

## **Impact of Assertiveness Training and Family Economic Condition on the Subscale of Anxiety and Insomnia of Mental Health**

**Seyed Younes Mohammadi Yousef Nejad**  
Faculty, Islamic Azad University of Iran – Kormoj

In the present study, an attempt was made to find out the Impact of Assertiveness training on mental health among students. The hypotheses of the present study were, (i) Assertiveness Training is effective on the subscale Anxiety and insomnia of mental health among the experimental group, (ii) Assertiveness Training is increase post test among the experimental group on the subscale Anxiety and insomnia of mental health, and (iii) Family Economic Condition is effective on the subscale Anxiety and insomnia of mental health among the experimental group. Participants consisted of students of high schools. The sample consists of 200 male students of first grade of high schools of Boosher city in Iran. The subject will be selected randomly and divided in to two groups, experimental (N=100) and control (N=100) groups. The experimental group alone undergoes the intervention programme i.e., Assertiveness training. General Information Schedule prepared by the investigator was used to gather personal information regarding each subject. General Health Questionnaire (GHQ) of Goldberg was used to measure mental health of the students. Repeated Measure t-test and ANOVA were employed to find out the effectiveness of Assertiveness and Family Economic Condition on the subscale Anxiety and insomnia of mental health. Results revealed that Assertiveness was highly on the subscale Anxiety and insomnia of mental health among the experimental group and Family Economic Condition is not effective on the subscale Anxiety and insomnia of mental health.

**Keywords:** Assertiveness Training, Anxiety, Insomnia, Mental health.

The adolescent behave and thinks in various ways that may be normal or abnormal. Some of the standards for the evaluation such behaviors and thoughts can be person or society that sometimes these standards coincide each other and sometimes they have distance. Anyhow, when the personality traits and behaviors are not normal, it will create problems for individual and society. Recent epidemiological data indicated that 15% to 22% of children and adolescents have mental health problems severe enough to warrant treatment. However, fewer than 20% of these youth with mental health problems currently receive appropriate services. Research also

indicates that 25% to 50% of the general populations of adolescents engage in multiple high-risk behaviors—such as drug use, unprotected sexual intercourse, and violence (Dryfoos, 1990). Therefore, adolescents today are at high risk for emotional, behavioral, and physical health difficulties due in part to their likelihood of engaging in dangerous activities.

Approximately, in all countries school is a place where students, teachers and school workers spend many hours their lives. During this period programs of education and health can have more effect because students are in their dynamic period of life i.e., childhood

and adolescence. The major psychological problems among the students' aggression, destructive tendencies, suicide, alcoholism and drug abuse, violence, inability to maintain healthy relations with others, lack of self-esteem, emotional instability and inability to take decisions and solve problems effectively.

Assertiveness training causes the promotion of psychosocial abilities. These abilities help the individual for effective confrontation of conflicts and stressful situations, so that he acts positively and compatible in relation with other people in society. In this way, learning and practice of life skills would cause the reinforcement or change in view, value and manner of man. Consequently, by the occurrence of positive and healthy behaviors many of the health problems are preventable.

Factors like self-esteem, skills among individuals, having a suitable relation, determining the goals, decision making skills, problem solving, skills determination and detection of individual values have important roles in the prevention of different kinds of behavioral problems and psychological disorders of adolescence and increase their psychological health. When considering the importance and value of educating Assertiveness and the promotion of psychological health level, the lack of this skill causes the individual to come to ineffective and incompatible manners and stresses. Education of such skills to children and adolescents brings up the sense of qualification, capacity of being effective, ability to deal with defeating problems objective and rational approaches to the problem (Tareman, 2002).

Assertiveness training is an effective prevention method for a range of problems with adolescents, as well as an effective intervention for adolescents experiencing a wide variety of emotional, behavioral, and physical problems. Assertiveness training is one of a group of cognitive / behavioral

therapies. It is a learning-based technique designed to reduce anxiety that occurs in interpersonal situations. Assertiveness training involves cognitive restructuring to affect some action-oriented event in order to facilitate assertive communication skills which aid in overcoming personal barriers to self-expression (Wolpe, 1990).

