

THE EFFECTS OF THREE TREATMENTS WHICH INCORPORATE
RATIONAL-EMOTIVE TECHNIQUES AND ASSERTION SKILLS TRAINING
UPON LOCUS OF CONTROL AND ASSERTIVE BEHAVIOR IN ADULT WOMEN

By

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Dissertation submitted to the Graduate Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

in

Counseling and Student Personnel Services

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February, 1982
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ACKNOWLEDGMENTS

I want to thank:

My parents, for your hands in creating my strong sense of self, for giving me encouragement and confidence to become all that I want to become and to accept and like all that I am;

Stephen, my husband, for giving me space to grow as I feel necessary and showing me unconditional trust;

Heather, my daughter, for trying in your five-year-old way to understand that I carry you in my heart even when I'm not home;

Sue Reinhardt, my friend and art partner, for your generosity and stress-release time;

Warren Baldwin, my friend and fellow doctoral student, for sharing this lonely, tiring process while we convinced each other it is worth it (whatever "it" is). You did it, Dr. B.;

James Torrenzano, for your visual support and soothing presence;

Patrick Bizzaro, for taking time to edit and providing a special, supportive friendship that has been painfully truthful at times;

Ellen Squire, my friend and co-leader, for your expertise, support, and companionship. Your creative humor and our exaggerated RET dialogues made our groups special;

And I want to thank my committee members:

Dean Hummel, for guidance in fully developing my dissertation topic and turning me on to RET;

Marilyn Lichtman, for allowing me to feel comfortable sharing my shortcomings in statistics, and for your patience;

Johnnie Miles, for your support and bright questioning that lead me to solidify my dissertation topic;

Ron Schmal, for your willingness to become involved in my doctoral process and to intelligently challenge some major topics of my dissertation;

Charles Humes, for encouraging me to finish this ordeal.

Thank all of you for your continual editing.

Also, I wish to thank:

Charles Reid, for time and interest in my research project;

Dennis Hinkle, for time and endurance in getting that damn computer program run and for making sure I understood what we found in the results;

Rae Wetherington, for your patience, typing endurance, and warm support;

Phyllis Szuszvalak, for your typing assistance during my prospectus stage.

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CHAPTER 1

Introduction

Assertion training groups have been used increasingly with adult women in the past decade and have shown an increase in assertive behavior (Hedquist & Weingold, 1970; Manderino, 1970). Assertion training allows women to take responsibility for their behavior and feel more in control of life's circumstances. Manderino (1970) found that women who participate in assertion training showed movement toward an internal locus of control on Rotter's Internal-External (I-E) Scale.

A person's expectancies about control are not fixed, consistent traits, but are rather a perception which can be subject to change. Lefcourt (1976) stated that an internal locus of control is more desirable than an external orientation and would seem a "natural goal for professional psychologists" (p. 112-113). One advantage of an internal locus of control is that it promotes more effective interpersonal communication than an external orientation.

Jakubowski-Spector (1973) and Phelps & Austin (1975) stated that a person who stands up for her rights and gets needs met through communication with others feels a greater sense of control over life circumstances. Thus, personal efficacy relates to assertive behavior.

Lazarus (1973) referred to interpersonal effectiveness when dividing the main components of assertive behavior into specific response patterns: (1) the ability to say no; (2) the capacity to make requests or ask for favors; (3) the ability to express feelings appropriately; (4) the ability to initiate conversations as well as continue or terminate relationships. A person deficient in one or more of these areas is considered non-assertive. Lazarus (1973) stated that an individual maintains effective interpersonal functioning when competent in the four areas mentioned above.

Assertion training provides clients with skills as outlined by Lazarus. Thus, assertion provides skills for effective interpersonal functioning. Assertion is situation specific and functionally related to the type of interpersonal interaction. It has been found, in a study conducted by Eisler, Hersen, & Miller (1975), that men were significantly more negatively assertive to women than to other men. Negative assertion included hostile and compliant behaviors. Women were found to be consistently less assertive than men. Other studies have shown that oppressed groups, which include women, maintain lower expectancies of their own efforts

resulting in positive outcome (Gore & Rotter, 1963; Seeman, 1963). Thus, active control of their lives has not been a major part of women's behavioral set.

Albert Ellis (1977, p. 15) developed his own theory concerning self control: "...self-control has very strong cognitive (as well as behavioral) elements and effective therapy often consists of helping clients to use a considerable amount of cognitive related self-management." Ellis's method for managing or restructuring cognitions is termed Rational-Emotive Therapy (RET). Both assertion training and RET provide educational and behavioral orientations. Assertion training aids clients in effective communication with others while RET aids clients in effective communication with themselves. This study deals with the need for women to actively control life circumstances by developing an internal locus of control while developing effective communication skills through an assertion training program.

Statement of the Problem

The growth of the women's movement has led to a variety of intervention strategies that attempt to change women's internal belief systems. As women respond to the movement and attempt to assume more control over their lives, they are blocked by inadequate interpersonal skills (Tait, 1977). Research indicates that women tend to internalize a negative

self-concept more than men (Bardwick, 1971; Broverman et al, 1972) and feel a lack of control and power over their environment (Branigan & Toler, 1971). Personality characteristics of long-term psychiatric hospitalized patients were found to be "feminine" in nature; non-assertion and the role of helplessness were deemed feminine (Kraft et al., 1971). Chesler (1971) found that women comprise the largest populations for psychiatric treatment and hospitalization in the United States and that the most pronounced symptomology includes depression, self-destruction, and self-criticism. In black and white populations, American women reported suffering nervous breakdowns more often than men (NIMH, 1970). Intervention and preventative strategies are warranted given the studies relating women to a high frequency of psychological distress and their sense of helplessness. This study was developed as a strategy to enhance women's internal locus of controls and to give them skills to effectively master situations and relationships with themselves and others.

Jakubowski-Spector (1973) specified three areas that promote anxiety in women and prevent them from assertion. First, women respond to the cultural demands for self-growth. As women assess their potential for growth, they find obstacles between interpersonal conflicts and standing up for their own rights. Secondly, women are experimenting with newer roles which often surface some inadequacies of their expectations. Thirdly, the women's movement is prompting self-awareness and

self-examination. Increased external pressures present women with the problem of becoming more effective in their relationships with themselves and others. To meet these pressures more effectively, one requires concrete skills and an "in-control" frame of reference. Phelps & Austin (1975) perceived a woman's sense of powerlessness, anxiety, and helplessness as preventing adequate confidence for effective choices among alternatives. They suggested that assertion-skills training be used as a vehicle to decrease anxiety and yield a sense of personal power. This would provide women with concrete skills.

Schwartz & Gottman (1976) indicated in their research that individuals, be they assertive or non-assertive, were impeded by their lack of skill in assertion. What women told themselves often interfered with positive outcomes. "For many women, the stereotypes about the 'shoulds' and 'oughts' of sex role behavior and assertiveness function as internal belief systems or schemata through which their own and other's behaviors are evaluated" (Wolpe & Fodor, 1975, p. 45). Thus, the statement of the problem is that a woman's irrational cognitive frame of reference and external locus of control interfere with her behaving effectively. Strategies for developing an effective system of RET and assertion training deliverance are needed to increase assertive behavior and an internal locus of control in adult women.

Purpose of the Study

The purpose of this study was to investigate the effect three treatment approaches had upon locus of control and assertive behavior in an adult woman population. Treatment groups were as follows: (1) an assertion-skill training program with rational-emotive techniques of confrontation and cognitive restructuring; (2) an assertion-skill training program without rational-emotive techniques; (3) rational-emotive techniques without assertion-skill training.

Research Hypotheses

Given four groups: (1) assertion-skill training, (2) rational-emotive techniques of confrontation and cognitive restructuring (as they relate to assertion issues), (3) assertion-skill training with rational-emotive techniques, and (4) the control group with no treatment, the hypotheses tested in this study were as follows:

- H₁ Those women who participate in any of the three treatments will show significant increases in reported assertive behavior when compared to those in the control group.
- H₂ Those women who participate in any of the three treatments will show significant movement towards an internal locus of control when compared with those in the control group.

- H₃ Those women who participate in an assertion-skill training program with rational-emotive techniques will show significant increases in reported assertive behavior when compared with those who participate in a single treatment or control.
- H₄ Those women who participate in an assertion-skill training program with rational-emotive techniques will show significant movement towards an internal locus of control when compared with those who participate in a single treatment or control.
- H₅ Those women who participate in any of the three treatments will show significant increases in laboratory observed assertive behavior following treatment.

Definition of Terms

For the purposes of this research, the following terms were defined as:

Adult Women

Women eighteen years and older.

Assertive Behavior

Assertive behavior is interpersonal behavior in which the individual stands up for her legitimate rights without violating the rights of others. The individual also takes responsibility for her feelings (Bower & Bower, 1976).

Assertive behavior was measured by the Rathus Assertive-ness Scale and a Behavioral Observation Checklist developed by this researcher.

Assertion Training

Assertion training is a behavioral program in which specific behavioral and verbal skills are gradually acquired through the following procedures: behavioral rehearsal, analysis of non-verbal and verbal behaviors, acquisition of new information, feedback, desensitization, and reinforcement (Jakubowski-Spector, 1973).

Internal-External Locus of Control

Locus of control is an individual's perception of behavior as a product of external, environmental contingencies (i.e. luck, fate, chance, other people) or as a product of self-prompted behavior wherein the person perceives herself as controlling life outcomes. Therefore, an internal locus of control assumes that the individual perceives herself as impacting life circumstances. Rotter (1966) stated that people differ in their generalized expectancies to reinforcement; a person believing in internal control perceives reinforcements as contingent upon her own behavior whereas a person believing in external control perceives reinforcements as contingent upon external forces beyond her control. Rotter (1966) developed a scale to measure these generalized expectancies which was the measure for locus of control in this study.

Rational Emotive Therapy of Cognitive Restructuring

This cognitive framework employs confrontation as a major technique of counseling and therapy. The counselor demonstrates to the client that the root of discontentment is not external events, but the client's attachment of irrational beliefs to events. Albert Ellis developed Rational Emotive Therapy from the cognitive-behavioral school. The focus of therapy and counseling is on the "now" as the counselor points out to the client irrational cognitive responses and beliefs. The client's value system is openly confronted. Encouragement is then given to re-verbalize thoughts and values in a more rational self-helping way. Clients are asked to try out their new behavior, and assignments between sessions are often given.

Need for the Study

Assertion trainers have been developing procedures to replace clients' irrational beliefs and fears with rational modes. Wolpe (1969) viewed cognitive restructuring as decreasing interpersonal anxiety that blocks assertive behavior. Jakubowski-Spector (1973) in her assertion training programs emphasized the importance of exploring and confronting irrational thought systems. Early assertion studies which focused only on behavioral shaping demonstrated little maintenance and generalization outside the laboratory

(McFall & Lillesand, 1971; Rathus, 1973; Rich & Schroeder, 1976). It has been suggested that generalization and maintenance can improve when cognitive restructuring, similar to Rational-Emotive Therapy, is included in assertion training (Mahoney, 1974). While cognitive restructuring has been posed as a method for increasing the effectiveness of assertion training, little research has been conducted to verify its usefulness.

Most assertiveness training programs provide their clients with a basic set of "rights" as a way of training basic belief systems (Bower & Bower, 1976). This set of rights has a focus similar to Ellis's rational belief systems. Assertion rights are usually introduced in training but are not used as a confrontive technique for restructuring cognitions as are Ellis's rational beliefs. A woman's non-assertion may be reinforced by her self-critical thinking or her not taking responsibility for her behavior. Ludwig and Lazarus (1972) suggested that some irrational beliefs of an unassertive individual would be criticism of self, fear of hurting others, and demands for perfection. Confrontation through RET is one technique that is mentioned in the literature as an intervention strategy should a specific client be immobilized through an irrational belief system (Jakubowski, 1973). However, literature has not shown RET and its method of confronting irrational belief systems to be a consistent

technique to be utilized in assertion training.

Wolpe and Fodor (1975) stated that the most important factor blocking women from assertion is their irrational belief system. As a result, they developed an assertion program for women which focused on confronting irrational belief systems. However, their research provided no evaluation of the effectiveness of cognitive techniques other than a self-report method of assessment.

Alden and Safran (1978) investigated the relationship between non-assertive behavior and adherence to irrational beliefs as posited by Ellis. The study concluded that subjects who endorsed irrational beliefs displayed little assertive behavior during role play. The study attempted to assess RET and assertive behavior as paired variables; however, these variables were not separated to determine the effectiveness of both paired and unpaired effects of treatment. This dissertation was designed to separate the effects of treatment and fill the gaps in existing research by demonstrating which treatment--RET, assertion skills training, or a paired treatment--had the greatest impact on behavior.

An attempt to separate treatments was conducted by Derry and Stone (1979) who examined the relationship between self-statements and assertive behavior. Two cognitive-adjunct treatments were added to behavioral rehearsal. Locus of control was assessed as well as assertive behavior. Derry and Stone concluded that unassertive behavior required more

than just skill deliverance. Their study did not have a cognitive-restructuring group separate from the behavioral-rehearsal group. Thus, the results of the study did not show whether there was a significant difference between assertion training or cognitive restructuring. To date, there has been little research, if any, designed to determine the effectiveness of varied assertion training techniques which incorporates or deletes the cognitive restructuring techniques of RET.

Schwartz and Gottman (1976) found that unassertive clients often have the skills and knowledge to perform assertively, yet are blocked from utilizing their skills. There is a definite need to find the most appropriate method of getting clients to incorporate and implement assertive behavior. Cognitive theory suggests that what people say to themselves can determine what they do. Research has yet to substantiate this theory. Ewart and Thoreson (1977) claimed that a more systematic scientific measuring is needed to promote the use of cognitive techniques in treatment.

This study was designed to separate training procedures to determine which treatment--RET, assertion training, or RET and assertion training--would provide counselors with the most effective tool for increasing assertive behavior of clients and shifting clients' external locus to internal orientations. This study strengthens the existing research by providing a comprehensive and systematic measure

of assertion training and RET treatments upon assertive behavior and locus of control.

CHAPTER 2

Review of the Literature

Research and topics related to the present study are presented in Chapter 2. The historical development of assertiveness, the underlying theory of assertion training, the use of assertiveness with women in groups, and related research are reviewed.

