WORK VALUES AND ASSERTIVENESS IN THE EMPLOYED AND UNEMPLOYED EPILEPTIC

BY
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by

Jean Davis Gray
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Abstract of Dissertation Presented to the Graduate Council of the University of Florida in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

WORK VALUES AND ASSERTIVENESS IN THE EMPLOYED AND UNEMPLOYED EPILEPTIC

By

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The purpose of this study was to investigate work values and assertiveness levels in employed and chronically unemployed adult epileptics. The Adult Self Expression Scale (ASES), and the Work Values Inventory (WVI) were administered to two hundred adult epileptics in the North Florida area. This sample included one hundred employed and one hundred chronically unemployed adult epileptics.

A t-test for independent groups was used to determine if significant differences exist in assertiveness levels and work values between the employed and chronically unemployed. The employed group scored significantly higher on the ASES than did the chronically unemployed group. The minimum
value scored by the employed group was 59 and the maximum value was 163. A t-value equal to -7.8255 was obtained with the probability of obtaining that value at .0001. The minimum value on the WVI for the chronically unemployed group was 76 and the maximum value was 193. The range of scores for the employed was 122 to 257. A t-value equal to -10.8155 was obtained with a probability of obtaining that value at .0001. Employed epileptics scored significantly higher on the WVI than chronically unemployed epileptics.

A Pearson product moment correlation was utilized to determine if a significant relationship between the Adult Self Expression Scale (ASES) and the Work Values Inventory (WVI) exists for the employed and for the chronically unemployed group. The Pearson product correlation yielded a correlation coefficient equal to .5554 with a probability of obtaining that coefficient of .0001. The correlation is moderately high and it is significant at the .0001 level. There is a significant relationship between assertiveness levels and work values as measured by the ASES and the WVI for employed epileptics.

Based on the results of this study there is a need for assertion and work values training with chronically unemployed adult epileptics. Since a positive relationship exist between assertion and work values, providing one of those services may increase both levels and decrease duplication of services.
CHAPTER I
INTRODUCTION

Two to four million Americans have epilepsy, approximately one in every fifty persons (Epilepsy Foundation of America, 1979). Epilepsy is a nondiscriminating disorder. It can occur at any age, affects all ethnic groups, and is equally distributed between the sexes. It impairs the abilities of the person who has it only during the seizure itself and the usually short period of recovery time afterwards. Most people with epilepsy, therefore, are persons with only a part-time disability.

The history of epilepsy is probably as old as humanity. One can find references to the "falling sickness" in Greek writing as early as the 5th Century B.C. The first detailed discussion is attributed to Hippocrates who, in the book On the Sacred Disease, explained in detail the mechanism of epileptic seizures. People of that time looked upon convulsing movements, periods of blankly staring and seemingly aimless wanderings, as being symbolic of a person's closeness to the gods.

In ancient Rome if a citizen had a seizure, this was taken as a sign "from the gods" to adjourn the Senate. Hippocrates (400 B.C.) changed the direction of thinking on
epilepsy when he wrote, "It is thus with the disease called sacred; it appears to me to be nowise more divine nor more sacred than other diseases, but has a natural cause from which it originates like other affections" (Epilepsy Foundation of America, 1979, p. 67).

Centuries later the pendulum began swinging toward another extreme. Persons with epilepsy were believed to be possessed by evil spirits. Exorcism by ritual and torture have been practiced in many societies. The epileptic was feared and in some cases executed (Epilepsy Foundation of America, 1979).

While the facts about epilepsy are being taught, many of the misconceptions that have surrounded this disorder remain. "Unlike other disabilities, epilepsy carries with it a unique problem: the profusion of misinformation and a body of ancient superstitions" (Temkin, 1945, p. 48). As a result, until 1969 there were still states with statutes forbidding the marriage of persons with epilepsy. In one state, applicants for a marriage license were forced to attest that they were not "idiot, epileptic, or common drunkard" (Wilder, 1968). Until recently there were states that specifically authorized the sterilization of institutionalized persons with epilepsy and one in particular that retained a law which permitted the involuntary sterilization of its epileptic citizens whether they were institutionalized or not.

Though a positive measurable change in public attitudes has occurred many barriers remain for the person who carries
the label of epileptic, irrespective of the control of their seizures (Caveness, Merritt, Gallup & Ruby, 1965). Many discriminatory state laws have been repealed and further legislation is now supporting rehabilitation, training programs, and vocational education. Still, the degree of success rehabilitation personnel achieve with the epileptic client is considerably lower than that for other disability groups (Risch, 1972).

Statement of the Problem

Medical science has done much to render the person with epilepsy seizure-free or seizure-controlled. Statistics show that 50 percent of those with epilepsy have complete control and another 30 percent have only occasional seizures. Karan (1972) states that 75-85 percent of those people with epilepsy can have enough control to live normal lives. Seizures need not in themselves be a barrier to any aspect of everyday living, particularly employment.

