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An Analysis of Assertiveness Training's Effect on Disabled Adolescents' Self-Esteem and Assertiveness Skills

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Abstract

Shyness is common among disabled adolescents. Different methods have been proposed to correct this problem. The aim of the study was to evaluate how assertiveness training for physically disabled adolescents affects their self-esteem and assertiveness. The study sample consisted of 60 physically disabled adolescents (evenly divided into experimental and control groups) attending to private training and rehabilitation centers in the province of Antalya. In the study, pre-test and post-test were used to test the effectiveness of the assertiveness training program for both the experimental group and the control group. The Rosenberg Self-Esteem Scale (RSS) and the Rathus Assertiveness Schedule (RAS) were applied for data collection. The statistical package for social sciences (SPSS) 18 and the analysis of variance (ANOVA) were used to evaluate the data. After eight sessions of the assertiveness training program, we found that the physically disabled adolescents' assertiveness levels and self-esteem levels had increased ($p < 0.05$). Although no similar studies have been done in Turkey, our data corresponds to that of the studies in the relevant literature from other nations. Our study was the first of its kind to be performed with physically disabled adolescents in Turkey. In conclusion, we suggest that the physically disabled adolescents should be encouraged to attend assertiveness training programs, and that these programs should be placed on the curricula of the schools and training centers with physically disabled adolescents.

1. Introduction and Purpose

Disability is a life experience that can happen to anyone regardless of categories like race, class and gender. It is a social fact that leaves a mark in every community. The World Health Organization (WHO) defines disability as a partial and permanent loss of physical, cognitive and psychological function due to dysfunction or lack of organs, which limits involvement in life activities [1, 2]. Physical disability is caused by a physical defect or lack in human structure and form that restricts or eliminates an individual's physical abilities [2].

According to the WHO data, one in every 10 infants is born disabled or is disabled after birth. It is estimated that 10% of the world population experience disability, and 750000 - 1 billion people, of whom 200 million are children, are disabled [2, 3].

According to the results of the 2002 Turkey Disability Research (TOA) conducted cooperatively by the Prime Ministry State Institute of Statistics (DIE) and the Prime Ministry's Department of Administration for the Disabled (OIB) in Turkey, 12.29% of the population—8.5 million people—are disabled [4, 5, 6].

Disabilities vary by age group. There are high percentages of adolescents who have various disabilities. The United Nations Population Fund (UNFPA) 2005 Report indicated that 1.2 billion people are adolescents among the ages of 10 and 19 [7]. According to the 2000 general census, there are 14 million people among the ages of 10 and 19 in Turkey [4]. According to the TOA, 77% of the orthopedically disabled people are among the ages of 10 and 19 in Turkey [5].

An innate or acquired physical disability may cause additional burdens for disabled adolescents who experience rapid changes at their age. The UNICEF report, *The State of the World's Children 2011*, states that many adolescents experience physical and intellectual disabilities. It also indicates that disabled adolescents who are often isolated from social relations or viewed as objects of compassion are less likely to graduate than healthy children, and that many disabled young people are subject to violence and abuse [8].

Children who are classified as disabled develop a poor sense of self. As a result, they may feel worthless, lower their expectations of themselves and lose self-confidence. Positive physical characteristics are important for self-recognition. People with no physical disability see themselves as worthy beings, whereas a disabled person may see themselves as incompetent and unworthy [9, 10, 11]. Feelings of incompetence and unworthiness negatively affect their self-confidence, and lead them to become shy people with self-expression problems [12].

A disabled person may experience social isolation and withdrawal and curtail interpersonal relations due to others' negative attitudes and judgments. As a result they may fail to develop assertive behaviors [13]. With family and social support, and proper intervention, disabled people can overcome with their problems [12, 14].

We need certain social skills to establish healthy relationships and express ourselves properly. Assertiveness is a part of these social skills. Assertiveness training is important because it offers effective solutions to the problems encountered in adolescence, a period of life with increasing personal and social responsibilities.

Psychiatric nurses who give psycho-social consulting and education have important roles in developing of mental health. They develop effective coping strategies in case of crisis and stress in disabled people using psycho-social consulting [15, 16].

According to Morganett, group-based intervention programs are extremely useful for adolescents. Group work provides a safe environment to recognize and encourage the development of new behaviors. Moreover, since peers have a great effect on young adolescents, group work increases their likelihood to become a model for their peers and others, and

to develop new behaviors. If group members become good models of assertive behavior, others can easily learn assertive behaviors from them. Assertiveness training is potentially useful for adolescents, and it is important to show its effectiveness. Disabled adolescent group consultations will provide emotional communication to people who have similar attributes and face similar problems, allowing them to express their feelings and create an opportunity to develop new models of behavior in a group [17, 18].

