

Chapter Two

RELATED RESEARCH

2.0.0 Related Research

Anxiety reactions are more commonly found in adolescence than in middle childhood and the frequency appears to increase particularly in the period between the onset of puberty and early adulthood. If it is not checked in time it can become a major hindrance to the overall development of the personality of the adolescent. Therefore, it is very important to work out effective ways of coping with it. Lot of research has been done in this area. Besides other techniques, assertive training has been found to be a technique which helps reduce anxiety. Therefore, this chapter reviews some of the research work done in dealing with reference to assertive training.

The studies are given in an yearwise order showing the development and increase in the use of these techniques.

2.1.0 Assertive Training

2.1.1 Role Playing

1975 Field, G.D. and Test, M.A. described an assertive training procedure for use with groups of severely disturbed adult patients. Five experimental subjects, who had received several group sessions of assertive training, were pretested, trained and post tested on role playing proficiency in three difficult situations. Five control subjects

who had also received several group sessions of assertive training, were pretested and post tested but not trained in role-playing these three difficult situations. Dependent variables consisted of compliance content, and latency of response plus disruptive pause time. When post-tested, the experimental subjects responded less compliantly and more quickly with less disruption. The control subjects showed no significant change. 4 of 5 experimental subjects were retested at a 10 month followup and all had maintained their gains.

1979 Bellack, A.S., Hersen, M. and Lamparski, D. conducted a correlational study in an effort to examine the validity of brief role play tests for assessing social skills. 39 male and 39 female undergraduate students responded to 20 role played scenarios involving heterosocial interactions. One week later they were surreptitiously observed while they interacted with an opposite sex student who, in actuality, was an experimental confederate. Videotapes of the role-play test and a naturalistic interaction were subsequently rated for a variety of component responses. Correlation of responses in the two situations provided equivocal results. Role-play behaviour was moderately correlated with behaviour in the naturalistic situation for females, but there were few significant relationships for males.

1979 **Hull, D.B. and Schroeder, H.E.** conducted a study where females and males responded to a female confederate who behaved either nonassertively, assertively or aggressively in role-played situation involving refusals and requests for behaviour change. Responses to nonassertion were pleasant but did not allow the nonasserter to achieve immediate goals. Responses to aggression did allow the aggressor to achieve goals but were unpleasant, responses to assertion allowed for the achievement of immediate goals and were generally pleasant. However, responses to assertion did have more negative effects than expected. Refusals were easier to resist than behaviour change requests. There were no consistent differences in the way females and males responded.

1979 **Spence, S.H. and Marzillier, J.S.** studied the effect of a social skills training programme consisting of instructions, modelling, role-playing, videotaped feedback and social reinforcement in a multiple baseline design with five adolescent male offenders. Training led to specific improvement in the performance of a skill. These changes were generally maintained at two weeks followup.

1981 **Alden, L. and Cappe, R.** conducted a study on assertive and non-assertive college students who were asked to role-play a series of

assertion situations. The videotaped situations were rated by trained observers and by subjects themselves. Assertive and nonassertive subjects did not differ in behavioural competence while role-playing. However non-assertive subjects rated themselves as less assertive, less effective, and more anxious than did assertive subjects. In addition, non-assertive subjects reported greater anxiety while role-playing. The results suggested that nonassertiveness in this group of college students was associated with negative self evaluation processes rather than skill deficits.

1983 Higgins, R.L.; Frisch, M.B. and Smith, D. conducted a research where 58 female college students participated in a study that compared the similarity of role-played and naturalistic behaviour in the context of a standard lab based situation involving conversational interaction and requests to borrow class notes. Subjects were assigned to one of three groups-informed role play, uniformed role play and actual (in vivo) behaviour. Both role-play groups, but not actual behaviour subjects, understood that the interaction was contrived, that their male protagonist was an experimental confederate and that they should respond as they would if the situation were "real". Informed role-play subjects also understood that the focus of the interaction was their assertiveness. Both role-play groups responded more assertively to

requests than did actual behaviour subjects, with the difference being greater for informed role play subjects.