Recent epidemiological data indicated that 15% to 22% of children and adolescents have mental health problems severe enough to warrant treatment. However, fewer than 20% of these youth with mental health problems currently receive appropriate services. Research also indicates that 25% to 50% of the general populations of adolescents engage in multiple high-risk behavior, such as drug use, unprotected sexual intercourse, and violence (Dryfoos, 1990). Therefore, adolescents today are at high risk for emotional, behavioral, and physical health difficulties due in part to their likelihood of engaging in dangerous activities. Studies on risk and protective factors for children and adolescents have led mental health professionals to become interested in prevention programs. One well-studied prevention effort is life skills training. Life skills training is an effective prevention method for a range of problems with adolescents, as well as an effective intervention for adolescents experiencing a wide variety of emotional, behavioral, and physical problems.

The adolescent stage of life is a fascinating and crucial period characterized by change, transition, and challenge. During adolescence, children experience a number of stresses associated with the tremendous developmental changes in physical, cognitive, emotional and social spheres and the consequent adjustment difficulties. The school and peer group experience, development of sex roles and morality, and assumption of new roles within family structure all become very critical at this stage (Biswas, Kapur & Kaliaperumal, 1995).

Adjustment difficulties at this stage of life can substantially contribute to low self-esteem and self-efficacy, sense of inadequacy, un relatedness, helplessness and powerlessness (Biswas, Kapur & Kaliaperumal, 1995). These adjustment difficulties contribute significantly to mental health problems in adolescence and adulthood.

Adolescence has been described as a period of tremendous tumultuous development, a time of emotional upheaval and one marked by mental disorders and deviant behaviors more commonly than any other period of life (Erikson, 1968; Freud, 1958). Although some recent researchers have criticized these 'myths' of adolescence as simplistic overgeneralizations (Bandura & Walters, 1963; Offer & Schonert, 1992), there is still concern regarding the extent of the stress experienced by adolescents as part of the normal development process, the degree to which present-day adolescents are exposed to stressors, and the extent to which they have developed and used coping strategies for dealing with the stresses and stressors they encounter (Deanda & Bradley, 1997). Increasing rates of adolescent suicide, depression, substance abuse and juvenile delinquency in almost every part of the world have been cited as indicators of increasing stressors and adolescents' inability to effectively cope with the resulting stress (Deanda & Bradley, 1997).

In addition to normal developmental stresses, other stressful life events also influence the adolescent's adjustment. Numerous studies have found significant relationships between the stressful life events in adolescents' lives and health, mental health and adjustment problems (Deanda & Bradley, 1997). Strong relationships have been found between stressful life events and the incidence of psychological and emotional disturbances among adolescents, particularly with regard to depression (Deanda & Bradley, 1997).

Some scholars have suggested that life stressors have an additive effect on the mental health of an individual (Biswas, Kapur & Kaliaperumal, 1995). Some studies have shown that there is a positive relationship between the numbers of recent stressful life events (SLEs) and adjustment difficulties, between SLEs and behavioral problems, and between adjustment difficulties and behavioral problems, indicating that with the presence of one factor, the chance of the presence of the other factor is significantly high (Biswas, Kapur & Kaliaperumal, 1995; Cowen, Weissberg & Guare, 1984; Sterling, Cowen, Tennen, & Affleck, 1993). The major life stressors in adolescents are significantly related to mental health status, decreased self-esteem, disruptive and delinquent behavior and poor academic performance (Biswas, Kapur & Kaliaperumal, 1995).

