

Original research

The Effectiveness of Assertiveness Training on Social Competence and Psychological Well-being of Abused Women Referring to Social Emergency

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Abstract

Introduction: In recent years, a significant increase in statistics related to abused women has been reported, with thousands of women worldwide being harassed and abused every year. This research aimed to investigate the effectiveness of assertiveness training on social competence and psychological well-being of abused women referring to social emergency.

Research Method: The present study was semi-experimental with a pretest-posttest design and a control group. The participants were selected using available sampling method and were randomly assigned to two groups of experimental and control. The statistical population of the study consisted of 77 abused women, 30 of whom were divided into two groups (15 experimental and 15 control). The participants of experimental group received eight sessions of 60-minute assertiveness training intervention by Mootabi & Atoofi, while the participants of control group remained on the waiting list for training. Data were evaluated using the Ryff Psychological Well-being Scale and the Social Competence Questionnaire by Flanzer et al. Data analysis was performed using analysis of covariance (ANCOVA) and SPSS version 24.

Findings: The results showed that assertiveness training was effective in increasing social competence and psychological well-being of abused women ($p < 0.001$).

Conclusion: Based on the results of the present study, it can be concluded that assertiveness training intervention is effective in enhancing social competence and psychological well-being of abused women.

Keywords: Assertiveness Training, Abused Women, Psychological Well-being, Social Competence

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Introduction:

Violence against women is recognized as one of the most egregious violations of human rights and can occur at any stage of life (1). Statistics indicate that 30% of women worldwide have experienced physical and sexual abuse (2). The prevalence of psychological, physical, and sexual abuse in women aged 15 to 49 in 46 countries with low and middle incomes varies from less than 5% to over 40%. Gubi et al (3) found that over 56% of married women have experienced abuse. Derakhshanpour et al. (4) reported this figure as 92%, while Moasheri et al. (5) reported it as 42.3%. Researchers define abuse as any action, individual or group activity that harms an individual's life, mental or physical health, freedom, or negatively affects personal development or financial security (6). According to the World Health Organization, abuse and harassment include any violent acts in an intimate relationship that cause physical, emotional, or sexual harm to the individuals involved. It also includes threats to carry out such acts and even deprivation of freedom, both personally and socially. Various forms of abuse and harassment can occur verbally, psychologically, emotionally, economically, physically, or sexually in intimate relationships, families, friendships, or the public places (7).

Women who are victims of violence suffer from psychological problems, including a decrease in psychological well-being. Psychological well-being reflects individuals' perceptions and evaluations of their lives based on emotional and cognitive states and social behaviors (8). Psychological well-being entails a sense of coherence and continuity in life, emotional and mental balance, and overall life satisfaction, influenced by various factors, including experiences of violence, threat and related concerns in marital life (9). In fact, psychological well-being comprises cognitive and emotional components. The cognitive component of well-being refers to individuals' cognitive evaluation of life satisfaction, while the emotional component encompasses experiencing maximum positive and minimum negative emotions. The cognitive and emotional components of well-being are interdependent, with a correlation ranging from 0.8 to 1(10). Psychological well-being can be defined as happiness, joy and having positive feelings in life. Also, psychological well-being in Rief et al.'s model consists of six components: self-acceptance, autonomy, having positive relationships with others, purposefulness in life, mastering the environment and personal growth (11).

Gomez-Lopez et al. (12) showed that psychological well-being is one of the effective components in past studies to increase the satisfaction of romantic relationships in adults. Therefore, women who are exposed to any kind of harassment in their life will face a decrease in the level of psychological well-being. In addition to reducing psychological well-being, it can be expected that violence against women, especially by their spouses, may also have a negative impact on their level of social competence. Social competence refers to a set of skills, attitudes, and emotional states that help individuals engage in appropriate social interactions. Also, social competence refers to socially acceptable behavior, which is on the opposite spectrum of antisocial behavior

(13). Social competence is the ability of human performance in the implementation of personal independence and social responsibility. In other words, social competence is the ability to take care of oneself, assist and care for others, and cooperate and coexist with others through the acquisition and learning of basic communication and cooperation skills. It is considered as one of the best predictors of occupational and social success and current and future desirable performance (14).

One of the ways to prevent psychological and behavioral problems and enhance coping abilities in abused women is to improve positive psychological dimensions such as psychological well-being and social competence, both of which can be expanded and strengthened through education (15). Therefore, one of the educations that can enhance the levels of well-being and social competence in abused women is assertiveness training.