1984 Kazdin, A.E.; Matson, J.I. and Esveldt - Dawson, K. conducted investigation to evaluate the relationship of role-play performance and children's social skills with multiple measures of social competence. 38 psychiatric inpatient children (aged 7-13 years) completed measures to assess role play performance, knowledge of social skills, self-efficacy and self-reported social behaviour in diverse situations. Overt social interaction was directly but unobtrusively assessed in the hospital as well. Multiple measures of social skills were also completed by hospital staff, parents and teachers. The results indicated that role play performance correlated significantly with child knowledge and self efficacy but not with overt social behaviour or self reported social behaviour in diverse situations. Role play performance generally did not correlate with measures completed by staff, parents and teachers. Yet measures completed by these informants did converge and also were useful in delineating diagnostic groups of children whose social behaviour would be expected to be problematic.

2.1.2 Covert Modeling

1974 Kazdin, A.E. in the present study investigated the effect of covert modeling in developing assertive behaviour. Non-assertive subjects

received covert modeling (imagined scenes in which a model performed assertively), covert model and reinforcement (imagined scenes in which a model performed assertively and favourable consequences followed model performance), no modeling (imagined scenes with neither an assertive model nor favourable consequences), or delayed treatment (no-treatment controls who subsequently received either covert modeling or modeling reinforcement). In four treatment sessions, both model and model reinforcement conditions improved significantly on self-report inventories and a role-playing test of assertiveness. The modeling reinforcement group tended to show greater assertiveness at post treatment assessment and followup. The effects of covert modeling were maintained upto a three month followup assessment.

1974 Kazdin, A.E. investigated the efficacy of covert modeling procedures on snake avoidance. In a 2 x 2 design, model identity (imagining oneself vs imaging someone else as the covert model) and fear - relevant model similarity (coping vs mastery model) were examined. In two sessions, subjects imagined approach behaviour of covert model. A no-model control group, which imagined fear relevant scenes without a model, was included in the design. Model identity did not affect treatment outcome. Subjects who imagined themselves or another

person, improved. Fear relevant similarity was consistently related to avoidance reduction. On behavioural arousal, anxiety and attitudinal measures of avoidance, coping model subjects evidenced greater improvement than mastery model subjects at post treatment and at a three week followup assessment.

1976 Kazdin, A.E. in the present investigation examined the effect of covert modeling in training of assertive behaviour and developed a technique to assess imagery by having subjects verbalise ongoing imagery during treatment to evaluate the effect of this procedure on therapy outcome, covert modeling groups with and without the verbalisation procedure were compared. No-assertion modeling and no-treatment control groups were included in the design to control for assertion relevant imagery and the effects of repeated assessment without intervening treatment, respectively. Both covert modeling conditions increased assertiveness as indicated on self report and covert behavioural measures. The gains transferred to novel situations and were maintained at a four month followup. Assessment of imagery during treatment indicated that subjects generally adhered to the conditions to which they were assigned. However, some subjects introduced scene material that deviated from that presented by the therapist.

1976 Kazdin, A.E. studied the effect of covert modeling in training assertive behaviour. In a 2 x 2 design, the effects of multiplicity of models (imagining a single model vs several models perform assertively) and model reinforcement (imagining favourable consequences following model behaviour vs no consequences) were evaluated. A nonassertive model control group that imagined assertion relevant scenes was included in the design. In four treatment sessions, treatment groups improved in self-report measure and a behavioural role-playing test of assertiveness. Multiple model and model reinforcement conditions enhanced behaviour change. Treatment effects generalised to novel role-playing situations and were maintained on self-report measures at a four month followup assessment.

1976 Rosenthal, T.L and Reese, S.L. compared three modeling therapy formats (covert modeling with a standard hierarchy of situations, covert modeling with the standard hierarchy and covert modeling with a self tailored hierarchy) to assess their relative efficacy in developing assertive skills. Half the subjects in each treatment conditions received or did not receive generalization training. Significant within group improvement was indicated on four self-report measures. Overall, the results suggest that covert modeling was as effective as covert modeling or covert modeling plus self-tailoring for instating assertion among non-assertive college women.

