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EXAMINING THE INFLUENCE OF MENTAL HEALTH ON EXPRESSIONS OF VERBAL AGGRESSION AND ASSERTIVENESS

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By

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ABSTRACT

Recent reports in the media suggest an increase in the number of aggression cases in schools and the community. One of the forms of aggression experienced over the lifespan is verbal aggression. Verbal aggression has been considered a negative trait because of the harmful effects it has on the recipient. On the contrary, assertive behavior is a socially desirable trait and is considered a positive communication trait. The purpose of the study was to establish the effectiveness of psychological services and self-care in reducing verbally aggressive behavior. The study also aimed to determine how psychological services can improve assertiveness. It was hypothesized that those with mental health issues, who receive psychological services, are more likely to present with less verbal aggression and more assertiveness. A hierarchical regression was used to analyze archival data collected for a previous study by Aura (2019). The study analyzed the impact psychological services have on verbal aggression and assertiveness after demographic factors are controlled. Results of the study suggest that counseling services have a significant negative relationship with verbal aggression. None of the variables associated with psychological services were found to have a significant relationship with assertiveness. Implications and limitations of the study are discussed.

Keywords: verbal aggression, assertiveness, psychological services, mental health

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CHAPTER I

INTRODUCTION

The violence witnessed in schools and institutions of higher learning seems to be on the rise. According to the National Center for Education Statistics (NCES, 2020), between June 2016 and July 2017, there were 42 school-related violent deaths, including 28 homicides. During the 2018-2019 school year, 66 school shootings were reported with casualties in elementary, middle, and high schools. When the media reported these cases, allegations of mental health and constant physical and verbal victimization were common in most of the incidents (Haelle, 2017; Wan & Bever, 2019). The NCES also reported that in 2017, about 20% of students between 12-18 years reported being bullied. In spring 2016, physical conflict and bullying were the two most commonly reported problems in schools.

One way that bullying occurs is through verbal aggression. Verbal aggression was defined as behaviors that would facilitate one getting their needs met while infringing on other people's rights (Thompson & Berenbaum, 2011). Verbal aggression is prevalent in schools, with about 80% of adolescents between the age of 13-15 reporting either witnessing or experiencing it (Atkin et al., 2002). In a study, Morrow et al. (2014) reported that fifth-grade students are likely to experience verbal aggression at least once a day. About 13% of students between 12 -18 years reported being called hate-related, insulted, or called names, while 4% said they were being threatened with harm in school

(NCES, 2020). While these may appear as small numbers, they should still be a cause for concern because verbal aggression often goes unnoticed, but the effects can be detrimental (Hamilton, 2012).

Verbal aggression has also been found to be more prevalent than other forms of aggression. For example, a study by Bjorkqvist et al. (1992) concluded that compared to other forms of aggression, school children aged 8, 11, and 15 used verbal aggression more frequently than physical or relational aggression. Coyne et al. later supported this study in 2006, noting that verbal aggression was most observed among adolescents, and "calling someone a mean name" was very common. The use of verbal aggression has also been found to be pervasive across cultures and age groups (Burke & Nishioka, 2014; Donoghue & Raia-Hawrylak, 2016; Geiger & Fischer, 2006; Williams & Guerra, 2007)

Verbal aggression has been found to possibly cause more harm to victims than physical aggression (Glascock, 2014). For example, youth who have been exposed to verbal aggression tend to have difficulties with peer relations, challenges with problem-solving, increased risk for problem behaviors, internalizing problems like sadness, anxiety, loss of self-esteem, paranoia, and loneliness (Leff & Waasdorp, 2013; Owens et al., 2000). In schools, students who have been exposed to verbal aggression may struggle with academic tasks. This conclusion was supported by a survey conducted by Stipek and Miles (2008), who studied the association between students' relationships, social behavior, and academic achievement. The results suggested that children's aggressive behavior had a negative correlation with academic achievement. Therefore, more aggressive students were more likely to produce lower achievement scores. Verbal

aggression has also been a significant influence on the occurrence of physical aggression (Hamilton, 2012). Taylor and Smith (2019) noted that verbal aggression has a strong correlation with physical aggression. Research has also shown that verbal aggression may lead to violent crime (Roberto, 1999), suggesting that it may be necessary to intervene in verbally aggressive behavior before they escalate to other forms of aggressive behavior.

While verbal aggression and assertiveness are two different constructs, Tucker et al. (1983) noted that their definitions are not necessarily distinct. Assertiveness was defined as behaviors that would enable one to get his needs met without violating other's rights (Thompson & Berenbaum, 2011). People can often identify acceptable social skills associated with assertiveness or poor social skills related to verbal aggression but cannot definitively differentiate between the two. Tucker et al. (1983) also stated that a more significant challenge with distinguishing between these two constructs is that they depend on the recipient's perception of the communication and the conversation context.

When compared to verbal aggression, the effects of assertiveness are considered positive. For example, assertiveness has been associated with increased self-esteem, higher self-confidence, and reduced stress levels (Lindsay, 2001). Among students, assertiveness is linked to effective learning and better academic performance (Paeezy et al., 2010). As noted by Tucker et al. (1983), communication effectiveness depends on the recipient's perception and response. Consequently, the difference in verbal aggression and assertiveness is in the perception of the recipient of the message, not on the communicator.

Problem Statement

Many people with mental illness have been noted to exhibit more aggressive behavior compared to those without psychopathology (Large & Nielssen, 2011; Singh et al., 2007). These youth's aggressive behavior may be attributed to emotional symptoms and difficulties with self-regulation (Grisso, 2008). Youth with Conduct Disorder (CD) and Attention Deficit Hyperactivity Disorder (ADHD), for example, often exhibit more verbal and physical aggression, which is associated with impulsivity and poor self-regulation abilities (Grisso, 2008). The National Alliance of Mental Illness (NAMI, 2019) reported that about 70% of youth in the juvenile system have a diagnosis of mental illness, including CD, ADHD, depression, and anxiety. Many of those arrested for delinquencies tend to exhibit behaviors associated with aggression, anger, and hostility (Grisso, 2008). Those with conditions related to depression are not only sad but may also exhibit some verbal and physical aggression.

In 2017, a report by the CDC on the Behavioral Health Integration in Pediatric Primary Care indicated that about 13% to 20% of children in the US were diagnosed with mental disorders. Of these, only 15% to 25% have access to specialty care. This lack of access to services means that a vast majority of those who need mental health services cannot access various resources to meet their needs. The apparent lack of access to services poses a challenge because research has shown that early intervention improves the symptoms associated with mental health disorders.

Low levels of assertiveness have been associated with fear, worry, and anxiety. Unlike assertive individuals, those with low assertiveness cannot build close relationships or express themselves adequately and appropriately (Eslami et al., 2016). Individuals diagnosed with anxiety also tend to be anxious and avoid confrontation or stand up for themselves, sometimes perceiving an assertive situation as verbally aggressive (Grisso, 2008).

Therefore, the aim of this study was to determine the extent to which experiences with psychological and counseling services and active participation in self-care activities like support groups and reading self-help groups impact the expression of verbal aggression and assertive communication. Finally, because verbal aggression has been found to precede physical aggression (Roberto et al., 2003), this study sought to establish the effectiveness of various interventions that may be used at an early stage to improve assertiveness and reduce the rate of occurrence of verbal aggression.

Purpose

While previous studies have shown a correlation between mental illness and aggressive behavior (Jorm et al., 2012), most of these studies have failed to distinguish between verbal aggression and assertiveness. The study by Aura (2019) concluded that age and gender were significantly correlated with the expression of verbal aggression, while only age was significant for assertiveness. However, frequent media reports about aggressive behavior expression suggest that most of these individuals have mental health issues. This prompted further research in this area. Therefore, this study examined the

degree to which psychological services and self-help activities have on the day-to-day expression of verbal aggression and assertiveness. The purpose of this study was to answer the following research questions:

1. To what degree do engagement in self-help activities (self-help books) and use of psychological-emotional related services (medication, individual therapy, and support groups) predict individuals' expression of verbal aggression after demographic information (age, gender, and religion) are controlled?
2. To what degree do engagement in self-help (self-help books) and use of psychological-emotional related services (medication, individual therapy, and support groups) predict individuals' expression of assertiveness after demographic information (age, gender, and religion) are controlled?

A correlation matrix was utilized to analyze the relationship between the dependent and independent variables. A hierarchical regression was then used to determine the effect the independent variables have on the dependent variables after age and gender and religion are accounted for.

CHAPTER II

LITERATURE REVIEW

Mental Health

In defining the concept of mental health, Galderisi et al. (2015) state that mental health is not the absence of mental illness. In 2001, the World Health Organization (WHO) tried to move away from this perception and now defines mental health as "A state of well-being in which an individual is able to realize their own abilities and is able to cope with normal stressors of life, be productive and is able to make contributions to society." Galderisi et al. (2015) posit that while this move is a step in the right direction regarding the definition of mental health, it can still be misunderstood. This definition by WHO inadvertently identifies positive feelings and positive functioning as key features for mental health. This definition also does not consider the different cultural values with regard to mental health.

Galderisi et al. (2015), therefore, suggested the definition that states that "Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express, and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal

equilibrium" (p. 231). For this study's purposes, the definition of mental health was based on the definition by Galderisi et al. (2015).

Positive emotional experiences associated with mental health, have been linked with better abilities to perceive and interpret social behaviors and initiate appropriate social interactions (Huppert, 2009). On the contrary, those with mental illness or disorders have been observed to exhibit some violent and aggressive behaviors (Stuart, 2003). Aggressive behavior among individuals with mental illness is often perceived as a challenge during the treatment process among mental health practitioners (Pompili et al., 2017). Swanson et al. (2002) conducted a study and established that there are nuances in factors that affect aggressive behaviors among males and females.

Some studies have cited that demographic factors contribute to aggressive behavior and assertiveness. For example, women have been reported to be less aggressive than men, who express verbal aggression and are more likely to be physically aggressive (Glascock, 2014; Nelson et al., 2008). Women tend to resort to more indirect forms of aggression and view aggression as instrumental in achieving some level of control (Tapper & Boulton, 2004). Cultural norms and beliefs have also been found to influence the expression of verbal aggression. For example, individuals from collectivist cultures have also been less aggressive than individualistic cultures (Bergmuller, 2013). In the United States, African Americans and Hispanic Americans have, for a long time, been considered more aggressive than Caucasians (Yager & Rotheram-Borus, 2000) even though these groups tend to be more collective in cultural norms.

Age has also been noted to influence the expression of verbal aggression. Liu et al. (2013) indicated that the expression of aggressive behavior changes across the lifespan, with children expressing more physical aggression because of low expressive language levels. As one gets older and acquires more language, more verbal aggressive tendencies are observed than physical aggression.

Another factor often reported to affect aggressive behavior is socioeconomic status (SES). Individuals considered low SES have been reported to exhibit more aggressive behavior compared to higher SES individuals (Fatima & Sheikh, 2014; Glascock, 2014). These findings supported a study by Conger et al. (1992) that suggested that financial pressure is negatively correlated with desirable behavior.

Exposure to trauma and aggressive behavior has been liked to aggressive behavior. Traumatic experiences from maltreatment have been highly correlated with dysfunctional self-capacities that increase the possibility of exhibiting various forms of aggressive behavior (Allen, 2011). Studies have shown that exposure to trauma is linked to mental health effects, which may cause aggressive behavior (Brecklin, 2004; Unal et al., 2012).

Mental Health and Verbal Aggression

According to Large and Nielssen (2011), many people with mental health disorders exhibit more aggressive behavior before receiving treatment. However, Pulay et al. (2008) noted that even with the increased risk of physical and verbal aggression, most people with mental health disorders are not aggressive. With the increase in reported

cases of aggression and more coverage of the incidents, there is an increased perception of the dangerousness of people with mental illness (Jorm et al., 2012). Grisso (2008) posits that the challenge with the youth with mental disorders is that while only a small percentage engages in aggressive behavior, they are prone to repeating the behaviors than the youth within the average population. This trend leads to the increased perception that these youth are aggressive. Therefore, it is essential to provide adequate services to respond to this and reduce the risk of repeat offenses.

Nevertheless, regardless of age or gender, individuals with higher education levels believe that people with mental disorders are not as dangerous as depicted (Jorm et al., 2012). Those who have had contact with professionals in the mental health field have less belief in the dangerousness of people with mental health problems. Knowing that someone is seeking mental health services lowers the perception of their dangerousness. This study by Jorm et al. (2012) deviates from most studies and media reports that suggest that people with mental illness are dangerous. It also highlights the importance of education and increased awareness of mental health and its possible effect on an individual's behavior.

While some researchers have noted that individuals with mental illness or disorders may not be aggressive, others like Singh et al. (2007) note that individuals with mental disorders are more likely to exhibit both verbal and physical aggression. These results can be attributed to their emotional symptoms and difficulties with self-regulation, leading to these individuals saying something hurtful when angry (Grisso, 2008).

Many youths arrested for delinquencies tend to exhibit behaviors associated with aggression, anger, and hostility (Grisso, 2008). According to NAMI (2019), 70% of youth in the juvenile system have a mental health condition. Some of these youth may also have a diagnosis of mood disorders. Apart from being just sad, these youth with depressive disorders are often irritable, aggressive, and hostile (Underwood & Washington, 2016). These sullen youth are, therefore, at a high risk of being verbally aggressive. If these situations are handled inappropriately, they run the risk of escalating to physical aggression. The behaviors of the remaining 30% of the youth in the juvenile system may be attributed to other factors, including environmental factors that may influence such behaviors.

Youth with disorders like Conduct Disorder and Attention Deficit Hyperactivity Disorder (ADHD) is usually associated with more aggressive behavior than children without a diagnosis (Grisso, 2008). Impulsivity associated with ADHD puts these individuals at a higher risk of responding to emotional situations without thinking about the possible consequences. While youth with these disorders exhibit both the verbally and physically aggressive symptoms, it is important to note that these symptoms may vary in frequency and intensity. Based on different risk and protective factors, these youth may have varying levels of coping skills for these behaviors.