Assertiveness training utilizes various cognitive-behavioral techniques and can be conceptualized as one of the components of social skills training aimed at helping individuals learn specific skills for better social functioning. Assertiveness requires individuals to defend their personal rights without hesitation or ambivalence and without displaying aggressive or confrontational behavior (16). Assertiveness entails the ability to express oneself properly, explicitly, directly, and to acknowledge one's feelings, thoughts, and understandings of one's strengths and weaknesses. Assertiveness training programs are designed to improve individuals' assertive beliefs and behaviors so that they can have a better perspective on themselves, build self-confidence, and appropriately express their personal emotions and thoughts. Therefore, these skills are of such importance that inadequacy in them can lead to failure in establishing successful relationships, feelings of loneliness, low self-esteem, depression, social anxiety, and occupational and academic failures (17). In fact, assertiveness leads to increased life satisfaction and helps individuals achieve suitable professional positions. People with little assertiveness are not able to clearly express their requests and cannot resist various pressures, so they surrender to force. Studies have shown that those people who can express themselves properly are more stable and resistant to various problems and life issues, stresses, unfortunate events and threats (18). Iranmanesh, Sabet, Belyad & Tajeri (19) demonstrated in their study that teaching assertiveness skills and effective communication positively affects self-esteem and body relationship in individuals with illnesses.

Overall, it can be stated that increasing social competence and psychological well-being in relation to abused women is one of the valuable actions that has been attended by social emergency organizations. The aim of these action is, in fact, to facilitate the qualitative presence of abused women in society. It is evident that neglecting the problems that abused women face in this regard will affect their quality of life. In this regard, it is assumed that assertiveness training can be effective. On the other hand, the examination of previous studies also indicates that research in this area has not been conducted at the provincial level, and there are quantitative gaps in this regard. Therefore, conducting this research is necessary. Additionally, the results of this research can be used to help women at risk of domestic violence and also to teach them protect themselves from mental and psychological harm. Another important point in the discussion of the importance

of conducting the present research is the importance of group training sessions in terms of effectiveness, financial efficiency for organizations and their preventive role. So nowadays, most studies worldwide tend towards using group therapies. Therefore, the results of this research and similar cases can be useful for organizations such as law enforcement, the judiciary, welfare organizations, and relief committees that are directly related to this segment of society. Accordingly, the aim of this research was to investigate the effectiveness of assertiveness training on social competence and psychological well-being in abused women referring to the social emergency in Langroud city.

Research Method:

This research is an applied and semi-experimental research with a pretest-posttest research design with an experimental group and a control group. The statistical population of the research included all the abused women living in Langrod city who referred to the social emergency in the first 3 months of 2023. According to the available statistics, the number of these people was 77. The research sample consisted of 30 people (15 in the experimental group and 15 in the control group) who were selected by available sampling method and were randomly assigned to experimental and control groups. To select the research sample, first, all 77 people completed both psychological well-being and social competence questionnaires. Then, people whose score was one standard deviation lower than the average were selected and randomly divided into two groups. The criteria for entering the research included: Abused women who went to social emergency in the first 3 months of 2023, aged between 18 and 55 years old, living in Langrod city, have been physically abused at least once, have been married for at least two years, and are currently living with their husbands, having a permanent marriage or temporary marriages for more than two years, having a score lower than 63 in the psychological well-being questionnaire and a score lower than 188 in the social competence questionnaire and interested in cooperating in the research. Also, exclusion criteria included: Non-cooperation in the research, absence of more than two sessions in the training program and leaving at least 5% of the questions unanswered. The tools used in this research are:

Psychological Well-being Questionnaire: In this research, a questionnaire made by Ryff (20) that has 18 questions was used to measure the psychological well-being of the subjects. The mentioned questionnaire has five dimensions including self-acceptance, purpose and orientation in life, personal growth, mastery of the environment and positive relationships with others. This scale is scored on a 6-point Likert scale from completely disagree (1) to completely agree (6). The minimum and maximum score of this tool is 18 and 108, respectively, and its cut-off point is 63. Ryff (20) has calculated the validity of this questionnaire through factor analysis as 0.79 and its reliability coefficient as 0.80 using Cronbach's alpha method. Also, Aghavirdinejad et al. (21) in research, while verifying the face validity of the mentioned questionnaire using the opinions of psychological experts, obtained its reliability using Cronbach's alpha coefficient of 0.81. In this research, the total score of psychological well-being was considered.