1977 Nietzel, M.T.; Martorano, R.D. and Melnick, S. compared two variants of covert modeling for the training of assertion skills in a self-referred unassertive population ($n = 31$). Subjects were randomly assigned to covert modeling (visualisation of situation in which a model behaved assertively and was reinforced by compliance with the assertion), covert modeling with reply training visualisations of situations in which a model performed assertively but also had to respond effectively to initial noncompliance with the assertion) place to condition (visualization of the situation only) or a no-treatment condition. The reply training condition resulted in significantly greater changes in behavioural assertion on post test measures as well as on measures of treatment generalization. However, treatment differences were not observed on a phone-call measure collected four months after treatment.

1979 Hersen, M.; Kazdin, A.E.; Bellack, A.S. and Turner, S.M. evaluated the effects of live modeling, covert modeling and rehearsal in unassertive psychiatric patients. Psychiatric patients scoring nineteen or below on the Wolpe-Lazarus Assertiveness Scale were assigned to one of five conditions, with ten subjects in each group: (i) Test-retest (no-treatment), (ii) live modeling plus rehearsal, (iii) live modeling without rehearsal, (iv) covert modeling plus rehearsal and (v) covert

modeling without rehearsal. All subjects were videotaped (pre and post test) while responding to either interpersonal situations (four training scenes, four generalisation scenes) requiring assertive responses. Pre and post test responses for all subjects were rated independently by judges on several verbal and non-verbal components of assertiveness. The results indicated that live modeling and covert modeling effected improvements in the assertive behaviour of the patients, but that the two treatments were not differentially effective. Generally, the addition of rehearsal to live or covert modeling plus rehearsal condition was superior to the other treatments. There was evidence for transfer of treatment effects from training to generalization scenes. No differences were found among the groups on the Wolpe-Lazarus Assertiveness Scale and the Eysenck Personality Questionnaire.

1980 Harris, G. and Johnson, S.B. assessed the comparative efficacy of individualised covert modeling combined with study skills training, self control desensitization combined with study skills training, and study skills training alone as treatment for test anxiety. Forty eight anxious students were randomly assigned to one of the three treatment conditions or to a waiting control group. All treatment groups met for eight one hour session. The assessment of test anxiety was made on the basis of self-report measures administered prior to treatment and

at the completion of treatment. Academic performance was measured by grade point average. At post test all treatment groups were significantly better than waiting list controls on one or more of the dependent measures employed. Individualised covert modeling and self-control desensitization both substantially reduced self-reported test anxiety. However, the individualised covert modeling group was the only treatment group that showed significant improvement in academic performance. A replication of the individualised covert modeling procedure produced similar position results.

1982 Kazdin, A.E. evaluated the separate and combined effects of covert modeling and covert rehearsal as a means of developing assertive behaviour. Nonassertive clients (n = 66) received one of three treatments: covert modeling, overt rehearsal and covert modeling-overt rehearsal combined. A delayed treatment group was included in the design to serve as a no-treatment control condition before clients were reassigned randomly to one of the three treatments. Treatments led to significant improvements on self-report and behavioural measures of assertiveness and self-efficacy. Although covert and overt-rehearsal treatments were equally effective, the combined procedure led to significantly greater improvements which were evident at post treatment and at eight-month followup assessment. Treatment effects

generalized to novel role-play situation and brought clients to the level of other persons who regarded themselves as adept in social situation requiring assertive behaviour.

2.1.3 More Studies

1971 McFall, R.M. and Lillesand, D.B. gave nonassertive subjects two sessions of training in refusing unreasonable requests. The training was a standardized, semiautomated lab analog of behaviour rehearsal therapy, consisting of three main components: covert or covert-response practice, symbolic verbal modeling, and therapist coaching. Compared to control of subjects, who were led to believe that the assessment procedures were a form of behavioural training, the behaviour rehearsal subjects improved dramatically in their assertive-refusal behaviour on self-report and behavioural lab measures. Covert rehearsal tends to produce the greatest improvement. The experimental methodology employed in this study proved to be a promising approach to the evaluation and development of behaviour rehearsal therapy.

1972 Macpherson, E.L.R. report that training in assertive behaviour ordinarily consists of instructions or behaviour rehearsal. In a woman who was insufficiently assertive to her mother and offensively assertive

to her husband a number of pairs of verbal responses in characteristic situations with each of these persons were prepared. Each pair comprised a relatively assertive and a relatively unassertive statement. The patient, during treatment sessions, was to repeat the response she felt the most natural to her. Relatively unassertive responses to the mother were punished and relatively assertive ones verbally rewarded. The patient became normally assertive to her mother and ceased her aggressive behaviour towards her husband.