Difficulties with emotional regulation may also result in the frequent expression of verbal aggression among the youth. According to Feindler and Engel (2011), anger is a natural emotion. Still, when unresolved over time, it may become a concern as it may lead to social maladjustment. Unresolved anger and inadequate emotional regulation

skills may also cause impulsive and aggressive (verbal and physical) reactions to situations that could be resolved otherwise. These reactions increase the occurrence of verbal and physical aggression among individuals. According to Feindler and Engel (2011), interventions like anger management training can help reduce school violence risk by teaching replacement skills to the students and those who may be victims of interpersonal aggression. This study supports the idea that access to some psychological services helps in emotional regulation, resulting in reduced verbal aggression expression.

Underwood and Washington (2016) provided an outline of the degree to which law-breaking behavior in youth and mental illness co-occur. The study aimed to highlight the need for mental health services to delinquent youth. Consistent with previous research and reports by NAMI (2019), Underwood and Washington found out that there were more youth (50%-75%) with mental illness in the juvenile system than in the average population. The study also noted an increased risk of aggressive behavior among the population because of emotional and self-regulatory difficulties, consistent with reports by Feindler and Engel (2011) and Grisso (2008). In the study, Underwood and Washington (2016) noted that community network services resulted in a decrease in aggressive behaviors in the community, further supporting the idea that psychological services and support from the community can help reduce the occurrence of verbal aggression.

Verbal Aggression and Demographics

Gender

By tradition, women in the USA associate direct aggression with undesirable results. Subsequently, women tend to use indirect aggression to avoid the perception of loss or lack of control. In males, aggressive behavior is mostly seen as "instrumental" in exercising control, while in women, it is considered "expressive" and indicative of loss of self-control. (Tapper & Boulton, 2004). A literature review also showed that most studies on aggressive behavior focused on males because, by socialization, men are more likely to be physically aggressive than women (Glascock 2014; Nelson et al., 2008; Tapper & Boulton, 2004). According to Tapper and Boulton (2004), the view of aggression in males and females can be explained by the reinforcement and reward of aggressive behavior in males.

While most studies show that females tend to be more verbally aggressive than males, Nelson et al. (2008) posit that aggressive behavior changes through various developmental stages. As a result, Nelson and his team conducted a study to identify the perception of aggression among emerging adults based on gender. For this study, data were collected from 134 participants (43% males and 57% females) enrolled in a Western United States university. The age of the participants ranged from 18-25 years. Approximately 89% of them were Caucasian. Data was collected using a questionnaire assessing the perception of aggressive behavior. Results showed that men were more verbally than physically aggressive. Women only used direct form of verbal aggression when engaged with direct aggression. These results were consistent with studies by

Tapper and Boulton (2004) and Glascock (2014). In addition to the belief that males are more aggressive than females and Toldos (2005) further noted, culture significantly influences on the level and type of aggressive behavior than gender.

Age

Studies by Ferguson and Rule (1980) and Toldos (2005) have shown that verbally aggressive behavior increases with age. According to Ferguson and Rule (1980), children cannot explain their expression of verbal aggression, while adolescents can justify the need and use of various forms of aggression. Conversely, Loeber (1982) noted that aggressive behavior decreases with age. Consistent with this conclusion was a study by Liu et al. (2013) conducted to evaluate aggressive behavior differences throughout the lifespan. The study concluded that younger children tend to be more physically than verbally aggressive. The authors noted that as children grow older, their language and verbal skills improve. Better language skills and ability lead to the use of more teasing and bullying strategies.

The study by Liu et al. (2013) was consistent with Kim et al. (2010), who surveyed to determine how direct aggression changes adolescents' perceptions. The study was conducted by secondary data from a school-based intervention program to analyze aggressive behavior. This study concluded that as children grew older, they tended to use more verbal aggression. Verbal aggression can be attributed to better language and communication abilities as one develops into adolescence.

Consistent with previous studies, Aura (2019) concluded that age has a significant negative correlation with verbal aggression. As individuals get older, they

tend to be less verbally aggressive, and they learn other ways to handle situations that may have triggered anger and aggression (Harris & Knight-Bohnhoff, 1996). The study by Aura (2019) found that males in their early 20's were more verbally aggressive when compared to their older counterparts who took part in the survey. According to Liu et al. (2013), children tend to be physically aggressive at a younger age. This tendency changes as they grow older as they begin to use more verbal aggression. However, as they continue through the lifespan and get further into adulthood, they tend to use better verbal and communication skills to reduce aggressive tendencies.

Verbal Aggression and Psychological Services

Individual Therapy

Evidence has shown that implementing interventions that focus on self-management, social skills, interpersonal skills, and problem-solving can reduce aggressive behavior in individuals (McGuire, 2008). Various therapy techniques used as noted by Rampling et al. (2016) include Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Reasoning and Rehabilitation as well as Aggression and Anger Focused Therapy. These techniques were found to result in a notable improvement in physical and verbal aggression.

Castillo-Gualda (2017) conducted a longitudinal study over three years to evaluate social-emotional learning effectiveness in enhancing emotional intelligence and reducing aggressive behavior. The study involved students between the ages of 11-15 in middle and high school from 9 public schools. The researchers assessed for positive and negative affect and self-reports of aggressive behavior. The interventions aimed to

enhance better understanding and expression of emotions, increase awareness of feelings and their effect on thought, and regulate emotions. The students who took part in the study reported reduced negative affect, anger, and verbally aggressive behavior. The study results showed that social-emotional learning is effective in reducing symptoms associated with negative affect and aggressive behavior in adolescents. These results further support the need for psychological services to provide interventions for aggressive behavior and provide awareness of emotions and emotional regulation.

In another study, McGuire (2008) evaluated treatment methods used with individuals who are considered violent and to identify the interventions that have were considered most effective. The study reviewed various methods, including cognitive skills training, interpersonal skills training, individual counseling, behavioral interventions, and interventions that include the families. Cognitive programs were noted to focus on methods that help the participants develop skills and abilities to think about and solve problems in various domains, including interpersonal relationships. Individual counseling methods were indicated as individual interactions and improving their responses in certain situations. Behavioral interventions were focused on antecedents, rewards, and consequences of behavior and strategies such as modeling, cognitive and problem-solving skills. Another intervention reviewed involved working with families to develop positive alliances and learn interpersonal and self-management skills. These interventions were noted as being generally effective in reducing aggressive behaviors in individuals. An important aspect of this study was the need to complete all requirements

of the intervention. The author noted that the effectiveness of a treatment method increased when the participants completed all the program requirements. While access to therapy and other psychological services are vital to reducing aggressive behavior, individuals must commit to the process to increase the interventions' efficacy.

Support Groups

According to the American Psychological Association (APA) dictionary of psychology (2020), support groups are groups of people who come together to achieve a common goal. Support groups provide opportunities for members with similar problems to share ideas and experiences, comfort, and guide each other through treatment. Unlike self-help groups, support groups are often led by somebody, a professional, who does not share in the members' problems. One of the ideas behind the effectiveness of support groups is that individuals can identify with a group that protects them from the shame of being identified as different and increases resistance to the stigma of negative labels or stereotypes (Crabtree et al., 2010).

Some researchers have distinguished between various types of support groups, including self-help groups, peers support groups, self-management education groups (Foster et al., 2009), and online support groups (Brunelli et al., 2016; Worrall et al., 2018). For this study, no distinctions were made between the groups, and the responses were analyzed as "Yes" "or "No" for support groups.

Worrall et al. (2018) conducted a literature review on the effectiveness of support groups in individuals' treatment and recovery. The study added to the literature that support groups have been effective in reducing various symptoms, reducing the number

of crises, and improving social networks and social competence. Healthy and desirable behaviors were also noted to increase as a result of support groups. The study concluded that irrespective of the type of group, participants reported increased hope, better understanding of their problems, learning from other members of the group, a feeling of being in better control of the situation, feeling fewer effects of stigma, and learning about other resources to help themselves. These benefits of support groups have been associated with improved emotional awareness and regulation and are consistent with the effectiveness of support groups, as noted by Crabtree et al. (2010). Consequently, these benefits have resulted in reduced expression of verbal aggression.

Brunelli et al. (2016) conducted a meta-analysis on the effectiveness of social support groups. The study revealed six research outcome categories: psychosocial functioning, self-efficacy, quality of life, health status, health behaviors, and healthcare. The study revealed smaller effect sizes for outcome measures such as self-efficacy and health behaviors and larger effect sizes for health status (such as reducing symptoms), quality of life, and psychosocial functioning (including improved emotional functioning). These results further support the effectiveness of support groups in treating various mental and psychological issues, resulting in reduced verbal expression.

Pharmacological Interventions

The effectiveness of pharmacological interventions to treat aggressive behavior is mostly based on their ability to reduce other symptoms such as irritability and impulsivity, leading to aggressive behavior. Patchan et al. (2018) noted that pharmacological treatments such as Clozapine, Olanzapine, and Haloperidol could be

used to treat aggressive behavior. These have been found to reduce psychotic symptoms and stabilizes those with severe mental illness. However, the authors note that, like all medications, Clozapine has contraindications that should be considered when administering the medication. The authors conducted a literature review and cited substantial information to support the use of Clozapine in the treatment of aggressive behavior in individuals. According to Newman (2012), the use of treatments, like Clozapine, that have severe side effects requires a risk-benefit analysis on a case-by-case basis to ensure that the benefits outweigh the potential risks.

According to Newman (2012), while two individuals may present similar aggressive behaviors and traits, it is important to consider the causes of the behaviors as different factors may influence them. Considering these factors is essential when developing an individualized treatment plan because no single treatment plan will be effective for all clients. It is also crucial to focus on the client's aggressive behavior pattern when determining an effective treatment plan. Overall, these medications have been used to treat both verbal and physical aggression and vary in effectiveness based on the treatment plan, presenting problems, and possible behavior triggers.

Studies have shown that early intervention through individual and group sessions has been linked to less verbal aggression. The focus of most of the interventions includes self-management, social skills, interpersonal skills, and problem-solving. The effectiveness of support groups has also been linked to improved social networks and having a sense of belonging. These not only reduce a sense of stigma but also reduce the

feelings of being misunderstood. In some cases, pharmacological interventions have been used to reduce the occurrence of verbal aggression. The effectiveness of medication to treat physical and verbal aggression is due to the ability to treat symptoms such as irritability and impulsivity. While drugs have been used to treat verbal aggression, their effectiveness depends on the nature of the presenting problem, treatment plan, and aggressive behavior.

Verbal Aggression and Self-Help Activities

Self-help books.

Bergsma (2008) defined self-help as activities meant to improve oneself without directly enlisting others' help within one's social support network or practitioners within fields of mental health. For example, one can use self-help books to help him/her cope with emotional or psychological problems and life enhancement. These books' effectiveness may also depend on the reader's involvement and the specificity of the issue it is meant to address. Self-help books have been associated with improved self-awareness as well as understanding ways to cope with psychological problems. Self-awareness and better coping skills have in turn been associated with better self-control, which results in less expression of verbal aggression (Denson et al., 2011).

According to Bergsma (2008), traditionally, people received guidance in life from religion and philosophy. In the recent past, however, more individuals have been reaching out to psychology for guidance. While they have been receiving services from professionals, an increasing number of people have been using self-help books to

improve their quality of life. For example, the books cover a wide range of topics, including emotional awareness, attaining happiness, and dealing with depression issues.

Self-help books are popular with the general population. However, their effectiveness is also increased when used together with psychotherapy. The use of books in therapy provides information and encourages discussion, creates more awareness of other people's experiences, provides possible solutions to a specific problem, and generates more insight on the topic of discussion. Self-help books have been found to provide information on behavioral disorders in layman terms (Campbell & Smith, 2003).

Readers of self-help books have reported that they can empathize with the writer and others going through a similar experience (Campbell & Smith, 2003). Self-help books are also known to generate hope and insight and provide specific strategies and techniques that can be used for treating certain disorders. Before using self-help books, it is important to consider whether they recommend doable activities, evidence-based, proven effective, and applicable to the individual's problem. Campbell and Smith (2003) suggested that the use of self-help books is limited to individuals with problems and provides information to those close to the individuals seeking help. This study is consistent with previous studies that have noted the importance of self-help books in providing coping strategies to minimize possible cases of expression of verbal aggression. This study also highlights the benefits to those who are close to individuals seeking help. Having a better understanding of the individuals seeking help will reduce instances of misunderstanding or perception of assertiveness for verbal aggression.

A way people seek to help themselves is by using self-help books. Self-help activities help one to improve themselves without necessarily seeking the help of their social networks. Self-help books help to improve self-awareness, better-coping skills and are also often used as supplemental material in therapy. Self-help books are also helpful because they provide information and a better understanding of one's support system.

Assertiveness

Assertiveness refers to socially acceptable behaviors that allow one to get their needs met without infringing on someone else's rights (Thompson & Berenbaum, 2011). In 1973, Jakubowski-Spector stated that to be assertive, one considers the limits between their rights and those of another individual. Therefore, an assertive person can express an opinion, start, maintain, end conversations, and disagree with another person's opinion without attacking another person's sense of self (Sigler et al., 2008).

Assertiveness and Mental Health

Assertiveness involves standing up for oneself and getting what one wants without infringing on other people's rights (Sigler et al., 2008). According to (Alberti & Emmons, 2008; Vagos & Periera, 2016), difficulties associated with a lack of assertiveness may be associated with fear of rejection and failure, desire for approval, an unusually great concern for others needs as well as having a negative sense of self.