Social Competence Questionnaire: In this research, a 47-question questionnaire made by Felner et al. (22) was used to measure the subjects' social competence. The mentioned questionnaire has four dimensions. It measures cognitive skills and abilities, behavioral skills, social-emotional adequacy, motivational cues, and expectation. This questionnaire is answered on a 7-point Likert scale from completely agree (1) to completely disagree (7). The minimum and maximum score of this tool is 47 and 329, respectively, and its cut-off point is 188. Felner et al. (22) reported the construct validity of this questionnaire at a significant level of 0.99 and its reliability coefficient was also reported as 0.89 using the test-retest method at a time interval of 4 weeks. Also, Abolghasemi et al. (23) investigated the construct validity of the mentioned scale by means of factor analysis and obtained the corresponding coefficient equal to 0.82 and the reliability coefficient of this questionnaire using Cronbach's alpha coefficient 0.89. In this research, the total score of social competence was considered.

In current research, the assertiveness training package of Mutabi and Atofi (2016) was used to apply the independent variable. This training package consists of eight sessions, each of which is taught for one hour. The summary of the content of the mentioned protocol is as described in the following table:

Table 1. Summary of the content of Mutabi and Atofi assertiveness training protocol (2016)

Sessions	Content	Implementation Time
The first session	Definition and explanation of the necessity of assertiveness and its benefits in life. Expressing important dimensions of setting goals (for example, being able to act assertively in a situation).	60 minutes
The second session	Training behavioral styles (aggressive, assertive, and passive).	60 minutes
The third session	Teaching the components of each communication style (beliefs, behavior, non-verbal behavior, confrontation and problem-solving, emotions, and the impact each of these three styles has on others).	60 minutes
The fourth session	Training the importance of assertive behavior.	60 minutes
The fifth session	Training individual rights.	60 minutes
The sixth session	Training various assertive behaviors and how to behave assertively.	60 minutes
The seventh session	Training how to say "No", refusing to fulfill unreasonable requests from others and teaching specific methods for difficult situations.	60 minutes

The eighth Training the negative consequences of assertiveness, 60 minutes session assertiveness-enhancing training, discussion, and conclusion.

Findings:

In this research, the data were analyzed using SPSS software, version 22. To examine the effectiveness of the intervention, a one-way analysis of covariance (ANCOVA) was used. The maximum alpha error level for hypothesis testing was set at 0.05 ($0.05 < P$). Table 2 shows the respondents' educational levels. The chi-square test was used to assess the homogeneity of respondents' educational levels.

Table 2: Description of Respondents' Educational Levels along with Chi-Square Homogeneity Test

Variable	Categories	Control Group		Experimental Group		Chi-Square Test
		Frequency	Percentage	Frequency	Percentage	
Educational Level of Respondents	Below Diploma	3	20	4	26/66	Value=0/599 P=0/845
	Diploma	6	40	6	40	
	Associate's	3	20	2	13/33	
	Bachelor's	3	20	3	20	

The results of the chi-square test showed that there was no significant difference in education levels between the two groups ($P > 0.05$). The results indicated that most respondents in both groups had education levels up to diploma. Additionally, the mean and standard deviation of age in the control group were 31.33 ± 1.02 years, and in the experimental group were 32.21 ± 1.04 years. The mean and standard deviation of the duration of marital life in the control group were 7.55 ± 0.88 years, and in the experimental group were 6.88 ± 1.11 years. The independent t-test results showed that the two groups were homogeneous in terms of age and duration of marital life ($P > 0.05$). In Table 3, the main variables (total scores of psychological well-being and social competence) are described using mean and standard deviation statistics.

Table 3. Mean and Standard Deviation of Total Scores of Psychological Well-being and Social Competence by Group and Test

Variable	Time	Control Group		Experimental Group	
Psychological Well-being	Pretest	46/86	1/99	45/86	2/06
	Posttest	46/13	1/45	65/66	2/02
Social Competence	Pretest	179/80	2/21	180/66	1/54

Posttest	179/53	1/64	199/46	1/35
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In order to examine the effect of assertiveness training on psychological well-being and social competence of abused women, separate one-way analysis of covariance (ANCOVA) test was conducted for each variable. The results of the tests for homogeneity of regression slopes for pretest and posttest of psychological well-being ($P > 0.06$, $F_{1,28} = 3.13$) and social competence ($P > 0.08$, $F_{1,28} = 3.33$) in the experimental and control groups showed that the regression slopes were equal in both groups. The results of Levine's test for homogeneity of variances of the dependent variable in the groups showed that the variances of psychological well-being ($P > 0.087$, $F_{1, 28} = 3.142$) and social competence ($P > 0.898$, $F_{1, 28} = 0.017$) were equal in the groups. Table 4 presents the results of the one-way ANCOVA tests to examine the differences between the experimental and control groups in pretest and posttest scores of psychological well-being and social competence.