1972 Patterson, R.L. studied a nine-year old boy referred for treatment of frequent crying. A time-out procedure greatly reduced the frequency of crying. However, additional observations revealed that much of the crying was the result of a lack of assertive behaviour on the part of the client. Assertive training in the form of a game was successful in teaching him to be appropriately assertive and this completely eliminated the problem.

1972 Rathus, S.A. report that assertive training has had much attention as a procedure for shaping assertive behaviour and reducing fear of social confrontations in nonassertive clients, but there have been few controlled studies to assess its efficacy. In the present study three groups of college women received assertive training, three groups

discussed fears and related problems and several other women received no treatment. Those receiving assertive training reported significantly greater gains in assertive behaviour than control subjects, evinced a trend to exhibit more assertive behaviour than did women in other groups, reported significantly greater general fear reduction than control subjects and tended to report greater reduction of fear of social criticism and fear of social competence than did women in other groups.

1973 Bloomfield, H.H. report that chronic schizophrenics tend to be excessively complaint, submissive and socially inhibited. Assertive outpatient training was successful in decreasing their social anxiety and increasing the range of interpersonal skills.

1973 Wallace, C.J.; Teigen, J.R.; Liberman, R.R. and Baker, V. report a case of the use of assertive training and contingency contracting to reduce violently aggressive behaviour in a handicapped twenty two year old male. Assertive training spanned twenty five scenes in four hierarchies, each scene role-played a minute of two times. The contingency contract specified that house visits would be contingent upon no assaultive behaviour in the previous seven days. Results indicated only one instance of assaultive behaviour during the thirty

seven days of treatment and only one instance of aggressive behaviour during a nine month followup even though it was impossible to use a non-aggression contingency in the followup period.

1977 **Turner, S.M. and Adams, H.E.** assessed the relative effectiveness of several components of an assertive training progressive in shaping assertive responses on three dimension of assertiveness (refusal, investigatory, commendatory). Thirty two unassertive females were randomly assigned to one of four experimental groups: coaching and behaviour rehearsal and modeling, coaching and behaviour rehearsal, behaviour rehearsal and modeling and placebo control. Five behavioural and three self-report inventories were used as dependent measures. Coaching and behaviour rehearsal appears to be the most essential treatment components. Training was effective in improving assertiveness on all three dimensions.

1980 **Whitehill, M.E; Hersen, M, and Bellack, A.S.** used a set of social skills training programme consisting of instructions, modeling, behaviour rehearsal, performance feedback and programmed generalisation to teach conversational behavior to four socially isolated children. Effects of training were assessed in a multiple basaseline analyse across behaviour. Subjects were selected on the basis of peer

sociometric ratings, a behavioural role playing task, naturalistic observation and teacher ratings. All subjects demonstrated noticeable improvement in the target behaviour as well as in overall conversational ability. However, these gains were maintained unequally in the children at follow-up probe administrations (four-and eight-weeks). Generalisation assessment revealed some transfer of treatment effects to the school setting for all children.

1983 Bhargava, S.C. studied a twenty five year old male who suffered from constant headache for last two years, application of relaxation procedures and assertive training was done with benefit. The analgesic requirement dropped to zero. The patient was followed up for seven and a half months.

1984 Van Hasselt, V.B; Hersen, M. and Bellack, A. S. conducted a correlational study in an effort to examine the relationship between children's level of assertive skill and their social (sociometric) status. The subjects were fifteen male and fifteen female elementary school children ranging in age from nine to eleven years. Each subject was administered a) positive and negative peer nominations and rating scale sociometric, b) self-report questionnaires concerning their assertive behaviour, and c) standardized interviews to assess knowledge of

assertive behaviour. In addition, teacher's rating of children's interpersonal behaviour were obtained. Results indicated some degree of correspondence between assertion indices and sociometric ratings. However, correlation coefficients generally were in the low to moderate range. Also, several scales from children's self-report and teacher's ratings of children's assertive behaviour differentiated high and low popular children.

