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Original Article

EFFECTS OF ASSERTIVENESS TRAINING ON PSYCHOLOGICAL DISTRESS AMONG ADOLESCENT GIRLS: AN EXPERIMENTAL STUDY CONDUCTED IN RAWALPINDI, PAKISTAN

Misbah Ul Qadeer [a*], **& Iftikhar Ahmed** [b]

[a] MS Clinical Psychology Scholar, National University of Medical Science, KHINAMS, Islamabad, Pakistan
[b] Executive Director, Hosla Medical Center, Chakshehzad, Islamabad, Pakistan

*Correspondence to: Misbah ul Qadeer, MS Clinical Psychology Scholar, National University of Medical Science, KHINAMS, Islamabad, Pakistan. E-mail: misbahqadeer1152@gmail.com

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ABSTRACT

The present study was designed to investigate the effect of assertiveness training on psychological distress among adolescent girls of Rawalpindi, Pakistan. It was hypothesized that assertiveness training would decrease the psychological distress level of adolescent girls. It was quantitative research in which a quasi-experimental design was used. A purposive sampling technique was used to collect a sample of 53 college girls, which, after attrition, was reduced to a final sample of 44 (experimental group=21 & control group=23) with an age range of 14-18. Results of a paired-sample t-test showed a reduction in psychological-distress level within the experimental group; however, no difference was observed in the control group. An independent sample t-test revealed that assertiveness training had a significant moderate effect in reducing psychological distress (d=0.71) among adolescent girls in the experimental group. Findings of this research would help in designing and implementing school-based interventions for youth.

I. INTRODUCTION

Adolescence is the stage of life that begins with puberty (around ages 10-12) and continues until neurobiological maturity, often extending to age 20. During this time, there is a sudden rise in physical growth rate of body and an increase in social experiences along with rapid changes in cognition, behavior and emotions influencing their body image, self-concept, and self-esteem (APA, 2023) and develop a core aspect of identity, self-concept, autonomy, and interpersonal competence, playing vital role in mental health and social adjustment (Erikson, 1963). It is a dynamic phase in which brain also develops as the body is growing; significant neural changes occur including structures, functions, and connectivity of brain (Sturman & Moghaddam, 2012). These neurological changes are significant to this part of life and allow a "developmental plasticity", helping adolescents welcome new experiences and get ready to change (National Academies of Sciences, Engineering, and Medicine, 2019; Steinberg, 2014). If an individual is able to achieve this milestone of life with success; while gathering all the essential components described by Erickson and the major personality theorists, then only he/she is able to develop a healthy personality and achieve later in life.

Psychological distress is a growing global concern especially in adolescents, and is commonly manifested through multiple psychological conditions. It refers to a general negative emotional discomfort marked by an increased anxiety, depression, and stress level among adolescents (Szabó & Lovibond, 2022). Depression, typically called as "clinical depression or major depressive disorder (MDD)", is a mood disorder that "causes a persistent feeling of

sadness and loss of interest and affects how one feel, think and behave and can lead to a variety of emotional and physical problems" (Mayo Clinic, n.d.). Anxiety is explained as an emotional response to a perceived threat, danger or misfortune which is an anticipation rather than actual threat and presents along with number of physiological symptoms; such as racing heartbeat, chest tightness, difficulty in breathing and somatic pains, etc. (APA, n.d.). Whereas, stress is a condition of physical, mental and emotional exhaustion that reduces person's ability to cope with problematic or challenging situations (American Institute of Stress, 2017).

There are many theories explaining the cause of psychological distress level of adolescents along with the ways to lower these symptoms. Erickson's Psychosocial Developmental theory explains stages of individual's life where adolescence is the stage, characterized by major conflict rising between identity versus role confusion. During this stage, individual strives to make sense of their identity and self-definition. Failing in achieving the goal may result in identity confusion, emotional distress, and insecurity (Mc Leod, 2025). On the other hand, Albert Bandura's theory of social learning focuses on observational learning. It highlights that adolescent girls living in a negative environment; might observe and learn to respond in a negative, unhealthy or maladaptive way (Cherry, 2026). Similarly, Aaron Beck's Cognitive Behavioral Theory (CBT), explains that emotional problems are the result of maladaptive thinking and irrational beliefs. Girls brought up in a restricted environment often hold set of unhealthy and negative beliefs (such as; "I'll say 'yes' otherwise I'll be considered stupid" or "If I speak up, I'll be rejected"). These unhelpful thoughts and beliefs are the cause of psychological problems including stress, anxiety and depression, etc. (Cleveland Clinic, 2022).

