

EFFECT OF ASSERTIVENESS TRAINING ON RESILIENCE AMONG EARLY-ADOLESCENTS

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Abstract

The purpose of this study was to investigate the effect of assertive training on early-adolescents' improvement of resilience. The training which consisted of 10 sessions of 50 minutes each was conducted at Army Day Secondary School in Obio/Akpor Local Government Area of Rivers State. A total of 24 students aged 10-12 years were used for the study. Pre-test post test experimental and control group design was used with some observation also made. Randomisation assignment was used to draw the 14 (8 male and 6 female) students to experimental and 10 (male and female) student to control groups. Researcher made early-adolescents' resilience scale (P.R.S) were used as instruments. Experts in the field of Guidance and Counselling validated the instruments for both pre-test and post-test. A test retest was employed at interval of two weeks to test for the reliability co-efficient of the instrument; Spearman's product moment correlation method was used to test the result. The correlated coefficients of early-adolescents' resilience scale = 0.84. The summary of the research questions and hypothesis answered showed that there was positive effect of assertiveness training on improvement of resilience on respondents. The assertiveness training showed more improvement on resilience of the girls than that of the boys. From the statistical analysis, we conclude that the assertive training has been able to improve the level of resilience on the

experimental group. This result shows that both the male and female was affected equally by the assertiveness training. There were higher scores from the experimental group and for that we attribute it to the effect of assertive training on them. The observation carried out by the researcher and the teachers has a positive outcome. Recommendation was made for the need of counselling units in schools.

Keywords: Assertiveness, resilience, early-adolescents.

Introduction

Having the resilience that allows one to bounce back from adversity and persevere in one's aspirations matters in life. When risk factors happen, according to a study conducted on children, (Werner &Smith, 1982) resilient children are capable of resulting in no behavioural problems and developing well. Following this observation from personal life experience, the researchers believes that resilience is a healthy trait that will help early-adolescents cope with the basic challenges of life and of being worthy of happiness. Resilience has a strong relation to happiness, for this reason, early-adolescent with low resilience may not be able to cope in life struggle. Thus, the researchers wants to foster resilience through a social skill known as assertiveness training to early-adolescents as a vaccine to cope in life's challenges.

The Early-adolescent aged between 10 to 12 years was considered by the researcher for this study as a result of equipping them with positive trait and to reduce the rate of antisocial behaviour in Obio-Akpor Local Government Area in Rivers State. Antisocial behaviour is a companion to delinquency. By antisocial behaviour, we mean behaviour that is socially undesirable but not necessarily violent (Baumeister, Campbell, Krueger, & Vohs, 2003. As we can see that there are so many school dropouts rooming the streets. Many of them do not want to go to school any longer or doing anything meaningful. Most of the boys are found rooming about in Obio-Akpo motor parks, while many of the girls have the problem of unwanted pregnancies. Most of them lack parental care or family support as majority of them are products of these unwanted pregnancies.

This stage of development is an ideal to inculcate any positive trait or social skills. Early-adolescents operate through complex interaction across life domains, within the individual, family, school, peer groups and community trying to have their own identity. However, unlike the

past, today's society, live in a fast paced and continues to undergo rapid change. These changes are largely as a result of civilization, and various technological advancements. While these things certainly make life easier and more convenient, they have ultimately led to a reduction in the personal stability people once enjoyed. Resilience is relevant with sustained competence exhibited by individuals who experience challenging conditions (Wikipedia, 2009).

Assertiveness training program are designed to improve an individual's assertive beliefs and behaviours, which can help the individual, change how they view themselves and establish self-confidence and social anxiety (Wesley & Mattaini, 2008). Basically, assertiveness training is about raising an individual's self confidence so as to increase their level of self-esteem and resilience. Iruloh & Amadi, (2008) added that assertive training is not therapeutic technique although it helps to teach an individual on how to assert himself despite the intimidation and pressures coming from other people. Furthermore, Corey (2009) explained that assertive training is based on the principle of social learning theory and incorporates many social skills training methods. He explained further that the training is often conducted in groups using modeling, role-play, and rehearsal to practice a new behaviour in the therapy office, and then enacted in everyday life. Assertive children as assertive adults, become more happy, honest, healthy and less manipulative.