One's mental health status has been found to affect the ability to express themselves assertively. Youth with mood disorders are more susceptible to irritability and

anger-provoking responses. However, those with anxiety more likely to engage in less aggressive behaviors. Grisso (2008) stated that youth with anxiety generally tend to be more withdrawn and avoid confrontation. These characteristics are associated with lower levels of assertiveness. These individuals tend fearful and less assertive than youth without anxiety disorders.

Several studies have shown that treating these disorders to reduce stress levels can reduce the symptoms and have been associated with less aggressive and impulsive behaviors observed. According to Lightsey and Barnes (2007), assertiveness is negatively correlated with depression and anxiety symptoms. Low levels of assertiveness have been linked to increased and longer durations of depressive episodes, fear of disapproval, increased somatization, and low self-esteem. For their study, Lightsey and Barnes (2007) collected data from 209 African American students of various ages, educational levels, parent/ guardian education levels, and varying income levels. The study established that lower levels of distress were associated with increased assertiveness. However, these scores were influenced by levels of income and age. The researchers concluded that varied skills should be taught for different contexts to meet different client needs. This study suggests that despite levels of distress, assertiveness is also associated with the individual's levels of income and age.

Some researchers suggest that assertiveness training can be used as an intervention to improve symptoms associated with less assertive behavior in individuals with mental disorders. For example, a study by Degleris et al. (2007) evaluated the effectiveness of assertiveness training on a group of psychiatric patients. The results

indicated that regardless of the disorder or how the unassertiveness was manifested, the training was effective when given within a reasonable amount of time. The patients exhibited better coping skills and improved cooperation with service providers. These results support the notion that enhanced mental well-being is associated with more assertive behavior and is consistent with studies by Demerouti et al. (2011) and Eslami et al. (2016) on assertiveness training effectiveness. The studies concluded that assertiveness training results in increased self-efficacy, optimism, hope, reduced stress levels, and anxiety and depression symptoms associated with overall mental well-being.

Overall, low levels of assertiveness have been associated with fear, worry, and social anxiety among the youth. While a person considered assertive can build close relationships with others and express himself/herself adequately and appropriately, a less assertive person tends to struggle with these abilities. Assertiveness training programs aim to help individuals change their self-image and is associated with improved self-esteem and ability for self-expression (Eslami et al., 2016).

Assertiveness and Demographics

Gender

The perception and interpretation of assertiveness vary based on the recipient of the communication and is greatly influenced by societal norms (Ames et al., 2017). Women are expected to be less assertive than men Moss-Racusin et al. (2010), and when they openly express themselves, they are often viewed negatively and criticized (Eagly & Karau, 2002)

A literature review by Rodriquez et al. (2001) concluded that Puerto Rican women are less assertive when compared to Western women. The lower levels of assertiveness were attributed to the differences in expectations between Puerto Rican and Western norms. Another explanation for the differences in the levels of assertiveness was the differences in the level of education. Women with higher levels of education were found to be more assertive. This study also established that despite the level of education, the Puerto Rican women were less assertive than their western counterparts.

In 2001, Twenge's study on the changes in assertiveness and dominance was based on the principle that over the years, the roles and status of women have been observed to change due to changes in environmental factors. The study concluded that women's assertiveness levels have changed based on women's roles and status over the years. Twenge (2001) stated that the changes in assertiveness could be explained by improved education achievement, more women joining the workforce, and the more women being averagely older at their first marriage.

Differences in assertiveness levels across genders have been found to be consistent with gender roles (Cheng et al., 1995; Eskin, 2003). In many cultures, men are reinforced when they are more assertive and are expected to have a stronger persona making it more desirable for men to be assertive. Conversely, women are expected to be timid and submissive and are often punished when behaving in a contrary manner (Eucharia, 2003).

A study by Sigler et al. (2008) was conducted to determine whether there are any differences in students' self-reported levels of assertiveness based on their sex

differences. Three hundred participants from four universities took part in the study (102 female and 205 male). Of the participants, 148 were from the Upper Midwest region while 159 from the New York metropolitan area. The participants from the Upper Midwest region were mostly Caucasian, while 4% were black. Of these participants, 80% had lived in the region all their lives while the rest move into the area. The participants from New York were 61% Caucasian, and 39% were from minority groups. Fifty-eight percent of the participants reported they lived in the New York area all their lives while the rest were to have moved into the area. Data was collected using The Rathus Assertiveness Scale (1973) to assess for assertiveness. The results showed that the participants from New York were more assertive compared to their Upper Midwestern counterparts. Males were generally more assertive than females, which is consistent with previous studies and societal norms. In most cases, females are taught to be less assertive (Sigler et al., 2008).

Regarding gender, the study by Aura (2019), which was consistent with Tucker et al. (1983), found that gender did not affect the expression of assertiveness. More recent studies by (Eskin, 2003; Ikiz, 2011; Swanson, 1999) suggested that regardless of gender, assertiveness is mostly situational and depends on the need at a particular time.

Age

According to Spirito et al. (1990), as children develop into adolescence, assertiveness among peers becomes a more desirable trait. As a critical social skill, assertive adolescents can better initiate, maintain, and support relationships, which

improves their emotional well-being. Improved emotional health helps to reduce symptoms associated with depression and loneliness.

Based on this premise, Eskin (2003) conducted a cross-cultural study between Turkish and Swedish high school students. A total of 652 Swedish and 654 Turkish students took part in the study. The mean age of the Turkish students was 16 years, while the Swedish ones were 17 years. One of the goals of the study was to establish the difference in assertiveness as one grows older. The study by Eskin (2003) hypothesized that older adolescents were more assertive than younger ones. Results obtained supported the hypothesis as older participants endorsed being able to respond more assertively. The higher levels of assertiveness may be due to increased interpersonal skills and confidence as one gets older. With improved self-confidence, one can be more assertive in communication.

Psychological Services and Assertiveness

Individual Therapy

In their article, Speed et al. (2018) discussed assertiveness training and expressed concern that once a popular treatment, assertiveness training is no longer used in therapy. According to Speed et al. (2018), low assertiveness is positively correlated to clinical disorders like depression and anxiety, as well as non-clinical disorders like low self-esteem and general interpersonal relationship satisfaction. Assertiveness training has also been linked to improved clinical symptoms, as well as increased self-esteem.

Alberti and Emmons (2008) defined assertiveness as behaviors that enable one to comfortably express themselves without feelings of anxiety and exercise one’s rights

without infringing on others' rights. In their study, Alberti and Emmons (2008) highlighted four abilities that have been associated with assertiveness and are often the focus of assertiveness training. These abilities include open communication of desires and needs, the ability to say no, communicating negative and positive feelings, and establishing contacts to begin communication. According to this study, focusing on these four treatment skills may improve assertive behavior and reduce anxiety symptoms. Studies have shown that those diagnosed with social anxiety present with submissiveness and avoidance, as well as some symptoms of anger and hostility. Assertiveness training can also help reduce the anger and hostility exhibited by these individuals. Regardless of the procedure, the principal of assertiveness training involves cognitive and behavioral techniques. The training goal is to increase expressiveness, encourage the cognitive restructuring of negative thoughts, improving assertive communication, and enhance self-efficacy. This supports the notion that therapy for disorders like anxiety can improve one's assertiveness levels. Low levels of assertiveness have been associated with fear, worry, and social anxiety among the youth. While a person who is considered assertive can build close relationships with others and express himself/herself adequately and appropriately, a less assertive person tends to struggle with these abilities. Assertiveness training programs aim to help individuals change their self-image and are associated with improved self-esteem and self-expression.

Page et al. (1981) highlight some challenges experienced by individuals with disabilities. One of the concerns cited is that they do not have the confidence to relate to and interact with other people. They also feel like they are not treated like other people

without disabilities are. According to Page et al. (1981), assertiveness training can be used to help people with disabilities relate better to those who are not disabled. Page et al. (1981), conducted a study to establish the effectiveness of assertiveness training in adults with disabilities. Participants for the study recruited from a rehabilitation center were from various ethnic backgrounds and were divided into experimental and control groups. Data was collected using assertiveness scales. The experimental group underwent assertiveness training. At the end of the study, the experimental group was noted to respond more assertively than the control group, further supporting individual therapy's effectiveness of individuals to improve assertiveness.

Eslami et al. (2016) conducted an experimental study to establish the effectiveness of assertiveness training on stress levels, anxiety, and depression. One hundred and twenty-six high school students were screened for high-stress levels, anxiety, and depression. The results obtained from the study indicated that assertiveness training significantly lowered stress levels as well as symptoms of anxiety and depression.

Support Groups

According to the history of assertiveness and assertiveness training, women, by societal standards, were expected to be less assertive. With changing times, assertiveness training was used to help women overcome challenges in building effective interpersonal relationships through self-expression, reduced anxiety, changing beliefs and attitudes, and new behaviors. The idea behind assertiveness training was that it would help women

overcome internal barriers to change and challenge negative socialization and eventually get their needs met and voices heard (Enns, 1992)

According to Johnson (1976), traditionally and by societal standards, women tend to define themselves as passive and dependent. However, when they reframe and redefine themselves, the result is a more positive outlook and better self-expression abilities, improved self-esteem, and better abilities to interact with others. Self-acceptance is another part of assertiveness training as it allows individuals to identify and affirm behaviors and personal strengths, which is critical in improving self-esteem.

In a study by Enns (1992), group settings were noted to further enhance the process by providing opportunities to work on self-concept issues by allowing the women to have a dual perspective of external structures and internal or personal situations. Group therapy for assertiveness increased interaction and allowed the women to support, validate, and share in problems they have in common, as well as to learn and practice assertiveness skills in a safe environment.

This study highlighted the importance of taking into consideration the influence of culture in forming one's identity. As a professional working with groups that identify as minorities in gender, ethnicity, and race, it is important to be cognizant of their needs and challenges as minorities. Enns (1992) recommended that professionals consider the minority's needs to survive a majority culture. It is also vital to consider within-group differences, acculturation levels, and assimilation within the dominant culture.

Access to individual and group therapy provides opportunities for assertiveness training, which has been shown to improve interaction with others (by improving the

ability to communicate one's needs and feelings as well as being able to say no when needed) and reducing anxiety. Therapy in groups or individual sessions has also been noted to improve self-esteem and self-concept.

Overall, low levels of assertiveness have been linked to anxiety, low self-esteem, and general difficulties with interpersonal relationships. Individual sessions focusing on open communication, learning to say no as well, as initiating communication has been noted to improve assertiveness. Techniques such as cognitive restructuring, improving communication, and enhancing self-efficacy have reduced anxiety, anger, and hostility, often associated with low assertiveness. These techniques have also been found to be effective for individuals with a disability. In group settings, assertiveness training has proven helpful by providing opportunities to work on self-concept and esteem during actual interaction.

Assertiveness and Self-Help Activities

Self Help Books

According to Gabriel and Forest (2004), self-help books promise to help readers solve their personal problems. However, there have been concerns about whether these books achieve the goal of providing psychological assistance (Gabriel & Forest, 2004). The self-help book structure provides facts, strategies, evidence, case studies, and progress measuring strategies. Therefore, the readers' information focus on is used as a determinant to successful or unsuccessful behavior change in the readers.

Marx et al. (1992) conducted a study to determine whether and how psychologists utilize self-help books in therapy and establish the variables that may influence the use of

self-help books in practice. The third reason for the study was to identify the types of books that professionals recommended to clients. Participants for this study were recruited from the American Psychological Association's (APA) Division 17 (Division of Counseling Psychology). A total of 209 respondents participated in the study. Sixty-six percent of respondents were male, and 94% Caucasian. The participants were employed in various settings, including counseling centers, academic settings, private practice, hospitals, and community health centers. Participants completed a survey on the use of self-help books as well as the books the participants used. The results showed that similar to the general public, many psychologists recommend self-help books to their clients. While most of the participants reported including readings in therapy, the authors noted that it tends to vary, with some psychologists not following up and others assigning specific tasks from the books. This study suggests that using self-help books supplements strategies in therapy. It may also suggest a way to use various ways to encourage longer-term effects of therapy.

Rationale

As stated, the difference between assertiveness and aggressive behavior is the intent of the communication. While verbal aggression involves communication intended to hurt or cause harm to the recipient of the information, assertiveness involves clear communication of one's needs while maintaining respect for the recipient. The biggest challenge with the two constructs is that the communication interpretation depends on the recipient of the communication. One may express himself or herself thinking that he/she

is assertive, but the recipient may perceive it as aggressive. This misconception often leads to misunderstandings and possible conflict between the parties involved in the communication. Mental health has been associated with the expression of verbal aggression and assertiveness.

Overall mental wellness has been linked to less verbal aggression and more assertive communication. Based on the previous studies, it would be expected that those with a diagnosis of a psychological disorder, and do not receive any mental health

services, take medication, or engage in self-care activities engage in more verbal aggression and less assertive behavior. Conversely, individuals with a diagnosis, who receive treatment in the form of therapy, take medication, and engage in self-care activities will be more likely to engage in more assertive communication and less verbal aggression.

This study is important as it adds to the literature on mental health, verbal aggression, and assertive behavior. Also, with the media's many reports on aggression and bullying in the schools, many perpetrators have been noted to have mental health issues. This study added to prior studies and provided information on factors that may be contributing to some of the behaviors that have been reported.

This study addressed the following research questions:

1. To what degree do engagement in self-help activities (self-help books) and use of psychological-emotional related services (medication, individual therapy, and support groups) predict individuals' expression of verbal aggression after demographic information (age, gender, and religion) are controlled?

2. To what degree do engagement in self-help (self-help books) and use of psychological-emotional related services (medication, individual therapy, and support groups) predict individuals' expression of assertiveness after demographic information (age, gender, and religion) are controlled for.

It was hypothesized that:

1. Individuals who engage in self-help activities and use psychological services in the form of medication, individual therapy and support groups are less likely to engage in verbal aggression when demographic information is controlled for.
2. Those who engage in self-help activities and use psychological services in the form of medication, individual therapy and support groups are more likely to engage in assertive communication when demographic information is controlled for.