Several research studies have identified the sources of stress and stressors most frequently encountered by the adolescents. These major life stressors included economic hardship (Lempers, Clark & Simons, 1989; Nastasi, Varjas, Sarkar, & Jayasena, 1998), illness and family discord (Fontana & Dovidio, 1984). Poverty was strongly associated with mental health problems. Unemployment, housing problems and other problems resulting from poverty were reported to be important risk factors that can trigger clinical depression. Children and adolescents are particularly vulnerable to problems associated with poverty. It is argued that familial poverty jeopardizes children's mental health and productivity. Lack of food, shelter, clothing, education and other materials may exert adverse effects on children's mental health. In addition, economic difficulty is related to ineffective parenting, parental psychopathology, and family hostilities, each of which can be additive sources of mental health problems. Furthermore, socio economic disadvantages often cause or aggravate marital dissatisfaction, conflict, aggression and violence within the family, thus

increasing the risk of mental health problems among children (Beiser, Hou, Hyman & Tousignant, 2002).

However, other researchers argued that cumulative daily stressors have the greatest impact on the lives of the adolescents (Armacost, 1989). Among these daily stressors were academic problems, school work demands, academic pressures (Nastasi, Varjas, Sarkar, & Jayasena, 1998) and relationships with family and peers (Omizo, Omizo & Suzuki 1988) including same-and opposite-sex peers (Patterson & Mccubbin, 1987).

### **Hypotheses**

1. There is significant difference between the experimental and control groups in the effect of Assertiveness training on the subscale Anxiety and insomnia of mental health.

2. There is significant difference between pre-test and post test among the experimental group on the subscale Anxiety and insomnia of mental health.

3. There is not significant difference between Family Economic Condition and the subscale Anxiety and insomnia of mental health among the experimental group.

### **Method**

#### **Sample:**

The sample consists of 200 male students of first grade of high schools of Boosher city. The subjects were selected randomly and divided in to two groups as experimental (N=100) and control group (N=100). The experimental group alone undergoes the intervention programme, Assertiveness training.

#### **Tools:**

*General Health Questionnaire (GHQ)* (Goldberg, 1979): It has four subscales, each with seven questions. The major objective of this questionnaire is not to find a special

diagnosis in mental diseases, but its major objective is to establish distinction between mental disorder and health. It has been scored based on the Likert scale (0-1-2-3) and total score of each individual will be varied from 0 to 84. It should be noted that the low score in this questionnaire shows high mental health and high score shows low mental health. For the present study, GHQ-28 was modified and adapted in to Iran, Boosher state by the investigator (Younas Mohammadi & Raju, 2009) .

#### **Procedure:**

The experimental group alone undergone the intervention programme, Assertiveness training. The questionnaire was not time bound .It was checked that all the questions were answered, while collecting the response sheets back. For the omissions, sometimes they were requested to fill up completely. Only those questionnaires, which were filled up completely, were retained for analysis.

### **Results**

**Table 1. Mean, SD and t-value on the effect of Assertiveness Training on the subscale Anxiety and insomnia of mental health (N=100)**

Samples	Mean	SD	t-value
Experimental group	-2.19	4.74	-3.95**
Control group	-.12	2.23	

\*\*p< 0.01

The t-test has been done for the Experimental and Control groups on the subscale Anxiety and insomnia of mental health. The results indicate that a significant mean difference exists between the Experimental and Control groups on the subscale Anxiety and insomnia of mental health. The mean differences are significant at 0.01 level.

The t-test has been done between pre-test and post test among the experimental group on the subscale Anxiety and insomnia

of mental health. The results indicate that there is significant mean difference existing between pre-test and post test among the experimental group on the subscale Anxiety and insomnia of mental health. The mean differences are significant at 0.01 level and the mean value is less for post test and more for pre-test in the subscale Anxiety and insomnia of mental health. From the above result, it is clear that there is effect of Assertiveness Training on improving mental health of male students of the first grade of high schools of Boosher city. It should be noted that the low score in the subscale Anxiety and insomnia of mental health shows high mental health and high score shows low mental health.

The F-value obtained for the variable the subscale Anxiety and insomnia of mental health was .283. Respectively and found insignificant on the variable Family Economic Conditions. Three Family Economic Conditions groups like Rich, Middle and Poor were selected and result indicated that Family Economic Conditions does not have any impact on the subscale Anxiety and insomnia of mental health. Here it can be said that male students in first grade of high schools of Boosher city in Iran are not influenced by categories of Family Economic Conditions.