Locus of control studies are examined as a construct in order to demonstrate their impact upon individual perception and behavior. The life experiences that promote an internal or external orientation are discussed as variables which can be changed. The needs of the women's population, their sex role socialization, and how their needs relate to locus of control and assertion are also discussed.

Rational-Emotive Therapy is reviewed with an emphasis on historical development, theories underlying Rational-Emotive Therapy, procedures, and related research.

Historical development of assertiveness and assertion training

Assertion had its origins with behaviorists of the 1940's.

Salter (1949) distinguished the "excitatory" personality as being directed and outwardly responsive to the environment. This is distinguished from the "inhibitory" personality which is truth concealing, withdrawn, and uncomfortable in relationships with others. "The inhibitory try to be everything to everybody, and end up being nothing to themselves" (p. 48).

Salter (1949) was concerned with the reconstitution of personality. He saw mental health as reconditioning inhibition towards excitation: (1) to utter spontaneous emotions, (2) to demonstrate emotional truth, (3) to differ with others, (4) to use "I" talk, (5) to express agreement when praised, (6) to improvise and live in the present. Salter's strategy was to change the way a person acted towards others in order to change the way a person felt about herself. This is similar to the assertion techniques of Jakubowski-Spector (1973) and Bower and Bower (1976) which stressed behavioral-responsive techniques while encouraging "I" statements, emotional truth, and direct communication with others.

Whereas Salter defined assertiveness in terms of generalized personality traits, Wolpe and Lazarus (1966) described assertiveness as behavioral responses related to specific situations. Thus, the researchers were instrumental in showing a person as being assertive in one situation and ineffectual given other situations. Wolpe (1973) role-played situations with clients to encourage appropriate

responses other than anxiety. Wolpe emphasized the reduction of anxiety and fear in expressing emotion as assertive behavior. He developed the principle of reciprocal inhibition in which an anxiety provoking stimulus is paired with a response inhibitory of anxiety; the bond will weaken between anxiety and the stimulus. Assertive behavior was defined by Wolpe and Lazarus (1966) as "all socially acceptable expressions of personal rights and feelings" (p. 39).

Alberti and Emmons (1971) popularized the interest in and development of assertion training with related best-seller paperback books. This, in turn, led to group-training programs in assertive training. Jakubowski-Spector (1973) defined assertiveness more specifically to include "interpersonal behavior in which a person stands up for his or her legitimate rights in such a way that the rights of others are not violated; assertive behavior is an honest, direct, appropriate expression of one's feelings, beliefs, and opinions" (p. 76). Thus, assertion has come from Wolpe's broadly-defined concept to a specifically-defined behavioral set for use in interpersonal situations.

Theory of assertion training

There is no universally agreed upon set of procedures for assertion training, yet there is agreement about the types of behaviors that constitute assertiveness. Various procedures exist which are used to increase the frequency of assertive behavior. Behaviors classified as assertive,

to which training is divided into verbal and nonverbal components and addressed, are as follows: (1) Verbal components include (a) expressing feelings and beliefs directly and honestly (b) standing up for legitimate rights (c) expressing respect and empathy to others (d) using "I" statements (e) initiating relationships (f) offering effective alternatives; (2) Nonverbal components include (a) firm clear voice (b) direct eye contact (c) appropriate distancing from other persons (Steel & Hochman, 1976).

Assertive behavior is a skill which can be learned through assertion training. Lazarus (1971) describes assertion training as teaching the expression of negative and positive feelings. Assertion training was originally developed for treating individuals with inhibited life styles (Wolpe & Lazarus, 1966). Wolpe (1958) hypothesized that the training itself is incompatible with anxiety. Rimm & Masters, (1974) found that a lack of adequate social skills leads to inhibited or inadequate performance that leads to an increase in interpersonal anxiety. Most assertion training programs involve techniques to reduce anxiety. Patients often report feeling less anxious while they are behaving assertively (McFall & Marston, 1970).

Wolpe (1969) recommended the teaching of Assertion Training with practical demonstrations. Relaxation techniques, behavior rehearsal, modeling, role play, and systematic desensitization were incorporated in the process of assertion

training. Behavior rehearsal is a term referring to the rehearsal of new behaviors which will be used in the future (Lazarus, 1966; Wolpe, 1958). Originally, rehearsal proceeded with the client acting out his part and trainer acting a part which provoked anxiety in the client. Procedures which became incorporated in rehearsal were role play, modeling, and role reversal.

Role play is a technique introduced by Moreno (1966) involving the stage dramatization of real life situations conflicts, and perceptions of the participants. Role play in assertion training is used for skill development. Wolpe (1969) originated "behavioristic psycho-drama" which is known today as behavioral rehearsal. McFall & Lillesand (1971) stated the aim of role play is to simulate problem situations for the client and practice new response methods in a safe environment.

Bandura (1972) presented a rationale for modeling wherein individuals acquire complex behaviors through observation of exemplary models and thus avoid the laborious process of trial and error. Friedman (1971) found an increase in assertive behavior in college students when modeling was followed by role play for the same behavior. Modeling with instructions to patients in a psychiatric setting increased assertive skills (Eisler, Hersen & Miller, 1975). Jakubowski-Spector (1973) suggested that individuals who did not see negative consequences occurring while observing modeling of

assertive behavior felt more comfortable in performing observed behavior.

Role reversal is another procedure used in behavior rehearsal. The client and trainer or other group member reverse roles so the client role plays the person she is addressing. Role reversals permit experimentation with new behaviors, in vivo by allowing the client to feel what it is like to be the other person. This allows for reality-based responses to the other person's reaction (Rimm & Masters, 1974). Desired behaviors for the client would also be modeled in this process.

In systematic desensitization, used in some assertion training, a behavior hierarchy is developed with the individual learning responses for the least threatening situations and moving, after mastery, to the more threatening situations. Rimm & Masters (1974) suggested that this technique is useful while behavioral rehearsal has the added advantage of dealing simultaneously with anxiety and overt behavior deficiencies.

In summary, behavioral rehearsal enables the client to observe and practice appropriate assertive behavior. In this study it is used as an aid in decreasing anxiety as skills are developed. The individual is able to observe that an assertive response does not cause a catastrophe (Jakubowski-Spector, 1973).

Women and group assertion training

Until the early '70's, the majority of assertion training was done with individuals rather than groups. The effectiveness of group sessions had been measured by self-report methods. Gazda (1971) suggested that groups utilize peer pressure which often proves to be a motivation for group members. The individual feels less isolated and more supported in a group. Group feedback increases awareness of interpersonal interaction.

Lomont, Gilner, Spector & Skinner (1969) were among the first researchers to conduct group studies on assertion training. In their pioneer study, two types of group therapies, insight and assertion, were conducted with non-psychotic hospitalized patients. The assertion group showed a significant decrease in depression, paranoia, and schizophrenia on the scales on the MMPI following treatment.

As groundwork was laid for group training, other researchers were assessing group composition. Lazarus (1971) found homogeneous groups were more responsive to group treatments. Research comparing males and females showed differences in their beliefs, ideals, and self-concepts. Females tended to have a lower opinion of their own gender than they had for males (McKee & Sherriffs, 1959). Caldwell & Peplau (1977) found that women's relationships with women served the purpose of sharing feelings while men's relationships with men served the function of sharing physical activities. Eisler, Hersen, & Miller (1975) compared negative or aggressive assertion with

positive assertion and differences between male and female group interactions. Men tended to request that a female partner change her behavior rather than verbalize assertions to another male. Men tended to be more negatively assertive with women than with other men. Men also delivered more praise to females than men during positive role play sessions in this study. Thus, men evidenced greater assertion towards women than men. Regardless of whether negative or positive assertive role play was indicated, all male and female subjects spoke longer to males than females. Men's verbal behaviors were summarized in the study as being consistent with socio-cultural norms where men are socially permitted to be more effusive to women than to other men.

The differing dynamics displayed between subjects of different sexes have been reflected in the group process. Women's and men's needs are different. Veroff, Wilcox, & Atkinson (1953) found that females of college age needed more external support than males of the same age. Assertion is seen by women as a threat to their needs for approval and their femininity (Jakubowski-Spector, 1973). Thus, behavior expectations for males and females are different. Assertive behavior for women is closely tied to sex-role socialization which teaches them to be passive and dependent (Fodor & Wolpe, 1975).

In response to the differential socialization and the need seen for women to develop assertive skills, assertive training

groups for women have become popular since the late '70's. Fodor and Wolfe (1975) stated that "Group assertiveness techniques seem ideal for women to confront the beliefs about their own and the opposite sex stereotypes, and particularly to try out new, non-traditional ways of relating to people and coping with frustration....women in groups receive enthusiastic praise from other members for their risk-taking..." (p. 51).

Assertive training studies

Naffzinger (1976) examined women in three small group experiences: an assertive training group, a consciousness-raising group, and an encounter group. Four variables were examined: assertiveness, feminism, affiliation with women, and internal-external locus of control. Results on self-report measures of comfort, self-confidence, and self-adequacy during role play showed the assertive group improving significantly more than the encounter and consciousness raising group. The desire to affiliate with other women increased significantly more with the assertion group than with the others. Feminism was significantly increased with the consciousness-raising group. Assertive behavior increased significantly with the assertion group. Locus of control was emphasized as a verbal topic during exercises. The results of the study showed that change was a function of the stated goals of a group.

An assertion training study done with women undergraduates investigated the effects of an assertion training program on

their sense of personal efficacy and the interaction of locus of control and assertive behavior. Women who were initially low in assertion showed greater movement toward an internal locus of control. However, no significant relationship was found between changes in assertion and locus of control. This study was one of the few which extended the research to include follow-up testing to assess post-test change. Persistence of changes in locus of control and assertion was indicated (Hansen, 1976).

The effects of three treatment groups upon the modification of external locus of control, reducing anxiety, and increasing assertive behavior were examined in a study conducted by Ryan (1976). Relaxation training involved replacing negative self-statements with positive self-statements; this was a cognitive approach to training. A locus-of-control-discussion group discussed externalizing themes (i.e. luck, fate, control by others). An assertion training group performed behavioral assertive techniques. The groups were pre- and post-tested with the Rathus Assertion Schedule and Rotter's I-E Scale. Results indicated a significant gain in assertive behavior in the assertive group. External locus of control was modified in the three groups. No follow-up tests were administered to determine the extent of change over time.

Vidal (1978) compared two methods of assertion training and their effects upon locus of control. A systematic (structured) group and an experiential (unstructured) group of

assertion training were delivered to 52 female subjects. Planned comparisons were performed on the mean change in score changes. F ratios were found to be non-significant. However, the systematic group showed an increase in assertion and internal locus of control for observed behavioral signs of assertion and controlled behavior.

Locus of Control

Locus of control is a construct developed from Rotter's social learning theory (Rotter, 1954). The major claim of social learning theory was that reinforcement attains its value from the perception of the individual. Thus, the potential for behavior to occur in a given situation related to the individual's expectation that the behavior lead to reinforcement given the value attached to the reinforcement by the individual.

Rotter developed a formula to symbolize this concept: $NP=f(FM + NV)$ where Need Potential (NP) is a function (f) of both the expectancies that behavior will lead to reinforcement or Freedom of Movement (FM) plus the strength of these values or Need Value (NV). Freedom of movement was the basis of Rotter's locus of control theory. Freedom of movement as defined by Rotter (1954) was the generalized expectancy of success that results from the cognitive sequences underlying man's behavior. Perceived control is similar to freedom of movement in that both derive from expectant outcomes of behavior. However, locus of control extends this concept to

include causation of outcomes--either perceived as caused by acts of the individual or events outside the individual's control.

Locus of control refers to the generalized expectancies the individual holds for reinforcement in the environment. An individual possessing an internal locus of control perceives events as contingent upon her own behavior. An external locus of control individual perceives events as not contingent upon her own actions but by forces that are unpredictable, (i.e. fate, luck, or powerful others) (Rotter, 1966). The Rotter I-E Scale was constructed to measure an individual's locus-of-control orientation. This instrument is described in Chapter 3 of this research. Locus of control is a continuous variable distributed normally in the population (Rotter, 1979).

Origins of internal and external control/Differences between the sexes.

Internal-external locus of control is a generalized expectancy with foundations in past learning. Of numerous studies done on locus of control, few have addressed the concept of origins. This section concentrates on the early social learning of male and females and their propensity towards an internal or external orientation.

There are a variety of methods used to measure child rearing techniques and locus of control: self-report, observation of child and parent in natural and laboratory settings, interview, and recall. Although approaches have varied, consistent results have been found (Lefcourt, 1976). Cromwell (1963) reported that parental overprotectiveness was related to a child's belief in external control. Davis & Phares (1969) examined parenting styles and found consistency of discipline, permissiveness, flexibility, and supportiveness as encouraging internal orientations in children. Rejecting, critical, dominant parents, who utilized affective (feeling) punishment by withdrawing affection from their children, were found to encourage externality in their children. Fathers who were permissive tended to have more internal impact on children than mothers who were premissive. Jessor (1964) found parents may teach their children to be external through modeling. Responses of mother and child were similar wherein high school students had the same responses as their mothers to the same internal-external oriented questions. Sex differences surfaced in the development of masculine and feminine identification; females tended to be more field dependent than males (lynn, 1959). This implied an external locus of control orientation for females. Brecher and Denmark (1969) found parents of external children utilized negative reinforcement

or punishment on verbal behavior of their children. Parents of internally-oriented children tended to positively reinforce their child's verbal behavior. Not only does this imply the importance of the learning process attached to one's locus of control, but this has direct implications for assertive behavior: the individual learns, through reinforcement, to be verbally expressive or non-expressive. The external individual would less likely be assertively expressive based upon the results of the Brecher and Denmark (1969) study. The effectiveness of an internal versus an external orientation

The following literature supports the premise that an internal locus of control, wherein the individual perceives the self to be in control of circumstances and is self-directed, demonstrates more effective behavior than externally oriented individuals.