Resilience is a good trait one should aspire to have. As low resilient people exhibit the difficulties of regulating negative emotions and demonstrate sensitive reaction to daily stressful life events (e.g., the loss of loved one) (Ong, Bergeman, Bisconti, & Wallace, 2006). They are likely to believe that there is no end for the unpleasant experience of daily stressors and may have higher levels of stress. In general, resilient people are believed to possess positive emotions, and such emotions in turn influence their responses to adversity. The ability of children to show healthy development despite facing many difficulties is frequently labeled as resilience (Arrington, & Wilson, 2002). While growing up, children encounter many challenges that must be overcome to achieve common markers of developmental success, including mental health, satisfactory social relationships and educational success. Adversity may occur in everyday life in the form of divorce, abandonment, abuse, alcoholism, violence, illness, death, robberies, loss of home or job, kidnapping, accidents, murder, academic failures etc. Resilience may be promoted not necessarily because of adversity but, in fact, may be promoted in anticipation of inevitable

adversities (*Grotberg, 1997*). Additionally, resilient children are more active and socially responsive.

The word *resilio* originates from Latin and means ‘to jump back’ (*Manyena, 2006*). However, it is contested which discipline can be credited for using resilience as a concept for the first time. Some claim that the term resilience was first employed in ecology, where resilience refers to the ability of ecosystem to bounce back after major shocks (*Brand and Jax, 2007; Adger, 2000*). Others opine that the concept has its origins in physics and engineering where it captures the ability of materials to ‘bounce back’ aftershocks and resume their original condition. From physics, the term found its way into medicine where it was used to describe the physical recovery of patients (*Boyden and Cooper, 2007*). However, most of the literature cites social psychology and psychiatry as the place of origin for the concept where it dates back to the 1940s (*Bartley, 2006; Luthar and Zelazo, 2003; Manyena, 2006*). It was also noted that resilience was first conceptualised by *Werner (1984)* and was defined as the “ability to cope effectively with stress and to exhibit an unusual degree of psychological strength for one’s age and set of circumstances” (*O’Donnell, Schwab-Stone, & Muyeed, 2002*). History of research on resilience records that *Emmy Werner* was one of the first scientists to use the term resilience in 1970s. She studied a cohort of children from Kauai, Hawaii. Kauai was quite poor and many of the children in the study grew up with alcoholic or mentally ill parents. Many of the parents were also out of work. *Werner* noted that of the children who grew up in these very bad situations, two-thirds exhibited destructive behaviours in their later teen years, such as chronic unemployment, substance abuse, and out-of-wedlock births (in case of teenage girls). However one-third of these youngsters did not exhibit destructive behaviours. *Werner* called the latter group resilient. Resilient children and their families had traits that made them different from non-resilient children and families. Promoting resilience may enable better long-term outcomes by boosting children’s chances of positive adaptation in future, even if optimal environmental conditions for growth are not possible (*Newman, cited in Sheslow, 2008*).

Resilience trait is important in early-adolescence, and contributes to their well-being in short and long-term. Resilience is discerned with self. Parental management or family, individuals, school, peer groups and community are influential for early-adolescent resilience development, and carry positive or negative effects. They may lead to social development if positive or social backwardness if negative. The gains or consequence may persist throughout the

period of adolescence and adulthood. This negative effect on the child's adaptation can be rectified through intervention like assertive training. Embanking on social skill and therapy like assertive training with the early-adolescents in Obio-Akpo, Local Government. Area of Rivers State will be a great behaviour modification intervention to produce healthy resilience people who will be devoid of psychological and behavioural problems. Implication of this study is that it will be beneficial in nurturing and assisting the children in the best possible way of psychosocial development and providing imperative intervention, training and counselling for those who need it.

Statement of the problem

Many of Early-adolescents from Obio-Akpo Local Government Area of Rivers State are facing adverse life situations arising from lack of relationships that provide them with care and support, love, trust, and offer encouragement, both within and outside the family. Most of these children are raised by single parents, either by choice or as a result of divorce. Poverty and low intelligence are also treating factor that way them down.

These children finds it difficult to cope as a result of lack of social skills like the capacity to make realistic plans, having self-confidence and a positive self image, developing communications skills, and the capacity to manage strong feelings and impulses. In other words, these demands call for a high degree of resilience. But thus, the problem of this study is: What effect will assertiveness training have on improvement of resilience among early-adolescents?