This study examines the effect of assertiveness training on physically disabled adolescents' self-esteem and assertiveness in Antalya province, Turkey.

2. Materials and Method

In this study, pre-test and a post-test were used for both the experimental and the control group. While the assertiveness training that is an independent variable was given to as one-hour sessions for each week during 8 weeks to the experimental group, it wasn't given to control group. The research population included 185 disabled adolescents among the ages of 10 and 19 in the city of Antalya. Data were obtained from the Prime Ministry Department of the Administration of the Disabled's Disability Research Department and its Department of Statistics. Sixty disabled adolescents who are roughly one-third of the research population were included to our study according to research's criteria.

Personal Information Form: This form included 13 questions about students' socio-demographic characteristics, education, family, disabilities, social support systems and leisure activities.

2.1. The Rosenberg Self-Esteem Scale (RSS)

The self-esteem scale was developed by Morris Rosenberg in 1963. In Turkey, the scale's reliability and validity analyses were done by Cuhardaroglu (1985), and the validity coefficient was found to be $r=.71$. The test-retest reliability method was used, and the reliability coefficient was found to be $r=.75$. The RSS is a self-reporting scale that includes 63 multiple-choice questions. The scale has 12 subcategories including self-esteem, permanence of the sense of self, trust in others, sensitivity to criticism, depressive feelings, fancifulness, psychosomatic symptoms, perceiving others as a threat in interpersonal relations, participation in discussions, parental care, relationship with father and psychological isolation. Rosenberg claimed that the sub-scales can be used separately if desired. To measure self-esteem in line with the aim of this study, the scale's first 10 items were used. According to the scale's evaluation system, the participants score between 0 and 6. High scores indicate low self-esteem [19].

2.2. The Rathus Assertiveness Schedule (RAS)

The Rathus Assertiveness Schedule was developed by

Rathus (1973). In Turkey, the scale's the validity and reliability analyses were done by Voltan Acar (1980). Voltan found it had an alpha coefficient of $r=.70$, and its test-retest reliability was $r=.92$ (Voltan 1980). The RAS is a 30-item scale. As stated in the scale's instructions, each item is scored between +1 and +6, it does not include a score of 0. The shyness part of the scale reaches +30, and the assertiveness part of the scale reaches +180. Therefore, an experimental subject's score on the RAS varies between 30 and 180 [20].

After the administration of the pre-test, using independent

variables obtained from the personal information form (age, gender, disability group, cause of disability, date their disability began, use of helpers) and dependent variables obtained from RSS and RAS, the experimental group (30) and control group (30) were formed using stratified sampling. Participants' one-way analysis of variance for all variables was done, and no significant variance by age group, gender, disability group, cause of disability, time of disability beginning, use of helpers, RSS average scores and RAS average scores was found ($p>0,05$) (Table 1).

Table 1. Analysis of the Experimental and Control Groups' Pre-Test Scores by Variable.

| | Variable Experimental Group | | Control Group | | Test result |
|-----------------------|-----------------------------|-------|---------------|--------|-------------|
| | N | % | N | % | |
| Gender | | | | | |
| Female | 16 | 53.3 | 13 | 43.3 | p=0.303 |
| Male | 14 | 46.7 | 17 | 56.7 | |
| Age | | | | | |
| 10-14 years | 13 | 43.3 | 10 | 33.3 | p=0.328 |
| 15-19 years | 17 | 56.7 | 20 | 66.7 | |
| Cause of disability | | | | | |
| Disease | 5 | 16.6 | 11 | 36.7 | p=0.885 |
| Hereditiy | 4 | 13.3 | 5 | 16.7 | |
| Accident | 1 | 3.3 | 2 | 6.6 | |
| Birth anomaly | 12 | 40.0 | 11 | 36.7 | |
| Unknown | 8 | 26.6 | 1 | 3.3 | |
| Date disability began | | | | | |
| Innate | 24 | 80.0 | 20 | 66.7 | p=0.191 |
| Acquired | 6 | 20.0 | 10 | 33.3 | |
| Use of Helpers | | | | | |
| Yes | 17 | 56.7 | 18 | 60.0 | p=0.500 |
| No | 13 | 43.3 | 12 | 40.0 | |
| Total | 30 | 100.0 | 30 | 100.0 | |
| Scale Scores | Mean | SD | Mean | SD | |
| RSS | 3.40 | 1.45 | 3.43 | 3.43 | p=0.958 |
| RAS | 98.13 | 18.37 | 101.30 | 101.30 | p=0.584 |

Wilcoxon Signed-Rank Test

The required permissions for the research were obtained from the Akdeniz University, Medical Faculty Board of Scientific Research Assessment Ethics Committee and the Special Education and Rehabilitation Centers registered under the Antalya Provincial Directorate for National Education. Participants were assured of the confidentiality of their identity and data, and their written and verbal consent was obtained.