CHAPTER III

METHOD

For this study, archival data was used. The data was obtained from a previous survey conducted by Aura (2019). The data was collected between February and March 2019. The data included information collected from participants, primarily from the United States of America. The participants, both male, and female, were from various ethnic backgrounds. They were recruited through Mechanical Turk (MTurk), an online platform created by Amazon that researchers can use to access participants for online data collection (Paolacci & Chandler, 2014).

To use MTurk, researchers (requesters) create tasks virtually using simple templates linked to online survey tools (e.g., Qualtrics). The participants can browse available studies and are paid upon the successful completion of each task (Buhrmester et al., 2011). According to Buhrmester et al. (2018), MTurk has been found by researchers to be effective because it allows them to have access to larger research samples and populations. Therefore, researchers can obtain information from participants who are otherwise difficult to reach within a short time. As recommended by Paolacci et al. (2010), Aura (2019) indicated an inclusion criterion during the study to only include participants from the United States.

Data that was used for the study was collected from 354 participants. Incomplete responses were deleted and not used for the analysis. A total of 296 respondents 189

females (63.9 %), 107 males (36.1%). The participants were between the ages of 20-78 was analyzed. The sample consisted of 80.7% majority race and 19.3% minority.

Variables

This study determined the extent to which the independent variables, exposure to self-help activities (reading self-help books), and receiving psychological services (counseling, medication, and support groups) predict the dependent variables, expressions of verbal aggression and assertiveness.

Dependent Variables

The dependent variables for the study were Assertiveness and Verbal Aggression, which were measured using The Adaptive and Aggressive Assertiveness Scale (AAA-S; Thompson & Berenbaum, 2011). This measure (see Appendix B) was created to differentiate between assertiveness and verbal aggression. According to Thompson and Berenbaum (2011), assertiveness is defined as those activities and behaviors exhibited by an individual that helps them get their needs met without hurting others or violating their rights in a manner generally approved by society. On the other hand, verbal aggression refers to activities and behaviors that help one get their needs met in forcefully in a manner that infringed on other people's rights. Verbal aggression is generally not approved by society (Thompson & Berenbaum, 2011).

The AAAS is a self-report measure that consists of 19 hypothetical questions. It requires the participants to respond to specific hypothetical questions as they relate to

people who were either familiar or unfamiliar with them. The situations are presented with possible response options that add up to a total of 19 questions each for assertiveness and verbal aggression. The participants are expected to respond to the questions on a 5-point Likert scale, ranging from "*Never*" to a score of five indicating "*Always.*" The scores on each subscale (assertiveness and verbal aggression) range from 19-95. A score of 19 on the assertiveness scale suggests that a person is low on the assertiveness scale, while a score of 95 on the assertiveness scale would mean that the person is very assertive. The same applies to verbal aggression. Higher scores on the verbal aggression scale suggested a higher likelihood of verbal and physical aggression. In comparison, higher assertiveness scores were linked to greater chances of navigating different situations without negatively impacting other people involved (Thompson & Berenbaum, 2011).

The development of the AAAS and determination of psychometric properties was done with three different groups. The first group involved 261 students (55% female and 45% males) with ages between 17-32 years and various ethnic backgrounds. Twenty-four percent of participants were noted to be from various minority ethnic groups. The second group consisted of 281 female participants between the ages of 17 to 29. Of these, 26 percent were identified as Caucasians, while 24% included African American, Asian American, Latina, and Biracial American. The remaining 3% were reported as others. The final group was a clinical sample, and it consisted of 30 outpatient clients recruited from a Stress and Anxiety Clinic and Psychological Service Center. All 30 participants had to have at least one anxiety disorder based on the DSM-IV TR (2000). The

participants' ages ranged from 18 to 57, with a majority being women and from various ethnic backgrounds. Thirteen percent of the participants were indicated as African Americans, Latino, and Biracial Americans, while the majority were Caucasians.

Results obtained from these studies indicated that the AAA-S has a 2-week test-retest reliability of .81. The internal reliability was established at .82 for sample 1, .82 for sample 2, and .69 for sample 3 on the assertiveness scale. On the verbal aggression scale, the AAA-S indicated internal reliability of .88 for sample 1, .87 for sample 2, and .82 for sample 3. Compared to the Rathus Assertiveness Scale (RAS), a correlation of .61 was indicated for Assertiveness and .37 for Verbal Aggression. The AAA-S also showed a strong convergent and discriminant validity with other measures for other forms of aggression. For example, physical aggression -.53, Hostility -.35, Anger - .51, Verbal Aggression - .51 and Dominance- .54 (Thompson & Berenbaum, 2011).

When scored, the AAA-S produces scores on a spectrum that indicate an individual's assertiveness and verbal aggression. These were analyzed to determine how they correlate to the independent variables discussed. The scale requires approximately 15 minutes to complete.

Independent Variables

Information on independent variables were obtained from data collected using the demographic survey, attached in Appendix A. The survey included items that address the following: early exposure with counseling services, having a clinical diagnosis, and taking medication, and participation in self-help activities (reading self-help books, religion, and support groups). Participants' responses were coded as Yes = 2; No =1

The demographic information to be used in this study were the age, gender, ethnicity, SES, and experience of trauma of the participants. Demographic information was used for data analysis to determine the different groups' access to psychological services and participation in self-care activities. For the regression, Gender was coded as: Male =1; Female = 2; Other = 3. For this study, responses indicated as "Other" was not analyzed as the category is not continuous.

To provide the representation of each of the various ethnic groups, race was be coded as African American/Black = 1; Latino/Latina = 2; Caucasian = 3; Native American = 4; Asian = 5; Other = 6; Decline to Answer = 7. However, this categorical data was not used in the regression. For the regression, the number 1 was assigned to participants who reported majority ethnic group (Caucasian/ White) and the number 2 was assigned participants who reported any of the minority ethnic groups (African American, Latino/Latina, Native American, Asian, and Other).

The social economic status was measured using the respondent's parent's level of education when growing up and parents' level of education. Upper class = 6; Upper middle class = 5 Middle Class=4; Lower middle class = 3; Working class = 2; Lower class = 1. Both parents' level of education was coded as: Elementary school=1; Junior School = 2; High School = 3; Some College education = 4; Associate Degree= 5; Degree = 6; Graduate School = 7; Doctorate level = 8; Unknown = 8; Other (e.g., Certification) =9. For this study, these measures of SES was based on the assumption that higher level of parents' education was positively related with values, attitudes, and lifestyle associated with those of a higher socio-economic status, while a lower level of education was

associated with values, attitudes, and lifestyle lower socio-economic status. It is important to note that responses indicating 'Unknown' and 'Other' were not included in the descriptive results but eliminated from the regression analyses. Respondents were requested to indicate whether they experienced or observed abuse when growing up. The objective of the item was to verify if the participant did or did not directly or indirectly experience traumatic events (abuse) during early development. These were coded as: Yes = 2; No = 1.

Social Desirability

The Marlowe-Crowne Desirability Scale - Short form (1982) was used to mitigate the effects of social desirability and ensure the reliability of the data. The Marlowe - Crowne Social Desirability Scale (see Appendix C) was used in the data collection to measure the extent to which the need to be socially responsible influences the responses participants in self-reported surveys give (Reynolds, 1982).

To score the Social Desirability Scale, every true or false response is scored either one or zero depending on whether the response corresponds with the desired response to the specific question. Therefore, a true-true/false-false response is scored one, and true-false/false-true is scored as zero. (Crowne & Marlow, 1960; Thorne-Figueroa, 2010). The scores range from 0 to 13. The scores assess the extent to which an individual is willing to respond that may not necessarily be true but is socially acceptable or desirable (Crowne & Marlow, 1960). Higher scores on the Marlowe Crowne Desirability scale (1960) could be an indication that the respondent may have reported responses that they

believe are more appealing to the public as opposed to lower scores, which indicate that the respondent is less concerned about people's opinion and most likely gave more truthful answers (Crowne &Marlow, 1960).

Procedure

An Institutional Review Board (IRB) approval was obtained to use archival data for the study. The data was treated with confidentiality to ensure the participants' privacy. Identifying information was deleted during data analysis.

Once the survey data was input into an electronic database, the original survey forms were destroyed along with any information linking the electronic data with the initial survey. The data was encrypted and stored in a password protected computer with limited access to people other than those directly involved in the research study.

Statistical Analysis

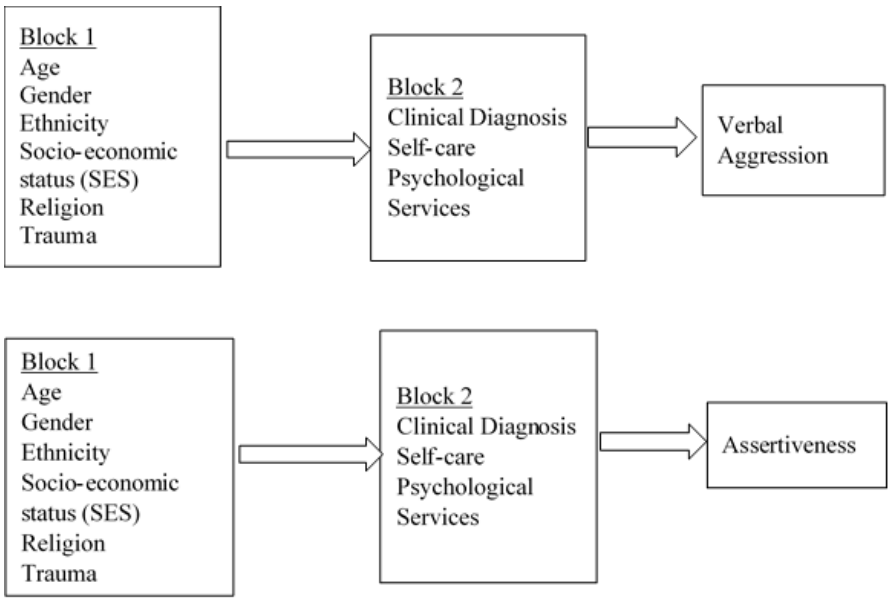
Pearson product correlation matrix was initially utilized to check for multicollinearity to guide the variables selected for inclusion in the regression (Kraha et al., 2012; Nimon & Oswald, 2013). Multicollinearity occurs when there is a strong correlation between two or more variables (Field, 2018). Multicollinearity in data increases the standard error of coefficients, which causes an increase in confidence intervals and increases the chances of occurrence of Type 1 error (Yoo et al., 2014). A type one error occurs when the data reflects that the independent variable has a significant effect on the population, while, in reality, it does not (Field, 2018). To determine the criteria for multicollinearity, some researchers utilize a correlation

coefficient cut-off of r =0.5, while others typically use a cut-off of r =0.8. For this study, the cut-off of r =0.8 was used.

The hierarchical method was used in the analysis. Hierarchical regression is used to test theoretical assumptions and assess the impact of several independent variables in a sequential way (Hox, 1994). The goal of using a hierarchical regression is to determine how much of the independent variables affect the dependent variables after previously entered predictor variables are accounted. A hierarchical analysis focuses on the change in predictability associated with independent variables entered early in the analysis (Lewis, 2007; Hox,1994). This information is summarized in a single significance test of the model (Roger & Nunn, 2009). A visual representation of the hierarchical regression for this study is illustrated in Figure 1 below.

Figure 1

Flowchart of Hierarchical Regression



Based on the study by Aura (2019), age and gender were significantly correlated with verbal aggression and assertiveness. For the regression, these variables were first entered into the regression model, after which the variables under mental health and self-care were added in a hierarchical manner. The goal is to establish the effect of mental health services, and self-care accounting by age and gender.

CHAPTER IV

RESULTS

Demographic Information

For this study, data was collected from 354 participants. Incomplete responses were deleted and not used for the analysis. A total of 296 responses were therefore used for the analysis. A total of 189 female and 107 male participants between the ages of 20-78 were used for the analysis. The sample consisted of 80.7% majority race and 19.3% minority. About 55% of the participants noted that religion plays an important role in their lives while the rest indicated that it did not. A summary of the demographic information is represented in table 1 below.

Table 1

Demographic Variables

Variable	*n*	Percentage
Sex		
Female	189	63.9%
Male	107	36.1%
Race/Ethnicity		
Majority (Caucasian)	239	80.7%
Minority	57	19.3%
Religion		
Yes	163	55.1%
No	133	44.9%

Note. $N = 296$

Social Economic Status was assessed using the participants parents' level of education and the family's level of income. For the mothers' level of education, 39

(13.2%) participants endorsed freshman, 23 (7.8%) noted sophomore, 8 (2.7%) indicated junior level, 126 (42.6%) reported senior level in college. Fifty-six participants (18.9%) indicated master's level and 7 (2.4%) endorsed doctorate level of education. The rest of the participants (37%) endorsed other indicating various levels of certifications. For father's level of education, 33 (11.1%) participants noted freshman, 22 (7.4%) indicated sophomore, 9 (3.0%) reported junior while 124 (41.9%) indicated senior level. Forty-seven percent of the participants indicated that their fathers attained masters level education while 18 (6.1%) endorsed doctorate. The rest of the participants noted that their fathers had other certifications. A summary of the parents' level of education is presented in table 2 below.

Table 2

Parents' Level of Education

	Mother		Father	
Level	*n*	Percentage	*n*	Percentage
Senior	126	42.6%	124	41.9%
Freshman	39	13.2%	33	11.1%
Sophomore	23	7.8%	22	7.4%
Junior	8	2.7%	9	3.0%
Masters	56	18.9%	47	15.9%
Doctorate	7	2.4%	18	6.1%
Other	37	12.5%	43	14.5%

Note. $N = 296$

Table 3 below presents a summary of the participants responses for family level of income. Majority of the participants (33.1%) noted that their families growing up were considered middle class. Sixty-four (21.6%) endorsed working class, 53 (117.9%) indicated lower middle class while 40(13.5%) noted upper middle class. Thirty-seven

(12.5%) of the participants noted that they grew up in families considered lower class while 4 (1.4%) reported growing up in upper class families.