1986 Chiauzzi, E. and Heimberg, R.G. reported three experiments examining assertive and nonassertive subject's evaluations of the reasonableness of requests, their perceived ability to respond to requests and the factors influencing response selection. In each study, subjects viewed videotapes of requests of empirically determined legitimacy. Relative to assertive subjects, nonassertive subjects evaluated requests as more reasonable, rated themselves as less able to handle requests and expected poorer outcomes from assertive responses. Legitimacy of request had strong effects on several variables, frequently as part of an interaction with subject's assertiveness classification.

1986 Mansdorf, I.J. reports about a child who, in addition to suffering from tics, was also extremely unassertive. It was observed that

unassertive behaviour often preceded tic activity. Assertiveness training provided the child with a self-control technique with which he was able to control and eventually eliminate his tic activity.

1987 **Starke M.C.** compared the effectiveness training, discussion-support group and waiting list control group experience in enhancing the social skill and self perceptions of thirty disabled undergraduates. Assertiveness training subjects in the content of their social responses as judged by "blind" observers on the Behavioural Observation Scale. Assertiveness subjects also improved more on the Rathus Assertiveness Schedule. No significant group differences were found on the Acceptance of Disability or on the Assertion Inventory scores. A strong association was found between judge's ratings of assertiveness on the Behavioural Observation Scale and subject's self-ratings on the Rathus Assertiveness Schedule. Significant correlations were also found between Acceptance of Disability scores and duration of disability.

1990 **Baggs, K.and Spence,S.H.** assigned forty six unassertive subjects randomly to assertive training or waiting list control conditions. Subjects receiving assertive training showed significantly greater improvements from pretreatment to post treatment on eight out of ten

question measures of assertiveness and three out of five direct behavioural observation measures compared with the waiting list group. Twenty seven subjects who had completed the assertive training programme were then randomly assigned to one of three booster conditions, namely, monthly assertive training boosters, monthly attention placebo boosters or no boosters. At the three month follow-up there was minimal differences between booster conditions. By the six months follow-up the results favoured the assertive training boosters condition. Although the attention placebo boosters procedure was effective in preventing the relapse shown by the no boosters subjects, the assertive training boosters group actively showed further improvements on some measures of assertiveness during the six-months follow-up period.

1991 Temple, S. and Robson, P. explored level of self esteem withing a group of twelve subjects from community assertive training classes for adults and thirty subjects from a psychiatric hospital's assertive training workshop to determine effect of assertive training on self esteem. Self esteem was measured before and after training and at several months follow-up, using a thirty-item self report questionnaire for most subjects, highly significant improvements in self esteem were noted both at end of courses and at follow-up.

1992 Brown, G. T. and Carmichael.K. implemented a programme to provide clients with practical technique to enable them to communicate in more effective assertive manner. The frames of reference were the model of human occupation and social learning theory. Data were collected over a two year period from thirty three clients with a psychiatric illness (schizophrenia, personality disorder or affective disorder) who participated in a seven-week training programme. The Rathus Assertiveness Schedule and the M. Rosenberg Self Esteem Scale were used to measure changes in assertiveness and self-esteem. Results indicate a statistically significant increase in participant's level of assertive behaviour and self-esteem.

1992 Glueckauf, R.L. and Quittner, A.L. conducted a study where thirty four physically disabled adults participated in an eleven-week assertive training programme. Subjects were randomly assigned to either assertive training or waiting list condition. Each was asked to complete three self-report measures, a role-play test and a social and recreational activity diary. The assertive training subjects showed significant improvements on both self-reported assertion and role-play performance from pre to post treatment, whereas waiting list controls showed no changes on these measures. No significant change in frequency of social or recreational activities were found at post test for

either assertive training or control subjects. A mixed pattern of results was shown at six months follow up. Post test gains were maintained across all self-report measures of assertion and acceptance of disability, whereas role-play performance approached baseline levels at six months follow up. Overall results support the use of assertive training in enhancing perceived social efficacy and interpersonal skill of physically disabled adults in wheelchairs.