The initiative to promote relationships with others has been shown to suffer significantly the greater one's external locus of control. Harrow and Ferrante (1969) found more psychopathology and less effective social skills among external subjects who were hospitalized in a psychiatric setting. The dysfunction of interaction with others increased as externality increased. Abramowitz (1969) using the Guilford Depression Scale and Crome Social Desirability Scale, found depression to be associated with external more than internal college students. These subjects were less self-

directed during their manifested depression. In a psychiatric setting, schizophrenics were more external than "normals". Desired distance from interpersonal relations increased as patients went from normal to non-schizophrenic to schizophrenic. Thus, research supports the premise that the severity of a disorder increases the more external orientation increases; the initiative to promote effective relationships with others decreases with increased externality.

A paper presented at the Annual meeting of the American Psychological Association (Strickland, 1973) discussed the relationship between an internal locus of control and physical health. Internals have been found to take preventative measures to remain healthy more so than externals. The relationship between emotional well-being and internal control also was significant. The paper suggested that an internal orientation is of benefit in preventative physical and emotional health measures.

Corah and Boffa (1970) examined the role of control in a stress induced experiment. They found that having choices available during stress induction provided the subject with a sense of personal control and thus reduced physiological arousal of stress. The study concluded that an individual with available choices during stressful situations has a greater sense of control and reduced physiological stress. Choices for behavior can be given through skill training; choices for thinking can be given through cognitive

restructuring and thus yield a greater sense of personal control.

The modification of an external locus of control/Movement towards an internal locus of control

Given the studies of the importance of role modification and reinforcement of control, with role modeling and reinforcement impact, intervention for modification of locus of control seems plausible since behavior variables are subject to impact and change. Modification of an external orientation with movement towards an internal orientation is warranted when reviewing the literature on the more effective functioning levels of internal individuals. However, studies specifically designed to change locus of control are scant when compared to the vast research conducted on other dimensions of this construct.

Penk (1969) found adolescents to be more internal than prepuberty children, lending some credence to the transient abilities of the internal-external construct. Nowicki, Stephens, and Jarvis (1973) developed a structured camp experience for inner-city adolescents. Each session lasted one week. Pre- and post-testing showed movement towards an internal locus of control. The results were replicated eight times that summer. However, the sample sizes were very small and the independent variable was poorly controlled. Gottesfield and Dosier (1966) developed a nine month leadership training program for indigent workers. Externality was significantly

altered. Again, the sample size was small and the independent variable was poorly controlled.

A more controlled study was conducted by Felton and Biggs (1972) where externality was significantly altered through Rational Techniques. Low achievement college students, with external locus of controls, had their external statements directly confronted by the researcher and co-worker. Clients were instructed to focus on the here and now and take responsibility for their responses. Clients engaged in a 10 week program with four, 90 minute group session per week. A Gestalt encounter session was given for a three day period at the end of the third week. Felton's approach emphasized the "language of responsibility" with frequent use of "me" or "I". Pierce, Schauble, and Farkas (1970) also utilized a didactic, rational approach. Clients were allowed to freely discuss their problems in a group for 20 minutes. A discussion to give an awareness of internality was held immediately following the group. The group then resumed for another 20 minutes to identify client's previous external statements and reinforce internal statements. The group then shifted to traditional empathetic reflective listening. Excerpts from the final group session recorded changes in verbal behavior towards a greater internal orientation than excerpts that were taken during the first 20 minute session.

Summary

Throughout this research review, locus of control has been shown to be a learned orientation which can be subject to change by means of the proper treatment. Although research has shown an internal orientation to be of benefit, little research has demonstrated concrete treatments which can promote movement towards an internal locus of control.

Rational-Emotive Therapy - Historical development and concepts

Rational Emotive Therapy (RET) is a cognitive behavioral approach to therapy developed and pioneered by Ellis. The major tenet of RET is based on an observation made by Epictetus, a Stoic philosopher, who lived more than 2,000 years ago. Essentially, Epictetus noted that man's disturbance evolves from his perception of events rather than the events themselves. Ellis expanded this philosophy to understand and examine how man's attitudes and belief systems affect feelings and perceptions.

Cognitive behavioral therapy is not a recent conceptual development. Behavior therapy, with its basis in stimulus-response conditioning, shifted to a more cognitive framework as early as the 1950's. Rotter's expectancy learning theory and Kelly's (1955) personal construct system both emphasized the mechanisms of classical conditioning and reinforcement contingencies in cognitive terms.

Rational-emotive therapy grew from cognitive behavior therapy. Mahoney (1974) cited three commonalities

among the cognitive behavior therapies: 1) humans develop maladaptive and adaptive behavior and affective states through cognitive processes, 2) cognitive processes are activated by procedures corresponding to those in a learning laboratory, 3) therapists function as diagnostic educators and assess restructure cognitions. The ultimate goal of all the cognitive approaches is the development of rational, adaptive thought patterns.

Ellis (1962, 1971) suggested that individuals live their lives according to illogical, irrational assumptions that cause anxiety and prevent them from leading relatively pleasurable lives. The goals of a rational-emotive therapist or educator are to help individuals identify and recognize self-defeating irrational ideas and replace them with constructive rational thoughts. Wilson (1978) analyzed the steps of RET to include: 1) verbal persuasion aimed at convincing clients of the philosophical tenets of RET, 2) identification of client's irrational thoughts through therapist feedback and client self-monitoring, 3) confrontation of client's irrational belief system by the therapist with therapist modeling a rational interpretation for the client, 4) rehearsal of cognitive restructured rational beliefs, 5) behavioral tasks designed to develop rational reactions.

Ellis (1973) emphasized the importance of values and their impact on behavior. He stated that it is important

to help clients see that they choose certain values instead of others, that the values they choose can determine how effectively they behave, that these values can be changed. Ellis identifies four basic values or choices by which man lives: 1) the desire to live, 2) the desire to be happy, free from pain, 3) the urge to live in a social group or community and get along with others, 4) the desire to be intimate with selected members of a group. Ellis stresses that these factors are not needs, but choices. No one has to remain alive or has to be happy. Once an individual decides upon a goal, any behavior or technique that aids the individual in attaining that goal is termed rational; any technique or behavior that interferes with a goal is termed irrational. Ellis assumes that most individuals will select the four values he identified as goals for attainment. However, sometimes these basic goals are obstructed by the escalation of reasonable desires or preferences that get turned into absolute "have to's", "musts", "shoulds", and "oughts". Values get turned into needs, obstructing the view of basic values. RET confronts the irrational thoughts through 12 clinically observed irrational assumptions and their rational counterparts as follows:

Irrational

1) It is a dire necessity to be loved by everyone for everything one does.

Rational

It would be more productive to concentrate on self-respect, and on loving instead of being loved.

- | | |
|---|---|
| 2) Certain acts are awful and wicked and those who perform them should be punished. | Certain acts are inappropriate or anti-social, and those performing them would be better helped to change. |
| 3) It is horrible when things are not the way one would like them to be. | It is too bad that things are not always the way we would like them to be; try to change things for the better or accept things as temporary until they can be changed. |
| 4) Human misery is externally caused and one has little control over self-misery. | Ferret out the "shoulds" in your thinking; emotional disturbance is caused by one's perception of events. |
| 5) If something proves to be fearful or dangerous, one must get preoccupied and upset about it. | Accept certain dangers that go with life; determine the actual dangers accompanying things you fear. |
| 6) It is easier to run away from life's dangers, difficulties and responsibilities. | The easy way out is often self-sabotaging; self-discipline pays off in the long run. |
| 7) One needs to rely on something greater or stronger than themselves. | It is more responsible to take the risk of acting independently. |
| 8) One must be perfect, competent, and achieving in all one does. | Try to do well rather than do perfectly. Being successful does not make one a better person. |
| 9) One's past remains all important; since something affected one's life a long time ago, it should indefinitely affect it. | Realize that today's present affects tomorrow's past- by changing the present you can change the future. Rethink old assumptions and habits and rework them. |
| 11) One can achieve satisfaction through inertia or passively enjoying oneself. | Humans tend to be at their happiest when actively involved in creative pursuits; get involved in people or events outside oneself. |

The rational emotive system does not focus on events of the past, but rather on showing the individual how she feels disturbed in the present by maintaining irrational assumptions. Individuals are first taught to identify feelings attached to the activating event. They are then taught to observe and become aware of present day thinking. Clients are shown that thinking, feeling, and behavior are related functions.

Albert Ellis (1971, 1973, 1975) developed an ABC approach wherein the Activating event (A) could produce a variety of emotional Consequences (C), but the Belief (B) system deter-
mines the response made. The clients learn to intervene at B to create a more appropriate C for themselves. This theory demonstrates to clients that they create their own distress by what they tell themselves; they can also learn to challenge their belief system (Knaus, 1974).

Rational Emotive research studies

The following studies are representative of cognitive restructuring or RET that has been conducted in the areas of assertive behavior or locus of control.

In a study by Carmody (1978), 63 adult college students and personnel participated in four 90-minute sessions of group assertiveness training. Four groups were randomly assigned: Rational-Emotive, wherein negative self-statements were challenged; Self-Instructional, wherein no challenge to negative statements occurred; Behavioral, which utilized skill rehearsal and role play; and the treatment control group.

A self-report and behavioral assessment of the two dependent variables, social anxiety and assertiveness, were used at pre- and post-testing with a three month follow-up. The treatment groups improved significantly over the control group. However, there were no significant findings for demonstrating the superiority of the individual treatments. The tests employed in assessing the study were subjective. Thus, the validity was quite low.

Alden and Safran (1978) conducted a study which investigated the relationship, as posited by Ellis, between non-assertive behavior and adherence to irrational beliefs. It was predicted that individuals possessing irrational beliefs would perform less well and feel more discomfort during assertive tasks than those possessing rational beliefs. The population of study included 30 university students. Significant differences were found between rational and irrational belief groups on frequency of assertion and discomfort felt during assertion. As predicted, those subjects who held irrational beliefs displayed less assertive behavior during role play and experienced greater discomfort when asserting themselves. This study attempted to study RET and assertive behavior, but these variables were not separated to determine the effectiveness upon results of both paired and unpaired influences.

Morey (1974) utilized locus of control as a variable in the effectiveness of two RET styles. It was predicted that

Ellis's conventional RET would facilitate behavior changes among external clients while internals would be resistive. Morey assumed that an internal-oriented person would perceive Ellis's techniques as manipulative and controlling. Conventional RET, modified RET--which excluded active dispute of irrational behavior--and an attention placebo group which discussed anxieties were used to determine which of the two therapies would be more effective in the reduction of speech anxiety. Behavioral changes were demonstrated upon externals by the conventional RET and thus had an impact upon locus of control.

Derry and Stone (1979) examined the relationship between self-statements and assertive behavior. The treatments were: Behavioral Rehearsal plus Cognitive Self-Statement Training, Behavioral Rehearsal plus Attribution Training, and Behavioral Rehearsal alone. Forty-two, non-assertive, undergraduates were selected through testing. Ten males and 32 females were randomly assigned to treatment groups. Data were analyzed at pre- and post-treatment, six-week follow-up, and 13 week telephone assessment. The Behavioral Rehearsal plus Cognitive Self-Statement treatment was the only group which resulted in maintenance and generalization. Locus of control was also assessed in this study; increased internal orientation was found in the Behavioral Rehearsal plus Cognitive Self-Statement treatment group. The research conducted by Derry and Stone suggested that unassertive behavior requires more

than skill deliverance. They have presented one of the few studies demonstrating the effectiveness of incorporating cognitive restructuring techniques into assertion training. However, further research is needed to separate the treatments to determine whether a specific treatment alone versus a paired treatment is more significant.

Goldfried, Decenteceo, and Weinberg (1974) fit RET into a learning framework while outlining training procedures for the self-control of anxiety. They stated that research is limited that provides specific procedures for re-learning new cognitions once irrational thoughts are confronted. They see existing procedures for confronting clients' beliefs as too haphazard when used to increase specific behaviors.

Summary

This section demonstrated the effectiveness of a Rational Emotive System and how it can provide rational choices for replacing irrational thoughts. The RET research, as it relates to locus of control and assertive behavior, is limited. Treatments have not been specified or separated to indicate which approach to assertion and locus of control is more effective.

This present study attempted to provide the existing research with a more specific approach for increasing assertive behavior and movement towards an internal locus of control. Treatments were paired and separated to determine

which procedure was most effective. Treatment procedures are specified in Appendix A so that duplication can be accomplished.

CHAPTER 3

Methodology

Introduction

The purpose of this research was to determine the effectiveness of three group treatments in increasing assertive behavior and movement towards an internal locus of control. Adult women, taking a non-credit assertion workshop at Northern Virginia Community College, were randomly placed in three treatment groups. Workshops which were cancelled due to low enrollment provided the control group for this study. A pre-test, treatment, post-test, and five week follow-up test design was used.

The treatment groups were structured and met once a week, three hours weekly, for five consecutive weeks. The testing was done during the first session, last session, and five weeks after training. The control group received no follow-up testing; there was no administered treatment which would have impacted on behavior over time. Tests administered were the Rotter Internal-External Scale and the Rathus Assertiveness Schedule. The Behavioral Observation Checklist (BOC) was developed for this study and recorded by two trained observers the first and last treatment sessions only.

The trained observers were blind to the treatment, thus reducing chances for bias. Subject behavior was recorded by observers during two informal breaks in the session.

The methodology utilized in this study is specified in detail under the following headings: Population, Research Design, Data Collection, Data Analysis, and Treatment Procedures.

Population

Fifty adult women enrolling in non-credit assertion workshops at Northern Virginia Community College were the subjects of this study. Subjects in these programs represented both working and non-working females of broad age range, single, married, separated, and divorced status, with and without children. A minimal fee was paid by the subjects. (Demographic questionnaire is in Appendix C.)

Research Design

The assertion training/rational emotive treatment group (Trt 1), assertion training (Trt 2), and rational emotive training (Trt 3) were designed so that women were not aware of the group to which they were enrolled. The group titles were all the same: Assertion Workshop. Groups were randomly assigned to the treatments.