#### **Major findings:**

■ There is significant mean difference exist between the Experimental and Control groups on the subscale Anxiety and insomnia of mental health. The mean differences are significant at 0.01 level. And the mean value is less for Experimental group and more for Control group in the subscale Anxiety and insomnia of mental health.

■ There is significant mean difference exist between pre-test and post test among the experimental group on the subscale Anxiety and insomnia of mental health. The mean differences are significant at 0.01 level and the mean value is less for post test and more for

pre-test in the subscale Anxiety and insomnia of mental health.

Three Family Economic Conditions groups like Rich, Middle and Poor were selected and result indicated that Family Economic Conditions does not have any impact on the subscale Anxiety and insomnia of mental health. Here it can be said that male students in first grade of high schools of Boosher city in Iran are not influenced by categories of Family Economic Conditions.

#### **Implications**

The present research has focused on the impact of Assertiveness Training on the subscale Anxiety and insomnia of mental health. Some of the important implications are noted below:

■ The findings of the study are of use to the health professionals in the sense that they can apply them for improving the mental health and prevention of mental illness of their students.

■ The study is helpful for Psychologists and teachers to help their students and reduce the incidence of drop-out. Adolescents are at increasingly high risk for many emotional, behavioral, and physical problems due to many different factors. Mental health professionals are more often turning to more developmentally-based risk and protective factors to explain adolescents' risk, rather than to the more traditional pathology-based model. This focus on risk and protective factors has led to increased interest in prevention. The goal of prevention is to increase the protective factors and decrease risk factors before problems develop. Assertiveness training is one area of prevention.

■ The results obtained in the present study supports that Assertiveness Training increase students' mental health. Students who enjoy high mental health seem to be less critical of them, are more able to withstand



social and personal pressures, and are better able to act on their own beliefs and values.

■ Another implication is that Assertiveness Training program should be started earlier in the school year and continued for a longer period of time in order to produce more valid results.

■ The study is beneficial for counselors to guide their students in developing good mental health, so that it may improve their quality of life, reduce their depression, anxiety, stress and stress related problems.

■ Another important implication is that, the results of the study could be highly fruitful for understand the benefits of Assertiveness Training. Since the stress and strains are increasing day by day in the present world and cannot be eliminated from our daily life, one's responses to stress by certain methods Assertiveness Training are worthwhile.

■ The most important implication of the present study is the need to enlighten the students' psychological, social, physical and emotional well-being by providing them with proper insight and training in Assertiveness. The results of this study will help the students to be aware of their problems.

■ Another important implication of the present study is that Assertiveness Training will help the Students to learn problem-solving skills. Assertiveness was found to be positively associated with mental health. The positive association between Assertiveness and Mental health can be explained by the fact that people with good Assertiveness appear to appraise their life experiences as being less stressful in contrast to people with poor Assertiveness.

### **Limitations**

The researcher has taken great effort to make this study as much precise and objective as possible. Still certain unavoidable mistakes must have occurred. The limitations of the study are given below.

■ The first limitation of this research is the fact that the population under study totaled 200 students in both the experimental and control groups. Although the sample size was adequate, repeating this study with a larger sample size may strengthen the findings.

■ The present study was confined to only one district of Iran and could not be extended to other districts. This study would be more effective if the subjects could have been selected from different districts also.

■ The present study had to be limited to less number of variables.

■ Time factor is another important limitation of the present study. The study made use of six months' period for the intervention program.

■ Generalization of the findings is limited by the fact that a single-gender sample was studied.

The present study with all its limitations is expected to open up new avenues for further research in this area.

