Chapter - 5
Summary
SUMMARY

Social life is unpredictable and at times, demanding too. It may demand to just shed away one's comfort area and... evolve... If one feels 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' and 'I need to resist other people's attempts to manipulate me through bullying, flattery or emotional blackmail' then it means that one needs to imbibe-in a positive change in one's behavioural patterns and responses. Many a times in such situations, a thought may be quite intriguing 'why, in interpersonal conflicts, do some people emerge as steadfast whereas others give way, yielding to another person's requests and surrendering their own interests'? The answer is that you perceive others' self to be more valuable than your self, wherein, you need to unlearn that you are less important. In other words, you need to learn to be Assertive. You need to learn that respecting yourself is equally important as respecting the other person. Assertiveness is the ability to represent to the world what your really are, to express what you feel, when you feel it necessary (Pipas & Jaradat, 2010). 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". Assertiveness involves honest and direct expression of thoughts and feelings that are socially appropriate and take into account the feelings and welfare of other people, to actualize an internalized view of self through interaction with others as it promotes personal well being. Assertiveness training is one such
behaviour modification tool, based on the principle of social learning theory that incorporates many social skills training methods. 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. The concept of Assertiveness, in the present study, gets supported from Levine (1969), who states that adaptation is the process of change whereby the individual retains his integrity within the realities of his environments. Another theoretical rationale has been derived from Hartmann's (1964) formulations on ego psychology that propounds that 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 autoplastic modifications of the self and alloplastic modifications of the environment. 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. According to Salter (1949), assertive person is productive and functions at a high level, whereas the nonassertive individual is inhibited in approaching new tasks and people. 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.

In the present study, the concept of Assertiveness gets more meaningful when defined in terms of selected indices such as Social Anxiety, Perceived Social Self-Efficacy and Social Emotional Skills.

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. The concept gets theoretical support from Self-Presentation Theory (Leary and Kowalski, 1995a, 1995b; Schlenker and Leary, 1982) and Sociometer Theoy (Baumeister and Leary, 1995). 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 is 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). 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.

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.

METHOD

**Design:** The present research has been designed to study Assertiveness in relation to Social Anxiety, Perceived Social Self-Efficacy and Social-Emotional Skills and to assess the efficacy of Assertiveness Training Programme in enhancing Perceived Social Self
Efficacy and Social Emotional Skills and in lowering Social Anxiety. Howsoever, the impact of training was also assessed on Assertiveness scores.

Pearson Product Moment correlation was computed to study the relationships.

A×B Mixed Design was applied with one factor (A) varying between-subjects (Experimental vs Control group) and the other factor (B) varying within-subjects (Pre vs Post intervention scores) to assess the efficacy of Assertiveness Training Programme (ATP) on Social Anxiety, Perceived Social Self-Efficacy and Social Emotional Skills.

One way Multivariate Analysis of Variance (MANOVA) was applied to analyse the significance of difference between Control and Experimental groups collectively on Assertiveness, Social Anxiety, Perceived Social Self-Efficacy and Social Emotional Skills.

**Sample:** A total of 300 female participants with the mean age of 15.8 years were selected from various public schools of Patiala after due consent of the respective principles and the participants. Students of 9th, 10th, 11th and 12th standard from four public schools were selected for inclusion in the study. Mode of selection was incidental.

The subjects were administered Assertiveness and Social Anxiety scales in the first meeting then in the next meeting, the same subjects were administered Perceived Social Self Efficacy and Social Emotional Skills scales. Standardised instructions were followed while administering all the scales.
After the scoring, the subjects who came low and moderate on Assertiveness, high and moderate on Social Anxiety, low and moderate on Perceived Social Self Efficacy and low and moderate on Social Emotional Skills were screened out. This group comprised of \(N_1=150\). Rest of \(N_2=150\) were the participants who were high on Assertiveness, low on Social Anxiety, high on Perceived Social Self-Efficacy and high on Social Emotional Skills.

The group \(N_1=150\) was divided into two equal groups \(n_1\) and \(n_2\) of 75 individuals each i.e. \(n_1 = n_2 = 75\) where \(n_1\) is referred to as to the Experimental group and \(n_2\) is referred to as Control group. Subjects were assigned to \(n_1\) and \(n_2\) randomly.

**Tools Used**

**Assertiveness**: The widely used 30-item Rathus Assertiveness Schedule (RAS, Rathus, 1973) was used to assess Assertiveness. Participants rate items on a 6-point scale of ranging from +3 (very characteristic of me, extremely descriptive) to -3 (very uncharacteristic of me, extremely non-descriptive), and the items are then summed to score. RAS has 17 reverse coded items to avoid response bias. Because of the statistical anomalies resulting from summing negative and positive numerals, a constant of 100 was added to the each raw score. Split-half reliability is .77, and 8-week test–re-test reliability is .78 (Rathus, 1973).

**Social Anxiety**: The Leibowitz Social Anxiety Scale (LSAS, 1987) is a self-report measure of Social Anxiety. It is a 24 item, 4 point likert type scale i.e. from 0 to 3. Each item depicts a different social
situation. The items are divided into two sub scales: Social interaction and Performance situations. For each situation, the person rates their level of fear (where 0 indicates no fear and 3 indicates severe fear) and avoidance (where 0 indicates they never avoid a particular situation and 3 indicates they usually avoid the situation). Here, in the present study, only avoidance score has been considered. So the score ranges from 0 to 72.