Table 4: results of the one-way ANCOVA tests to examine the differences between the experimental and control groups in of psychological well-being and social competence

Source	Sum of Squares	df	Mean Squares	F	P	Effect Size
Dispersion	23/962	1	23/962	10/252	0/003	0/275
Group Membership	2563/225	1	2563/225	1096/695	0/001	0/976
Error	63/105	27	2/337			
Dispersion	1/400	1	1/400	0/609	0/442	0/022
Group Membership	2794/948	1	2794/948	1215/843	0/001	0/978
Error	62/067	27	2/299			

According to Table 4, the F statistic for psychological well-being in the posttest (1096/695) and social competence in the posttest (1215/843) is significant at the 0.001 level, indicating that there is a significant difference between the two groups in terms of psychological well-being and social competence. The effect size of 0.97 indicates that this difference is large in the population. The results of the covariance analysis showed that the adjusted mean for the experimental group in psychological well-being (65.43) and social competence (41.199) and the mean for the control group in psychological well-being (36.46) and social competence (58.179) were significant at the 0.001 level. Based on these findings, it can be concluded that assertiveness training leads to an increase in psychological well-being and social competence of abused women.

Discussion and Conclusion:

The results of this study demonstrated that training assertiveness skills led to an increase in psychological well-being and social competence among abused women. These findings are

consistent with previous studies, such as those by Garcia et al (15) based on the effectiveness of teaching life skills and coping ability on increasing the dimensions of psychological well-being and also the studies by Sen Errol and Zengel, regarding the effectiveness of life skills based on the effectiveness of assertiveness training to strengthen people's ability to deal with threats and unfortunate situations in life. In explaining these results, it can be stated that Diener et al. (24) believe well-being is equivalent to personal happiness and is associated with experiencing pleasure in the face of dissatisfaction. They define personal well-being as an emotional and cognitive evaluation of life consisting of three main components: life satisfaction, the presence of pleasant emotions (temper and emotions), and the absence of unpleasant emotions (temper and emotions). Increasing psychological well-being is important because happy individuals also exhibit other desirable qualities. On the other hand, abused women, when exposed to assertiveness training, acquire the ability to defend their comprehensive rights courageously and without feeling ashamed. When individuals can assert their legal rights and respect the rights of others, they will experience inner peace and mental well-being.

In this regard, social competence also encompasses factors such as self-awareness, social awareness, communication skills management, and decision-making responsibility. When participants are exposed to assertiveness training and become aware of their abilities and limitations, they interact with others with full awareness. Moreover, when they learn communication skills management, including assertiveness, they employ appropriate communication patterns in their interactions with others. It goes without saying that these behaviors lead to individuals gaining the necessary acceptance in society and being recognized as socially competent individuals.

In fact, assertiveness skills help individuals express their true feelings honestly and establish effective relationships with others. An individual with assertiveness benefits from assertiveness skills that enable them to create social relationships and defend their rights without abusing or dominating others. These individuals have more control over their lives and often achieve their goals. Their success comes from the supportive and effective relationships they establish with others. In essence, assertiveness skills empower individuals to have more self-confidence, strengthen decision-making skills, and the ability to reject unreasonable requests, helping them gain a better and more accurate understanding of their own and others' worlds. Therefore, assertiveness training in abused women, given the frequency and continuity of abuse, has had a significant impact at various levels. Pre-awareness and familiarity with the benefits of assertiveness in everyday life increase self-esteem and subsequently lead to changes and developments in motivational components, which are part of social competence. The discovery of intrinsic motivation laid the foundation for self-awareness and self-acceptance, and abused women realized after the training period that they needed to make targeted efforts to change and improve the stressful and damaging conditions of their lives and stand against abusive and aggressive behaviors.