### **Conclusion**

The general goal of cognitive/behavioral therapy is to create new conditions for learning which foster self-help. A variety of these therapeutic procedures exist; one is assertiveness training. Assertiveness training offers a treatment of choice for many clients with interpersonal difficulties. Focus on a client's negative self-statements, self-defeating beliefs, and faulty thinking are paramount. The challenge of those beliefs that accompany a lack of assertiveness will teach the client how to make constructive self-statements and how to adopt a new set of beliefs that will result in assertive behavior. Assertiveness Training was found to be positively associated with mental health. The positive association between Assertiveness Training and Mental health can be explained by the fact that people with good assertiveness appear to appraise their life

experiences as being high mental health in contrast to people with poor assertiveness. Consequently, good assertiveness may not only be associated with social benefits but positive cognitive and affective states as well.

### References

- Armacost, R. L. (1989). Perceptions of stressors by high school students. *Journal of Adolescent Research, 4*, 443-461.
- Bandura, A. & Walter, R. (1963). *Social learning and personality development*. New York: Holt, Rinehart & Winston.
- Beiser, M., Hou, F., Hyman, I., & Tousignant, M. (2002). Poverty, family process, and the mental health of immigrant children in Canada. *American Journal of Public Health, 92* (2), 220-227.
- Biswas, A., Kapur, M., & Kaliaperumal (1995). Stressful life events and adjustment pattern of psychologically disturbed and non disturbed children of the middle childhood period. *Indian Journal of Clinical Psychology, 22*, 7-13.
- Cowen, E. L., Weissberg, R. A., and Guare, J. (1984). Differentiating attributes of children referred to school mental health program. *Journal of Metropolitan Child Psychology, 12*, 397-410.
- Deanda & Bradley,(1997). A study of stress, stressors, and coping strategies among middle school adolescents. *Social Work in Education, 19* (2), 87-98.
- Dryfoos, J.G. (1990).Adolescents at risk: Prevalence and Prevention. New York, NY: Oxford University Press.
- Erikson, E. (1968). Identity, youth and crisis. New York: Norton.
- Fontana, A., and Dovidio, J. F. (1984). The relationship between stressful life events and school-related performance of type A and type B Adolescents. *Journal of Human Stress, 10*, 50-54.
- Freud, A. (1958). Adolescence. *Psychoanalytic Study of the Child, 13*, 255-278.
- Lempers, J. D., Clark-Lempers, D., & Simons, R. L. (1989). Economic hardship, parenting, and distress in adolescence. *Child Development, 60*, 25-39.
- Nastasi, B. K, Varjas, K., Sarkar, S. & Jayasena, A. (1998). Participatory model of mental health programming for US schools: Lessons from work in a developing country. *School Psychology Review, 27* (2), 260-276.
- Offer, D., & Schonert, K. A. (1992). Debunking the myths of adolescence: Findings from recent research. *Journal of American Academy of Child and Adolescent Psychiatry, 31* (6), 1003-1014.
- Omizo, M. M., Omizo, S. A., & Suzuki, L. A. (1988). Children and Stress: An exploratory study of stressors and symptoms. *School Counselor, 267-274*.
- Patterson, J. M., & Mccubbin, H. I. (1987). ). Adolescent coping style and behaviors: Conceptualization and treatment. *Journal of Adolescence, 10*, 163-186.
- Stark, L. J., Spirito, A., Williams, C. A., & Guevremont, D. C. (1989). Common problems and coping strategies . *Journal of Abnormal Child Psychology, 17*, 203-221.
- Sterling, S., Cowen, E. L.,Tennen, H., & Affleck, G. (1993). Self-esteem: A clinical perspective. In R. Baumeister, (Ed.). Self-esteem:. New York: Plenum.
- Taremian, F. & Mahjuie , M. (1999). Life skills training. *Iranian Journal of Clinical Psychology , 21,181-195*.
- Wolpe, J. (1990). The practice of behavior therapy. (4th ed.). New York: Permagon Press.

Received: February 03, 2011

Revised: June 25, 2011

Accepted: September 30, 2011

**Seyed Younes Mohammadi Yousef Nejad**, Faculty, Islamic Azad University of Iran – Kormoj