As Hibbard (1945) pointed out, the question "are epileptics employable?" should be answered no differently from the question, "are people employable?" During the past ten years, unemployment among persons with epilepsy has reached 25-30 percent. In 1972, Social Security reported that the unemployment rate for the disabled was 7.4 percent in 1966, compared to unemployment of 3.7 percent for the nondisabled. The unemployment rate for the severely disabled was 11 percent in 1966, while at the same time, persons with epilepsy had an unemployment rate of 15-25 percent.
Wilder (1968) stated, "... There are relatively few patients who are so severely involved with seizures that productive work cannot be performed in spite of their occurrence. Why then do unemployment statistics for epileptics run better than 2 to 1 when compared to the national average? Perhaps there is something beyond the actual seizures" (p. 87). The Epilepsy Foundation of America (1979) stated that one of the major barriers to employment in this population is psychosocial, psychological and behavior problems. Lerman (1977) supports this notion by stating "many epileptics are almost unemployable because of personality problems, not the actual seizures" (p. 265).

Numerous researchers in the area feel vocational counseling is a necessity for the epileptic individual (Dennerll, 1970; Muthard, 1975; Rodin, 1972 and Wilder, 1968). The value of counseling for the person with epilepsy and who is entering work was affirmed by the Belgian experience which showed that next to adequate medical control of seizures, the most important contribution to successful work adjustment was guidance from an experienced counselor (Sorel, 1972). Numerous studies indicate counselors lack knowledge and skills in working with the unique problems of the epileptic client (Jacks & Toubbeh, 1975; Muthard, 1975 and Wright, Gibbs & Linde, 1962).

Epilepsy costs the nation more than four billion dollars each year (Epilepsy Foundation of America, 1979). Many of the people it affects need to be vocationally
rehabilitated. The epileptic population can provide valuable human resources and be both economically and socially productive.

Many feel that the rehabilitation process for the epileptic is insufficient. The Maryland Developmental Disabilities Council (Freeman, 1977) found that the rehabilitation of persons with epilepsy is far from optimal. Less than half of those in their study who had completed rehabilitation training were employed, and only one-third of those who were employed had full-time jobs. The majority of those who were employed had found their own jobs and were not working at jobs for which they were trained. The fifty percent who were not employed were not getting help from their counselors.

In an attempt to understand the apparent weakness in the rehabilitation process of the epileptic client, Jacks and Toubbeh (1975) conducted a survey of rehabilitation agencies throughout the fifty states and 87 percent responded to the survey. The results indicated that the major barrier to the rehabilitation of persons with epilepsy was (1) inappropriate and negative attitudes toward epileptic clients, and (2) inadequate counselor knowledge of how to work with the epileptic client, especially in the area of employment. All forty-two states that responded to this survey indicated that the major need in the rehabilitation of the epileptic is further exploration of why employment is the major problem for this population and how counselors can become more effective in solving that problem.
Placing the client with a history of epilepsy into competitive employment can be a difficult and frustrating task for the rehabilitation counselor. It has been found that "counselors frequently experience frustration and failure in well-intentioned but ill-informed efforts to place epileptics in suitable employment" (Wright, Gibbs & Linds, 1962, p. 113). Likewise, Muthard (1975) stated "... it is often the counselor's lack of knowledge rather than the characteristics of the disorder that is responsible for poor service delivery to the epileptic client" (p. 76). Yet, a review of the literature shows little attention being paid to changing this shortcoming. "Efforts to help the client with epilepsy have basically remained in the medical treatment domain, yet the consequences faced by the client with epilepsy more often occur in society" (Hopkins & Scambler, 1977, p. 43).

Eighty percent of the two to four million Americans with epilepsy are able to work (Epilepsy Foundation of America, 1979). The unemployment rate for epileptics is presently 25-30 percent; over twice that of the national average (Epilepsy Foundation of America, 1979). This population is capable of providing economically for itself and need not be dependent upon the rest of society.

**Purpose of the Study**

It is the purpose of this study to investigate work values and assertiveness in employed and chronically unemployed epileptics.
The Adult Self Expression Scale (ASES) (Gay, 1974) will be used to determine assertiveness and The Work Values Inventory (WVI) (Super, 1970) will be used to assess the goals which motivate individuals to work.

By examining work values and assertiveness in the epileptic population, we will gain a better insight into why employment consistently remains a major problem for these individuals. This would provide needed information for rehabilitation counselors working with the chronically unemployed epileptic.

Research Questions

1. Do work values in the employed epileptic differ from the unemployed epileptic?
2. Do levels of assertiveness differ in the employed and unemployed epileptic?
3. Is there a relationship between work values and assertiveness behavior levels in employed and unemployed epileptics?

Definition of Terms

The following terms will be used in this study:

Assertive Behavior--assertion is the direct and appropriate communication of a person's needs, wants, and opinions without punishing, threatening, or putting down others and doing this without fear during the process.

Chronically Unemployed--one who has been out of work for a year or longer or has had a series of jobs that were held less than six months at a time.
Disability—a condition of impairment, physical or mental, having an objective aspect that can be medically described.

Employed—one who has held the same job for six months or longer.