The control group (Trt 4) was compared of women signing up for three groups which were cancelled because of limited roster size. The control group received no treatment or placebo; they responded to pre- and post-testing on the Rotter and Rathus tests. Pre- and post-tests were mailed to subjects with stamped envelopes. Observation Checklists were

Table 1
Research Design

Treatment Groups	Pre-test	Treatment	Post-test	Time	Follow-up
Trt 1 (AT/RET) N=6 2 groups <u>N=6</u> Total <u>N=12</u>	Rathus Rotter BOC	5 week AT/RET group	Rathus Rotter BOC	5 week	Rathus Rotter
Trt 2 (AT) N=6 2 groups <u>N=7</u> Total <u>N=13</u>	Rathus Rotter BOC	5 week AT group	Rathus Rotter BOC	5 week	Rathus Rotter
Trt 3 (RET) N=6 2 groups <u>N=5</u> Total <u>N=11</u>	Rathus Rotter BOC	5 week RET group	Rathus Rotter BOC	5 week	
Trt 4 (control) N=14	Rathus Rotter	5 week no treatment	Rathus Rotter		No follow- up testing

and post-test time. A follow-up request would have hindered the return rate of inventories. Those women in the control group had the option of signing up for future workshops which would have occurred prior to follow-up testing time. Control subjects responded to pre- and post-testing on the Rotter and Rathus tests. Pre- and post-tests were mailed to subjects with stamped envelopes. Observation Checklists were administered to the control group because there was no laboratory for observation of their behavior.

The groups were led by this researcher and a co-leader. The leaders were trained and experienced in RET and AT as well as group process (resumes in appendix).

Researcher bias was minimized by structuring the group format prior to the application of treatment. The co-leader was blind to the research hypotheses of this study.

Pilot Studies

Four pilot treatment groups had been conducted by the leader and co-leader while working collaboratively at a community mental health center. The purpose of the pre-study pilot groups was to separate the treatments, maximize the structure of the group, and assure that the combined treatment obtained fifty percent of each singular treatment.

The Behavioral Observation Checklist was utilized during the pilot groups to promote effective changes for a concise, measurable checklist. The scoring format was revised to provide a logical scoring procedure for the raters.

Rater instructions for administration of the Behavioral Observation Checklist were devised to insure similar instruction deliverance. The rating process was effectively worked into group-break time.

Data Collection

The Rathus Assertiveness Schedule and Rotter's Internal-External Scale were administered to the treatment groups the first night session as a pre-test, re-administered at the last session as a post-test, and again five weeks after treatment as a delayed post-test. The control group was telephoned to inform subjects of class cancellation; subjects' participation in the study was solicited at this time. The Rotter and Rathus tests were mailed to control subjects as a pre-test and five weeks later as a post-test. A five week follow-up test was not administered to the control group since the follow-up was designed to measure the effects of treatment over time.

The Behavioral Observation Checklist (see Appendix B) was scored during two 15 minute breaks of the first session by two trained observers. Observations were recorded again at the last session during two 15 minute break times. Two observers recorded behavior for each subject as a comparative means for developing inter-rater reliability for this instrument. The observational recording only applied to the treatment groups. The Behavioral Observation Checklist would account for observed, overt, behavioral changes in assertive behavior. A follow-up test was not given for the BOC since there was no opportunity provided for behavioral observation after group termination.

Subjects were administered follow-up tests approximately five weeks after treatment to determine the lasting effects of the treatment. The tests were mailed to subjects with return stamped envelopes addressed to the researcher. A five week time period was chosen to provide passage of ample time for extinction of treatment effects while increasing chances for test return from subjects.

It was assumed that any learning taking place among students due to three administrations of the instruments would evenly distribute itself between groups since all treatment groups were exposed to this procedure.

Instrumentation

Rathus Assertive Schedule (RAS)

The RAS (Rathus, 1973) is an inventory designed to measure assertive behavior. The RAS consists of 30 items which subjects rate on a six-point scale ranging from very characteristic of self (+3) to very uncharacteristic of self (-3). For the purposes of this research, the scale has been changed to a positive numbered scale for scoring purposes (see Appendix B). This would avoid transcription and computational errors. A capital letter response was chosen because negative and positive numbered responses utilizing similar numbers can often result in symbol assumption; by this is meant a subject often leaves out a positive sign (+4) when responding and assumes the researcher will know what is

meant. Interpretation of results was not effected by these changes in scoring format. Administration of the RAS took approximately 15 minutes.

Validity of the RAS was established by comparing self-report scores by two external measures of assertion. One measure was to compare the RAS scores of 47 female college students with their response to questions that asked how they would behave in specific situations; responses were videotaped. A Pearson product moment correlation coefficient between RAS and assertive video responses yielded an r of .70 ($p < .01$) (Rathus, 1973).

Another measure of validity of the RAS was conducted by Rich and Schroeder (1976). Scores of 67 subjects were compared with adjective ratings of their assertiveness as rated by others who knew them well. RAS scores were significantly correlated with ratings of boldness (.61) and outspokenness (.62).

Test-retest reliability of the RAS was determined by administering the instrument to 68 male and female subjects. Subjects were retested after eight weeks. Correlation was significant with an r of .78 ($p < .01$). Split-half reliability of the RAS was secured from 67 male and female adult subjects, with the r score of .77 wherein ($p < .01$).

Behavioral Observation Checklist

The checklist was devised specifically for this study to assess non-verbal assertive behavior. Reliability for this

checklist was established through a split-half reliability procedure. Inter-rater reliability was ascertained by comparing the scores obtained by two raters scoring subjects at the same time. Two women volunteers from an Introductory Psychology class were the raters for the checklist. The checklist was designed with a semantic differential of five equal intervals. The checklist can be reviewed in Appendix B. It was designed in simple format so that little training or education is necessary for administration.

There are a total of 20 items on the checklist. Each item is scored on a continuum of 0-4 with 4 being the most assertive dimension of the behavior. The items are totaled to give the finalized score. The maximum score that could be obtained is 80. The higher the total score, the more assertive the individual.

The purpose of this checklist was to provide a non-verbal behavioral measurement of assertiveness. Instrumentation is lacking in the research which develops reliability and validity assurance for an observational measurement of assertion. Existing instruments which purport to measure assertive behavior actually measure self-report behavior only. The Rotter Internal-External Locus of Control Scale (I-E)

The I-E scale (Rotter, 1966) measured the beliefs of subjects' internal versus external control. The I-E scale consists of 29 forced-choice items. Subjects were required to select either an internal or external interpretation of

given events. Possible scores ranged from zero to 23. Higher scores identified externals, while lower scores identified internals. There were six filler items which are not scored. The I-E scale took approximately 15 minutes to administer. Cut-off scores for classifying an individual as internal or external were not given by Rotter (1966). Other researchers have developed criteria for classification of internals and externals. Julian, Lichtman, & Ryckman (1968) utilized a split-mean procedure wherein subjects scoring below the group mean were externals. For the purpose of this research, the sample population was compared with its own mean rather than selecting an arbitrary cut-off for internal-external subject identification.

Construction. Phares (1957) laid the groundwork for measuring individual differences in internal and external expectancies. The original instrument consisted of 26 items with a Likert-type response scale of internal and external expectancy. Rotter further devised a scale which assessed control expectancies in various reinforcement areas (achievement, affiliation, dominance, etc.) but factor analysis found only one general factor (Lefcourt, 1976). With repeated item analysis the scale was reduced to 23 homogeneous items. Rotter developed a forced-choice format to control against subjects selecting social desirable responses. Subjects could not choose items which they felt would give them recognition from others.

Reliability. The Rotter Internal-External Scores report both internal and test-retest measures of reliability. In a homogeneous group of 200 female and 200 male students, an internal-consistency analysis, through use of the Kuder-Richardson, yielded $r=.70$ for both female and male groups (Rotter, 1966). Hersch & Scheibe (1976) found coefficients of $.73$ for 100 Service Corps workers on a one year test-retest time interval.

Validity. The I-E scale has shown individual behavior to be consistent with theoretical predictions. Theory predicts that ethnic groups which we limited access to opportunity for social and economic advancement would be more external than Anglos. Studies comparing Indians with Anglos showed Indians to be more external in their locus of controls. Correlations with the Marlow-Crowne Social Desirability Scale showed a range from $r= -.07$ to $-.35$ showing that the I-E responses were not a function of subjects giving socially desirable responses. Numerous other studies give evidence of construct validity (Lefcourt, 1976).

Treatment Procedures

The format for assertion workshops has been taken from Bower & Bower (1976) and Jakubowski-Spector & Lange (1978) with revision. The treatment procedures are given in Appendix A. The treatments have been specifically developed to distinguish the assertion treatment from the RET treatment.

The assertion group was behavioral in its orientation.

The focus was on verbal and non-verbal assertive behaviors. The behavioral techniques were primary catalysts to the outcome of the group structure.

The RET group was cognitive in its orientation with an emphasis on confronting irrational beliefs which interfered with a person behaving assertively. The cognitive frame of reference was the primary catalyst to the outcome of group format.

The combined treatment group places equal emphasis on the cognitive and behavioral components of the individual. Role play and the confrontation of irrational thoughts were both emphasized in this treatment (see Appendix A).

Analysis of the Data

The response measures for assertive behavior included scores of the subjects on the RAS scales in addition to assertive scores on the Behavioral-Observation Checklist. The response measures for locus of control were scores of the subjects on the I-E scale.

A one way analysis of variance was computed to verify the assumption that the three experimental groups did not differ significantly on the pre-test scores and, therefore, were similar when entering the treatment.

Repeated measures ANOVA were conducted for all treatments across all times through use of the Rotter, Rathus, and Behavioral Observation Instruments. The pre-, post-, and

follow-up times of testing included the three treatment groups for analysis. The control group was not administered a follow-up test. The pre- and post-test times included the three treatment groups and the control group for analysis. The Behavioral Observation Instrument was administered to the treatment groups but not the control group since the control group had no access to direct observation.

CHAPTER 4

Results

This chapter summarizes the research design and reports subject characteristics and statistical analysis of the data by use of repeated measures ANOVA. Results of the final section of this chapter are summarized.

Summary of Research Design

All treatment subjects were administered pre-tests at the beginning of the first group session. Post-tests were given at the end of the last session. Follow-up tests were mailed with return envelopes five weeks after treatment. The control group was presented with pre-, and post-tests only.

Reported assertive behavior, a dependent variable, was measured by the Rathus Assertiveness Schedule. Observed assertive behavior, a dependent variable, was measured by the Behavioral Observation Checklist. Locus of control, a dependent variable, was measured by the Rotter Internal-External Scale. Repeated measures ANOVA were computed for these inventories to determine if there were significant differences among group means across treatments and across time.

Subject Characteristics

Fifty subjects participated in this study. Table 2 shows the results of the demographic questionnaires that were administered to each subject at pre-test time.

The mean age across all groups was 36.4. There was little fluctuation in subjects' ages across the four groups. The median education for all groups indicated that all the women in this study had at least a high school diploma.

The majority of women participating in this study worked inside the home. Data from the 1979 census (Levine, 1980) reported that of women in the age group 25-34, 74.3 percent worked inside the home. Three of the treatment groups had percentages consistent with the 1979 U. S. census statistic. The rational-emotive group had a lower percentage (54) of women working inside the home when compared with the other groups and the census statistic. For subject characteristics of this group, there seemed to be no other pattern of discrepant percentages across other demographic data that was gathered.

Other notable data were related to marital status. The assertion group had the largest percentage of women in the Divorced/Separated category (30) when compared to the other groups (8, 9, 0). The assertion group also had the highest mean age (39.7) for its members.

Basically, the group differences were minimal. Although no statistical test was run, there seemed to be similar

Table 2
Demographic Data Across Treatments

Treatment	N ^a	Mean age	Median education years completed	Working inside home	Married	Single	Divorced/separated	Have Children
Rational-Emotive Therapy/Assertiveness Training	12	35.8	12-16	83% (10)	83% (10)	8% (1)	8% (1)	91% (11)
Assertiveness Training	13	39.7	12-16	76% (10)	61% (8)	7% (1)	30% (4)	92% (12)
Rational-Emotive Therapy	11	35.2	12-16	54% (6)	81% (9)	9% (1)	9% (1)	90% (10)
Control	14	34.9	12-16	64% (12)	85% (12)	14% (2)	—	85% (12)
Total	50	36.4	12-16	69.25 (35)	77.5 (39)	9.5 (5)	11.7 (6)	89.5 (45)

^aNumbers in () indicate number of women in specified category.

life-stage issues across the groups. These assertion workshops appear to have recruited mid-30 aged women who have children and who work inside the home.

Statistical Analysis of the Data

Initially, a one-way analysis of variance was calculated by use of the Statistical Package for the Social Sciences (SPSS) (Nie, et al. 1975). This procedure was used to determine whether the four groups differed significantly at pre-test time. Data presented in Table 3 show no significant differences between groups for locus of control or assertive behavior at the time of pre-testing. The Rotter pre-test has an F value of 0.03 (n.s.). The Rathus has an F score of 1.18 (n.s.). Thus, further data analysis assumed that the treatment groups were equivalent entering the experiment.

Hypotheses Testing

Hypothesis₁ Those women participating in any of the three treatments will show a significant increase in reported assertive behavior, as measured by the Rathus Assertive Schedule, when compared to those in the control group.

In order to determine the significance of Rathus mean-score changes across the four groups, repeated measures ANOVA were computed for all times across all treatments. Initially, the pre- and post-test scores for the Rathus for all four groups were assessed and are found in Table 4. Results of

Table 3

Analysis of Variance of Pre-Test Scores Across Treatment Groups

Test	Sum of squares	DF	Mean squares	F
Rotter Pre-test				
between groups	1.24	3	0.42	
within groups	581.26	46	126.64	0.03
Rathus Pre-test				
between groups	985.25	3	328.42	
within groups	12822.68	46	278.75	1.18

Table 4
 Repeated Measures ANOVA
 Across Four Groups for the Rathus
 at Pre- and Post-Test Time

Source	DF	Sum of squares	Mean squares	F
Treatment	3	739.97	246.658	0.56
Subjects Nested (Treatment)	46	20131.52	437.64	
Time	1	0.09	0.090	0.00
Treatment * Time	3	465.54	155.179	1.53
Time * Subjects Nested (Treatment)	46	4673.87	101.605	
Total	49			

* $p < .05$

the repeated measures ANOVA show no significant differences between treatments ($F=0.56$). No significant differences over time is discovered ($F=0.00$), and no interaction effects between treatments and time are shown ($F=1.53$). It is concluded that there are no significant increases in reported assertive behavior for treatment or control groups between pre- and post-testing.