2.2.0 Anxiety

1985 Patel, S.B. and Kapadia, S.T. report the study conducted in Ahmedabad on a sample of five hundred school students aged eleven to fourteen years. Out of one hundred and fifty six anxieties the children seemed to have thirty nine i.e, twenty five percent anxieties more and twenty five percent anxieties the least (fifty negative anxiety and fifty positive anxiety students). The results found were (a) there was a difference in proportion of positive and negative anxieties in every individual, (b) a very large number of school children seemed to have various types of anxieties, (c) low age group children (eleven plus) (standard seven) had less number of anxieties but higher age group children (fourteen plus) (standard ten) had more member of anxieties, (d) boys experienced less number of anxieties than girls, (e) children of higher economic group experienced less number of

anxieties than those from lower group, (f) secondary school children in rural areas experienced less number of anxieties than those in urban areas, (g) children with I.Q. less than hundred experienced less number of anxieties than those with I.Q. more than hundred, (h) achievement scores at the S.S.C. examination of the children with less anxieties was found to be higher than those with more anxieties and (i) boys with higher anxieties scored high on S.S.C examination than girls with higher anxieties.

1995 Manassis, K.; Bradley, S; Goldberg, S. et al examined the relationship between behavioural inhibition, insecure mother-child attachment and evidence of anxiety in the offspring of mother's with anxiety disorder. For this they took twenty children aged eighteen to fifty nine months who were born to eighteen mothers with diagnosed anxiety disorder. They were examined for behavioural inhibition (Kagan's measures) and mother child attachment (Strange Situation Procedure). Child anxiety was assessed using DSM-III-R criteria and the Child Behaviour Checklist Results showed sixty five percent of the children as behaviourally inhibited. They showed more somatic problems and fewer destructive behaviour than those who were not inhibited. Eighty percent of the children were insecurely attached. They had higher Child Behaviour Checklist scores than secure children

and three of them met diagnostic criteria for anxiety disorder. The conclusion of the study suggests a need to identify children of anxious mothers as being at risk for anxiety, especially in the presence of inhibited temperament or attachment difficulties.

2.2.1 Withdrawn or Avoidant disorder

1972 O'Connor, R.D. selected thirty three social isolates from four nursery schools population according to teacher ratings and behavioural samples obtained by trained observers. In a 2 x 2 factorial design, half of the children viewed a twenty three minutes modeling film depicting appropriate social behaviour, while the other half viewed a control film. Half of the subjects in each film condition then received social reinforcement contingent upon the performance of peer interaction behaviour. Modeling was shown to be a more rapid modification procedure than was shaping, and the interaction levels produced through modeling, with or without the addition of shaping were more stable over time. In the follow up assessment, modeling subjects remained at the levels of non-isolates, while shaping and control subjects returned to isolate level.

1982 Paine, S.C; Hops, H.; Walker, H.M.; Greenwood, C.R.; Fleischman, D.H. and Guild, J.J. gave nine children with low levels

of peer interactions at school, repeated exposure to treatment in this study of behaviour maintenance. Five of these children had received previous intervention for social withdrawal, the remaining four children had not. Intervention (social skills tutoring and a recess-based point system) was alternated with reversals to determine whether maintenance effects would accumulate with repeated exposure to treatment. Four of the five previously treated subjects were interacting within normative levels of social behaviour following three treatment "booster shots ". Only one previously untreated subjects showed a similar effect. Teacher, parent and peer ratings showed improvement for both groups. It appears that a treatment " booster shot" strategy might facilitate maintenance of interactive behaviour for children previously treated for social withdrawal.

1989 Guevremont, D.C; Macmillan, V.M.; Shawchuck,C.R. and Hansen, D.J. report a study on the impact of the peer intervention on the interactions of developmentally normal, socially isolated girls. Two to three actual classroom peers were trained to serve as helpers to initiate and maintain interactions with the subjects. The intervention was introduced sequentially across two girls in a multiple baseline design, and a within - subject ABA withdrawal design was used to assess maintenance. Behavioural observations during recess periods

indicated that both children's positive social interactions with peer helpers and other classmates were increased significantly during intervention and were maintained in return to baseline conditions and at four month follow-up increases in positive social interactions of both subjects generalized to a second recess setting, in which intervention was not introduced. Subject's interactions in both recess settings reached levels comparable to those of social comparison groups of peers. Teachers and staff report ratings suggested that both girls had fewer social problems and experienced less loneliness and dysphoria as a result of the intervention.