Epilepsy—a symptom, a manifestation of abnormal cerebral function which may be due to a large number of different causes; not a specific or a single chronic disease of the brain.

Types of Epilepsy

Grand Mal—a seizure type. Muscles become tense, the body rigid, followed by a temporary loss of consciousness and violent shaking of the entire body. Usually lasts about two to five minutes.

Petit Mal—seizures characterized by sudden loss of awareness, by a vacant and glassy stare, and by sudden interruption of the activity in which the individual was engaged, including speech; lasts from four to thirty seconds; occasionally accompanied by subtle swallowing movements or lip smacking. Also referred to as absence seizures.

Psychomotor Seizure—a seizure characterized by altered awareness, repetitive actions and sometimes amnesia; occurs mainly in temporal lobe epilepsy.

Temporal Lobe Seizure—seizures arising in the temporal lobe, often called psychomotor seizures. About one-fifth of all epileptic attacks are of this kind.
Rehabilitation—a process of restoring disabled individuals to the fullest physical, mental, social, vocational and economic usefulness of which they are capable.

Rehabilitation Process—a four phased process in order of implementation: the evaluation of the client, planning with the client a course of action, implementing the planned treatment and termination after successful completion of all phases.

Seizure Control—the control of epileptic seizures using anti-convulsant medications, that allow the individual to live as close to normal as possible.

Seizure Free—the complete and absolute control of all seizure activity with the use of anticonvulsant medication.

Organization of the Remainder of the Study

The following review of the literature will explore the development of work values and how the onset of a disability such as epilepsy may cause problems in this development. Assertiveness and nonassertiveness will be explored and how this is related to employment and/or unemployment.

This will be followed by the methodology section which will contain population, sample, hypotheses, instruments, and analysis of data.
CHAPTER II
REVIEW OF RELATED LITERATURE

The Development of Work Values

"A value is a learned belief so thoroughly internalized that it colors the actions and thoughts of the individual and produces a strong emotional/intellectual response when anything runs counter to it" (Barry & Wolf, 1965, p. 42). The individual operating on the basis of a learned value feels he/she must think and behave in a certain way because it is right or good.

Speaking of values in general, Super (1975) feels that to a considerable extent they are family derived. Parents begin teaching certain values the day the child is born and reinforce learning through various types of rewards and punishments. Furthermore, some studies indicate that this is also true of work values (Centers, 1948; Friend & Haggard, 1948; McAauther, 1955 and Porter, 1954).

A child who learns to value work, often is one who is raised in an environment conducive to that. Values the child adopts can be transmitted from the parents through verbal and nonverbal communication (Barry & Wolf, 1965). It becomes apparent, when a father works double shifts or
moonlights or the mother becomes employed in order to improve both style and standard of living, that work is necessary and/or good. Miller and Form (1951) have vividly described the emphasis on the value of money and the importance of "getting ahead," and how these values are transmitted to the young child by family members.

The child may learn that certain types of behaviors are associated with work and is often encouraged to develop these behaviors in the home environment. Accepting responsibility, for example, may be taught by assigning household chores to the child. Rewards are often given in the form of money or praise for extra work done such as raking the yard or washing the family car. Wright (1980) stated, "... the family provides the behavioral patterns and motivational systems that induce the child to achieve and become productive" (p. 87).

The school system often continues the process of learning the values of work. Miller and Form (1951) identify five prescriptions about good work ways which the school teaches.

1. The pupil is trained to stay on the job and learn his/her lessons.
2. The pupil is encouraged to develop initiative and to rise socially.
3. The pupil is trained to obey authority.
4. The pupil is trained to develop character.
5. The pupil is trained to get along with teachers and schoolmates.
Through such instructions, the young child is helped to prepare for the world of work.

The individual often experiences the first direct contact with the world of work through a part-time job after school and on weekends, or possibly a full-time job during the summer months. Although this job may be seen as only temporary, the individual may learn that certain expectations and/or behaviors must be met in order to hold the job.

Numerous research studies in the area of interest measurement relate personality factors to interest patterns, with the general conclusion that occupational interest reflects the value orientations, the needs and the motivations of individuals (Darley & Hagenah, 1955). Values orientation, in particular, appears to be closely linked with vocational choice and development. There are few occupations which can satisfy all the needs of an individual and, as Ginzberg (1951) suggests, a compromise occurs which takes into account, among many things, the values of the individual.

What one values one chooses. Once this compromise is made and the occupation is selected, at least tentatively, the process seems to reverse and it becomes more a question of valuing what was chosen than choosing what is valued (Kinnane & Gaubinger, 1963). The degree to which one values his/her chosen occupation depends largely on the satisfaction he/she is receiving from that occupation.