Assertiveness refers to a style of communication which involves expression of feelings in a direct and respectful manner. However, lack of these skills may be the one of causes of depression, anxiety and stress (APA, 2018). Assertiveness training is an evidence-based intervention that has shown improved results in acquiring the best communication style (Gambrill & Richey, 1975; Lazarus, 1973; Speed et al., 2018). "Assertiveness training is a type of behavior therapy focused on increasing assertive, self-assured behavior in individuals and teaching a more confident, effective communication style. It can support healthy identity formation by strengthening autonomy, interpersonal competence, and emotional control (Olaojo et al., 2020). It also places an emphasis on respecting the wants and needs of both parties in a conversational exchange through effecting changes in both verbal and nonverbal assertive behavior" (Larsen & Jordan, 2017). It is grounded in the belief that every individual possesses the fundamental right to communicate their thoughts, emotions, and personal needs to others in a respectful and considerate manner. However, the fear of knowing their inability to communicate assertively leads them to experience a range of negative emotional consequences including feelings of depression, heightened anxiety and aggression (Parray & Kumar, 2022).

El-Barazi et al. (2024) found that the training was much efficient in reducing social anxiety symptoms and increasing coping skills; to deal with stress, among high school female students of Egypt (Abdolghaderi et al., 2021). Asif et al. (2021) revealed that assertiveness training had significantly improved overall socio-emotional competencies of Pakistani adolescents. Fuspita et al. (2018) indicated that assertiveness training was effective in reducing depressive symptoms of the high school students. Ahmadi et al. (2017) showed that assertiveness training can help reduce social anxiety of the hearing-impaired adolescents; however, no difference was observed in the deaf participants. Eslami et al. (2016) showed an impact of training on reducing psychological distress symptoms including stressed, anxious and depressive symptoms of students of Iran. Another researcher concluded that happiness level and assertiveness level were significantly increased by the intervention (Hojjat et al., 2015). Butt and Zahid (2015) observed that an increase in assertiveness skills enhances level of consistency and confidence of participants; whereas, decreased conflict and stress lowers level of burnout. Lee et al. (2013) indicated that there was seen improvement in the level of social anxiety, assertiveness and interpersonal communication of individuals with schizophrenia. Similarly, Mohebi et al. (2012) found that moderate to severe anxiety was significantly decreased in the experimental group after the training as compared to the post scores of the participants in the control group.

There are number of past international as well as indigenous studies that support assertiveness training in reducing negative psychological symptoms among adolescents. Despite growing literature on assertiveness training and its positive impact on multiple psychological conditions and symptoms, yet there is a lack of policies

regarding interventions and adolescents are still struggling with issues related to problems like psychological distress, especially in Pakistan. In the light of aforementioned psychological challenges and gaps in the present available researches, the present research was designed to analyze if assertiveness training has significant improved effect in reducing symptoms of psychological distress among adolescent girls in Pakistan. This study is expected to contribute to evidence-based psychological intervention, literature and provide practical implications for school counselors, psychologists, educators, and mental health professionals in designing structured mental health programs for adolescents. The main objective and hypothesis of the study are given below;

Objective

- To explore the effectiveness of assertiveness training in improving psychological distress level of adolescent girls.

Hypothesis

- Assertiveness training will decrease the psychological distress level of adolescent girls.

II. METHOD

Participants

Sample was composed of 44 adolescent girls recruited from the college selected for the research. Purposive sampling technique was used to select research sample with required characteristics whereas, non-random sampling method was used to assign groups to the participants, whether control or experimental.