Another point was the familiarity of abused women with passive, aggressive, and assertive behavior styles, which they found through exercises in role-playing and sharing past experiences. This newfound courage and assertiveness enabled them to verbally and non-verbally resist aggressive behavior and significantly contributed to these women's self-satisfaction. Their desires, needs, and aspirations in setting life goals, which were previously dim and ambiguous, gained new meaning after becoming familiar with individual rights, giving them a fresh sense of control and the ability to manage and control themselves and others relatively, enhancing the components of psychological well-being. It is worth mentioning that, due to individual, social, and cultural differences among abused women, assertiveness training has provided a platform for them to gain a better understanding of themselves and the surrounding issues and to consider themselves worthy of respect, progress, and a life filled with happiness and satisfaction, reporting more happiness and less anxiety in their lives.

Recommendations: It is recommended to increase the generalizability of the results, research be implemented in other regions, communities, and cultures with control of other influential factors such as women's employment status, socio-economic conditions, and family support. Given the effectiveness of assertiveness skills training in improving psychological well-being and social competence at the practical level, it is recommended that such group training sessions be conducted in support organizations for abused women, including welfare organizations, law enforcement agencies, and courts, in addition to providing immediate assistance for preventing re-injury, providing a basis for improving the quality of life for this group of women.

Research Limitations: The limitation of the research scope to women attending the social injury emergency department in Langaroud city and the lack of control over some of the variables influencing the level of abuse and the dimensions under study, such as women's employment status, spousal addiction, socio-economic conditions, and family support, were limitations of this study.

Practical Implications: The results of this research can be used to help women who have been abused by all kinds of violence to successfully return to the family and society, as well as to prevent the reoccurrence of harm.

Ethical Considerations: This research is derived from the master's thesis of Ms. Reuniz Sadat Bani Hashemi Golsefidi under the supervision of Dr. Fatemeh Pour Agha and consultation with Dr. Sayed Omid Sotoodeh in the field of General Psychology at the Simaye Danesh Higher Education Institute. Furthermore, to carry out ethical considerations, after coordination and obtaining permission from the Welfare Organization of Guilan Province and Langaroud city, informed consent forms were obtained from each participant to ensure that their information would remain confidential and only be used for research purposes.

Conflict of Interest: The authors declare no conflict of interest.

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References:

1. Eikemo R, Barimani M, Elvin-Nowak Y, Eriksson J, Vikström A, Nyman V, et al. Intimate partner violence during pregnancy—Prevalence and associations with women's health: A cross-sectional study. *Sexual and Reproductive Healthcare*. 2023; 36: 100843 doi: 10.1016/j.srhc.2023.100843
2. Sanz- Barbero B, Baron N, Vives- Cases C. Prevalence, associated factors and health impact of intimate partner violence against women in different life stages. *PLOS One*. 2019; 4(10): 221-234. doi: [10.1371/journal.pone.0221049](https://doi.org/10.1371/journal.pone.0221049)
3. Gubi D, Nansubuga E, Wandera SO. Correlates of intimate partner violence among married women in Uganda: A cross-sectional survey. *BMC Public Health*. 2020; 20:1008, <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09123-4>
4. Derakhshanpour F, Mahboobi HR & Keshavarzi S. Prevalence of domestic violence against women. *Journal of Gorgan University of medical sciences*. 2014; 16(1): 126-31. <http://goums.ac.ir/journal/article-1-1986-en.html>
5. Moasheri M, Miri MR, Abou Alhasan Nezhad V, Hedayati H, Zangoie M. Survey of prevalence and demographical dimensions of domestic violence against women in Birjand. *Modern Care Journal*. 2012;9(33):32- 9. <http://bsid.bums.ac.ir/dspace/handle/bums/5227>
6. Zeus L, Joy E. White woman: or, the abused abuser's role in U.S. educational stratification. *International Encyclopedia of Education*. 2023; 23(6): 206-2018. doi.org/10.3138/jehr-2021-0046
7. Hebert M, Langevin R, Daigneault I. The association between peer victimization, PTSD, and dissociation in child victims of sexual abuse. *Journal of Affective Disorders*. 2016; 193: 227-232. doi: 10.1016/j.jad.2015.12.080
8. Hajar kargar M, Akbari Amarghan H, Nejat H, Ormoz E. Comparison of the effectiveness of motion-based therapy and acceptance-based therapy on disaster perception and mental well-being in people recovering from covid-19 disease. *Applied Family Therapy*. 2022; 9:373-389. doi:10.22034/AFTJ.2022.319678.1307
9. Sequeiros H, Oliveira T, Thomas MA. The Impact of IOT Smart Home Services on Psychological Well-Being. *Information Systems Frontiers*. 2022; 24(3):1009-26. <https://link.springer.com/article/10.1007/s10796-021-10118-8>
10. Frantz R, Hansen S.G, Machalicek W. Interventions to promote well-being in parents of children with autism: a systematic review. *Review Journal of Autism and Developmental Disorders*. 2018; 5(1): 58-77. doi:10.1007/s40489-017-0123-3
11. Stevenson J.C, Millings A, Emerson L. M. Psychological well-being and coping: The predictive value of adult attachment, dispositional mindfulness, and emotion regulation.