The data were analyzed using SPSS (Statistical Package for Social Science) 18.0 software. In the data analysis, the descriptive statistics such as frequency distributions, means and standard deviations were used to define a sample. Student-t tests or Mann-Whitney U tests were done according to the test assumptions to analyze both groups' permanent distribution. Signed-rank tests or Wilcoxon signed-rank tests were used according to parametric test assumptions in the comparison of groups. To determine differences in the analyses a significance level of 95% (or $\alpha=0.05$ error margin) was used.

3. Results

Table 1 show that participants are divided in two homogeneous groups about the dependent and independent

variables.

The first hypothesis of the study was to hope the higher mean scores for self-esteem in disabled adolescents who attend to assertiveness training after eight weeks. The RSS was administered to both the experimental group and control group as a pre-test. The experimental group attended assertiveness training for eight weeks, while the control group did not. After training, the RSS was re-administered to both groups as a post-test. Table 2 shows their scores. According to Table 2, there was no significant difference between the experimental and control groups' RSS pre-test scores ($p=0.958$), but there was a significant difference in their post-test RSS scores ($p=0.023$). According to this study, the experimental group had higher scores for self-esteem and assertiveness after training, and this increase was statistically significant. This finding was supported by the statements of some participants:

"I did not regard myself as beautiful before. I did not like mirrors. I thought that when people looked at me, they perceived my disability. But now I do not worry about it, nor am I afraid of people." (S. E., 19 years old, female)

"I did not often go out. I did not like talking to people. I was tired of their questions about my disability. But now I

don't think like that. Before they ask, I only tell them as much as I want to tell, and I do not permit them to ask other questions.” (M. T., 16 years old, female)

Table 2. Comparison of Experimental and Control Groups' RSS Scores.

| RSS | Experimental Group (n:30) | | Control Group (n:30) | | Test Result | |
|-------------------|---------------------------|-----------|----------------------|-----------|-------------|-------|
| | Mean | Std. Dev. | Mean | Std. Dev. | U | p |
| AB | 3.40 | 1.45 | 3.43 | 1.38 | 446.500 | 0.958 |
| Before Training | 2.26 | 1.48 | 3.13 | 1.38 | 300.000 | 0.023 |
| AB After Training | | | | | | |

Mann-Whitney U Test

The second hypothesis of the study was to hope the higher mean scores for assertiveness scores in disabled adolescents who attend to assertiveness training after eight weeks. The RAS was administered to both experimental group and control group as a pre-test. The experimental group attended assertiveness training for eight weeks, whereas control group did not. After the training, the RAS was re-administered to both groups as a post-test. Table 3 shows their scores. It indicated that there was no significant difference between the experimental group and control group with regard to their RAS scores before training ($p=0.584$), whereas there was a significant difference between their RAS scores after training ($p=0.000$). In addition, this finding is supported by some of

their statements:

“For years, my family kept my bank card for salary account, believing that I may face difficulties. My brother withdrew my money, and then my family gave me pocket money. I have changed radically since this training. Now I can tell them what I want, withdraw my money and use most of it for myself.” (M. O., 19 years old, male)

“I am always with my family. We were always doing what my mother wanted to do. We were going to hospital, home and school in a circular and continuous schedule. Recently, I told her that I wanted to go to the cinema. She was very surprised.” (M. O., 17 years old, female).

Table 3. Comparison of Experimental and Control Groups' RAS Scores.

| RAS | Experimental Group (n:30) | | Control Group (n:30) | | Test Result | |
|------------|---------------------------|-----------|----------------------|-----------|-------------|-------|
| | Mean | Std. Dev. | Mean | Std. Dev. | U | P |
| Before ABE | 98.13 | 18.37 | 101.30 | 20.78 | 413.000 | 0.584 |
| After ABE | 128.96 | 15.12 | 97.30 | 17.56 | 70.000 | 0.000 |

Mann-Whitney U Test

4. Discussion

Aim of the people should be to help disabled children to develop a positive sense of self, support their personality and social developments, and enable them to become independent and productive people. Any physical change in individual's body may cause a compliant in self body image [21]. As in the literatures, problems related with body image change may also create anxiety, poor self-esteem, loss of the sense of integrity, social isolation, and depression. Disabled people's views about their disabilities or others' views about them may cause problems in their adaptive behaviors, self-development and sense of self and social interactions [22]. The literature states that people usually conceive of disability as a negative feedback, and this leads them to develop a poor body image [23, 24, 25].