Purpose of the study

The purpose of this study was to determine the effect of assertiveness training on early-adolescents' resilience. In more specific terms, the study:

1. compared the level of resilience of the respondents before and after the experiment (Pre-test, post-test, observation)
2. Compared males and females resilience before and after the experiment (To find out which sex scored higher)

Research questions

The following research questions were posed to guide the study.

1. What is the difference in the level of resilience of the students before and after they received assertive training? (Pre-test, post-test)
2. What is the difference in resilience of male students and the female student who received assertive training? (Sex differences in resilience)

Research Hypotheses

The following hypotheses were raised for this study and tested at 0.05 alpha level.

1. There is no significant difference in the level of resilience of the students before and after they received assertive training. (Pre-test, post-test)
2. There is no significant difference in resilience of male students and the female students who received assertive training.

Methods

Research design

This study made use of a randomised pre-test, post-test two-group quasi-experimental design and observation method. In notational form the design can be depicted as follows:

Group	Randomised assignment	Pretest	Treatment	Post-test
Experiential group A	R	O	X	O
Control group B	R	O		O

R= Randomised assignment, O=Pre-test/Post-test, X=Treatment

Population of the study

The population for this study consisted of all 150 preadolescents (male and female, aged 10-12) in JS classes of Army Day Secondary School in Obio/Akpor L.G.A of Rivers State.

Sample and sampling technique

The participants were chosen through randomised assignment in two groups from JS classes of Army Day Secondary School Bori-Camp in Obio-Akpor L.G.A. The sample of the

study was composed of 24 JSS students who scored less than average from the pre-test. Randomised assignment was used to assign these 24 early-adolescents into two groups, of 14 students in experimental group and 10 students in control group of both male and female respectively. Tossing a coin for each student was used in assigning the students to one group if the toss was heads, and other group if the toss was tails for the randomisation (Osuala, 1991).

Instrument for data collection

The researcher

consists of 20 item each rated on a 4 point response format where 1= strongly disagree and 4 = strongly agree and there is no neutral point. The total score is simply the sum across the 20 items with 10 of the items being reversals. In addition teachers' observations were collected through the anecdotal record sheets.

Observation method

Anecdotal record was used for effective reality observation method. The researcher and the teachers usually observed the students in experimental group for any behaviour or action that indicates assertiveness. The record included accurate description of a specific event. It also included the description of the setting sufficiently so as to give the event meaning. The record was to describe only the events related with the student's personal development or social interactions indicating assertiveness. Teachers as part of the assertive training were prepared beforehand and the goals together with what is expected of them were made known.

Reliability of the instrument

In order to establish the reliability of the instrument, Preadolescents' resilience scale (PRS), a pilot study was carried out on a sample of ten (10) early-adolescent of Community High School Rumu-Apara still in Obio-Akpo L.G.A along East-West road using a test retest method; whereby same test was given to a group of subjects on at least in two separate occasions of two weeks interval to avoid memory effect. A pre-test or pilot study serves as a trial run that allowed the researcher identify potential problems in the proposed study. The reliability co-efficient, using Spearman's product moment correlation method was $PRS = 0.84$, $N = 10$ and this result confirmed the instruments reliable to be used in this study.

Results

Research Question one.

What is the difference in the level of resilience of the students before and after they received assertive training? (Pre-test, post-test)

This Research Question is tested with Mean and Standard Deviation statistics. The result of the analysis is presented in table 4.1

Research Hypothesis one.

There is no significant difference in the level of resilience of the students before and after they received assertive training. (Pretest, post-test) (This hypothesis one is tested with the Correlated t-test in table 4.2)

Table 4.1 Mean and Standard Deviation analysis of resilience from pre-test/post-test scores of the experimental group

Group	Number	Mean	S.D
Experimental			
Pre-test	14	29.57	0.62
Post-test	14	54.50	1.88

The result on the table 4.1 shows that the post-test mean (\bar{X}) scores of the students resilience score ($\bar{X} = 54.50$) is greater than their pre-test mean (\bar{X}) scores of resilience ($\bar{X} = 29.57$) This result shows that there is a deference between the level of resilience of the students after they have received treatment. Furthermore the SD values of resilience 1.88 for the post-tests suggest that the responses or the scores of the respondents between the pre-test and post-test are widely spread.