1993 Hymel, S; Bowker, A. and Woody, E. and examined whether subgroups of unpopular children differ in terms of competence in multiple domains. Specifically, subgroups of aggressive unpopular and aggressive - withdrawn unpopular and average status children were identified on the basis of peer evaluations. The subgroups were then compared in terms of peer and self-perceptions of competence in various nonsocial and social domains. Results indicated that the three subgroups of unpopular children exhibited distinct profiles according to peer perceptions with aggressive withdrawn unpopular children being viewed as deficient in virtually every area assessed and aggressive unpopular children viewed as exhibiting particular strengths

and weaknesses across domains. In terms of self-perceptions, results indicated that withdrawn unpopular children expressed more accurate but negative self-evaluations, while children in the aggressive subgroups tended to over estimate their competencies.

2.2.2 Overanxious Disorder

1989 Kane, M.T. & Kendall, P.C. worked with four children diagnosed with overanxious disorder. They were treated individually with a sixteen - twenty sessions, cognitive behavioural treatment that was evaluated using assessments from multiple sources and a multiple baseline across cases design for the self-reports. The children, aged nine to thirteen years, came from middle class backgrounds and were within the limits of normal intelligence. Parent report, independent clinician's ratings and child self-report were used to assess outcome. All children showed improvement on parent and independent clinician's ratings, as well as on self-report. Treatment produced gains, as measured with parent and child report were, in general, maintained at three to six month followup. These outcomes suggest that a cognitive-behavioural approach to treating anxiety in children is useful.

2.3.0 Adolescence

1982 Pentz, M.A. & Kazdin, A.E. examined variations of modeling and stimuli with sixty one adolescents selected for unassertive or aggressive behaviour toward teachers. A 3 x 2 x 2 factorial design evaluated the effects of type of assertion modeling (three sessions of overt vs covert vs no-modeling), type of training stimuli (single involving teachers only vs multiple involving teachers, parents and peers) and type of initial behaviour (unassertive vs aggressive) on behavioural role-play and self-efficacy. Modeling, particularly covert modeling, improved assertive behaviour in teacher situations, peer situations and total teacher, parent and peer situations. The use of single type stimuli improved self-efficacy in total teacher, parent and peer situations. The use of single type stimuli improved self-efficacy in total teacher, parent and peer situations and in novel situations involving others. Behaviour but not self-efficacy was differentially affected by initial unassertive or aggressive behaviour of participants. Self-efficacy and behaviour were only moderately correlated. Results suggest effectiveness of short-term modeling with adolescents and different specificity properties of self-efficacy and assertive behaviour.

1984 Dhondiyal, V. analyzed the effect of home environment on the emotional disturbance among adolescents through identifying

emotionally disturbed adolescents living in the different types of home environment. In general, it was revealed that poor home environment facilitated significantly more frequent occurrence of emotional disturbance as compared to normal distribution.

1985 Christoff, K.A.; Scott, O.W.N.; Kelly, L.M.; Schlundt, D.; Baer, G. & Keely, J.A. used a group training procedure to improve the effectiveness of adolescents solution to peer relationship problems and to improve the behavioural skill shown during their conversations with one another. In addition, data suggestive of post treatment improvement in other areas (self-esteem and number of monitored interactions with others) were obtained. Improved global ratings for case of conversing with others and social interactions made by the subjects, their parents, and teachers demonstrated social validity of the intervention.

1995 Black, B. report that anxiety disorders are common in children and adolescents and may be associated with significant suffering, disruptions of normal psychosocial and academic development, disruption of family functioning and increased utilization of medical services. They are frequently chronic disorders. Effective early interventions for children and adolescent with anxiety disorder may reduce or eliminate potentially life-long suffering and impairment.

It can be summarized from the various researches quoted above that so far lot of work has been reported on using assertion training as a therapeutic technique for aggression, peer problems, self-esteem, interpersonal problems, etc. But not much work has been reported on training of assertiveness to reduce over anxiety or even to remove withdrawal. The investigator therefore, decided to concentrate on relatively less troden fields, i.e. increasing the assertiveness to reduce overanxiousness and withdrawn behaviours and hence, the study, "An experimental study to analyze the impact of assertive training on nonassertive overanxious and withdrawn adolescents".