Measures

A self-made demographic sheet was used to gather information related to demographics of participants. Demographic variables were consisting of age, gender, education, family system, socioeconomic status, parental educational level (mother's education, father's education) and suffering from any medical condition. The Depression Anxiety and Stress Scale-Youth Version (DASS-Y) developed by Szabo and Lovibond (2022) was used in the study to measure psychological distress. It is a likert scale with 4 points and the items are responded with statements on the scale ranging between 0 and 3. The scale is further divided into 3 sub-scales; depression scale, anxiety scale and a stress scale. The scale consists of 21 items in whole whereas the subscales contain 7 items each. It has an overall Cronbach's α of 0.94 indicating an excellent reliability; however, reliability of subscales separately is depression of 0.91, anxiety of 0.89 and stress of 0.91.

Procedure

In the start, students were warmly welcomed and informed about the basic guidelines of research, its purpose, procedure and participant's rights during this period. The research was completed in a period of 4 weeks. The training was conducted in 8 sessions, twice a week, with a pretest and a posttest. The study was conducted in 3 phases. Following is the detailed description of each phase of present study. **[1]** Phase I: At first, permission was taken from the institute to conduct the presently designed study then informed consent was taken from the college students and a sample of 253 participants were gathered from multiple classrooms of a private college in Rawalpindi, Pakistan. Purposive sampling technique was used to select research participants. These participants were then screened on the basis of inclusion & exclusion criteria and presence of symptoms of psychological distress. At the end of screening, 53 participants were selected as a sample for the research. These participants signed informed consent form first and then completed the pretests. **[2]** Phase II: The screened sample was further distributed into two groups (N=53); control group = 25 and experimental group = 28. Participants were assigned groups using non-random assignment method; either, experimental or control group, on the basis of convenience. After the division of groups, control group (waitlist group) participants were returned to their classes and were ensured to be given training after the completion of intervention given to the experimental group. The sessions were planned following the module used in previous research of Eslami et al (2016). **[3]** Phase III: Till last training session, after further attrition, the final sample of 44 participants was left (experimental group=21, control group=23). These participants, at the end of training, were assessed again with a post-test. During this whole study period, few students declined to participate further because of timing constraint and some were excluded from the study due to absentees of about more than 15%. Then results of Pretest and a Posttest were compared to get

the mean score of difference caused by the treatment. After that both groups performance was assessed to evaluate the effectiveness of treatment in reducing psychological distress. As promised, after the completion of training, control group was given a 1-day workshop on assertiveness training. The study aimed to assess the effect of assertiveness training on psychological distress of adolescent girls.

III. RESULTS

Table I: Descriptive Statistics and Alpha Reliability coefficients of Study Variables (N = 44)

Variables	Subscales	k	Time	α	M	SD	Skewness	Kurtosis
DASS-Y	Depression	7	Pre-test	0.86	12.00	5.73	-0.18	-0.92
			Post-test	0.90	9.45	6.29	0.19	-1.12
	Anxiety	7	Pre-test	0.80	11.66	4.90	-0.24	-0.24
			Post-test	0.87	10.19	5.88	0.14	-0.80
	Stress	7	Pre-test	0.83	15.41	4.92	-0.77	0.03
			Post-test	0.88	13.93	5.72	-0.47	-0.96
DASS-Y	Total	21	Pre-test	0.91	39.07	13.49	-0.42	-0.52

Note: N = Sample size of the study, k = number of items of the scale, α = Cronbach's Alpha value, M = Mean value, SD = Standard Deviation, and DASS-Y = Depression Anxiety Stress Scale - Youth version.

Table 1 shows that all study variables have acceptable to excellent range of Cronbach's Alpha value of DASS-Y (Pretest α = 0.91 & Posttest α = 0.95), Depression Scale (Pretest α = 0.86 & Posttest α = 0.90), Anxiety Scale (Pretest α = 0.80 & Posttest α = 0.87), Stress Scale (Pretest α = 0.83 & Posttest α = 0.88). All scales have good internal consistency and have skewness values within the range -1 to +1; whereas of kurtosis value between -3 and +3. For the purpose of assessing the difference in the scores of participants at two different point of times; pre and post, paired sample t-test was used on pre-test and post-test scores of each group separately; control and experimental.