Table 4:2 Correlated t-test to shows the effect of assertive training on preadolescent's resilience from the pre-test post-test score.

Exp. Group	N	Mean	SD	DF	r	T. Cal	T. Crit	Result
Pre-test	14	29.57	0.62	13	0.19	49.99	2.16	Significant
Post-test	14	54.50	1.88					

Table 4.2 shows that the calculated t-value (49.99) is greater than the critical t-value (2.160) at $df = 13$ and .05 level of significance. The hypothesis is rejected. This result showed that there is a significant difference in the level of resilience after they received assertive training. The mean for the pre-test (= 29.57), while the mean for the post-test ($\bar{X} = 54.50$), showed improvement on their resilience after they received assertive training.

Research Question two:

What is the dif

This Research Question is tested with Mean and Standard Deviation statistics. The result of the analysis is presented in table 4.3

Research Hypothesis two:

There is no significant difference in resilience of male students and the female student who received assertive training. (This hypothesis was tested with Independent t-test in table 4.4)

Table 4.3. This shows Mean and Standard Deviation analysis of resilience of the students who received treatment

Group	Number	Mean	S.D
Male	8	54.50	1.91
Female	6	54.50	1.80

The result on the table 4.3 shows that the mean (\bar{X}) scores of male and female in the experimental group on resilience, male ($\bar{X} = 54.50$) and that of female ($\bar{X} = 54.50$) were

equal. This result shows that there is no deference between the level of resilience of the male and female. Furthermore the SD values of resilience 1.91 for the male compared with SD values 1.80 for the female are closely spread.

Table 4:4: Independent t-test to shows the difference in resilience of male and female who received treatment (post test score).

Group	N	Mean	SD	DF	T. Cal	T. Crit	Result
Male	8	54.50	1.91	12	0.00	0.00	Not Significant
Female	6	54.50	1.80				

The mean scores from table 4.4 above shows that the males mean score = 54.50 and the females mean score = 54.50 of those received assertive training. The calculated t-test and the t-critical are does not exist. This shows that the effect of assertiveness training on both male and female in improving their level of resilience is the same. Hence, the hypothesis was then accepted.

Discussion of Results

From the result on (pre-test, post-test of resilience scale) resilience, the calculated correlated t-value was 49.99 and the critical t-value was 2.160 at $df = 13$ and .05 level of significance as shown above. The hypothesis is rejected. This result showed that there is a significant difference in the level of resilience after they received assertive training. The mean for the pre-test ($\bar{X} = 29.57$) and the mean for the post-test ($\bar{X} = 54.50$) shows improvement on their resilience.

This study was a proof to the efficacy of theories employed in this study. Over the years a lot of approaches have been used to achieve behaviour change. Each approach has its own view of the nature of man as being able to be facilitated to engage his behaviour to a more rational one, adjust to better and to achieve his life goals. According to Arnold Lazarus (2005, 2008), a pioneer in contemporary clinical behaviour therapy, behavioural practitioners can incorporate into their treatment plans any technique that can be demonstrated to effectively

change behaviour. This study agrees with that of Lazarus (2005, 2008) and was able to achieve change in behaviour of those who received assertive training.

From the study of Lo, Loe and Cartledge (2002), they believed that one important way to intervene with children and youth who either are at risk to engage in antisocial acts or already have displayed such behaviours is to offer them structured social skills training. Lo, Loe and Cartledge (2002) examined the effects of pullout small-group and teacher-directed classroom-based social skills instruction on antisocial behaviours. They worked with five 3rd and 4th grade students at risk for emotional or behavioural disorders. Results indicated moderate reduction in antisocial behaviours during small-group social skills instruction. This study was based on the same principle as that of Lo, Loe and Cartledge (2002) and improvement on the level of resilience among the early-adolescents was achieved after the treatment.

The discussion on the sex difference is based on the following results of the experiments. The mean scores show that the males mean score ($\bar{X} = 50.88$) and the females mean score ($\bar{X} = 54.50$) of those who received assertive training. This shows that the effect of assertiveness training on both male and female in improving their level of resilience is the same. This result shows that both the male and female were affected equally by the assertiveness training.