Table 3

Family of Origin Income

Variable	n	Percentage
Middle Class	98	33.1%
Working Class	64	21.6%
Lower Middle Class	53	17.9%
Upper Middle Class	40	13.5%
Lower Class	37	12.5%
Upper Class	4	1.4%

Note. N = 296

Exposure to trauma was assessed by asking the participants to endorse whether they had experienced of observed verbal and physical abuse in the home. Table 4 below presents a summary of the results obtained. Out of the 296 participants analyzed for this study, 169 (57.1%) reported experiencing direct verbal abuse and 201 (67.9%) stated that they had experienced physical abuse. One hundred and fifty-six participants (52.7%) reported that they had witnessed a family member being verbally abused and 202 (68.2%) endorsed witnessing physical abuse.

Table 4

Exposure to Physical and Verbal Abuse

	Experienced		Observed	
	n	Percentage	*n*	Percentage
Verbal Abuse				
Yes	169	57.1%	156	52.7%
No	127	42.9%	140	47.3%
Physical Abuse				
Yes	201	67.9%	202	68.2%
No	95	32.1%	94	31.8%

Note. N = 296

Pearson Product-Moment Correlation

A Pearson Product-Moment Correlation was conducted to check for multicollinearity, which is a statistically significant relationship between two variables, and establish how close the relationships between two variables, is to being a perfectly straight line (Field, 2018). Multicollinearity increases the standard error of coefficients and confidence intervals. Multicollinearity also increases the chances of occurrence of type 1 error (Yoo et al., 2014). According to Field (2018) a type 1 error occurs when data shows that the independent variables significantly impact the population while in reality it does not. To determine the criteria for multicollinearity, $r = 0.8$ was used (Vatcheva et al., 2016). When the correlation matrix was analyzed for this study, none of the variables met the criteria for multicollinearity. All the variables were therefore used in the regression model. A summary of the correlation matrix is presented in the table 5 below.

Table 5

Pearson Product-Moment Correlation

	Variables	1	2	3	4	5	6	7	8	9	10	11	12
1	Verbal Aggression	-											
2	Assertiveness	.27**	-										
3	Age	-.21**	.09	-									
4	Gender	-.15*	-.05	-.03	-								
5	Ethnicity	.12*	.05	-.05	.06	-							
6	Trauma	-.05	-.03	.05	.12	.03	-						
7	SES	-.01	-.03	-.07	.02	.02	.10	-					
8	Counseling	-.09	.07	-.04	.16**	-.13*	-.22**	.01	-				
9	Self-Help	-.12*	.09	.18**	11	-.06	-.13*	-.15**	.29**	-			
10	Support Groups	.08	.04	-.07	.08	.05	-.08	.00	.14*	.16**	-		
11	Medication	.06	-.03	-.11	.20	-.14*	-.21**	.01	.47**	.18**	.05	-	
12	Religion	.01	.17	.10	.03	.02	.04	.03	.04	.18**	.09	.02	-

*$p < .05$. **$p < .01$

Participants for the study were also asked to complete the Marlow-Crowne social desirability scale to account for participants who may have provided responses that may be believed to be socially desirable. Lower scores on the Marlow-Crowne desirability scale suggest that the participants most likely responded in a truthful manner without much consideration of the public opinion. There was a negative correlation between the social desirability scale and assertiveness (r = -.059; p = .309) and verbal aggression (r = -.192; p = .001). The results indicate a significant negative correlation between verbal aggression and social desirability. While there was a negative correlation between assertiveness and social desirability, the results were not found to be significant. A summary of the correlation is represented in table 6 below.

Table 6

Correlation between Verbal Aggression, Assertiveness and Social Desirability

	Verbal Aggression	Assertiveness	Social Desirability
Verbal Aggression	-		
Assertiveness	.27**	-	
Social Desirability	-.27**	-.03	-

** Correlation significant at 0.01 level (2 tailed)

The mean from the Marlowe-Crowne desirability scale obtained from the study was compared to the means from Reynold's (1982) M = 5.67 (SD = 3.20) and Andrews and Meyer (2003) which indicated a mean of M = 5.73 (SD =3.13). The mean from this study was M = 6.61 (SD = 3.04) indicating a slight increase from

the prior studies. This increase may suggest that compared to previous studies, the participants for this study may have reported some responses that they thought were appealing. The difference in the means may also be because of differences in the context in which the survey was taken (Tatman et al., 2009)

Hierarchical Regression

A hierarchical regression analysis was conducted to determine whether receiving psychological services helps to reduce verbal aggression and increase assertiveness beyond the demographic factors (age, gender, ethnicity, SES, and trauma). These predictors were included in the equation because of their significant correlation with verbal aggression and assertiveness. The results are presented in a table indicating regression coefficients β, $R2$ and change $R2$ ($\Delta R2$). In step 1, age, gender, ethnicity, SES, and trauma were used into the equation. In step 2, psychological services and self-care were forced into the equation (Radmacher & Martin, 2001).

For verbal aggression, in step one, demographic factors were forced into the equation, $R = .29$, $F(5, 290) = 5.11$, $p < .001$. The analysis revealed that demographic factors accounted for about 8.1% of verbal aggression behaviors of the participants. In step 2, psychological services (Individual and group therapy, and medication), and reading self-help books were forced into the equation, $R =$

.35, $F(10, 285) = 3.84$ $p < .001$. About 12% of the variance in verbal aggression was accounted for after step 2.

For assertiveness, in step 1, when demographic factors were forced into the equation, $R = .20$, $F(5,290) = 2.39$, $p < .001$, results showed that they accounted for about 4% of the variance in assertive behavior. In step 2, psychological services were entered into the equation, $R = .23$, $F(10, 285) = 1.57$, $p < .001$. About 5.2% of the variance in assertiveness is accounted for after step 2. The relationship between verbal aggression and the independent variables was analyzed using the beta value. For verbal aggression, age $t(285) = -2.96$, $p = 0.01$ and gender $t(285) = -2.56$, $p < 0.01$ were noted to have a significant negative correlation. Counseling services also had a significant negative correlation with verbal aggression $t(285) = -2.34$, $p < 0.05$. Assertiveness had a significant positive correlation with religion $t(285) = -2.34$, $p < 0.01$. The rest of the variables were not found to be significant. A summary of the beta correlations is found in table 7 below.

Table 7

Hierarchical Model for Verbal Aggression and Assertiveness

	Verbal Aggression							**Assertiveness**						
Variables	*B*	*SE B*	β	*R*	R^2	ΔR^2	*P*	*B*	*SE B*	β	*R*	R^2	ΔR^2	*P*
Step 1														
Model 1				.29	.08		.000**				.20	.04		.063
Age	-0.24	0.07	.21				.000**	0.08	0.06	.07				.209
Gender	-5.22	1.91	-.16				.007**	-1.76	1.82	-.06				.333
Ethnicity	4.10	2.31	.10				.08	1.67	2.20	.04				.448
SES	-0.01	0.02	-.02				.73	-0.01	0.02	-.03				.656
Religion	1.10	1.84	.03				.55	4.88	1.75	.16				.001**
Trauma	-0.16	0.14	-.06				.27	-0.90	0.14	-.04				.468
Step 2														
Model 2				.35	.12	.04	.032*				.23	.05	.01	.595
Counseling	-5.30	2.26	-.16				.02*	3.46	2.18	.12				.114
Support Groups	2.70	3.25	.05				.41	0.66	3.14	.01				.832
Medication	1.37	2.87	.04				.63	-0.05	2.77	-.00				.986
Self-help books	-3.30	2.10	-.10				.12	-2.95	2.92	-0.95				.314

**p<.05 **p<.01*

CHAPTER V

DISCUSSION

General Discussion

The purpose of this study was to find, if beyond demographic influences, other factors affect the expression of verbal aggression and assertiveness. The hypothesis was that receiving psychological support in the form of individual therapy, support groups and self-care would reduce self-reports of verbal aggression. The study established that those who reported receiving individual counseling services were less likely to report verbal aggression when compared to those who did not receive the services.

The results obtained in this study are consistent with studies by Castillo-Gualda (2017) and McGuire (2008) which suggested that those participants who received therapy showed positive results and reduced verbal aggression. The study by McGuire in 2008 involved cognitive programs used in individual counseling sessions, that helped the participants to improve problem-solving skills in various aspects of their daily lives including interpersonal relationships. The interventions also involved building skills for more positive relationships and self-management. This study also highlighted the need for the completion of the program, and those who completed the program were reported to be less aggressive compared to those who did not. These results, consistent with the results of the current study suggest that those who receive psychological services are less likely to express verbally aggressive behavior. Many of the participants who reported

receiving individual counseling services in this current study reported less verbal aggression compared to those who reported not receiving therapy services.

The study by Castillo-Gualda (2017) which assessed for positive and negative affect, and self-reports of aggressive behavior, focused on increased awareness and better expression of emotions and feelings. At the end of the study, the participants reported reduced negative affect, anger, and verbal aggression. This study suggests that when individuals receive psychological services, they are likely to learn skills like self-awareness that could help to reduce verbal aggression, further supporting the need for therapy services for individuals presenting with verbally aggressive behavior. This study supports the study by Castillo-Gualda (2017) by highlighting the impact receiving counseling services may have on individuals who reported verbal aggression.

A common factor in the studies by McGuire (2008) and Castillo-Gualda (2017) is the reduction of verbal aggression as self-regulation and self-awareness increase as the individuals continue to receive psychological services. The self-awareness that these individuals learn from therapy seems to be more significant when compared to demographic information, suggesting that regardless of background information, those who seek psychological services might report less aggressive behavior. Self-awareness allows an individual to have a clearer understanding of what is going on within and without the self (Heppner et al., 2008). The goal in therapy is to help the client be aware of their thought and how these affect their intentions and actions. The implication is that as one receives counseling services, they are likely to increase their self-awareness, which may influence how they respond in situations that may result in them being

verbally aggressive. Hence, it is important to encourage those who are considered verbally aggressive to seek services as they may learn important skills to help reduce the behaviors.

This study also purposed to find out factors, other than demographics, that would affect assertiveness. It was hypothesized that being a socially acceptable trait, receiving psychological support would increase the likelihood of being assertive. Based on the results obtained by this study, it appears that beyond demographic factors, the variables used in the study did not have a significant effect on assertiveness. Upon further evaluation of the results, it was noted that those who endorsed religion as playing a significant role in their lives, reported themselves as being more assertive.

Assertiveness is considered a positive trait as well as a critical skill among the youth to improve, initiate, maintain and support relationships (Sigler et al., 2008). Individuals who are part of religious groups tend to have norms and standards like maintaining positive relationships to adhere to. For example, Salvatore and Rubin (2018) noted in their study that people who identify as religious are less likely to be involved in antisocial behaviors because they have behavioral standards to maintain. The study also suggested that religion provides social support to handle different situations, and provides accountability based on a set of rules and values that individuals tend to abide by. These reasons could explain the results obtained in this study. It is likely that beyond the norms, standards and need for accountability that these participants have to maintain, they may also have other ways to release their emotions and express themselves in a way that does not cause harm to other people.

An interesting finding from the study was that while religion was found to have a significant positive correlation with assertiveness, it was not significant for verbal aggression. Those who reported themselves as religious endorsed being more assertive and not verbally aggressive. While some studies have suggested that assertiveness and verbal aggression may present on a continuum (Thompson & Berenbaum, 2011) and sometimes, depending on the context, an assertive person may be verbally aggressive, these results seem to suggest that religious people tend to not cross the line between verbal aggression and assertiveness. This idea was supported by Saroglou et al. (2005) who indicated that those who reported themselves as religious noted that they try not to respond aggressively especially, to people familiar to them.

Limitations

This study presents with several limitations. First, the study is based on self-reports which may have been impacted to an extent by social desirability bias. Often, participants want to present positive traits even when taking part in anonymous studies (Rosenman et al., 2011). To mitigate the effect of social desirability, a social desirability scale was used. The mean scores from the participants' responses were slightly higher when compared to previous studies meaning that the participants may have provided responses that they perceived to be more appealing to society.

Secondly, some sections of the demographic questionnaire required retrospective information which may not be entirely accurate. According to Henning et al. (1996), participants required to provide retrospective information may not accurately remember

the situation or conditions growing up. This may have affected the responses that the participants provided. Another limitation is that this study used archival data. With the passage of time since the data was collected, the results may not truly represent the participants' current opinions. This study was also based on a limited population sample that was chosen due to convenience. Therefore, the results obtained may not be fully applicable to populations represented by the data (Bornstein et al., 2013). Finally, the results of this study only suggest that those participants who receive counseling services reported lower levels of verbal aggression. It does not specify what aspects of the therapy or how therapy sessions contribute to the change in behavior.

Implications for Practice and Future areas of Study

Consistent with the limitations of this study, the implications of this study will discuss what possible aspects of therapy are likely to contribute to the reduction in verbal aggression and possible ways of applying this to practice. The results from this study suggest that those receiving individual therapy are more likely to present with less verbal aggression. Therefore, it is necessary to encourage those who present with aggressive behavior to seek appropriate psychological support as this has been linked to less aggressive behavior. Liu et al. (2013) noted that therapy helps because aspects of cognitive and skills training are incorporated. These skills help the individuals to improve in problem-solving, cognitive restructuring, and evaluating potential responses to various situations. These strategies can be employed by service providers to help improve behavior and reduce verbally aggressive behavior.