Ginzberg, Ginzberg, Alexrad and Herma (1951) identified three different types of satisfactions related to occupation.
First, there are the intrinsic satisfactions which come from two sources: (1) the pleasure which is derived from engaging in work activity (functional pleasure), and (2) the sense of accomplishment which is experienced from meeting social standards of success and personal realization of abilities through achievement. Second, there are the concomitant satisfactions which are associated with the physical and psychological conditions of a person's work. These could include working in a clean, air conditioned plant, having many fringe benefits, enjoying congenial co-workers, being employed by a company with worker orientation, etc. Third, there are the extrinsic satisfactions which are the tangible rewards of work, i.e., pay and bonuses. (p. 421)

Work Values and the Disabled

Any discussion of work values must take into consideration the environmental variables that contribute to and/or influence the shaping of those values. The early onset of a disability, for example, may influence the formation of work values. The child who is born with or experiences the early acquisition of a disability often does not follow the same maturation process in developing work values and work roles that the "normal" child may experience. Gellman (1961) contrasted the situation of the normal child to that of the disabled child.

The disabled child is often deprived of the complex of family chores and responsibilities which develop a sense of productivity and work satisfaction. The birth of a child with an apparent disability may induce parental attitudes of overprotection or rejection which limit independent activities. School often brings segregation or isolation. Lower standards for the handicapped may well diminish the achievement drive. Prejudice against the disabled person restricts opportunities for summer or after school work. As disabled young adults, they lack the knowledge and experience which underpin a work personality. Having learned how not to work, they see themselves as unproductive and unable to work. (p. 283)
Epilepsy and Work Values

Epilepsy may strike at any age, but it is predominantly a disorder of youth. At least three fourths of all cases begin in the first two decades of life (Lennox, 1960). An estimated 90 percent of these cases have no known causes (Epilepsy Foundation of America, 1979).

Parental reactions and attitudes toward epilepsy will, to a large extent, determine how the child will interpret their disability. Lerman (1977) found that 80 percent of the families studied reacted poorly and had a change in attitude toward the epileptic child after a diagnosis of epilepsy had been disclosed to them. Lerman (1977) stated, "I claim that a major factor in the genesis of psychosocial problems in the epileptic, obviating employment, is faulty upbringing, namely a wrong parental attitude toward the epileptic child" (p. 265).

Since American culture places a high premium on perfection, the parents of an epileptic child may mourn the loss of a perfect, "normal" child and react with depression (Olshansky, 1962). Some parents become more than depressed and reject the epileptic child either partially or completely (Lennox & Mohr, 1950). Other parents, as Freud's (1946) work on ego suggested, may become emotionally smothering and oversolicitous as a reaction formation to their unconscious rejection of the epileptic child. Such parental responses may arrest healthy ego development of the child and cause a loss of ego strength, the very quality
that the child needs in order to cope with the psychosocially stressful aspects of their disability (Goldin & Margolin, 1975).

Particularly damaging to later adjustment is the attitude of guilt and resentment on the part of the parents and the overprotection that results (Goldin & Margolin, 1975; Lennox, 1960; Lerman, 1977 and Wright, 1980). The desire to protect the handicapped child sometime becomes an irrational obsession. To quote Lennox (1960), "Many parents believe it their duty to keep the epileptic child always in sight and forbid all activities which involve danger" (p. 212).

An example of extreme overprotection is illustrated by Lerman (1977) in the case of a twenty-three year old male client who had never had a job. During his childhood he had petit mal seizures, subsequently followed by rare grand mal episodes. All through high school his mother escorted him to school in the morning and home in the afternoon. When the boy was seventeen, his father shaved him every morning since he could not be trusted with a razor.

Epileptologists and counselors have become all too familiar with parental overprotectiveness and the problems that result. It is well known that the tendency of parents to overprotect a child can be greatly increased by the existence of a physical or mental disability. Aware of the many adverse attitudes concerning epilepsy and because of the possibility of injury as a result of one having a seizure, many parents exert an even greater effort to protect their epileptic child. To quote Lerman (1977),
Many seizure-free epileptics are almost unemployable not because of cerebral dysrhythmia or feeblemindedness, but because of personality problems as a result of parental overprotection. Apart from the personality disturbances due to organic brain disease and/or seizures, the epileptic is often afflicted with maladjustment problems, including lack of emotional maturity, dependency, and motivation to work, which are purely psychogenic and not produced by the epilepsy per se. (p. 265)

Numerous other researchers in the area support this statement.

Kaye (1951), investigating psychosocial maladjustment in children with petit mal epilepsy, found an impaired parent/child relationship as a cause. In all instances there was parental rejection leading to hostility or compensatory overprotection. In another study Pond and Bidwell (1954) found that 40 percent of their patients had difficulties in social adjustment due to behavior problems as a result of parental overprotectiveness. Kanner (1960) supported this by stating that "overprotection may result in spoiled behavior and retardation of mental and social maturation" (p. 266). Finally, Fox (1947) states that "physical danger likely to occur is really less than the mental damage resulting from overprotection" (p. 266).