- Mindfulness.2019; 10(2): 256-271. <https://link.springer.com/article/10.1007/s12671-018-0970-8>
12. Gomez-Lopez M, Viejo C, Romera E.M, Ortega-Ruiz R. Psychological well-being and social competence during adolescence: Longitudinal association between the two phenomena. *Child Indicators Research*. 2022; 15: 1043-1061. doi.org/10.1007/s12187-021
 13. Junttila N, Vauras M, Niemi P.M, Laakkonen E. Multisource assessed social competence as a predictor for children's and adolescents' later loneliness, social anxiety, and social phobia. *Journal for educational research online*. 2020; 4(1): 73-89. doi: 10.25656/01:7052
 14. Zare M, Baratali M. The effect of brain-based teaching- learning strategies on social competence of first grade of elementary school students in Isfahan City. *Farhan Gian University Quarterly journal of education studies*. 2022; 8(32): 75-85. https://journals.cfu.ac.ir/article_2548
 15. Garcia D, Al Nima A, Kjell N.E. The affective profiles, psychological well-being, and harmony: environmental mastery and self-acceptance predict the sense of a harmonious life. *Published online*, 2014; 3(3): 349. doi: 10.7717/peerj.259
 16. Speed B.C, Goldstein B.L, Goldfried M.R. Assertiveness training: A forgotten evidence-based treatment. *Clinical Psychology: Science and Practice*. 2018; 25(1): e12216. doi.org/10.1111/cpsp.12216
 17. Augustine R. A descriptive study of assertive behavior among nurses at their work place in a selected Hospital, Ludhiana, Punjab. *International Journal of Development Research*. 2019; 9(12): 32658-32661. <https://www.journalijdr.com>
 18. Cecen-Eroul A, Zengel M. The Effectiveness of an Assertiveness Training Programmed on Adolescents' Assertiveness Level. *Elementary Education Online*. 2009; 8(2): 485-492. <https://core.ac.uk/download/pdf/230031006.pdf>
 19. Iranmanesh S.I, Sabet M, Beliyad M, Tajeri B. The Effectiveness of "Assertiveness and Effective Communication Skills" Training on Self-Esteem and Body Self-Relations in People with Chronic Skin Diseases. *Journal of Health Promotion Management*. 2022; 11 (2): 84-97. doi: 10.22034/JHPM.11.2.84.
 20. Ryff C.D. Psychological wellbeing meaning measurement and implications for psychotherapy research. *Psychotherapy and Psychosomatics*, 1996; 65(1): 14-23. doi: 10.1159/000289026
 21. Agha Virdinejad SH, Akbari B, sadeghi A. Comparison of the Effectiveness of Cognitive-Behavioral Therapies and Acceptance and Commitment on Quality of Life and Mental Well-Being of Mothers of Children with Autism Spectrum Disorder. *Community Health Journal*. 2022; 16(3):14-26. <https://sid.ir/paper/1067836/en>
 22. Felner R.D, Lease A.M, Philips R.C. Social Competence and the Language of Adequacy as a Subject Matter for Psychology: A Quadripartite Travel Framework. *Learn Disable Res*. 1990; 8: 222-236.
 23. Abolghasemi A, rezaee H, Narimani M, Zahed Babolan A. A Comparison of social competence and its components in students with learning disability and students with low, average and

- academic achievement, journal of learning disabilities. 2012; 1(1): 6-23.
<https://sid.ir/paper/210116/en>
24. Diener E.D, Oishi S.H, Lucas R. E. Personality construct, and cognitive evaluation of life. Annual Review of Psychology. 2003; 45: 403-425. doi.10.1146/annurev.psych.54.101601.145056