The Rathus was further tested to determine significant changes across the three treatment groups, deleting the control group, for pre-, post-, and follow-up testing times. Examination of Table 5 shows no significance between treatments ($F=0.31$). No significance is shown over time ($F=0.09$). No interaction is significant ($F=1.31$). It is concluded that there are no significant differences in reported assertive behavior for any of the treatments at any time of testing.

Further examination of the Rathus mean scores for all treatment groups across pre- and post-testing time is presented in Table 6. An increase in Rathus scores signifies an increase in reported assertive behavior. The Rathus mean scores increase for the assertion group (113.00 to 120.08). This increase, according to the F values, is not large enough to show significant change. The other groups show a decrease in their scores. Total increase in scores from pre- to post-testing for all groups is 118.96 to 119.02. Reported assertive behavior does not show marked improvement in mean scores across treatments. The mean score data lends support to the non-significant F value findings from Tables 4 and 5.

Table 5
 Repeated Measures ANOVA
 Across Three Groups for the Rathus
 at Pre-, Post-, and Follow-up Test Time

Source	DF	Sum of squares	Mean squares	F
Treatment	2	345.428	172.714	0.31
Subjects Nested (Treatment)	33	18608.904	563.906	
Time	2	22.388	11.194	0.90
Treatment * Time	4	656.414	164.103	1.31
Treatment * Subjects Nested (Treatment)	66	8266.530	125.250	
Total	70			

* $p < .05$

Table 6
 Mean Scores across Time and Treatment
 for the Rathus at Pre- and Post-Time

Treatment	Pre-test Time 1	Post-test Time 2	Across all Treatments
Rational-Emotive Therapy/Assertion Training	124.25	119.97	122.08
Assertion Training	113.00	120.08	116.54
Rational-Emotive Therapy	122.55	121.00	121.77
Control	117.14	115.71	116.43
Across all Times	118.96	119.02	

Table 7 presents the Rathus mean scores for treatments, without the control, across pre-, post-, and follow-up times. These mean scores show a pattern of increase from pre-test to post-test time and a decrease at follow-up time. Total change in scores is as follows: pre-test, 119.67; post-test, 120.31; and follow-up test 119.19. These mean scores support the F-value findings and indicate that marginal change from pre- to post-test time was not maintained at follow-up testing time.

Hypothesis₂ Those women participating in any of the treatments will show significant changes in movement towards an internal locus of control, as measured by the Rotter Internal-External Scale, when compared with those in the control group.

In order to determine the significance of the Rotter mean scores, repeated measures ANOVA were computed for all times across all treatments.

The data presented in Table 8 presents the F values for the pre- and post-test times across all the groups. A significant F ratio of 18.50 ($p < .05$) is found for the time factor. No significant differences are found for the treatment effect ($F=0.30$; n.s.) or the time/treatment interaction effect ($F=1.85$; n.s.) Thus, there is significant movement towards an internal locus of control across the time effect from pre- to post-test time, when all four groups are assessed. The F values indicate that there is no significant movement towards an internal locus of control between the treatments or between the time/treatment interaction.

Table 7
 Mean Scores across Time and Treatment for
 the Rathus at Pre-, and Post-, and Follow-up Time

Treatment	Pre-test Time 1	Post-test Time 2	Follow-up Time 3	Across all Treatments
Rational-Emotive Therapy/ Assertiveness Training	124.25	119.92	120.83	121.67
Assertiveness Training	113.00	120.08	119.31	117.46
Rational-Emotive Therapy	122.55	121.00	117.27	120.27
Across all Times	119.67	120.31	119.19	

Table 8
 Repeated Measures ANOVA
 Across Four Groups for the Rotter
 at Pre- and Post-Test Time

Source	DF	Sum of squares	Mean squares	F
Treatment	3	17.688	5.896	0.03
Subjects Nested (Treatment)	46	890.151	19.351	
Time	1	73.960	73.960	18.50*
Treatment * Time	3	22.185	7.395	1.85
Treatment * Subjects Nested (Treatment)	46	183.854	3.996	
Total	49			

* $p < .05$

To further test the interaction between time and treatment on the Rotter, repeated measures were calculated for the three treatment groups, without the control, at pre-, post-, and follow-up test times. Examination of Table 9 shows findings consistent with the previous results. A significant difference is found for the time effect wherein $F=12.68$ ($p < .05$). There are no significant differences for the treatment effect ($F=0.01$; n.s.) or the treatment/time interaction ($F=0.26$; n.s.). These results are consistent with the previous F values. Thus, a significant movement towards an internal locus of control is found for time effect for pre-, post-, and follow-up test times when three treatments are assessed without the control group.

Since a significant F value for the time effects was found for the Rotter scores, a Tukey test was calculated to determine which time means differed significantly (Winer, 1962). Analysis shows a significant difference for the pre- and post-test times where $Q = -6.66$ ($p < .05$). Post to follow-up time has a Q score of 1.13. The critical value for these scores is 3.40. The pre- to post-scores exceed the critical value and therefore show a significant movement towards an internal locus of control from pre- to post-test time. These changes did not significantly differ at follow-up test times as indicated by a non-significant Q score. It is concluded that those women who participated in the three treatments show significant movement towards an internal locus of control

Table 9
 Repeated Measures ANOVA
 Across Three Groups for the Rotter
 at Pre-, Post-, and Follow-up Test Time

Source	DF	Sum of squares	Mean squares	F
Treatment	2	0.950	0.475	0.01
Subjects Nested (Treatment)	33	1216.632	36.867	
Time	2	106.888	53.444	12.68*
Treatment * Time	4	4.313	1.078	0.26
Time * Subjects Nested (Treatment)	66	278.130	4.214	
Total	70			

* $p < .05$

across pre- to post-testing time.

Table 10 shows the Rotter mean scores for all treatments at pre- and post-time. A lower Rotter score represents a more internal locus of control. Noted mean score decreases occurred for the assertion/rational-emotive group where scores went from 10.17 at pre-test time to 7.42 at post-test time. The assertion group scores went from a 9.85 at pre-test time to 7.69 at post-test time. The rational emotive group scores went from a 9.73 at pre-test time to 7.82 at post-test time. The control group is unremarkable (9.86 to 9.57). Total decrease on scores from pre- to post-testing for all groups is 9.90 to 8.18. The decrease in mean scores across the pre- to post-times of testing are of significance as previously shown by the significant Q score.

Table 11 presents mean scores for the three treatments, without the control, across all testing times. The Rotter scores maintain their decrease at the time of follow-up testing when compared with the pre-test scores. Total change in time across treatments is as follows: pre-test, 9.92; post-test, 7.64; and follow-up test, 8.03. These changes were not significant when the follow-up test was added for analysis as previously demonstrated by the non-significant Q score.

Hypothesis₃ Those women who participate in an assertion-skill training program with rational-emotive techniques will show a significantly

Table 10
 Mean Scores Across Time and Treatment
 for the Rotter at Pre- and Post-Time

Treatment	Pre-test Time	Post-test Time	Across all Treatments
Rational Emotive Therapy/Assertiveness Training	10.17	7.42	8.79
Assertiveness Training	9.85	7.69	7.69
Rational-Emotive Therapy	9.73	7.82	8.77
Control	9.86	9.57	9.71
Across all Times	9.90	8.18	

Table 11
 Mean Scores Across Time and Treatment for
 the Rotter at Pre-, Post-, and Follow-up Time

Treatment	Pre-test Time	Post-test Time	Follow-up Time	Across all Treatments
Rational-Emotive Therapy/ Assertiveness Training	10.17	7.42	7.75	8.44
Assertiveness Training	9.85	7.69	7.92	8.49
Rational-Emotive Therapy	9.73	7.82	8.45	8.67
Across all Times	9.92	7.64	8.03	

greater increase in reported assertive behavior, as measured by the Rathus Assertive Schedule, than those who participate in a single treatment or the control.

Table 4 presents the F values from the repeated measures ANOVA computations on Rathus scores at pre- and post-test times. No significant increases in assertive behavior are shown. Results of pre-, post-, and follow-up times are given in Table 5. Again, there are non-significant F values. Thus, there are no significant increases in reported assertive behavior for women who participated in the assertion/rational-emotive group.

Table 6 shows the mean scores across all treatments for pre- and post-test times for the Rathus. The assertion/rational-emotive treatment shows a decrease in Rathus mean scores (pre-test, 124.25 to post-test, 119.92). An increase in assertive behavior is demonstrated by an increase in the Rathus scores. Reported assertive behavior is not increased from pre- to post-test time. The other treatments and control also show a decrease in their mean scores. Thus, the Rathus mean pre- to post-scores across treatments and time give support to the non-significant F values. The paired treatment was not demonstrated as increasing assertive behavior as measured by the Rathus.

Further assessment of Rathus mean scores without the control group across pre-, post-, and follow-up testing times showed no increase in the assertion/rational-emotive treatment (Table 7). The assertion treatment is the only

group showing an increase in Rathus mean scores from pre-test time to post-test time to follow-up time. Thus, mean scores show no apparent increase in reported assertive behavior for women who participated in the assertion-skill training with rational-emotive techniques.

Hypothesis₄ Those women who participate in an assertion-skill training program with rational-emotive techniques will show significant movement towards an internal locus of control, as measured by the Rotter Internal-External Scale, when compared with those participating in a single treatment or control.

Repeated measures ANOVA for the Rotter (Table 8 and 9) show the time effect to be significant. The F value for the pre- and post-test time is 18.50. The F value for the pre-, post-, and follow-up test time is 12.68. Both these scores exceed the critical value and are significant. Those women who participated in the assertion/rational-emotive treatment, and the other treatments, showed a significant movement towards an internal locus of control across time.

Presentation of the pre- and post-test mean scores for the Rotter are found in Table 10. The RET/AT treatment shows a decrease in scores from pre-test (10.17) to post-test time (7.42). Other treatments show a decrease in scores, but the decrease is not as pronounced as the RET/AT group. A decrease in the Rotter score signifies movement towards an internal locus of control. Thus, the Rathus mean scores

for the RET/AT treatment show a trend towards an internal locus of control.

Table 11 presents mean Rotter scores for the three treatments across pre-, post-, and follow-up scores for the assertion/rational-emotive treatment (pre-test, 10.17; post-test, 7.42; and follow-up, 7.75). Whereas all treatments maintained a decrease over time, the RET/AT mean change across time appears to be the most dramatic. The RET/AT treatment scores suggest a trend in movement towards an internal locus of control when compared across treatments and time.

Women who participated in the assertion/rational-emotive treatment showed a trend in mean scores movement towards an internal locus of control across time. All groups showed significant movement towards an internal locus of control across pre- to post-test time ($p < .05$).

Hypothesis₅ Those women participating in any of the three treatments will show a significant increase in laboratory-observed assertive behavior following treatment.

The Behavioral Observation Checklist is the instrument used to measure observed assertive behavior. There were two raters that scored subjects' behavior. The correlation for the behavioral scores of rater 1 with rater 2 for the pre-test is .916.

Repeated measures in Table 12 show significant differences across treatments where the F value is 6.30 ($p < .05$).

Table 12
 Repeated Measures ANOVA
 Across Three Groups for the
 Behavioral Observation Checklist at Pre- and Post-Test Time

Source	DF	Sum of squares	Mean squares	F
Treatment	2	653.939	326.969	6.30*
Subjects Nested (Treatment)	33	1713.404	51.921	
Time	1	575.170	575.170	57.38*
Treatment * Time	2	327.687	163.843	16.35*
Time * Subjects Nested (Treatment)	33	330.766	10.023	
Total	35			

* $p < .05$

The time effect also proves significant with an F ratio of 57.38 ($p < .05$). The interaction between treatment and time is significant also ($F=16.35$; $p < .05$). Women participating in the three treatments show significant increases in their laboratory-observed assertive behavior.

Mean scores for the Behavioral Observation Checklist for the three groups at pre- and post-test times are presented in Table 13. Due to the nature of this inventory, wherein a rater observes subjects' overt behaviors, there is no data for the control and follow-up scores. Increase in mean scores is shown across all times for all the treatments.

After a significant F was determined, Tukey tests were used to determine which means are significant from others. The assertion/rational-emotive treatment has a significant interaction effect for treatment and pre- and post-time ($Q=12.77$; $cv=2.88$). The assertion treatment has a significant interaction effect for treatment and time ($Q=3.46$; $cv=2.88$). The rational-emotive treatment shows no significant interaction effect for treatment and time ($Q=2.29$; $cv=2.88$). Those women who participated in the assertion/rational-emotive or the assertion treatments show a significant increase in observed assertive behavior across time.

Table 13
 Mean Scores Across Time and Treatment
 for the Behavioral Observation Checklist

Time	Rational Emotive Therapy Assertiveness Training	Assertiveness Training	Rational Emotive Therapy	Across All Treatments
Pre-test Time	60.5416	64.2692	71.5000	65.2361
Post-test Time	72.2083	67.3076	73.6818	70.888
Across All Times	66.3750	65.7884	72.5909	

Reliability Determination for the Behavioral Observation Checklist

Inter-rater reliability was calculated for the Behavioral Observation Checklist. Table 14 gives the correlation coefficients for scores A and scores B for each item rated. Pre- and post-test scores were administered to each subject by both raters. The correlations are quite reliable for most items. Some rater disagreement occurred on items 2, 14, and 15 at the time of post-test rating. These items were rated with agreement at the time of pre-test rating. This discrepancy might be due to the nature of these items. These items may have required raters to be physically closer to the subjects in order to adequately score these behaviors. Item 2 was eye contact, Item 14 was the use of word encouragers, and Item 15 was clearing-the-throat sounds. In reviewing the subjects' individual inventories for these items, pre-test ratings appeared to have observations clustered near the end of the checklist continuum. The post-test ratings were spread out along the continuum. The raters may have learned to discriminate these behaviors from pre- to post-test time. Generally speaking, the checklist demonstrated inter-rater reliability.

Split-half reliability was calculated through the Spearman-Brown prophecy to show the extent to which two parts of the same test were correlated. All the even-numbered items were compared with the odd-numbered items. The

Table 14
 Correlation Coefficient for Same-Item Rating of Scorer A and
 Scorer B. Pre- and Post-Testing Times.