In a review of 100 children suffering from benign focal epilepsy of childhood, Lerman and Kivity (1975) compared two groups. One retrospective and the other prospective, which were similar clinically but differed in the way in which they had been brought up due to dissimilar attitudes on the part of the treating physicians and the parents. In the
older retrospective group, a guarded prognosis had been pronounced and excessive restrictions had been imposed resulting in anxiety, overprotection and overindulgence in most cases. In the prospective group, the favorable prognosis was stressed, the parents were told that full recovery would ensue within several years, and they were warned against overprotection and overpermissiveness. In the former group, emotional difficulties, dependency, behavior problems and social maladjustment were much more prominent. Thus, we have the same kind of epilepsy but different psychosocial consequences, clearly due to environmental factors. To quote Livingston (1972), "the epileptic individual who has been treated as if they were as fragile as a piece of crystal does not have the opportunity to develop the independence and self-reliance that is so essential in the field of employment" (p. 436).

The most disastrous advice, often given by those involved in the care and treatment of the epileptic child, is that they should not be angered, aggravated, or opposed lest they have a seizure. This attitude may well result in the parents becoming overpermissive and overindulgent and in the child's becoming pampered and spoiled. If this attitude is present, that could affect these individuals formation of work values. This study will examine work values in employed and unemployed epileptics.

What Is Assertive Behavior?

Assertive behavior enables a person to act in his/her own best interest, to stand up for herself or himself without
undue anxiety, to express honest feelings comfortably, or to exercise personal rights without denying the rights of others.

1. To act in one's own best interest refers to the capacity to make life decisions (career, lifestyle), to take initiative, to trust one's own judgment, to set goals and work to achieve them, to ask help from others, to comfortably participate socially.

2. To stand up for oneself includes such behaviors as saying "no," setting limits on one's time and energy, responding to criticism or put downs or anger, expressing or supporting or defending one's opinion.

3. To express honest feelings comfortably means the ability to disagree, to show anger, to show affection or friendship, to admit fear or anxiety, to express agreement or support, to be spontaneous, all without painful anxiety.

4. To exercise personal rights relates to one's competency (as a citizen, as a consumer, as a member of a work group) to express opinions, to work for change, to respond to violations of one's own rights or those of others.

5. To not deny the rights of others is to accomplish the above personal expressions without unfair criticisms of others, without hurtful behavior toward others, without name-calling, without intimidation, without controlling others. (Alberti & Emmons, 1981, p. 28)

Assertive behavior is further defined as knowing what you need and want, making this clear to others, working in a self-directed way to get your needs met while showing respect for others.

Above all, being assertive requires honest self-disclosure. Assertive people communicate honestly and directly; they express feelings, needs, and ideas and stand up for their rights; they are capable of acting in their own behalf; they take the initiative in meeting their needs; and they ask for information and for the assistance of others when they need it.
You will know you are behaving assertively when you experience feelings of reduced anxiety and increased satisfaction, self-esteem, self-confidence, and when more of your important needs are being met. Others will often respond more positively to you, and some of your relationships will become more satisfying (Adams, 1979, p. 24).

"Assertive individuals are expressive, spontaneous, well-defined, confident and able to influence and lead others" (Galassi, Delo, Galassi & Bastien, 1974, p. 1962).

**What Is Nonassertive Behavior?**

Alberti and Emmons (1981) discuss two concepts of nonassertiveness which are useful in understanding and developing more adequate responses to life situations which call for assertiveness.

1. **Situational nonassertiveness** refers to those individuals whose behavior is typically adequate and self-enhancing; however, certain situations stimulate a great deal of anxiety in them which prevents fully adequate responses to that particular situation, i.e., job interviews.

2. **Generalized nonassertiveness** refers to those persons whose behavior is typically nonassertive. This individual, often observed as shy, timid, or reserved, is unable to assert rights or act on feelings under most or nearly all circumstances. The generally nonassertive person is one with very low self-esteem (p. 15).
Nonassertive behavior means not expressing your feelings, thoughts, needs, wants, opinions to others—failing to act in self-directed ways to meet your important needs.

Nonassertive people react rather than act; they spend much time and energy responding to what others say and do instead of taking the initiative for communicating and acting on their own. Many nonassertive people are so overcome with anxiety that they won't express even their most ordinary feelings, needs, and opinions. When they do express their ideas or needs, they often do it in such a self-effacing way that other people disregard or ignore them (Adams, 1979, p. 21).

"Nonassertive persons, more often feel inadequate and inferior, have marked tendencies to be oversolicitous of emotional support from others and exhibit excessive interpersonal anxiety" (Galassi, Delo, Galassi & Bastien, 1974, p. 1962).

**Employment and Assertiveness/Nonassertiveness**

Once a month, prominent press coverage is given to one statistic for the entire country. It is published by the U. S. Government Bureau of Labor Statistics and it is the unemployment figure. This figure for June 1982 was 9.5. The annual average of unemployed persons for 1981 was 8,237,000.

"The business of getting hired is a ruthlessly competitive race. Perhaps you won't see them, but you are running with a pack of competitors" (Pettus, 1981, p. 31).
So what does employment have to do with assertive/nonassertiveness? There is a process that everyone must go through, at least partially, in order to join the ranks of the employed. The following will examine the various steps in this process and show how assertiveness is a factor in each of these steps.