Some research-supported strategies when working with individuals who are verbally aggressive include, improving self-management and inhibitory skills, which are predictors of various forms of aggression (Hsieh & Chen, 2017). In their study, Hsieh and Chen (2017) examined emotional regulation as a factor that affects inhibitory control on aggression. The study established that individuals with low inhibitory control struggled with emotional regulation and that emotional regulation tempered the ability to inhibit oneself. While this is the case, some studies have shown that emotional regulation can be improved through experience and practice, resulting in improved coping strategies (Kharatzadeh et al., 2020). Therefore, it is possible that the more individuals attend therapy sessions, the more likely they are to improve their self-regulation skills, which in turn reduces the chances of being verbally aggressive.

While these suggested strategies and approaches to use when working with clients who present with verbal aggression are supported with literature, it is important to note that the effectiveness of attending therapy does not solely rely on these strategies and approaches learned during therapy (Feinstein et al., 2015). Successful and effective therapeutic results have been linked to several factors including the client's characteristics, the relationship between the client and the therapist, and the expectations or goals of the interaction between the client and the therapist. Beyond demographic factors such as age and gender, the personality of the clients and their motivation and willingness to change also play an important role in the treatment process (Drisko, 2004; Feinstein et al., 2015). It is important to note that the results from this study indicate that those receiving counseling services are less likely to be verbally aggressive. However,

they do not specify what factors related to the participants led to the improved behaviors beyond just attending therapy. It would be helpful to identify what factors work best for individuals in therapy to ensure increased effectiveness.

Therefore, although it is important that verbally aggressive individuals receive therapeutic services, it is essential to note that just presenting themselves for therapy and going through the treatment process alone does not guarantee improved results. Service providers should consider other individual factors that can help to improve or change an individual's behavior. For example, while working with the client on building skills to self-regulate, the therapist may also think about ways to encourage positive interactions with the client and have clear goals and expectations as these have been reported to contribute to positive results observed in individuals.

As previously stated, verbal aggression is often seen as a precursor of other forms of aggression including physical and relational aggression (Glascock, 2014). These forms of aggression have been reported to have negative effects on the victims. Verbal aggression may also result in damage of self-concept, anger, embarrassment, and hurt feelings (Roberto et al., 2003), all of which may result in physical aggression. This is supported by Teicher et al. (2006), who noted that victims of verbal aggression often present with higher rates of physical aggression and interpersonal problems, which in turn affect their social acceptability in the community. Taking this information into consideration, it would be important for mental health professionals to avail counseling services to victims of verbal aggression in order to minimize both the short- and long-term effects of verbal aggression.

In many cases, the perpetrators of aggressive behaviors have been reported to have mental health issues including depression, behavioral and other mood disorders. In most cases, irritability and hostility which may lead to verbal aggression and physical aggression may present as a symptom of the disorder (Underwood & Washington, 2016). To prevent the occurrence of these aggressive acts resulting from mental health issues, it is important to provide services and community support to these individuals. These forms of support will help to reduce the symptoms of the disorder, in turn reducing the chances of aggressive behaviors escalating to levels that would be considered harmful (Underwood & Washington, 2016).

Regarding assertiveness, this study revealed that those participants who identified as being religious reported being more assertive and not verbally aggressive. As prior studies have shown, assertiveness is regarded as a positive trait and is socially desirable. Therefore, these results suggest that the relationship between the level of assertiveness in the participants and religion may be attributed to adherence to desirable societal norms. These established standards of socially acceptable behaviors can be used when working with individuals as benchmarks to improve the level of assertiveness. For example, assertiveness involves communication in a way that does not cause harm to others. Professionals can therefore work with individuals to improve their communication skills to reduce their likelihood of hurting the feelings of others through communication, therefore being considered verbally aggressive.

This study focused on the effect that receiving mental health services has on the expression of verbal aggression and assertiveness, over and above demographic factors.

What the study did not consider was the individual factors or characteristics related to the individual that may affect these two constructs. Further research should be conducted to study how receiving counseling services interact with various individual traits to determine improvement in verbal aggression.

Summary

To summarize, the goal of this study was to find out what factors, other than demographic information affect the occurrence of verbal aggression and assertiveness. Beyond demographic information, the results of this study suggest that receiving counseling services resulted in positive results and a reduction in verbal aggression. It is therefore important to encourage those who are considered aggressive to seek services to reduce the verbal aggression. Similar studies suggest that receiving therapy services could potentially help individuals to improve cognitive, self-management, and inhibitory skills that result in less verbal aggression. None of the variables in this study were noted to have a significant effect on assertiveness. The results of such studies in combination with this study suggest that receiving psychological therapy could be beneficial to individuals who tend to use verbal behavior as a form of aggression.

REFERENCES

Alberti, R., & Emmons, M. (2008). *Your perfect right: A guide to assertive behavior* (9th ed.). Impact Press.

Allen, B. (2011). Childhood psychological abuse and adult aggression: The mediating role of self-capacities. *Journal of Interpersonal Violence, 26*(10), 2093-2110. https://doi.org/10.1177/0886260510383035

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed, text rev.). https://doi.org/10.1176/appi.books.9780890423349

American Psychological Association (n.d.) Support groups. *In APA dictionary of psychology*. https://dictionary.apa.org/support-group

Ames, D., Lee, A., & Wazlawek, A. (2017). Interpersonal assertiveness: Inside the balancing act. *Social Personality Psychology Compass, 11*(6), 1-16. https://doi.org/10.1111/spc3.12317

Andrews, P., & Meyer, G. R. (2003). Marlowe-Crowne Social Desirability Scale and Short Form C: Forensic norms. *Journal of Clinical Psychology, 59*(4), 483-492. https://doi.org/10.1002/jclp.10136

Atkin, C. K., Smith, S. W., Roberto, A. J., Fediuk, T., & Wagner, T. (2002). Correlates of verbally aggressive communication in adolescents. *Journal of Applied Communication Research, 30*(3), 251–268. https://doi.org/10.1080/00909880216585

Aura, J. (2019). Examining the influence of early childhood experiences on current expressions of verbal aggression and assertiveness [Master's thesis, Stephen F. Austin State University]. SFA Scholarworks. https://scholarworks.sfasu.edu/cgi/viewcontent.cgi?article=1296&context=etds

Bergmuller, S. (2013). The relationship between cultural individualism-Collectivism and student aggression across 62 countries. *Aggressive Behavior, 39*(3), 182-200. https://doi.org/10.1002/ab.21472

Bergsma, A. (2008). Do self-help books help? *Journal of Happiness Studies, 9*(1), 341–360. https://doi.org/10.1007/s10902-006-9041-2

Bjorkqvist, K., Lagerspetz, K., & Kaukiainen, A. (1992). Do girls manipulate and boys fight? Developmental trends in regard to direct and indirect aggression. *Journal of Aggressive Behavior, 18*(2), 117-127. https://doi.org/10.1002/1098-;2-3

Bornstein, M. H., Jager, J., & Putnick, D. L. (2013). Sampling in developmental science: Situations, shortcomings, solutions, and standards. *Developmental Review, 33*(4), 357-370. http://doi.org/10.1016/j.dr.2013.08.003

Brecklin, R. L. (2004). Self-defense/assertiveness training, women's victimization history, and psychological characteristic. *Journal of Violence Against Women, 10*(5), 479-497. https://doi.org/10.1177/1077801204264296

Brunelli, A. A., Murphy, C. G., & Athanasou, A. J. (2016). Effectiveness of social support group interventions for psychosocial outcomes: A meta-analytic review. *Australian Journal of Rehabilitation Counselling, 22*(2), 104-127. https://doi.org/10.1017/jrc.2016.9

Buhrmester, M., Kwang, T., & Gosling, D. S. (2011). Amazon's Mechanical Turk: A new source of inexpensive, yet high-quality, data? *Perspectives on Psychological Science, 6*(1), 3-5. https://doi.org/10.1177/1745691610393980

Buhrmester, D. M., Talaifar, S., & Gosling, D. S. (2018). An evaluation of Amazon's Mechanical Turk, its rapid rise, and its effective use. *Perspectives on Psychological Science, 13*(2), 149-154. https://doi.org/10.1177/1745691617706516

Burke, A., & Nishioka, V. (2014). *Suspension and expulsion patterns in six Oregon school districts (REL 2014–028).* Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory Northwest. http://ies.ed.gov/ncee/edlabs

Castillo-Gualda, R., Cabello, R., Herrero, H., Rodrıguez-Carvajal, R., & Fernandez-Berrocal, P. (2017). A Three-year emotional intelligence intervention to reduce adolescent aggression: the mediating role of unpleasant affectivity. *Journal of Research on Adolescence, 28*(1), 186–198. https://doi.org/10.1111/jora.12325

Campbell, F. L., & Smith, P. T. (2003). Integrating self-help books into psychotherapy. *Psychotherapy in Practice, 52*(2), 177-186. https://doi.org/10.1002/jclp.10140

Cheng, C., Bond, M. H., & Chan, S, C. (1995). The perception of ideal best friends by Chinese adolescents. *International Journal of Psychology, 30*(1), 91-108. https://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=0&sid=dd611873-0ebb-46d2-a90e-fc6e013c5111%40sdc-v-sessmgr01

Conger, R. D., Conger, K. J., Elder, G. H., Lorenz, F. O., Simons, R. L., & Whitbeck, L.B. (1992). A family process model of economic leadership and adjustment in early adolescent boys. *Child Development, 63*(3), 526-541. https://doi.org/10.1111/j1467-8624.192.tbo1644.x

Coyne, S. M., Archer, J., & Eslea, M. (2006). "We're not friends anymore! Unless . . .": The frequency and harmfulness of indirect, relational and social aggression. *Aggressive Behavior, 32*(4), 294–307. https://doi.org/10.1002/ab.20126

Crabtree, W. J., Haslam, A. S., Postmes, T., & Haslam, C. (2010). Mental health support groups, stigma, and self-esteem: Positive and negative implications of group identification. *Journal of Social Issues, 66*(3), 553-569. https://doi.org/10.1111/j.1540-4560.2010.01662.x

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*(4), 349-354. https://doi.org/10.1037/h0047358

Degleris, N., Mantelou, E., Solias, A., Karamberi, D., & Mılınıe, A. (2007, November 28-December 2) Assertiveness training as a major component element of a psychoeducational program addressed to psychiatric patients and their families. (Poster presentation). International Society on Brain and Behaviour: 3rd International Congress on Brain and Behaviour. Thessaloniki, Greece. https://doi.org/10.1186/1744-859X-7-S1-S300

Demerouti, E., Eeuwijk, E., Snelder, M., & Wild, U. (2011). Assessing the effects of a "personal effectiveness" training on psychological capital, assertiveness and self-

awareness using self-other agreement. *Career Development International, 16*(1), 60-81. https://doi.org/10.1108/13620431111107810

Denson, F. T., Capper, M. M., Oaten, M., Friese, M., & Schofield, P. T. (2011). Self-control training decreases aggression in response to provocation in aggressive individuals. *Journal of Research in Personality, 45*(2), 252-256. https://doi.org/10.1016/j.jrp.2011.02.001

Donoghue, C., & Raia-Hawrylak, A. (2016). Moving beyond the emphasis on bullying: A generalized approach to peer aggression in high school. *Children and Schools, 38*(1), 30–39. https://doi.org/10.1093/cs/cdv042

Drisko, W. J. (2004). Common Factors in Psychotherapy Outcome: Meta-Analytic Findings and Their Implications for Practice and Research. *Families in Society: The Journal of Contemporary Social Services, 85*(1),81-90. https://doi.org/10.1606/1044-3894.239

Eagly, A. H., & Karau, S. J. (2002). Role congruity theory of prejudice toward female leaders. *Psychological Review, 109*(3), 573-598. https://doi.org/10.1037//0033-295X.109.3.573

Enns, Z. C. (1992). Self-Esteem Groups: A synthesis of consciousness- raising and assertiveness training. *Journal of Counseling and Development, 71*(1), 7-13. https://doi.org/10.1002/j.1556-6676.1992.tb02162.x

Eskin, M. (2003). Self-reported assertiveness in Swedish and Turkish adolescents: A cross-cultural comparison. *Scandinavian Journal of Psychology, 44*(1), 7-12. https://doi.org/10.1111/1467-9450.t01-1-00315

Eslami A. A., Rabiei, L., Afzali, M. S., Hamidizadeh, S., & Masoudi, R. (2016). The effectiveness of assertiveness training on the levels of stress, anxiety, and depression of high school students. *Iran Red Crescent Medical Journal, 18*(1), 1-10. https://doi.org/10.5812/ircmj.21096.

Eucharia, U. O. (2003). Effects of gender, age, and education on assertiveness in a Nigerian sample. *Psychology of Women Quarterly, 27*(1), 12-16. https://doi.org/10.1111/1471-6402.t01-2-00002

Fatima, S., & Sheikh, H. (2014). Socioeconomic status and adolescent aggression: The role of executive functioning as a mediator. *American Journal of Psychology, 127*(4), 419-430. https://doi.org/10.5406/amerjpsyc.127.4.0419

Feindler, E., & Engel, C. E. (2011). Assessment and intervention for adolescents with anger and aggression difficulties in school settings. *Psychology in The Schools, 48*(3), 243-253. https://doi.org/10.1002/pits.20550

Feinstein, R., Heiman, N., & Yager, J. (2015). Common factors affecting psychotherapy outcomes: some implications for teaching psychotherapy. *Journal of Psychiatric Practice, 21*(3), 180-189. https://doi.org/10.1097/PRA.000000000000006

Ferguson, T. J., & Rule, B. G. (1980). Effects of inferential set, outcome severity, and basis of responsibility on children's evaluation of aggressive acts. *Journal of Developmental Psychology, 16*(6), 141-146. https://doi.org/10.1037/0012-1649.16.2.141

Field, A. (2018). *Discovering statistics using IBM SPSS statistics*. Sage Publications.

Foster, G., Taylor, S. C., Eldridge, S., Ramsay, J., & Griffiths, C. J. (2009). Self-management programs by lay-leaders for people with chronic conditions (Review). *Cochrane Database of Systematic Reviews 2007,17*(4). https://doi.org/10.1002/14651858.CD005108.pub2.