Item	Pre-test	Post-test
1	0.6962	0.7466
2	0.7620	0.5723
3	0.7296	0.6859
4	0.8588	0.8200
5	0.7589	0.7385
6	0.7449	0.6181
7	0.8562	0.7974
8	0.7320	0.6987
9	0.8203	0.8358
10	0.7380	0.8663
11	0.8800	0.7495
12	0.7013	0.7547
13	0.8675	0.7437
14	0.8760	0.5482
15	0.8867	0.5523
16	0.8317	0.7974
17	0.8071	0.6199
18	0.7126	0.7203
19	0.8291	0.8846
20	0.8757	0.7741

Spearman-Brown coefficient was .805. Thus, the reliability of this instrument was further demonstrated.

Summary

Results of the research were presented in this chapter. Repeated measures ANOVA was computed for all times of testing across all treatments.

Significant ($p < .05$) movement towards an internal locus of control, as measured by the Rotter Internal-External Scale, was found for the assertion/rational-emotive group and the assertion group across pre- to post-test time. No significance was found for the treatment or time/treatment interaction effects with the Rotter.

No significance was found for increases in reported assertive behavior, as measured by the Rathus Assertiveness Schedule, across all times and treatments.

Significance ($p < .05$) was found for observed assertive behavior, as measured by the Behavioral Observation Checklist, for the assertion and assertion/rational-emotive group for time/treatment interaction.

Spearman-Brown split-half reliability testing demonstrated the Behavioral Observation Checklist to be a reliable instrument. Inter-rater reliability was also demonstrated.

CHAPTER 5

Summary, Discussion, Conclusions, and Recommendations

This final chapter provides a summary of the research design and findings, discussion, conclusions drawn from the findings, and contributions to the literature. Recommendations for further research and action are made.

Summary of Research Design and Findings

This study utilized a pre-, post-, follow-up design for comparison between treatment and control groups to determine the impact of differential treatments upon assertive behavior and locus of control. Treatment subjects were randomly assigned to three assertion workshops. Workshops met for five consecutive weeks for three hours per week. Subjects participating in the study were 50 females signing up for an assertion workshop at Northern Virginia Community College. There were 36 in the treatment groups and 14 in the control.

The literature reviewed for this study suggested that women require an assertion training program which explores and confronts their irrational thought systems. Research suggested that an RET approach to assertion training could

restructure subjects' cognitions and increase their internal locus of controls.

The locus of control construct was discussed as an attitudinal variable prompting individual-perceived control over events. An internally-oriented person would be more willing to take responsibility for her own behavior than an externally-oriented person. This researcher hypothesized that an assertion program, incorporating behavioral training with RET, would be the most significant method for behavioral change. The comparative treatments were an RET and an assertion-behavioral approach.

A one-way ANOVA performed at pre-test time showed no significant differences between groups. The groups were similar when entering the treatments.

In order to determine the significance of mean changes across treatments and times, repeated measure ANOVA was computed.

The Rathus, a measure of reported assertive behavior, showed no significant difference for time and treatment effects. Mean scores for the Rathus showed a pattern of slight increase in scores from pre-test to post-test time and a decrease at follow-up time. Marginal change in scores from pre- to post-test was not maintained at follow-up time. No significant differences were found in reported assertive behavior across all treatments for all times. Studies suggesting that maintenance of assertive behavior would improve

when paired with cognitive restructuring were not supported in this research (Alden & Safran, 1978; Derry & Stone, 1979).

Repeated measures ANOVA were computed for all treatments across all time for the Rotter.

Review of mean scores across the treatments and test times showed differences across all times for the three treatments. The control group showed no remarkable movement.

The Rotter, a measure of locus of control, showed significant movement towards an internal locus of control for time effect for pre-, post-, and follow-up test times when three treatments were assessed without the control group. No differences were found between treatments or time/treatments interaction. Further post-hoc analysis showed significant changes for the time effects for pre- to post-test times. No significance was found for follow-up time. Those women participating in the three treatments also showed significant movement towards an internal locus of control across pre- to post-times when the control group was included.

For the Behavioral Observation Checklist, two trained observers recorded each subject's behavior during the first and last session of each treatment group. Inter-rater reliability was established through Pearson correlation analysis. Although the Rathus Assertiveness Schedule appears to be measuring assertive behavior, it is a self-report

measure of assertive behavior. The Behavioral Observation Checklist allows an observer to score subject's overt, emitted behavior. The subject is separate from the instrument. Since these two instruments were not measuring the same dimension of assertive behavior, concurrent validity was not attempted.

Repeated measures ANOVA were calculated for the Behavioral Observation Checklist across three groups for pre- and post-test times. Post-hoc analysis showed a significant interaction effect for the Rational Emotive/Assertion Training group and the Assertion Training group. The Rational Emotive group showed no significant time/treatment interaction effects. Significance was shown across treatments and time. Women participating in the three treatments showed significant increases in their laboratory-observed assertive behavior. When depicted graphically, the paired treatment showed the most profound change over time. Results from the checklist support the research (Jakubowski-Spector & Lange, 1978; Derry & Stone, 1979) which suggests that assertion training when paired with RET will have the most impact on assertive behavior.

Discussion

This section relates findings from the present study to studies cited in Chapter II.

As early as 1949, Salter postulated that to change the way a person acts towards others is to change the way a person feels about herself.

Wolpe and Lazarus (1966) extended existing behavioral techniques for developing assertive responses. Jakubowski-Spector (1973) and Alberti & Emmons (1971) made a contribution to the field of assertiveness by stressing the importance of an assertive belief system. Jakubowski-Spector & Lange (1978) made direct reference to Albert Ellis's RET and cognitive restructuring.

Assertion Research which separated behavioral treatments from cognitive treatments, as well as paired these treatments, was limited to Derry and Stone (1979). Derry and Stone's research suggested that unassertive behavior requires more than skill deliverance. Their research demonstrated the need to incorporate cognitive restructuring techniques into assertion training.

The results of this dissertation study suggest that all treatments impacted upon subjects' movement towards an internal locus of control from pre- to post-test time. The Assertiveness group, that group utilizing behavioral techniques only, showed significant movement towards an internal locus of control over time. The RET treatment, that group utilizing cognitive restructuring, showed significant movement towards an internal locus of control over time. The paired treatment showed significant movement towards an

internal locus of control.

These results did not demonstrate the effectiveness of a Rational-Emotive System for increasing reported assertive behavior when measured by the Rathus Schedule. Observed assertive behavior, as measured by the Behavioral Observation Checklist, showed significant changes following all assertive treatments. These research results were contrary to the theory of cognitive restructuring. Ellis (1975) postulated that subjects can realize their own sense of control of circumstances by converting irrational thoughts into rational thoughts. The RET treatment or paired treatment did not appear to be more effective in prompting subject change than the behavioral treatment.

Given the results of this study, all treatment approaches appear to be significantly effective in changing locus of control perception across pre- to post-test time. These treatments had little-to-no impact on reported assertive behavior, but had substantial impact on observed assertive behavior.

Several reasons may be hypothesized:

1. Behavioral feedback is concrete and immediate. Subjects are exerting verbal and non-verbal cues upon others. Their observed behavior may change, but perception of their own assertive behavior may not change. Thus they didn't report themselves to be more assertive.

2. RET is less tangible than assertion training. Our Western Culture is structured to reinforce what people do, what they accomplish. Cognitive restructuring does not allow a subject to immediately see her impact in behavioral terms.

3. Perception of controlling one's environment, an internal locus of control, is increased by the situations in which one overtly asserts herself. Thus, experimental settings which deliver concrete behavioral and/or cognitive feedback work to facilitate perceptual changes.

4. The majority of women in this study worked inside the home. Many women brought in their own agendas to impact change on immediate family members.

Family members are often invested in the woman's non-assertive behavior and respond resistantly to her increase in assertive behavior or attitude. Family resistance to change may impinge upon women's attitudes and lead them to report themselves as being non-assertive.

5. The items on the Rathus Assertiveness Schedule include events that subjects may not have the opportunity to experience during the time of the workshop. The instrument may not have been sensitive to demonstrate change in reported assertive behavior.

Conclusions

1. Subjects participating in all the treatments showed a significant increase in their internal locus of controls

as measured by the Rotter I-E scale for pre- and post-time comparison. No significance was found for treatment effect or time/treatment interaction. Each type of treatment had an impact on subjects' perception of control. Rational-emotive claims, that thinking impacts behavior, were just as substantiated as behavioral claims, that behavior impacts thinking (Hilgard, Atkinson, and Atkinson, 1979).

2. No significant differences were found in assertive behavior as measured by the Rathus Assertiveness Schedule for all subjects in the four groups across all treatments and times. The Rathus instrument was a self-report measure of assertiveness. The only conclusion drawn from the results was that subjects did not report themselves as changing significantly after treatment.

3. The Behavioral Observation Checklist was found to be a reliable instrument. The results of the Pearson correlation analysis revealed significant correlations between the two raters. Concurrent validity was not computed between the Rathus Schedule and the Behavioral Observation Checklist since they are measures of two different aspects of assertive behavior. A Spearman-Brown split-half reliability gave further credence to the instrument's reliable assurance.

Recommendations for Further Research

The following recommendations for action and further research were an outgrowth of the results of this study:

1. Further research should be conducted to determine whether order of treatment has an impact on assertive behavior and locus of control. For example: treatment one could receive three weeks of RET, treatment two could receive three weeks of RET followed by three weeks of behavioral-assertive techniques. This would enable the researcher to ascertain which treatment provides subjects with the most effective foundations for change.

2. Based on the findings from this study, given the discrepancy between observed and self-reported inventory results, the Rathus Assertiveness Schedule needs to be further tested for its validity. Comparison between the RAS and other self-report assertion inventories would be helpful in assessment.

3. The Behavioral Observation Checklist needs further use and analysis in order to substantiate its reliability and validity.

4. It may be effective to incorporate videotaping into sessions as a way of providing concrete feedback to subjects during all the treatment groups. By the nature of its format, the RET group had delivered a minimum amount of concrete, observable feedback to its subjects. This group might benefit from subjects observing their effects in confronting their irrational belief systems. If subjects observed themselves on tape actively changing their belief systems, their internal locus of controls could be

increased.

Contributions to the Literature

This study contributes to the literature by utilizing a certified rational-emotive therapist. Other studies utilizing a cognitive treatment have not had an RET group leader.

This study provided two separate treatments, a paired treatment and a control group. Other studies have not separated and paired the treatments as succinctly as this study.

A Behavioral Observation Checklist was developed to measure observed assertive behavior. There is no similar reliable or valid instrument existing in the field of assertion training. The checklist serves as a model for measuring overt behavior.

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APPENDIX A

TREATMENT PROCEDURES

APPENDIX A

Introduction For All Treatment Groups

1. Inventories and permission forms were distributed as subjects arrived.
2. Introduction - Subjects were paired and asked to share information about themselves which they felt comfortable sharing with the group. Each person was asked to introduce their partner to the group.
3. What is assertiveness? Subjects were given a handout and were asked to mark responses they perceive to be assertive. A discussion focused on the difference between non-assertion (victim), aggression (victimizer), and assertion.

Assertiveness as distinguished from aggression

Aggression tends to allow anger to cover real feelings of hurt, worry, etc. Aggression can lead to blaming with such statements as "You make me feel" or "You are a" rather than statements which enable the individual to take responsibility for their feelings and behavior with "I" statements. The aggressive individual may also discount the person, usually with sarcasm or put down responses. Assertiveness does not attack the worth of another individual. Aggressive behavior can lead an individual to make decisions for another person; this may violate the rights of the other person. Whereas both involve standing up for one's rights, it is the assertive behavior which doesn't violate the rights of the other person.

Assertiveness as distinguished from non-assertive behavior

Assertive and non-assertive behavior is behavior which allows another to violate rights. The individual inhibits honest communication with others and often sends out double messages; verbally she may say something different from non-verbally. Alberti and Emmons (1971) make a distinction between situational non-assertive and generally non-assertive. In situational non-assertive behavior, the individual has situation specific times of being non-assertive. In generally non-assertive behavior, the individual won't do anything that might hurt or excite another. These classifications extend to include situational and generally aggressive behavior. Jakubowski-Spector (1973) suggests that the generally assertive and aggressive individual may require extensive therapy because of personal inadequacies and lack of appropriate emotional responsiveness. These generally non-assertive and generally aggressive individuals may need to be screened by the assertiveness counselor to determine if therapy is indicated.

Often an individual will think assertiveness training will resolve deep-seated conflicts. The counselors will present assertiveness training as a behavioral program of skill learning which yields more effective choices for communication. The client may learn how her behavior is contributing to an unsatisfactory relationship. She won't be working through the past as is often done in psychotherapy.

Each interpersonal relationship is unique.

Clients were reminded that all relationships are unique. People are in relationship when they are communicating. An interpersonal relationship is created whenever we form a relationship with someone - be it with a checkout clerk in a supermarket or an intimate relationship with a mate (Wilmont, 1979). There is a wide spread diversity among relationships. Von Weise (1979) devised labels which are still in use today in the literature. He described Typical pairs as more personal and intimate involvement with another person. This category includes: sexual pairs be they heterosexual, homosexual, pre or extra-martial, or marital; generational pairs which involve family member combinations or interaction; and friendships.

Atypical pairs are less intimate and include relationships such as: superior-subordinate (captain to mate); aider-aide (physician to patient); teacher-pupil; and economic ordered relationships (mistress to maid). Each relationship within the typical and atypical realm has different functions. Assertion needs to deal with these specific relationships appropriately.

Subjects examined the questions: Whose needs are being met? Do different types of relationships warrant different responses? Subjects were given time to review their handout and change any of their responses. The purpose of this task was to enable subjects to concretely observe a shift in their own perceptions.

4. The following messages were delivered:

Emotions can keep you from being assertive. Given a situation where someone insults you, your physical reaction may be shallow breathing, increased heart rate, or tense facial muscles. Your behavior may be overt anger or withdrawal. Your self-image may be "I'm helpless", "I can't stand it".

Your emotional reaction is learned. Past emotional reactions to previous situations can cause one to interpret present situations. It has been found that muscle tension is present when people are anxious or nervous. You can learn to control these emotional reactions.

Progressive Relaxation. Subjects were presented with an audiotape. The tape had them feel and release tension through the use of progressive relaxation.