The Job Hunt

The whole process of the job hunt in this country is Neanderthal. Year after year, our systems condemn man after man and woman after woman to go down the same path, face the same problems, make the same mistakes, endure the same frustrations, go through the same loneliness, and end up still unemployed. When we turn to the "experts" in this field to say, "show me a better way", we are chagrined to discover they are just as baffled by this job hunt, and just as aware that they haven't yet come up with the answer to it, as we are. (Bolles, 1981, p. 39)

The job hunt should ultimately begin with choosing what type of work one wants to do. A forty-hour a week job, done for fifty weeks a year, adds up to 2,000 hours annually. A study by Columbia University revealed that the overwhelming majority of Americans, 90 percent, would prefer an occupation other than their present one. Taking time to proceed carefully and thoroughly in choosing your work will probably find you happier in the long run and choice is the most key element in assertiveness (Alberti & Emmons, 1981).

Assertiveness training has been used to teach job hunting skills. The Career Choice Information Center (CCIC) at the University of Texas has applied the concept of assertiveness to the development of effective job hunting skills. The Assertive Job-Hunt Survey (AJHS) was administered at the
beginning and end of two different sets of assertive job hunting classes. These classes applied the concept of assertiveness by suggesting how job hunters can act on their environment to procure information, establish contact persons in organizations, and so on. The two separate groups or sets of students taking the AJHS at the beginning and end of four week classes in assertive job hunting showed a significant increase in scores from pre-test to post-test. Average increases in scores were 27 and 21 points (Becker, 1980).

The Interview

Nobody has ever gotten a job offer of any kind, at any salary, at any point in history, without first having that meeting known as the interview. For too long, misdirected job applicants have treated this crucial meeting as though it hardly matters. In fact, the interview is all that matters. Win the interview and you'll get hired. (Pettus, 1981, p. 6)

As the job market becomes progressively more competitive, the job interview becomes more important. The ability to effectively communicate appears to be a crucial factor in the selection process (Drake, Kaplan & Stone, 1972; Tschiragi, 1973). The job seeker must be prepared to effectively communicate verbally and nonverbally in the job interview (Lumsden & Sharf, 1974).

Onoda and Gassert (1978) discuss several reasons why job seekers have difficulty effectively communicating during a job interview. The first is that they are often unprepared or lack knowledge of the purpose, importance, and the
process of the job interview. In essence, the job interviewees do not know how to effectively say what is important. Second, even if the interviewees comprehend the types of information to communicate about themselves, nonverbal communication may undermine their efforts. It is not only what one states about oneself, but also how one acts or responds behaviorally that communicates a message to the interviewer. Third, the job interviewee may have a faulty belief system (attitudes, opinions and beliefs) that inhibit effective communication.

Assertiveness is communicating yourself and your ideas (Alberti & Emmons, 1981). Assertion training was developed as a technique to help individuals more effectively express their rights, wants, and feelings in interpersonal situations (Alberti & Emmons, 1981; Fensterheim, 1972; Wolpe & Lazarus, 1966). Assertion training not only includes the elimination of maladaptive behaviors, but training in new responses. Various techniques have been employed in assertion training such as reciprocal inhibitions, shaping, modeling, coaching, behavioral rehearsing, and modifying negative self talk (Alberti & Emmons, 1981; Eisler, Hersen & Miller, 1974; Lange & Jakubowski, 1976; McFall & Marston, 1970; Wolpe & Lazarus, 1966).

Assertion training has been used to improve job interview behaviors. McGovern (1976) adapted the assertion training model to help individuals more effectively communicate information about themselves in an employment interview. Groups of 12-20 individuals participated in one four
hour workshop. The term assertion as used in these workshops placed more emphasis on effective communication than on standing up for personal rights, as defined by the more traditional assertion training programs. The group divided into triads, with one person acting as the interviewer, one person as interviewee, and the third person acting as an observer. Each triad member was given the opportunity to play each of the roles. Group members were given direct feedback as to how he or she projected assertive responses. Videotaping was also used as a direct feedback mechanism. After practicing targeted behaviors in the triad, the entire group reassembled for discussion. During these discussions, leaders focused upon the various principles of assertive behavior rather than offering specific responses to specific questions. Each of the group members were assigned homework tasks that entailed practicing assertive behaviors that were learned. Each member had a follow-up appointment with a counselor to roleplay an entire interview. Final results were significant with participants displaying increased self-knowledge of their qualities, values, strengths, and weaknesses that relate to the job interview.

The main assertive training procedures for groups are modeling, coaching, behavioral rehearsal, and covert rehearsal (Wright, 1980). In behavior rehearsal, participants roleplay the behaviors they are trying to develop. The Job Corps has used roleplaying to teach appropriate assertive job interview skills. Past experience has indicated that
Trainees were often plagued by problems and attitudes concerning the job interview. As a result, strengths emerged that had not occurred before. Trainees indicated they were better prepared for a real job interview, mainly the ability to communicate (Jackson, 1972).