Gabriel, B., & Forest, J. J. (2004). Concordance among readers of self-help books about important ideas. *Psychological Reports, 94*(2), 655-662. https://doi.org/10.2466/pr0.94.2.655-662

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry: Official Journal of The World Psychiatric Association (WPA), 14*(2), 231–233. https://doi.org/10.1002/wps.20231

Geiger, B., & Fischer, M. (2006). Will words ever harm me? Escalation from verbal to physical abuse in sixth-grade classrooms. *Journal of Interpersonal Violence, 21*(3), 337–357. https://doi.org/10.1177/0886260505282886

Glascock, J. (2014). Contribution of demographics, sociological factors, and media usage to verbal aggressiveness. *Journal of Media Psychology, 26*(2), 92-102. https://doi.org/10.1027/1864-1105/a000115

Grisso, T. (2008). Adolescent offenders with mental disorders. *The Future of Children, 18*(2), 143-164. https://doi.org/10.1353/foc.0.0016

Haelle, T. (2017, November 29). Here's what makes a bullied tee pack a gun for school. *Forbes.* https://www.forbes.com/sites/tarahaelle/2017/11/29/heres-what-makes-bullied-teens-more-likely-to-pack-a-gun-for-school/#2655bb417b2d

Hamilton, A. M. (2012). Verbal aggression: Understanding the psychological antecedents and social consequences. *Journal of Language and Social Psychology, 31*(1), 5–12. https://doi.org/10.1177/0261927X11425032

Harris, B. M., & Knight-Bohnhoff, K. (1996). Gender and Aggression II: Personal Aggressiveness. *Sex Roles, 35*(1), 27-42. https://doi.org/10.1007/BF01548173

Henning, K., Leitenberg, H., Coffey, P., Turner, T., & Bennet, T. R. (1996). Long-term psychological and social impacts of witnessing physical conflict between parents. *Journal of Interpersonal Violence, 11*(1), 35-51. https://doi.org/10.1177/088626096011001003

Heppner, L. W., Kernis, H. M., Lakey, E. C., Campbell, K. W., Goldman, M. B., Davis, J. P., & Edward V. Cascio, V. E. (008). Mindfulness as a means of reducing aggressive behavior: Dispositional and situational evidence. *Aggressive Behavior*, *34* (5), 486-496. https://doi.org/10.1002/ab.20258

Hox, J. J. (1994). Hierarchical regression models for interviewer and respondents. *Social Methods and Research, 22*(3), 300-318. https://doi.org/10.1177/0049124194022003002

Hsieh, I-J., Chen, Y. Y. (2017). Determinants of aggressive behavior: Interactive effects of emotional regulation and inhibitory control. *PLoS ONE, 12*(4), 1-9. https://doi.org/10.1371/ journal.pone.0175651

Huppert, A. F. (2009). Psychological well-being: evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being, 1*(2), 137-164. https://doi.org/10.1111/j.1758-0854.2009.01008.x

Johnson, M. (1976). An approach to feminist therapy. *Psychotherapy: Theory Research and Practice, 13*(1),72-76. https://doi.org/10.1037/h0086490

Jorm, F. A., Reavley, J. N., & Ross, M. A. (2012). Belief in the dangerousness of people with mental disorders: A review. *Australian & New Zealand Journal of Psychiatry, 46*(11), 1029-1045. https://doi.org/ 10.1177/0004867412442406

Ikiz, E. F. (2011). Self-perceptions about properties affecting assertiveness of trainee counselors. *Social behavior and Personality, 39*(2), 199-206. https://doi.org/10.2224/sbp.2011.39.2.199

Kharatzadeh, H., Alavi, M., Mohammadi, A., Visentin, D., & Cleary, M. (2020). Emotional regulation training for intensive and critical care nurses, *22*(2),445-453. https://doi.org/10.1111/nhs.12679

Kim, S., Kamphaus, W. R., Orpinas, P., & Kelder, H. S. (2010). Change in the manifestation of overt aggression during early adolescence: Gender and ethnicity. *School Psychology International, 31*(1), 95-111. https://doi.org/10.1177/0143034309352579

Kraha, A., Turner, H., Nimon, K., Zientek, L. R & Henson, K. R. (2012). Tools to support interpreting multiple regression in the face of multicollinearity. *Frontiers in Psychology, 44*(3), 1-16. https://doi.org/10.3389/fpsyg.2012.00044

Large, M. M., & Nielssen, O. (2011). Violence in first-episode psychosis: A systematic review and meta-analysis. *Schizophrenia Research, 125*(2), 209-220. https://doi.org/10.1016/j.schres.2010.11.026

Leff, S. S., & Waasdorp, E. T. (2013). Effect of aggression and bullying on children and adolescents: Implications for prevention and intervention. *Current Psychiatry Reports, 15*(3), 343- 353. https://doi.org/ 10.1007/s11920-012-0343-2

Lewis, M. (2007, February). *Stepwise versus Hierarchical Regression: Pros and Cons.* [Paper Presentation]. The Annual Meeting of the Southwest Educational Research Association, San Antonio, Texas, United States

Lightsey, O. R. Jr., & Barnes, W. P. (2007). Discrimination, attributional tendencies, generalized self-efficacy, and assertiveness as predictors of psychological distress among African Americans. *Journal of Black Psychology, 33*(1), 27-50. https://doi.org/10.1177/0095798406295098

Lindsay, C. (2001). Being assertive. *Student British Medical Journal, 323*(1),239-241. https://doi.org/10.1136/sbmj.0107239

Liu, J., Lewis, G., & Evans, L. (2013). Understanding aggressive behavior across the life span. *Journal of Psychiatry and Mental Health Nursing, 20*(2), 156–168. https://doi.org/10.1111/j.1365-2850.2012.01902.x.

Loeber, R. (1982). The stability of antisocial and delinquent child behavior: A review. *Journal of Child Development, 53*(6), 1431–1446. https://doi.org/10.2307/1130070

Marx, A. J., Gyorky, K. Z., Royalty, M. G., & Stern, E. T. (1992). Use of self-help books in psychotherapy. Professional Psychology: *Research and Practice, (23)*4, 300-305. https://doi.org/10.1037/0735-7028.23.4.300

McGuire, J. (2008). A review of effective interventions for reducing aggression and violence. *Philosophical Transactions of the Royal Society, 363*(1503), 2577–2597. https://doi.org/10.1098/rstb.2008.0035

Morrow, M. T., Hubbard, J. A., Barhight, L. J., & Thomson, A. K. (2014). Fifth-grade children's daily experiences of peer victimization and negative emotions: Moderating effects of sex and peer rejection. *Journal of Abnormal Child Psychology, 42*(1), 1089–1102. https://doi.org/10.1007/s10802-014-9870-0

Moss-Racusin, C. A., Phelan, J. E., & Rudman, L. A. (2010). When men break the gender rules: Status incongruity and backlash against modest men. *Psychology of Men & Masculinity, 11*(2), 140–151. https://doi.org/ 10.1037/a0018093

National Alliance on Mental Illness (2019). *Mental health by numbers.* https://www.nami.org/mhstats

National Center for Education Statistics (2020). *Indicators of School Crime and Safety: 2019.* U.S. Department of Education. https://nces.ed.gov/pubs2020/2020063.pdf

Nelson, A. D., Springer, M. M., Nelson, J. L., & Bean, H. N. (2008). Normative beliefs regarding aggression in emerging adulthood**.** *Journal of Social Development, 17*(3), 638-660. https://doi.org/10.1111/j.1467-9507.2007.00442.x

Newman, J. W. (2012). Psychopharmacologic Management of Aggression. *Psychiatric Clinics of North America, 35*(4), 957–972. https://dx.doi.org/10.1016/j.psc.2012.08.009

Nimon, F. K., & Oswald, L. F. (2013). Understanding the results of multiple linear regression: Beyond standardized regression coefficients. *Organizational Research Methods, 16*(4), 650-674. https://doi.org/10.1177/1094428113493929

Owens, L., Slee, P., & Shute, R. (2000). It hurts a hell lot: The effects of indirect aggression on teenage girls. *School Psychology International, 21*(4), 359-376. https://doi.org/doi/10.1177/0143034300214002

Page, C. R., Holland, B., Rand, E. M., Gartin, C. B., & Dowling, A. D. (1981). Assertiveness training groups with the disabled: A pilot study. *Journal of Rehabilitation, 47*(2), 52-55. http://web.a.ebscohost.com.steenproxy.sfasu.edu:2048/ehost/pdfviewer/pdfviewer?vid=0&sid=c83f7671-8b2f-46db-b07d-c6ff70e545fe%40sessionmgr4007

Paeezy, M., Shahraray, M., & Abdi, B. (2010). Investigating the impact of assertiveness training on assertiveness, subjective well-being and academic achievement of Iranian female secondary students. *Procedia-Social and Behavioral Sciences, 5*(1), 1447-1450. https://doi.org/10.1016/j.sbspro.2010.07.305.

Paolacci, G., & Chandler, J. (2014). Inside the Turk: Understanding Mechanical Turk as a participant pool. *Current Directions in Psychological Science, 23*(3), 184-188. https://doi.org/10.1177/0963721414531598

Paolacci, G., Chandler, J., & Ipeirotis, G. P. (2010). Running experiments on Amazon Mechanical Turk. *Judgment and Decision Making, 5*(5), 411-419. https://papers.ssrn.com/sol3/papers.cfm?abstract-id=1626226

Patchan, K., Vyas, G., Hackman, L. A., Mackowick, M, Richardson, M. C., Love, C. R., Wonodi, I., Sayer, A. M., Glassman, M., Feldman, S., & Kelly, L.D. (2018). Clozapine in reducing aggression and violence in forensic populations. *Psychiatry Quarterly, 89*(1),157–168. https://doi.org/10.1007/s11126-017-9521-z

Pompili, E., Carlone C., Silvestrini, C., & Nicolo, G. (2017). Focus on aggressive behaviour in mental illness. *Psychiatry Review, 52*(5), 175-179. https://doi.org/10.1708/2801.28344

Pulay, A. J., Dawson, D. A, Hasin, D. S., Rise, B. G., Ruan, W. J., Pickering, R. P., Boji, C. S. P., & Grant, B. F. (2008). Violent behavior and DSM-IV psychiatric disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry, 69*(1), 12–22. https://doi.org/10.4088/jcp.v69n0103

Radmacher, A. S., & Martin, J. D. (2001). Identifying significant predictor of student evaluations of faculty through hierarchical regression analysis. *The Journal of Psychology, 135*(3), 259-268. https://doi.org/10.1080/00223980109603696

Rampling, J., Furtado, V., Winsper, C., Marwaha, S., Lucca, Livanou, G. M., & Singh, S. P. (2016). Non-pharmacological interventions for reducing aggression and violence in serious mental illness: A systematic review and narrative synthesis. *European Psychiatry, 34*(1), 17–28. http://dx.doi.org/10.1016/j.eurpsy.2016.01.2422

Rathus, S. A. (1973). A 30-item schedule for assessing assertive behavior. *Behavior Therapy, 4*(3), 398-406. https://doi.org/10.1016/S0005-7894(73)80120-0

Reynolds, W. M. (1982). Development of reliable and valid short forms of the Marlowe-Crowne Social Desirability Scale. *Journal of Clinical Psychology, 38*(1), 119-125. https://doi.org/10.1002/1097-4679(198201)38:1<119::AID-JCLP2270380118>3.0.CO;2-I

Roberto, A. J. (1999). Applying the argumentative skills deficiency model of violence to adolescent boys. *Communication Research Reports, 16*(4), 325–332. https://doi.org/:10.1080/08824099909388733

Roberto, J. A., Meyer G., Booster, F. J., & Roberto, H. L. (2003). Adolescents' decisions about verbal and physical aggression: An application of the theory of reasoned action. *Human Communication Research, 29*(1), 135–147. https://doi.org/10.1111/j.1468-2958.2003.tb00834.x

Rodriquez, G., Johnson, W. S., & Combs, C. D. (2001). Significant variables associated with assertiveness among Hispanic college women. *Journal of Instructional Psychology, 28*(3), 184-188. https://link.gale.com/apps/doc/A79370573/HRCA?u=txshracd2557&sid=HRCA&xid=f0f48154.