The above result is not in line with Bonanno, Galea Bucciarelli, & Vlahov, (2007) finding which indicated that Demographic information (e.g., gender) and resources (e.g., social support) are used to predict resilience. Further still, they reported after examining people's adaptation after the 9/11 attacks) showed women were associated with less likelihood of resilience than men. But American Psychological Association, (2004), indicated that Resilience is different for every child because every child is developing at a different pace. That means that we cannot expect children to use the same model and techniques to form resilience but we help children learn resilience similar to the way we teach a child how to play soccer or how to play a musical instrument.

Furthermore, Grotberg (nd) from her study found that Children 9-11, both boys and girls, had average resilience scores of 31%. Still in her analysis was that there were no differences in which boys used a resilience factor more than girls. Both boys and girls used, with the same frequency, having services available, receiving emotional support and having a role model; feeling a sense of control; managing their own behaviour, and reaching out for help

which is in line with this study. Improvement in these domains is hypothesized to produce better distal outcomes and fewer adverse life-course outcomes.

Researchers/Teachers Observations

From the anecdotal record some of the student really exhibited increase in their resilience. Three students remarkably changed by doing their school homework and projects. Some others who have been very passive in the class started being active by asking question of things they do not understand. Generally there was happiness on the faces of the participants. They performed better in their weekly tests. It seems clear that educational success is a major tool in promoting resilience. There is also, fortunately, evidence that success in non-academic subjects at school, such as sport or music, or social success, such as being popular, provided it is not popularity with a delinquent group, can also lead to resilience as was observed from the participants.

Conclusion

The results show that assertiveness training is very effective in early-adolescents' improvement of resilience. The study also revealed that with some social skill intervention would lead to change in behaviour. Assertiveness and resilience are traits that are linked together. They are inter related and inter connected. Being assertive makes one to be more confident and there by improves ones resilience. In other hand when one is very confident he or she can with stand adversities from life's tasks and therefore becoming more resilience. Hence, the need of counselling in our schools cannot be over emphasized.

Implication for counseling

This study is in line with Roger's (1961) theory who advocates that a vast majority of persons who do not have an optimal childhood; there is hope for change and development toward psychological maturity via therapy, in which the aim is to dissolve the conditions of worth, to achieve a self. Those who received assertiveness training were able to improve on their level of resilience more than those who did not.

From the result of the statistical analysis we conclude that assertiveness training has yielded significant results on the level of resilience of the early-adolescents who participated in

the experiment. These positive outcomes are attributed to effectiveness of the training and the social skill acquired during the training experiences since the pre-test scores showed that both variables were equivalent from the beginning. In a way this outcome has fulfilled what motivated the researcher in carrying out this study which is to inculcate coping skill to the early-adolescence early in life. Counselling skills and techniques was used to achieve change in behaviour.

Recommendations

The findings from this study provide information that is useful for counsellors, educators, as well as for parents. The researcher recommends that, counsellors, teachers, parents and the community should give early-adolescents some social support. These social support takes eight distinguishable forms: listening support (just listening, not advising or judging); emotional support; emotional challenge (helping the child evaluate his or her attitudes, values and feelings); reality confirmation support (sharing the child's perspective of the world); task appreciation support; task challenge support (challenging, stretching, motivating); tangible assistance support (reward of any kind eg. money or gifts); and personal assistance support (e.g. providing his/her personal needs). To help this situation counsellors are needed in secondary schools, who would then organize Constant, seminars or workshops for the enlightenment of parents and teachers. Furthermore, short-term training or preventive interventions produce time-limited benefits, at best, with at-risk groups, whereas multiyear programs are more likely to foster enduring benefits.

Apart from the work of counsellors, the teacher in the Classroom can help students build resilience by giving them an opportunity to respond, an engaging cooperative learning environment, a participating role in setting goals, and a high expectation for student achievement. This will also help the children develop a sense of belonging and involvement. It will go a long way to reduce the feelings of alienation and disengagement where the parents and the community have failed to provide the support the child needed. With that kind of connection in the school, students will have more of a protective shield against the adverse circumstances that life throws at them.

School environment should be made very conducive for teaching and learning to discourage students from dropping out of school. Schooling may be vital in enabling children to

make the best of adverse circumstances like being in care, both through offering opportunities for academic success to compensate for the "failure" in family life and in affording access to alternative supporting relationships — with teachers and with peers. The school also offers opportunities for children to learn coping styles and gain a sense of self worth.

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