Assertiveness training has been used to improve interview skills for law students. As the job market tightens, the job search for the would-be attorney is becoming increasingly significant (Ball & Nelson, 1979). Perhaps at one time the only prerequisite for a law graduate's employment was a degree. Apparently this is no longer true. Ball and Nelson (1979) stated:

The law graduate now needs an edge. That edge is obtainable through skills in human interaction which can best be learned through assertiveness training for job-seeking groups. Workshops in assertive interview skills are not only helpful, but necessary for the student whose goals throughout law school have been objective and often turned inward, away from "people skills." (p. 42)

Assertiveness skills were evaluated using the Rathus Assertiveness Schedule before and after students participated in four one hour assertiveness training groups. Videotaping was used for discussion and feedback of mock interviews, so that nonassertive responses could be identified. Participants paired off to practice assertive communication skills. At the end of each session, each member was asked "what did you say that made you feel right about your answer?" The forced self-compliment is one way of becoming comfortable with giving and receiving compliments, an important characteristic of the assertive person (Alberti &
Emmons, 1981). Results were significant. After assertive training the participants exhibited a greater sense of control and choice in the job search. This was reflected in a more positive self-concept. The group experienced a greater self-knowledge in terms of their strengths and weaknesses, values, and improved communication skills. "Assertiveness is the indispensible tool of the truly successful lawyer" (Ball & Nelson, 1979, p. 7).

Prozak (1969) found significant improvement in job seeking skills of participants after group sessions using modeling, roleplaying, and videotaping. The sessions emphasized five points: (1) ability to explain one's skills; (2) ability to answer problem questions (poor work history, age, mental or physical problems); (3) appropriate appearance and mannerisms; (4) enthusiasm; and (5) fine points of the interview (calling back closing "would it be alright if I called you on Wednesday to find out about the job?").

LaFitte and Phillips (1980) of the Career Choice Information Center, University of Texas, described a series of job hunting classes developed at their center. The classes included four key objectives.

1. Emphasis on both attitudinal change and skill development.

2. Interaction and communication.

3. Vehicle to deliver career job hunting training.

4. Development of an instrument to access job hunting behavior.
The classes met for four sessions. The concepts taught were structured using the basic principles of assertiveness and effective job hunting behavior. The application of assertiveness to job hunting helped students identify rights and choices in the job hunt, and counter self-defeating thoughts and behaviors. Videotaped feedback, lectures, group discussions, group exercises, homework and roleplaying methods were employed.

Evaluation of these classes indicated that they met the stated objectives.

Many people view assertiveness as a verbal behavior. Indeed it is, but not entirely. The manner in which one expresses an assertive message is just as important as the words used (Alberti & Emmons, 1981). The following will explore the related literature on nonverbal assertive behaviors and how they relate to the job interview.

The Interview and Nonverbal Assertive Behavior

Systematic observations of assertive behavior have led behavioral scientists to conclude that there are several important components which contribute to an assertive act. A number of these components are nonverbal. Alberti and Emmons (1981) discussed ways in which assertiveness can be communicated nonverbally in the following:

1. **Eye Contact**—one of the most obvious aspects of behavior when addressing another person is where you look. If you look directly at the person as you speak, it helps to communicate your sincerity and to increase the directness of your
message. If you look down or away much of the time, you present a lack of confidence, or a quality of deference to the other person.

2. **Body Posture**—an active and erect posture, facing the other person directly, lends additional assertiveness to your message.

3. **Distance/Physical Contact**—distance from the other person has a considerable effect upon communication. Standing or sitting very close suggests a quality of intimacy in a relationship. Coming too close may offend the other person, make him/her defensive, or open the door to greater intimacy.

4. **Gestures**—accentuating your message with appropriate gestures can add emphasis, openness, and warmth. Uninhibited movement can also suggest openness, self-confidence, and spontaneity on the part of the speaker.

5. **Facial Expression**—effective assertions require an expression that agrees with the message. Let your face say the same thing your words are saying.

6. **Voice Tone/Inflection/Volume**—the way we use our voices is a vital element in our communications. If you can control and use your voice effectively, you have acquired a powerful tool in your self-expression.
7. **Fluency**—a smooth flow of speech is a valuable asset in getting your point across in any type of conversation.

8. **Listening**—assertive listening involves an active commitment to the other person. Effective listening may involve the act of giving feedback to the other person so that it is clear that you understand what was said.

The job seeker must be prepared to effectively communicate verbally and nonverbally. Onoda and Gassert (1978) stated, "... there are several reasons why job candidates have difficulty effectively communicating during a job interview. One of the reasons listed was that if the interviewees comprehend the types of information to communicate about themselves, nonverbal communication may undermine their efforts. It is not only what one states about oneself, but also how one acts or responds behaviorally that communicates a message to the interviewer" (p. 492).

Eisler, Hersen and Miller (1974) measured the effects of modeling on eight verbal and nonverbal aspects of assertive behavior. Three groups were used: (1) modeling group, (2) practice-control, and (3) test-retest. Results showed that the modeling group clearly demonstrated more positive effects of treatment than the other two groups. Specifically, the modeling participants showed greater changes in five of the eight variables studied: (1) longest duration of reply, (2) greatest number of request for new behavior, (3) greatest affect, (4) louder, clearer speech, and (5) greatest overall
assertiveness. Ball and Nelson (1979) also found significant positive change in nonverbal assertive behaviors in individuals after participating in an assertiveness training workshop, which placed emphasis on body language, using a handshake exercise to point out the importance of eye contact, facial gestures, body posture, and voice control. Onoda and Gassert (1978) found similar results.

