better social emotional lives.

Further, Bar-On has shown that social-emotional intelligence is composed of a number of intrapersonal and interpersonal competencies, skills and facilitations that combine to determine effective human behaviour (1988, 1997b, 2000). The scale developed by Bar-On is EQi measure, which has 5 composite scales and 15 sub-scales. The 5 composite scales are: Intrapersonal Scale, Interpersonal Scale, Adaptability Scale, Stress Management Scale and General Mood Scale. Assertiveness is one of the sub-scales of Intrapersonal dimension.

Shabgard, Rahmani, Rahmani and Karimi (2011) have shown that the children of the parents of higher social-emotional skills have
higher degree of self-assertiveness skills and vice-versa. Similar studies have been conducted by Bamrind (1991), Mehrabi, Najarin and Bahraini (2002), Ketanin et al (1997) and they all endorse the positive relationship between Assertiveness and Social Emotional Skills.

MESSY i.e. Matson Evaluation of Social Skills with Youngsters (1985) is one of the few well-researched measures of social skills of which Assertiveness is one of the underlying dimensions. The scale indicates strong internal consistency and good to strong convergent and divergent validity.

Caldarella and Merrell (1997) have enlisted the five most common dimensions of the Social Emotional Skills developed from Review and Analysis: Peer Relations, Self-Management, Academics, Compliance and Assertion. The Assertion dimension includes assertive social skills, social initiation, social activation and being gutsy. This speaks volumes about the association of Assertiveness and Social Emotional Skills. Lizarrage et al (2003) have also reached on similar results for Assertiveness and Social Emotional Skills.

High levels of Social Emotional Skills predict leadership ability and managerial success (Groves, 2005; Halverson, Murphy & Riggio, 2002). Counsellors and Psychologists have developed methods for behavioural assessment of Social skills and Social Skills Training is often a central component of many treatment and intervention programmes (Curran et al, 1982; Duan & O'Brien, 1998).

2.4 Inter-relationships of Social Anxiety, Self Efficacy and Social-Emotional Skills

As hypothesized in the present research, the three variables in focus are inter-related too i.e. Social Anxiety and Self-Efficacy are
negatively related. Social Anxiety and Social-Emotional Skills are also negatively related and Self-Efficacy and Social-Emotional Skills are positively related.

Maddux (2000) reveals that those with low self-efficacy will respond to difficulties with increased anxiety, which usually disrupts performance thereby further lowering self-efficacy. Social self-efficacy has been widely applied to psychological adjustment and mental health, with relationships being present with self-esteem, learnt resourcefulness, social anxiety, loneliness and depressive symptomatology (Smith & Betz, 2000, 2002). Dysfunctional anxiety and avoidant behaviour are often the direct result of low self-efficacy expectancies for managing threatening situations (Bandura, 1997; Williams, 1995).

These researches have established a negative correlation in social anxiety and self-efficacy as hypothesized.

Further, social anxiety and social-emotional skills are again negatively related. Socially anxious individuals also cope by hypervigilance and by restricting the range of environmental stimuli, they retreat from novel social experiences. This retreat inhibits the development of social self-efficacy for dealing with interpersonal situations (Costa & McCrae, 1985). This contention is supported by Bates and Zimmerman (1971) also as they claim that anxiety inhibits the expression of appropriate feeling of adaptive social acts.

Lastly, self-efficacy and social-emotional skills too have their roots inter-twined. Firm beliefs in one’s capacities to be sensitive and to adequately respond to others’ feelings and needs as well as to
handle interpersonal relationships are critical to promote successful adaptation and well-being (Caprara and Steca, 2005). Moe and Zeiss (1982) support the same findings that self-efficacy and social-emotional skills are positively related.

It is, thus, clear from the above cited review that the literature of Assertiveness throws light on the fact that the construct emerges as a communication skill and Assertiveness Training can help in developing assertive behavior, reducing Social Anxiety and enhancing Self Efficacy and Social Emotional Skills. The beauty of Assertive behavior stands out in the fact that there is expression of opinions without conflicts and thus accentuating mental health and the overall conduciveness.