Table II: Paired sample t-test comparing Mean of Study Variables in the Control Group (N = 23)

Variables	Subscales	Intervention	M	SD	*t*	*p*	Cohen's d
DASS-Y	Depression	Pre-test	12.65	5.84	2.26	0.03	0.47
		Post-test	11.13	6.25			
	Anxiety	Pre-test	11.43	4.50	-0.50	0.62	-0.10
		Post-test	11.74	5.87			
	Stress	Pre-test	15.43	5.45	-1.78	0.09	-0.37
		Post-test	16.30	4.99			
DASS-Y	Total	Pre-test	39.52	13.36	0.33	0.74	0.07
		Post-test	39.17	15.07			

Note: N = Sample size of the study, M = Mean value, SD = Standard Deviation, *t* = T-test value, *p* = significant value (2 tailed) and DASS-Y = Depression Anxiety Stress Scale - Youth version.

Table 2 shows mean comparison of study variables in the control group. It describes if the mean value of study variables in the control group changed over time or not. Results of Paired sample t-test of the control group indicates that no significant difference exists between the pre-test scores of DASS-Y (M=39.52, SD=13.36) and post scores of DASS-Y (M=39.17, SD=15.07). However, significant small difference was observed between the pretest score for one of the subscales of DASS-Y; Depression (M=12.65, SD=5.84) and posttest score of Depression (M=11.13, SD=6.25).

Table III: Paired sample t-test comparing Mean of Study Variables in the Experimental Group (N = 21)

Variables	Subscales	Intervention	M	SD	t	p	Cohen's d
DASS-Y	Depression	Pre-test	11.29	5.67	2.83	0.01***	0.61
		Post-test	7.62	5.94			
	Anxiety	Pre-test	11.90	5.41	2.90	0.01***	0.63
		Post-test	8.48	5.55			
	Stress	Pre-test	15.38	4.43	3.38	0.00***	0.74
		Post-test	11.33	5.42			
DASS-Y	Total	Pre-test	38.57	13.95	3.24	0.00***	0.71
		Post-test	27.43	15.90			

Note: N = Sample size of the study, M = Mean value, SD = Standard Deviation, *t* = T-test value, *p* = significant value (2 tailed), and DASS-Y = Depression Anxiety Stress Scale - Youth version.

Table 3 shows mean comparison of study variables in the experimental group. It describes if the mean value of study variables in the experimental group changed over time or not. Results of Paired sample t-test of the experimental group indicates that significant difference exists between the pre-test scores of DASS-Y (M=38.57, SD=13.95). Significant difference in mean values was also observed between the pretest score for all of the subscales of DASS-Y, Depression (M=11.29, SD=5.67); Anxiety (M=11.90, SD=5.41); Stress (M=15.38, SD=4.43) and posttest score of Depression (M=7.62, SD=5.94); Anxiety (M=8.48, SD=5.55); Stress (M=11.33, SD=5.42). And in the end, independent sample t-test was used to compare the difference in the scores and assess the progress of two groups; control and experimental group

Table IV: Independent sample t-test comparing Mean of Study Variables in Pretests and Posttests of both treatment groups, Experimental (N=21) and Control group (N=23)

	Treatment	Pretest					Posttest			
Variables	Groups	N	M	SD	t	p	M	SD	t	p
DASS-Y	Experimental	21	38.57	13.95	0.23	0.82	27.43	15.90	2.51	0.02*
	Control	23	39.52	13.36			39.17	15.07		

Note: N = Sample size of the study, M = Mean value, SD = Standard Deviation, *t* = T-test value and *p* = significant value (2 tailed).

Table 4 (a) shows mean comparison of study variables of both treatment groups; experimental and control group in the pretest and describes if there is significant mean difference between experimental and control group in the pretest. Results of Independent sample t-test for mean difference of experimental and control group in the pretest shows that there is no significant difference between participants of both groups in terms of psychological distress among adolescent girls ($p>0.05$). Table 4 (b) shows mean comparison of study variables of both treatment groups; experimental and control group in the posttest and describes if there is significant mean difference between experimental and control group in the posttest. Results of Independent sample t-test for mean difference of experimental and control group in the posttests shows that there is significant difference between participants of both groups in terms of psychological distress ($p<0.05$), with control group scoring high on DASS-Y; control group (M=39.17, SD=15.07) and experimental group (M=27.43, SD=15.90).