Out of group assignment. Members were asked to use progressive relaxation for 15 minutes each day. They were to use the verbal cue "Relax, just let go and relax".

I. Assertion Treatment Group - Week 1

1. Repetition Technique. This was a technique used to reinforce a position or stance held by the subject. The individual was asked to make a firm statement and repeat the statement when confronted. Subjects were directed to apologize less for their behavior. An effective response given to a telephone solicitor would be "I hear what you're saying, I'm not interested".

2. Attending Behavior. Leaders presented the topic, attending behavior, in the following way: Developing attending behavior is important to the development of assertive behavior. Attending behavior is listening skillfully to another person; listening to their experience, and gaining information about the other person. Body language is important for demonstrating attendance to another person. Examples are: eye contact, physical posture and positioning, and verbal tone and level.

Subjects were asked to become aware of messages they send through their body language. Leaders role played extreme examples for the group.

3. Selective Agreement. Subjects were asked to listen carefully to what the other person had said. If they found themselves caught off guard, they mobilized themselves by asking the other person to repeat their statement or request. Then, they were to respond to exactly what the other person stated, not to what was implied. They were not to make assumptions about the other person's behavior. Group leaders confronted subjects' assumptions. Subjects were told: "If you are being criticized, agree with the truth, principle, or probabilities being expressed".

Example: Critic - "Anyone who talks like that doesn't have much going for them."
 Selective Response - "I know I'm not perfect."

Critic - "I think you should call that party."
 Selective Response - "I can understand that you think the best course of action is to call. I think I'll make a thoughtful decision on that matter."

Skillful listening coupled with selective agreement was used to reduce the level of anxiety an individual experiences when confronted with criticism or parental-like requests.

The individual was able to mobilize herself to listen intently, not get defensive, and she responded appropriately without making assumptions about another's motives.

Out of group assignment for Week 1

Active Looking - Subjects were asked to intentionally make eye contact with a stranger and then close their contact with a smile. Subjects were to write down "How I felt" and "What I thought".

Week 2

1. The Active Listening Assignment was reviewed. The group discussed what subjects thought about the assignment and how they felt about it.
2. Leaders facilitated a discussion that enabled subjects to separate their feelings from thoughts.

Subjects were asked to change their wording from I feel "that" to I think "that". Often times people think that they are in touch with their feelings because of their word usage. Leaders confronted the thought-feeling misuse for the duration of the workshop.

3. The group was asked to share ways they put off being assertive. Group leaders discussed the following procrastinating thoughts.

- a. The "Manana" Syndrome - "I'll do it tomorrow."
Contingent Manana - "When I finish this, I'll do it."
- b. "I don't want to make a mountain out of a molehill."
- c. "They have their rights, too." Yes, as long as they don't infringe upon your own rights.
- d. "Maybe, just this once." Your memory will record another failure.
- e. "People will stare at me if I cause a commotion."
- f. "That's just the way s(he) is, I can't change that person."

4. Initiating Conversations (open vs closed statements)
Group facilitators presented the following:

"Many of us would like to be considered friendly, but pull back for fear of being regarded nosey. There is a skill to initiating conversations which will be maintained." Counselors differentiated between open and closed statements with concrete examples."

Exercise: Subjects were asked to pair and select a questioner and responder. The questioner was instructed to ask questions which could only be answered by yes or no (closed questions). The questioner was then asked open questions which warranted a sentence or more response.

Group discussion followed: How did it feel to be asked closed vs open questions? How did you utilize the free information received with open questions for maintaining a conversation?

Role play: The group was asked to simulate a cocktail party and assume they knew no one. Subjects practiced open questioning. Group leaders floated around the room and gave feedback to subjects.

II. Rational-Emotive Treatment - Week 1

1. The Introduction was delivered with the following addition: The way people think about events can determine whether they will assert themselves or not. Assertiveness skill training can provide the individual with specific skills for interaction; this often is not enough. We need to change the way we think and confront the irrational beliefs that get in the way of utilizing our developed assertion skills. People are not born assertive. One can learn to take responsibility for their own behavior and meet their needs effectively while being considerate of others. This group will confront beliefs that may interfere with using the skills we'll learn during the course of these sessions.

2. An overview of Rational Emotive Therapy was delivered:

The majority of humans regulate their lives by four basic choices or goals.

1. The wish to live and keep living.
2. The desire to be happy (relatively free from pain).
3. The urge to live in a social group and get along reasonably well with members in that group.
4. The wanting to relate intimately with select individuals.

Rational can be taken to apply to any behavior or technique that aids a chosen goal. Irrational is behavior or techniques that interfere with a chosen goal. The scientific method is used to determine whether goals or subvalues sabotage the basic goals. Magical statements, those that are empirically unconfirmable (contain terms like horrible, terrible, awful) are confronted. Magical statements are self-defeating.

Group discussion followed: How did one's body language give the message "approach me" or "avoid me"?

Out of group assignment for Week 2

Subjects were asked to develop a conscious awareness of open vs closed questions and bring 5 closed questions that have been changed to open questions to the next class.

5. The D E S C Technique (Bower & Bower, 1976)

The concepts of Describing a situation in objective terms, without making assumptions about another person's feelings, and without the subjects emotional response to the situation were introduced.

Class examples were utilized.

Week 3, 4, 5

The D E S C Technique (Continued) Subjects were asked to share a situation non-personal in nature. The rationale for requesting impersonal data was to build subject's skills while minimizing their level of anxiety.

The group leaders rotated writing the subject's situations on the chalkboard. The entire group was asked to take the role of a newspaper reporter and objectively "Describe" the situation presented by the group member. The situation was separated from the feelings; subjects were asked to "Express" their feelings: "I feel" about the situation. The subject then "Specified what they wanted and presented a "Consequence" that would be pleasant or rewarding to both parties.

The third week dealt primarily with impersonal relationships. The fourth and fifth weeks moved toward the personal realm.

If a person adheres to empirically unsound statements, they will make themselves anxious, depressed, less competent. An example: if you want to achieve a love relationship (or anything) and you fail, you would feel appropriately deprived, frustrated, or sad. If you tell yourself you must or have to achieve and you fail, you will feel inappropriately destroyed, worthless, emotionally upset (Greiger & Boyd, 1981).

We would diagram RET as an A, B, C, approach. The given example as follows:

<u>A, B, C,</u>	<u>Appropriate</u>	<u>Inappropriate</u>
A = Activating Event	Love relationship in conflict	Love relationship in conflict
B = Belief Belief system is intervention point	I would like things to work out	Things must work out or it would be awful
C = Consequence	Sad, frustrated	Depressed, angry

3. Application of ABC's to Assertive Situations. Subjects were asked to share situations in which they were less likely to respond assertively. The leaders diagramed the ABC's on the blackboard. The inappropriate beliefs were confronted and replaced with appropriate beliefs.

4. The patterns of irrational beliefs were identified: Awfulizing, Demanding, Self-Rating, "What if", and "I can't stand it".

Week 2

1. Subjects were given insight through hypothesizing. They were shown that beliefs are nothing more than hypotheses. They were to adopt responsibility for their behavior and beliefs and prove their beliefs to be valid. The leader utilized imagery, analogies, contrasting, and leading as techniques to enhance subject's effectiveness.
2. Subjects worked through their belief systems by learning to debate, discriminate, and define their hypotheses. The following techniques were employed: (1) assume the worst, (2) where is the evidence?, (3) functional dispute, (4) empirical dispute, (5) risk, (6) shame, (7) humor, (8) role play, (9) imagery, (10) homework task.

Week 3, 4, 5

Subjects continued to confront their own and others irrational thoughts that interfered with them behaving assertively. Role play was utilized to have subject's act out assertive skits while stating their rational beliefs.

III. Combined Treatment: RET and Assertion Training - Week 1

1. The Introduction to Assertiveness with the RET addition was delivered.
2. An overview of Rational-Emotive Therapy was given.
3. Repetition Technique. Subjects were shown the irrational beliefs that interfere with delivering the repetition technique. An ABC diagram was presented on the blackboard.

Subjects role played the repetition technique through the following scenes: telephone solicitor, door-to-door salesperson, and returning merchandise to stores.

4. Body Language. Effective and ineffective examples of behavior were demonstrated by leaders. Emphasis was placed on eye contact, physical posture and positioning, and verbal tone.

5. Patterns of irrational beliefs were identified: Awfulizing, Demanding, Self-Rating, and "I can't stand it".

Week 2

1. Think vs Feel. Subjects were taught how to distinguish thoughts from feelings. They were shown how word usage is important for accurate communication of feelings. Leaders confronted the "think" - "feel" misuse for the remainder of the workshop.

2. The D E S C Technique. The concepts of Describing a situation and Expressing how an individual feels about that particular situation were discussed. Class examples were utilized. Irrational beliefs regarding specific situations were confronted.

3. Confrontation of Irrational Beliefs. Subjects were taught how to Debate, discriminate, and define, their hypotheses.

4. Initiating Conversations. Distinction was made between open and closed questions.

Week 3

1. The D E S C Technique emphasized the Specify and Consequences during the beginning of the session. Examples from the group were used. The D E S C format was delivered as an entire script at the middle of Week 3 session.

2. Irrational beliefs that interfered with the effective deliverance of the script were confronted and replaced with rational beliefs.

Week 4, 5

Subjects worked through situations that were more threatening to themselves. The group examples dictated the D E S C scripts and irrational systems to be confronted.

APPENDIX B

INVENTORIES/SCORING FORMS

Rotter I-E Scale (Rotter, 1966)

This is a questionnaire to find out the way in which certain events in our society affect different people. Each item consists of a pair of alternates lettered a or b. Please select the one statement of each pair (and only one) which you more strongly believe to be the case as far as you're concerned. Be sure to select the one you actually believe to be more true rather than the one you think you should choose or the one you would like to be true. This is a measure of personal belief; obviously there are no right or wrong answers.

Please answer these items carefully, but do not spend too much time on any one item. Be sure to find an answer for every choice. Circle your choice of the "a" or "b" statement you believe is more true.

In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you're concerned. Also try to respond to each item independently when making your choice; do not be influenced by your previous choices.

REMEMBER: Select the alternative which you personally believe to be more true.

I more strongly believe that:

1. a. Children get into trouble because their parents punish them too much.

- b. The trouble with most children nowadays is that their parents are too easy with them.
2.
 - a. Many of the unhappy things in people's lives are partly due to bad luck.
 - b. People's misfortunes result from the mistakes they make.
3.
 - a. One of the major reasons why we have wars is because people don't take enough interest in politics.
 - b. There will always be wars, no matter how hard people try to prevent them.
4.
 - a. In the long run, people get the respect they deserve in this world.
 - b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
5.
 - a. The idea that teachers are unfair to students is nonsense.
 - b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
6.
 - a. Without the right breaks, one cannot be an effective leader.
 - b. Capable people who fail to become leaders have not taken advantage of their opportunities.
7.
 - a. No matter how hard you try, some people just don't like you.
 - b. People who can't get others to like them don't understand how to get along with others.
8.
 - a. Heredity plays the major role in determining one's personality.
 - b. It is one's experiences in life which determine what they are like.
9.
 - a. I have often found that what is going to happen will happen.
 - b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
10.
 - a. In the case of the well-prepared student, there is rarely, if ever, such a thing as an unfair test.
 - b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
11.
 - a. Becoming a success is a matter of hard work; luck has little or nothing to do with it.

ANSWER FORM ROTTER I-E SCALE

Directions- Circle your chosen response

- | | | | | | |
|-----|---|---|-----|---|---|
| 1. | A | B | 21. | A | B |
| 2. | A | B | 22. | A | B |
| 3. | A | B | 23. | A | B |
| 4. | A | B | 24. | A | B |
| 5. | A | B | 25. | A | B |
| 6. | A | B | 26. | A | B |
| 7. | A | B | 27. | A | B |
| 8. | A | B | 28. | A | B |
| 9. | A | B | 29. | A | B |
| 10. | A | B | | | |
| 11. | A | B | | | |
| 12. | A | B | | | |
| 13. | A | B | | | |
| 14. | A | B | | | |
| 15. | A | B | | | |
| 16. | A | B | | | |
| 17. | A | B | | | |
| 18. | A | B | | | |
| 19. | A | B | | | |
| 20. | A | B | | | |

Rathus Assertiveness Schedule (Rathus, 1973)

Choose appropriate responses:

- A - very characteristic of me, extremely descriptive
- B - rather characteristic of me, quite descriptive
- C - somewhat characteristic of me, slightly descriptive
- D - somewhat uncharacteristic of me, slightly nondescriptive
- E - rather uncharacteristic of me, quite nondescriptive
- F - very uncharacteristic of me, extremely nondescriptive

(revised scoring)

- 1. Most people seem to be more aggressive than I am.
- 2. I have hesitated to make or accept dates because of "shyness".
- 3. When the food served at a restaurant is not done to my satisfaction, I complain about it to the waiter or waitress.
- 4. I am careful to avoid hurting other people's feelings, even when I feel that I have been injured.
- 5. If a salesman has gone to considerable trouble, to show me merchandise which is not quite suitable, I have a difficult time in saying "No".
- 6. When I am asked to do something, I insist upon knowing why.
- 7. There are times when I look for a good, vigorous argument.
- 8. I strive to get ahead as well as most people in my position.
- 9. To be honest, people often take advantage of me.
- 10. I enjoy starting conversations with new acquaintances and strangers.
- 11. I often don't know what to say to attractive persons of the opposite sex.
- 12. I will hesitate to make phone calls to business establishments and institutions.
- 13. I would rather apply for a job or for admission to a college by writing letters than by going through with personal interviews.
- 14. I find it embarrassing to return merchandise.
- 15. If a close and respected relative were annoying me, I would smother my feelings rather than express my annoyance.
- 16. I have avoided asking questions for fear of sounding stupid.
- 17. During an argument I am sometimes afraid that I will get so upset that I will shake all over.
- 18. If a famed and respected lecturer makes a statement which I think is incorrect, I will have the audience hear my point of view as well.