The researches indicate that self-esteem and assertiveness are related to each other, and that assertiveness positively affects self-esteem. A person with high self-esteem is an assertive person at the same time. The studies also show that after assertiveness training people are better able to express themselves, and thus their self-esteem increases, their anxiety is reduced, they overcome depression, begin to be more respected by others, become more successful at achieving their life goals and understanding themselves profoundly, and establish better social relationships [26-34]. In our study, after

assertiveness training there was a significant difference between their pre-test and post-test RSS scores ($p=0.023$). Also, positive ideas were told by themselves about self body image.

Ugur (1996) explored the relationship between university students' levels of assertiveness and body image. He found a positive relation between positive body image and assertive behaviors in social relations for female and male participants [35]. A study done by Top et al. (2010) with students in health sciences found that students who regarded themselves as assertive had higher average scores for self-esteem and assertiveness. They indicated a positive relationship between self-esteem average scores and assertiveness average scores, and that assertiveness increases in direct proportion to self-esteem [32]. The relevant literature shows that assertiveness training, which aims to develop adolescents' social skills positively affects their self-esteem, reduces self-humiliation and increases self-control (Waksman and Steven 1984). Assertiveness training that emphasizes proper self-expression is useful particularly in pre-adolescence and adolescence [36]. Dikmener (1996) examined whether social skills training given to introverted adolescents reduces their levels of introversion, and found that adolescents who participated in social skills training had significantly lower levels of introversion. In the literature, there are additionally many studies about on assertiveness, too [37-41]. These

researchers have used same training method among healthy students with us. The results of studies show that positive impact on self-esteem of the individual by giving assertiveness training as well as in our study. It shows that this assertiveness training is important in both disabled people and healthy persons.

Another study explored the effect of social skills training on healthy students' levels of social adaptation, and indicated that social skills training positively affects students' social skills levels [42]. There are also studies that report assertiveness training for adolescents enhances their coping skills, promotes healthy socialization and prevents behavioral disorders [36, 43]. As Yatagan (2005) notes, Bandura developed a systematic assertiveness training based on social cognitive theory that emphasizes peer interaction and social responsibility to examine the effect of social skills training on young adolescents. It was found that after this program of six 40 minute sessions the experimental group had significantly higher levels of assertiveness than control groups in post-tests and follow-up tests [44]. However, in our study within disabled adolescents, it was given to as one-hour sessions for each week during 8 weeks to the experimental group. As a result, levels of assertiveness and self-esteem were found higher than control group.

The literature indicates that disabled people may experience social isolation and withdrawal, limit their interpersonal relationships and as a result fail to develop assertive behaviors in their relationships [13]. Feelings of incompetence and unworthiness negatively affect self-confidence, lead people to become shy and have self-expression problems [12, 14, 29, 45]. Therefore, assertiveness training for disabled people is important particularly in adolescence, the period of life that brings the most identity problems. Studies of people with hearing and visual impairments also reveal the effectiveness of assertiveness training. They indicate that role play in assertiveness training helps develop proper behavior models and enables behavioral recovery [28, 46]. In contrast to studies that examine the effectiveness of assertiveness training have been done in Turkey, but not about assertiveness training for disabled people. Our study shows that after training the experimental group, disabled adolescents, had higher assertiveness scores on their post-tests, and this increase was statistically significant (Table 3).

5. Conclusion and Recommendations

Our study examined the effect of assertiveness training for disabled adolescents on their self-esteem and assertiveness and found that: The participants in experimental group had higher scores of both self-esteem and assertiveness after assertiveness training, whereas control group's scores did not change significantly. These results are important since they show that assertiveness training affects disabled adolescents' development of self-esteem.

Accordingly, we think that special education and rehabilitation center employees should be informed about

this issue through in-service training, and that assertiveness training should be included in-service training at regular intervals. Moreover, awareness about this issue it needs to be raised among all community members and particularly among disabled people and their families to assure their equal rights and freedoms. We can offer social skills training for disabled people to ensure their active social participation and to allow them to become more productive, independent and happy people. We think that particularly assertiveness training will enhance their self-knowledge and self-acceptance, contribute to their self-development and help them become active individuals in the community.

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