IV. DISCUSSION

The current study was conducted on adolescent girls (age 14-18) facing mild to severe psychological distress. The main objective of this study was; to explore the effectiveness of assertiveness training in improving psychological distress level of adolescent girls. Reliability analysis showed that the scales used to measure scores of variables in pre and post-tests were reliable enough to be used. All scales and subscales ranged from an acceptable to an excellent reliability range and had a good internal consistency, acceptable ranges of skewness and kurtosis values. The hypothesis of the present study was that assertiveness training would decrease the psychological distress level of adolescent girls. To evaluate this hypothesis, paired sample t-test was performed on the experimental group.

The test results proved Assertiveness training as an effective intervention in an overall reduction of symptoms of psychological distress; with significant decrease in depression, anxiety and stress levels within experimental group. The Cohen's d value for DASS-Y along with its subscales indicates an effect size of moderate level due to intervention. Independent sample t-test on both treatment groups was also performed to assess that effect caused in experimental group was because of the intervention (Assertiveness Training). Results of Independent sample t-test of experimental and control group in the pretest showed no significant difference between pretest scores of participants in both groups in terms of psychological distress. However, results of independent sample t-test of experimental and control group in the posttests showed a significant difference between posttest scores of participants in both groups in terms of psychological distress, with control group scoring high on psychological distress. This indicates that difference in the posttest scores of both groups is all because of the intervention (Assertiveness Training) given to the experimental group; whereas, no intervention given to the control group.

This finding approved the hypothesis of the study and is consistent with the results of pervious researches. A randomized control trial study conducted by El-Barazi et al. (2024) showed that assertiveness significantly increased (after the intervention of assertiveness training) in experimental group as compared to the control group and helped in reducing stress, anxiety and depression of students. Abdolghaderi et al. (2021) conducted a study that showed that assertiveness training is effective in reducing social anxiety symptoms and increasing coping skills; to deal with stress, among high school female students. A quasi-experimental study showed that assertiveness training had a significant impact on the reduction of depression levels of the high school students (Fuspita et al., 2018). Ahmadi et al. (2017) conducted a research study on deaf and hearing-impaired adolescents revealed that assertiveness training can help reduce social anxiety of the hearing-impaired participants; however, no significant difference was found in the deaf participants. Another quasi-experimental research found that assertiveness training was effective in a significant reduction of anxiety levels with a non-significant but slight decrease in the depression level of experimental group participants, after 2 months of intervention (Eslami et al., 2016). A study conducted on schizophrenic patients revealed that symptoms of social anxiety, assertiveness and interpersonal communication among schizophrenic patients. It was found that social anxiety decreased; whereas, assertiveness and interpersonal communication were enhanced after the training and maintained later after the follow-up sessions (Lee et al., 2013). Mohebi et al. (2012) also conducted a study on pre-school students that showed a decrease in moderate to severe level of anxiety after the assertiveness training.

V. CONCLUSION

Adolescence is a critical period of development in multiple areas making these individuals vulnerable to acquire a variety of mental illnesses. In the view of current problems, the present study was designed to determine the effectiveness of Assertiveness Training in lowering symptoms of psychological distress of adolescent girls. Assertiveness training is an evidenced based behavioral therapy, mainly skill training in which multiple skills and techniques are taught in a controlled setting with the use role-playing and rehearsal methods in order to build emotional regulation skills and well-being. This helps individuals cope with the symptoms of stress, anxiety, anger and other problematic symptoms. The results indicated that assertiveness training was proved helpful intervention in reducing the symptoms of psychological distress among adolescents. The findings support the previous researches explaining significance of this intervention in reducing problematic psychological symptoms. The findings of the study also highlight the importance of developing and implementing interventions like assertiveness training in educational and community settings to help improve mental health of adolescent population. Overall, this study adds up in the growing body of literature as a supporter of effectiveness of Assertiveness training in improving mental health of adolescent population.

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