- ___ 19. I avoid arguing over prices with clerks and salesmen.
- ___ 20. When I have done something important or worthwhile, I manage to let others know about it.
- ___ 21. I am open and frank about my feelings.
- ___ 22. If someone has been spreading false and bad stories about me, I see him (her) as soon as possible to "have a talk" about it.
- ___ 23. I often have a hard time saying "No".
- ___ 24. I tend to bottle up my emotions rather than make a scene.
- ___ 25. I complain about poor service in a restaurant and elsewhere.
- ___ 26. When I am given a compliment, I sometimes just don't know what to say.
- ___ 27. If a couple near me in a theatre or at a lecture were conversing rather loudly, I would ask them to be quiet or to take their conversation elsewhere.
- ___ 28. Anyone attempting to push ahead of me in a line is in for a good battle.
- ___ 29. I am quick to express an opinion.
- ___ 30. There are times when I just can't say anything.

For scoring purposes, letters are assigned a numerical value: A=7, B=6, C=5, D=3, E=2, F=1. (A scored 4 is left out to account for the absence of a zero place holder of Rathus's original scoring format.)

ANSWER FORM

RATHUS SCHEDULE

Directions- Write the CAPITAL LETTER of your response on the line next to the correct number.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

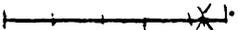
27. _____

28. _____

29. _____

30. _____

BEHAVIORAL OBSERVATION CHECKLIST

Place an X within marked interval that represents the subject's behavior. Example:
 A subject who has continual direct eye contact would show the following 

EYE CONTACT

<p>indirect <u>eye</u> contact (look away from speaker)</p>		<p>direct <u>eye</u> contact with speaker</p>
<p><u>eyes</u> closed or squinted</p>		<p><u>eyes</u> open and alert</p>

FACIAL EXPRESSION

<p><u>mouth</u>: clenched teeth biting or wetting lips</p>		<p><u>mouth</u> relaxed</p>
<p>never <u>smiles</u> or smiles constantly (regardless of topic)</p>		<p><u>smile</u> appropriate to content of topic</p>
<p><u>forehead</u> tense, wrinkled</p>		<p><u>forehead</u> relaxed</p>
<p>flared <u>nostrils</u></p>		<p><u>nostrils</u> relaxed</p>

GESTURES

<p>unbalanced <u>body weight</u> (continual shifting of body)</p>		<p>Balanced <u>body weight</u> (seated or standing in balanced manner)</p>
<p>slouched or stiff <u>pos- ture</u></p>		<p>upright and relaxed <u>posture</u></p>
<p>body <u>leaning</u> away from speaker</p>		<p>body <u>leaning</u> towards speaker</p>
<p><u>arms</u> folded or stiff by sides</p>		<p><u>arms</u> relaxed</p>
<p><u>hands</u> clenched</p>		<p><u>hands</u> open</p>
<p><u>hands</u> hidden continually folded wringing of hands</p>		<p><u>hand</u> movements emphasize important words</p>
<p><u>feet</u> tapping or wiggling</p>		<p><u>feet</u> relaxed</p>

VERBAL EXPRESSION

<p>no word <u>encouragers</u> i.e. head nod, "uh huh", "yes", "go on", "I see"</p>		<p>use of word <u>encouragers</u></p>
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swallowing or clearing
throat sounds



no apparent throat
sounds

overly loud voice
overly soft voice



appropriate pitched voice

monotone voice



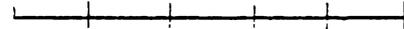
multitone voice

speaking speed
overly rapid
overly slow



speaking speed appropriate

poor enunciation
(words mumbled)



clear enunciation
(words pronounced clearly)

frequent hesitation
between words
(use of "um")



infrequent hesitation
between words

APPENDIX C

PERMISSION FORM/DEMOGRAPHIC QUESTIONNAIRE

Permission Statement

I give my permission for Peggy LeVine Welsh to use the data obtained from the inventories for use in her study. I understand that all data reported will be confidential and that no identifying characteristics of individuals will be disclosed.

Signature

Date

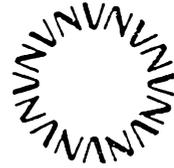
Demographic Questionnaire

Place an x in front of the response which identifies you for each item

1. Have you taken an assertion workshop within the past two years? yes
 no
2. Are you employed outside the home? yes
 no
3. Indicate your occupation. _____
4. Marital Status single
 married
 separated
 divorced
 widowed
5. Do you have any children? yes
 if yes,
how many
 no
6. Highest grade completed? less than 12 years
 12-16
 more than 16 years

APPENDIX D
FOLLOW-UP LETTERS

NORTHERN VIRGINIA COMMUNITY COLLEGE



Dear _____:

Our assertiveness group has come to an end. I missed the contribution you made to the group.

I'd like you to help me in my research by filling out the following inventories (on the answer sheets) and returning them in the enclosed envelope.

I really appreciate you taking the time to assist me.

If you would like to consult with me about an assertive situation you may be confronted with, please feel free to call.

Sincerely,

Peggy LeVine-Welsh

NORTHERN VIRGINIA COMMUNITY COLLEGE



Dear _____:

I'm sure you opened this letter and said, "Oh no, not again!" However, this is the last time.

I really appreciate your help and couldn't finish my research without your participation. Please fill out the answer sheets and return them to me. Feel free to throw away the inventories.

Again, thank you for your participation and call me should you need an ear.

Cordially,

Peg LeVine-Welsh

APPENDIX E

HANDOUTS/WORKSHEETS

SAMPLE RATIONAL SELF HELP FORM
 Institute for Rational-Emotive Therapy 45 East 65th Street, New York 10021

<p>(A) ACTIVATING EXPERIENCES (OR EVENTS)</p> <p><i>I went for a job interview and failed to get the job.</i></p>	<p>(B) BELIEFS ABOUT YOUR ACTIVATING EXPERIENCES</p> <p>(rB) rational Beliefs (your wants or desires)</p> <p><i>How unfortunate to get rejected! I don't like getting rejected. I wish I had gotten accepted. How annoying! Looks like I'll have difficulty getting the job I want.</i></p> <p>(iB) Irrational Beliefs (your demands or commands)</p> <p><i>1. How awful to get rejected! 2. I can't stand this rejection! 3. I should have given a better interview and got accepted. 4. This rejection makes me a rotten person. 5. I'll never get the kind of a job I want! 6. I'll always do poorly on job interviews.</i></p>	<p>(C) CONSEQUENCES OF YOUR BELIEFS ABOUT ACTIVATING EXPERIENCES</p> <p>(deC) desirable emotional Consequences (appropriate bad feelings)</p> <p><i>Sorrow and regret Frustration and irritation Determination to keep trying</i></p> <p>(dhC) desirable behavioral Consequences (desirable behaviors)</p> <p><i>Continued search for a job Attempt to upgrade my skills</i></p> <p>(ueC) undesirable emotional Consequences (inappropriate feelings)</p> <p><i>I felt depressed. I felt worthless. I felt anxious. I felt angry.</i></p> <p>(uhC) undesirable behavioral Consequences (undesirable behaviors)</p> <p><i>I refused to go for other job interviews. I felt so anxious I functioned badly on other interviews.</i></p>
<p>(D) DISPUTING OR DEBATING YOUR IRRATIONAL BELIEFS (State this in form of questions)</p> <p><i>1. Why is it awful to get rejected for a job? 2. Why can't I stand this rejection? 3. What evidence exists that I should have acted better on the interview and got accepted? 4. How does this rejection make me a rotten person? 5. In what way will I find it impossible ever to get the kind of job I want? 6. Why must I always do poorly on job interviews?</i></p>		
<p>(cE) cognitive Effects of disputing (similar to rational beliefs)</p> <p><i>1. Nothing makes it awful to get rejected, even though I find it highly inconvenient. 2. I can stand rejection, though I'll never like it. 3. I can find no reason why I should or must have given a better interview, though it would have proved nice if I had. 4. Rejection never makes me a rotten person -but a person with some unfortunate traits. 5. I won't find it impossible to get a good job, though I may find it difficult to do so. 6. I don't have to do poorly on job interviews always, especially if I try to learn from my errors.</i></p>	<p>(eE) emotional Effects (appropriate feelings)</p> <p><i>I felt sorrowful but not depressed. I felt concerned but not anxious. I felt self-accepting. I felt frustrated but not angry.</i></p>	<p>(bE) behavioral Effects (desirable behaviors)</p> <p><i>I went for some more job interviews. I started to look into getting some additional training. I registered with an employment agency. I sent out more letters applying for jobs.</i></p>

YOUR OWN ASSERTIVE BEHAVIOR HIERARCHY

Instructions: To construct your own hierarchy, select as the first item or situation something you feel you could handle assertively with only minimal anxiety. Continue to order your items from least anxiety-provoking to most anxiety provoking. The last items should be the behaviors or situations that cause you the greatest anxiety and discomfort.

AREA: _____

1.

2.

3.

4.

5.

6.

7.

8.

A COMPARISON OF NON-ASSERTIVE, ASSERTIVE, AND AGGRESSIVE BEHAVIOR

	<u>Non-Assertive Behavior</u>	<u>Assertive Behavior</u>	<u>Aggressive Behavior</u>
Characteristics of the behavior:	Emotionally dis- honest, indirect, self-denying, inhabited	(Appropriately) emotionally honest, direct, self- enhancing, expressive	(Inappropriately) emotionally honest, direct, self-enhancing at expense of another, expressive
Your feelings when you engage in this behavior:	Hurt, anxious at the time & possibly angry later	Confident, self- respecting at the time & later	Righteous, superior depreciatory at the time & possible guilty later
The other person's feelings about her/himself when you engage in this behavior:	Guilt or superior	Valued, respected	Hurt, humiliated
The other person's feelings about you when you engage in this behavior:	Irritated, pity disgusted	Generally respect	Angry, vengeful

Modified from Robert E. Alberti & Michael L. Emmons, Your Perfect Right: A Guide to Assertive Behavior, San Luis Obispo, California: Impact, 1970.

ASSERTIVE BILL OF RIGHTS:

- Rights:
- 1) You have the right to judge your own behavior, thoughts, and emotions and to take the responsibility for their initiation and consequences upon yourself.
 - 2) You have the right to offer no reasons or excuses to justify your behavior.
 - 3) You have the right to judge whether you are responsible for finding solutions to other people's problems.
 - 4) You have the right to change your mind.
 - 5) You have the right to make mistakes and to be responsible for them.
 - 6) You have the right to say, "I don't know."
 - 7) You have the right to be independent of the goodwill of others before coping with them.
 - 8) You have the right to be illogical in making decisions.
 - 9) You have the right to say, "I don't understand."
 - 10) You have the right to say, "I don't care."

Smith, Manuel J., When I Say No, I Feel Guilty, Dial Press, New York, 1975.

GLOSSARY OF SYSTEMATIC ASSERTIVE SKILLS

- Broken Record A skill that by calm repetition-- saying what you want over and over again--teaches persistence without your having to rehearse arguments or angry feelings beforehand, in order to be "up" for dealing with others.
- Clinical effect after practice: Allows you to feel comfortable in ignoring manipulative verbal side traps, argumentative baiting, irrelevant logic, while sticking to your desired point.
- Focusing A skill that teaches acceptance of manipulative criticism by calmly acknowledging to your critic the probability that there may be some truth in what he says, yet allows you to remain your own judge of what you do.
- Clinical effect after practice: Allows you to receive criticism comfortably without becoming anxious or defensive, while giving no reward to those using manipulative criticism.
- Free Information A skill that teaches the recognition of simple cues given by a social partner in everyday conversation to indicate what is interesting or important to that person.
- Clinical effect after practice: Allows you to feel less shy in entering into conversation while at the same time prompting social partners to talk more easily about themselves.
- Negative Assertion A skill that teaches acceptance of your errors and faults (without having to apologize) by strongly and sympathetically agreeing with hostile or constructive criticism of your negative qualities.
- Clinical effect after practice: Allows you to look more comfortably at negatives in your own behavior or personality without feeling defensive and anxious, or resorting to denial of real error, while at the same time reducing your critic's anger or hostility.
- Negative Inquiry A skill that teaches the active prompting of criticism in order to use the information (if helpful) or exhaust it (if manipulative) while prompting your critic to be more assertive, less dependent on manipulative ploys.

Clinical effect after practice: Allows you more comfortably to seek out criticism about yourself in close relationships while prompting the other person to express honest negative feelings and improve communication.

Self-Disclosure

A skill that teaches the acceptance and initiation of discussion of both the positive and negative aspects of your personality, behavior, lifestyle, intelligence, to enhance social communication and reduce manipulation.

Clinical effect after practice: Allows you comfortably to disclose aspects of yourself and your life that previously caused feelings of ignorance, anxiety, or guilt.

In using your verbal assertive skills, it is practical, whenever you feel that your self-respect is not in question, to offer a workable compromise to the other person. You can always bargain for your material goals unless the compromise affects your personal feelings of self-respect. If the end goal involves a matter of your self-worth, however, there can be no compromise.

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RESUME

RESUME

VITAE

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THE EFFECTS OF THREE TREATMENTS WHICH INCORPORATE
RATIONAL-EMOTIVE TECHNIQUES AND ASSERTION SKILLS TRAINING
UPON LOCUS OF CONTROL AND ASSERTIVE BEHAVIOR IN ADULT WOMEN

by

Peggy C. LeVine-Welsh

(ABSTRACT)

This study utilized a pre-, post-, follow-up design for comparison between treatment and control groups to determine the impact of differential treatments upon assertive behavior and locus of control in adult women. The treatments were designed to separate the following assertion training procedures: assertion training, rational-emotive techniques, and rational-emotive techniques paired with assertion training.

A one-way ANOVA performed at pre-test time showed no significant differences between groups prior to treatment. Repeated measures ANOVA were computed for all times of testing across all treatments.

Significant ($p < .05$) movement towards an internal locus of control, as measured by the Rotter Internal-External Scale, was found for the assertion/rational-emotive group and the assertion group across pre- to post-test time. No significance was found for the treatment or time/treatment interaction effects with the Rotter.

No significance was found for increases in reported

assertive behavior, as measured by the Rathus Assertiveness Schedule, across all times and treatments.

Significance ($p < .05$) was found for observed assertive behavior, as measured by the Behavioral Observation Checklist, for the assertion and assertion/rational-emotive group for time/treatment interaction.

The Behavioral Observation Checklist was an instrument developed by the researcher of this study. Spearman-Brown split-half reliability testing demonstrated the Checklist to be a reliable instrument. Inter-rater reliability was also demonstrated.