Roger, M., & Nunn, C. (2009). Stepwise model fitting and statistical inference: Turning noise into signal pollution. *American Naturalist, 173*(1), 119-123. https://doi.org/10.1086/593303

Rosenman, R., Tennekoon, V., & Hill, G. L. (2011). Measuring bias in self-reported data. International. *Journal of Behavioural and Healthcare Research, 2*(4), 320-332. https://doi.org/10.1504/IJBHR.2011.043414.N

Salvatore, C., & Rubin, G. (2018). The influence of religion on the criminal behavior of emerging adults. *Religions, 9*(5), 1-18. https://doi.org/10.3390/rel9050141

Saroglou, V., Pichon, I., Trompette, L., Verschueren, M., & Dernelle, R. (2005). Prosocial behavior and religion: New evidence based on projective measures and peer ratings. *Journal for the Scientific Study of Religion, 44(3), 323–348.* https://doi.org/10.1111/j.1468-5906.2005.00289.x

Sigler, K., Burnett, A., & Child, T. J. (2008). A regional analysis of assertiveness. *Journal of Intercultural Communication Research, 37*(2), 89–104. https://doi.org/10.1080/17475750802533364

Singh, N. N., Lancioni, E. G., Winton, W. S. A., Adkins, D. A., Wahler, G. R., Sabaawi, M., & Singh, J. (2007). Individuals with mental illness can control their aggressive behavior through mindfulness training. *Behavior Modification, 31*(3), 313-328. https://doi.org/10.1177/0145445506293585

Speed, C. B., Goldstein, L. B., & Goldfried, R. M. (2018). Assertiveness training: A forgotten evidence-based treatment. *Clinical Psychology: Science and Practice, 25*(1), 1-20. https://doi.org/10.1111/cpsp.12216

Spirito, A., Hart, K., Overholser, J. & Halverson, J. (1990). Social skills and depression in adolescent suicide attempters. *Adolescence, 25*(99), 543–552. https://search.proquest.com/openview/18b4a5d4da91bfc9ad3424af36457294/1?pq-origsite=gscholar&cbl=41539

Stipek, D., & Miles, S. (2008). Effects of aggression on achievement: Does conflict with the teacher make it worse? *Child Development, 79*(6), 1721-1735. https://doi.org/10.1111/j.1467-8624.2008.01221.x

Stuart, H. (2003). Violence and mental illness: An overview. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA), 2*(2), 121–124. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525086/

Swanson, R. S. (1999). Re-examination of assertiveness and aggressiveness as potential moderators of verbal intentions. *Psychological Reports, 84*(3), 1111-1114. https://doi.org/10.2466/pr0.1999.84.3c.1111

Swanson, J. W., Swartz, M. S., Essock, S. M., Osher, F. C., Wagner, H. R., Goodman, L. A., Rosenberg, S. D., & Meador, K. G. (2002). The social-environmental context of violent behavior in persons treated for severe mental illness. *American journal of public health*, *92*(9), 1523–1531. https://doi.org/10.2105/ajph.92.9.1523

Tapper, K., & Boulton, M. J. (2004). Sex differences in levels of physical, verbal, and indirect aggression amongst primary school children and their associations with beliefs about aggression. *Journal of Aggressive Behavior, 30*(2), 123–145. https://doi.org/10.1002/ab.20010

Tatman, W. A., Swogger, T. M., Love, K., & Cook, D. M. (2009). Psychometric properties of the Marlowe-Crowne social desirability scale with adult male sexual offenders. *Sexual Abuse A Journal of Research and Treatment, 21*(1), 21-34. https://doi.org/10.1177/1079063208325203

Taylor, G. G., & Smith, W. S. (2019). Teacher reports of verbal aggression in school settings among students with emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders, 27*(1), 52–64. https://doi.org/10.1177/1063426617739638

Teicher, M, H., Samson, J, A., Polcari, A., Cynthia, E., & McGreenery, E, M. (2006). Sticks, stones, and hurtful words: Relative effects of various forms of childhood maltreatment. American. *Journal of Psychiatry, 163*(6), 993–1000. https://doi.org/10.1176/ajp.2006.163.6.993

Thompson, J. R., & Berenbaum, H. (2011). Adaptive and Aggressive Assertiveness Scale (AAA-S). *Journal of Psychopathology Behavior Assessment, 33*(1), 323-334. https://doi.org/10.1007/s10862-011-9226-9

Thorne-Figueroa, J. M. (2010). *The Relationship between Personality Types A and B and Academic Dishonesty of Undergraduate and Graduate Students. (Doctoral Dissertation). Dissertation. Retrieved from* Walden University, ProQuest Dissertations Publishing, (UMI Number: 3427801).

Toldos, P. M. (2005). Sex and age differences in self-estimated physical, verbal and indirect aggression in Spanish adolescents. *Journal of Aggressive Behavior, 31*(1), 13–23. https://doi.org/10.1002/ab.20034

Tucker, R. K., Weaver, R. L., & Redden, M. (1983). Differentiating assertiveness, aggressiveness, and shyness: A factor analysis. *Psychological Reports, 53*(1), 607-611. https://doi.org/10.2466/pr0.1983.53.2.607

Twenge, J. M. (2001). Changes in women's assertiveness in response to status and roles: A cross-temporal meta-analysis, 1931–1993. *Journal of Personality and Social Psychology, 81*(1), 133–145. https://doi.org/10.1037/0022-3514.81.1.133

Unal, S., Hisar, F., & Görgülü, U. (2012). Assertiveness levels of nursing students who experience verbal violence during practical training. *Contemporary nurse, 42*(1), 1-9. https://doi.org/10.5172/conu.2012.42.1.11.

Underwood, A. L., & Washington, A. (2016). Mental Illness and Juvenile Offenders. *International Journal of Environmental Research and Public Health, 13*(2), 228, 1-14. https://doi.org/10.3390/ijerph13020228

Vagos, P., & Pereira, A. (2016). A cognitive perspective for understanding and training assertiveness. *European Psychologist*, *21*(2), 109–121. https://doi.org/10.1027/1016-9040/a000250

Vatcheva, P. K., Lee, M., McCormick, B. J., & Rahbar, H. M. (2016). Multicollinearity in regression analyses conducted in epidemiologic studies. *Epidemiology, (6)*2, 1-20. https://doi.org/10.4172/2161-1165.1000227.

Wan, W & Bever, L. (2019, August 5). Are video games or mental illness causing America's mass shootings? No, research shows. The Washington Post. https://www.washingtonpost.com/health/2019/08/05/is-mental-illness-causing-americas-mass-shootings-no-research-shows/

Williams, K. R., & Guerra, N. G. (2007). Prevalence and predictors of internet bullying. *Journal of Adolescent Health, 41*(6), 14–21. https://doi.org/10.1016/j.jadohealth.2007.08.018

Worrall, H., Schweizer, R., Marks, E., Yuan, L., Lloyd, C. & Ramjan, R. (2018). The effectiveness of support groups: A literature review. *Mental Health and Social Inclusion, (22)*2, 85-93. https://doi.org/10.1108/MHSI-12-2017-0055

Yager, J. T., & Rotheram-Borus, J. M. (2000). Social expectations among African American, Hispanic, and European American adolescents. *Cross-Cultural Research, 34*(3), 283-305. https://doi.org/10.1177/106939710003400305

Yoo, W., Mayberry, R., Bae, S., Singh, K., He, Q., & Lillard, W. J, Jr. (2014). A study of effects of multicollinearity in the multivariable analysis. *International Journal of Applied Science Technology, 4*(5), 9-19. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318006/pdf/nihms653352.pdf

APPENDICES

APPENDIX A

DEMOGRAPHIC QUESTIONS

State your age_____

Gender: _____Female ____Male _____Other (Specify)_____

Your ethnic and racial background (Select One)

___African American/ Black ___Latino/ Latina ___Caucasian (Non-Latino/Latina)

___Native American/ Alaska Native ___Asian American ____Native Hawaiian/ Other Pacific Islander ___Other (Specify)_____

State where you were born (city/ state, region, country) _____

Which level of education best describes you? Select one.

____Freshman ____Sophomore ____Junior ____Senior ____ Master's program ____Doctoral Program ____Other (e.g., Certification)

What is your father's highest level of education? Select one.

___Elementary school ___Junior School ___High School ___Some College education ___Associate Degree ___Degree ___Graduate School ___Doctorate level ___Unknown ___Other (e.g., Certification)

What is your mother's highest level of education?

___Elementary school ___Junior School ___High School ___Some College education ___Associate Degree ___Degree ___Graduate School___ Doctorate level ___Unknown ___Other (e.g., Certification)

What was your family of origin's household social economic status when you were growing up? Check one of the following.

___Lower class ___Working class ___Lower middle class ___Middle class ___Upper middle class ___Upper class.

How would you describe your mother's style of discipline? Select one that best describes your mother's style of discipline.

____My mother established rules and expected me to follow them.

____My mother established rules but kept in mind my opinion when setting limits.

____My mother tended to be lenient and only acted when I was in serious trouble.

____My mother was extremely lenient and did not take much note of what I was up to

How would you describe your father's style of discipline? Select one that best describes your father's style of discipline.

____My father established rules and expected me to follow them.

____My father established rules but kept in mind my opinion when setting limits.

____My father tended to be lenient and only acted when I was in serious trouble.

____My father was extremely lenient and did not take much note of what I was up to

Did you experience verbal abuse as a child? ___Yes ___ No

Did you experience physical abuse as a child? ___ Yes ___No

Did you, when growing up witness a close member of the family experience physical abuse? __Yes ___No

Did you, when growing up, witness a close member of the family experience verbal abuse? ___Yes ___No

Was spanking used as a form of discipline in your home when you were growing up? ___Yes ___No

Have you received any counseling services before? ___Yes ___No

Have you had a clinical diagnosis for a psychological condition or disorder?

___Yes ___No

Have you read self-help books before? ___Yes ___No

Does religion play an important role in your life? ___Yes ___No

Are you currently part of any support groups? ___Yes ___No

Are you or have you been on medication for any psychological disorder?

___Yes __No

APPENDIX B

ADAPTIVE AND AGGRESSIVE ASSERTIVENESS SCALES (AAA-S)

Below is a list of different common situations you may experience in daily life. Following each situation is a variety of responses. Rate to what extent each response best describes how you would react to the given situation. Here is an example:

In my free time, I…

a. Play sports Never 1 2 3 4 5 Always

b. Spend time with family 1 2 3 4 5.

c. Hang out with friends 1 2 3 4 5

d. Watch movies 1 2 3 4 5

1. I have been working at the same company for a while. It has been over a year since I received a promotion. I…

a. Ask my boss about getting a promotion. 1 2 3 4 5

2. When someone close to me unjustly criticizes my behavior, I…

a. Openly discuss the criticism with the person. 1 2 3 4 5

b. React angrily and tell the person that she/he shouldn't be throwing stones. 1 2 3 4 5

3. When someone I don't know well borrows something from me and forgets to return it, I…

a. Demand it back. 1 2 3 4 5

b. Ask if she/he is done and ask for it back. 1 2 3 4 5

4. I am at the grocery store and several of my items ring up incorrectly, I…

a. Get angry and demand that the cashier change the price. 1 2 3 4 5

b. Ask the cashier to do a price check on the particular items. 1 2 3 4 5

5. At a meeting at work, I keep trying to say something but keep getting interrupted. I…

a. Without apologizing, cut the next person off from talking…

after all I have been waiting to talk too. 1 2 3 4 5

6. My friends and I are trying to decide on a place to eat. They come to a decision about going to a place to eat that I do not like. I…

a. Tell them that I have had some bad experiences there

and that I would prefer a different place. 1 2 3 4 5

7. If I start to think that someone I don't know well is taking advantage of me, I…

a. Talk rationally to the person and express concern about

the one-sidedness of the relationship. 1 2 3 4 5

b. Tell the person off the next time she/he takes advantage

of me again. 1 2 3 4 5

8. When I have to return an item to a store without the original receipt, I…

a. Take it to the store and demand a refund. 1 2 3 4 5

b. Stand my ground if the sales person gives me a hard time. 1 2 3 4 5

9. If someone I know well says something that hurts my feelings, I…

a. Would tell him/her off. 1 2 3 4 5

b. Provide evidence why the comment was incorrect. 1 2 3 4 5

10. If the postal carrier continually forgets to take my outgoing mail, I…

    a. Raise my voice at him/her the next time I see him/her. 1 2 3 4 5

11. If I find a mistake on a bill I receive in the mail, I…

    a. Call up the company and talk to someone about the mistake. 1 2 3 4 5

12. If someone I don't know well disagrees with me during a conversation, I…

    a. React angrily. 1 2 3 4 5

    b. Continue elaborating on my opinion until the person understands it. 1 2 3 4 5

13. If I am at a performance and someone keeps talking loudly, I…

    a. Would tell the person to shut up. 1 2 3 4 5

    b. Say something to the usher. 1 2 3 4 5

14. If someone I hire is not completing his/her work satisfactorily, I…

    a. Somehow let the person know what to do differently. 1 2 3 4 5

15. If a neighbor I know well returns something of mine in poor shape, I…

    a. Get angry and demand that it be replaced. 1 2 3 4 5

    b. Request that my neighbor replace or fix it. 1 2 3 4 5

16. If someone cuts in line ahead of me at the movies, I…

    a. Start making loud comments about how rude the person is. 1 2 3 4 5

    b. (if I am in a hurry) ask the person to move to the back of the line. 1 2 3 4 5

17. If the new newspaper deliverer does not deliver the newspaper a couple of days, I…

    a. Yell at the newspaper deliverer the next time I see him/her. 1 2 3 4 5

b. Mention the oversight next time I see him/her. 1 2 3 4 5

18. If a close family member keeps interrupting me when I am talking, I…

a. Snap at him/her. 1 2 3 4 5

19. If someone close to me kept telling other people things I had told him/her in confidence, I would…

a. Yell at the person the next time I see him/her. 1 2 3 4 5

Adapted from the Adaptive and Aggressive Assertiveness Scales (AAA-S)

Thompson & Berenbaum (2011)

APPENDIX C

MARLOWE-CROWNE SCALE (REYNOLDS'S FORM C)

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is True or False as it pertains to you personally.

	True	False
1. It is sometimes hard for me to go on with my work if I am not encouraged.		
2. I sometimes feel resentful when I don't get my way.		
3. On a few occasions, I have given up doing something because I thought too little of my ability.		
4. There have been times when I felt like rebelling against people in Authority even though I knew they were right.		
5. No matter who I'm talking to, I'm always a good listener.		
6. There have been occasions when I took advantage of someone.		
7. I'm always willing to admit it when I make a mistake.		
8. I sometimes try to get even rather than forgive and forget.		
9. I am always courteous, even to people who are disagreeable.		
10. I have never been irked when people expressed ideas very different from my own		
11. There have been times when I was quite jealous of the good fortune of others.		
12. I am sometimes irritated by people who ask favors of me.		
13. I have never deliberately said something that hurt someone's feelings.		

VITA

Juliet is currently an adjunct instructor at Stephen F. Austin State University, teaching course in the school psychology program. In 2020 she completed her doctoral internship at Easterseals Rehabilitation Center in Indiana. Prior to this received her Master of Arts degree in School Psychology from Stephen F. Austin State University. Juliet grew up in Kenya and moved to Nacogdoches, Texas in 2015. During her free time, Juliet enjoys traveling, reading, and listening to music.

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