**Perceived Social Self-Efficacy:** The Perceived Social Self Efficacy Scale by Smith and Betz (PSSE, 2000) has been used. The scale contains 25 items on a 5-point Likert-type scale (1=no confidence at all to 5 = complete confidence). The scale items are related to: making friends, social assertiveness, pursuing romantic relationship, performance in public situations, group and parties and receiving and giving help. A sum of all scores yields a total score that ranges from 25 to 125. Higher the score, higher the level of social self-efficacy. Previous research has demonstrated an internal consistency coefficients of .94 and test-retest reliability over a three week interval ranging from .68 to .86 (Smith and Betz, 2002).

**Social Emotional Skills:** Social skills inventory (Riggio and Carney, 2003) was used to assess Social Emotional Skills. The scale comprises of 90 items grouped into six distinct sub-scales with 15 items comprising each sub-scale. Items are so arranged that every sixth item belongs to the same scale. The six distinct sub-scales concern expressiveness, sensitivity and control, which span both social and emotional domains. The 90 questions are responded to using a Likert – type scale ranging from 1 to 5. The consolidated score
ranges from 247 to 310 or above. The SSI sub-scales have shown acceptable test-retest reliability, with scores ranging from .81 to .96 and Cronbach's alpha coefficients ranging from .65 to .88 (Riggio and Carney, 2003).

**Procedure:** After randomly assigning 75 individuals each to Experimental and Control group, Assertiveness Training Programme was imparted to the 75 individuals comprising Experimental group. Assertiveness Training Programme protocol is being described further. The training was imparted to 75 female adolescents in 5 groups with 15 participants in each group in 6 sessions, over a period of one and a half months, meeting them once a week for 2 hours. However, the last session lasted for 2½ hours. All the sessions were conducted in the class-rooms of the school premises after the respective Principal's consent. The participants were made to sit in a semi-circular manner to accentuate interaction among themselves, if required and also, the planned activities could be carried out in the middle space easily. The modules of the intervention stayed standard for all the groups.

After imparting the training to the Experimental group, re-administration of Assertiveness, Social Anxiety, Perceived Social Self-Efficacy and Social Emotional Skills scales was done on Experimental as well as Control Group. After this, the statistical analyses were done using SPSS 16.0 version.
The Intervention Protocol is presented as follows:

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<th>SESSIONS</th>
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<td>TECHNIQUES USED</td>
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<td>6. Discriminating Assertive, Non-Arrestive &amp; Aggressive Behaviour</td>
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Main Findings of the Study:

- Assertiveness and Social Anxiety were significantly negatively related.

- Assertiveness and Perceived Social Self Efficacy (PSSE) were significantly positively related.

- The correlation coefficients of Assertiveness and Social Emotional Skills, Social Anxiety and Perceived Social Self Efficacy, Social Anxiety and Social Emotional Skills have not reached the levels of significance.
• Perceived Social Self-Efficacy (PSSE) and Social Emotional Skills were significantly positively related.

• Individuals, who received Assertiveness Training Programme (ATP) had a significantly lower score on Social Anxiety as compared to the no training group.

• Individuals, who received Assertiveness Training Programme (ATP) had a significantly higher score on PSSE as compared to the no training group.

• Individuals, who received Assertiveness Training Programme (ATP) had a significantly higher score on Social-Emotional Skills as compared to the no training group.

• As in the study, Social Anxiety, PSSE and Social-Emotional Skills are the indices of Assertiveness, so the Assertiveness scores were also put to analysis and the analysis reflected that the individuals, who received Assertiveness Training Programme (ATP) had a significantly higher score on Assertiveness as compared to the no training group.

The results and the findings are discussed in the light of Cognitive Behavioural theory by A.T. Beck (1979), Bandura's Social Learning Theory (1977), Hartmann's (1964) theoretical formulation and Goleman's theoretical foundations (1995) & the guidelines laid by Consortium on the School-Based Promotion of Social Competence (1994). The findings can be well-attributed to the efficacy of Assertiveness Training Programme, which reduced Social Anxiety and enhanced Perceived Social Self-Efficacy and Social Emotional Skills and thus proving to be a catalyst in instilling effective social functioning.
**Chapter 5**

**Summary**

**Implications of the study:**

1. The study may be replicated with females in both urban and rural areas and the results compared with the present findings.

2. Longitudinal, quantitative and qualitative studies could be conducted with similar sample and with similar variables.

3. Schools and universities can develop age and culture appropriate interventions at junior and senior levels and other community sites.

4. Volunteers can work with influential organisations and the government to design and deliver more effective programmes depending upon the need.

5. Graduate programmes and continuing educational courses at school level can train the recipients in the components of Assertiveness, Social Anxiety, Social Self-Efficacy and Social Emotional Skills in both theory and practice.

**Limitations of the study:**

1. Subjects were drawn from urban population and thus limiting the generalisability of the findings.

2. Convenience sampling was employed in contrast to random sampling.

3. Self-reports may have affected study results because of social desirability and the researcher’s presence.