Rogers (1982) stated:

Once inside the door, nonverbal communication comes through in everything from your initial handshake to your facial expressions and the way you sit in your chair. Remember that your body speaks for you, so train it to speak favorably. (p. 119)

The Job

"No man or woman is ever assertive enough. It is a glittering half truth that women fail on the job because they are not assertive. That's true of men too" (Irish, 1978, p. 25).

The best that assertive behavior can do is help you communicate so you feel more comfortable (Baer, 1976). Most jobs require some form of communication, whether it is with an employer, supervisor, or co-worker. Assertiveness training has been used to improve communications in the work place.

Many of the people teaching assertiveness do so in work related situations. Kirkman used assertion training in affirmative action programs that she works up for large corporations. Gold and Flug have had success using assertiveness
techniques in career workshops for women, workshops designed to help women get more from their jobs (Baer, 1976).

Many view passive individuals as the sole losers in interpersonal encounters. Yet, passivity frequently has a detrimental impact upon others also (Hubert, 1982). The supervisor who passively yields to every pressure may eventually destroy the morale of his or her subordinates who become dismayed by lack of leadership or dependable support. The employee who cannot ask for a deserved raise or promotion may become disgruntled and negatively affect company morale. Employees who rarely express their ideas, feelings, and goals deprive their firms of their full organizational participation, deny fellow employees opportunity to interact and develop authentic interpersonal relationships, and hinder their own personal and professional growth. Passive behavior creates a vicious cycle in which unassertive individuals eventually harm everyone—including themselves (Hubert, 1982).

By learning assertion one is actually learning to give and take more equally with others, and to be of more service to self and others (Alberti & Emmons, 1981).

The assertive individual is able to stand up for his/her rights. By expressing themselves forthrightly and effectively, assertive individuals are able to gain the respect of others (Baer, 1976).

Hubert (1982) stated:

... Since ours is an interdependent world in which one must rely on others to obtain even the basic necessities, it appears axiomatic that any
behavior that improves one's ability to express clearly his or her ideas, feelings, and needs and enhances one's interpersonal skills is desirable. Through responsible assertive behavior, people are able to develop mutually rewarding interpersonal relationships, foster their own personal and professional development and therefore, make valuable organizational contributions. (p. 26).

Assertion training has been used to improve job performance of counselors. Flowers and Goldman (1975) found assertion trained counselors were superior to untrained counselors on a set of counselor effectiveness measures. The assertion trained counselors were more effective than untrained counselors at (a) inducing clients to specify the particular conditions under which their problems occurred, (b) inducing the client to clearly define the ways to behave when facing those problems in the future, and (c) helping the client specify precisely how to change his/her behavior in order to reach his/her aforementioned goal.

The Rathus Assertiveness Scale was used to compare the assertiveness of assertion trained counselors with control subjects (there were no pretreatment differences). The mean for the assertion trainee group was +8.12 and the control group mean was -2.38.

Supervisors of professional women employed in the largest 500 industrial firms in the United States were surveyed to see if they felt professional females employed in their companies were assertive enough to function successfully in managerial jobs.

Supervisors of four-year female college graduates felt women needed assertiveness training in the ability to
express feelings by speaking up during meetings, making request of others by delegating workload to subordinates, and dealing with criticism by not letting pressure and opposition affect their work performance (Adams, 1979).

It is very difficult to be successful in business, either your own or someone else's without a reasonable degree of assertiveness (Jeffers & Carr, 1980). Gradually, large business is becoming more aware of the need to be assertive. Jenelyn Block Associates is an affirmative action and organization development firm which began five years ago with career development and assertion programs. They now teach assertiveness training in the following organizations: Bell Laboratories, Agency for International Development, Exxon, Avon, World Bank, United Virginia Bankshares and Hoffman LaRoche.

Research has shown that there are certain variables associated with assertiveness/nonassertiveness. In the following we will discuss these variables and how they relate to employment/unemployment.

Variables Associated with Assertiveness/Nonassertiveness and How They Relate to Employment/Unemployment

Self-Concept

One variable that seems to relate to assertiveness is self-concept. Percell, Berwick and Beigel (1974) found a significant positive correlation between assertiveness and self-concept when they administered a battery of tests, including the Lawrence Interpersonal Behavior Test (for
assertiveness) and the Self-Acceptance Scale of the California Psychological Inventory, to a group of outpatient psychiatric patients. Later, in an experiment to access the effects of assertion training on the same population, they found that as individuals became more assertive they also became more self-accepting (Percell et al., 1974). Numerous other researchers in the area have also witnessed a significant increase in self-concept after assertion training (Ball & Nelson, 1979; Carlson, 1976; Lomont, Gilner, Spector & Skinner, 1969; Mayo & Pearlman, 1977; Onoda & Gassert, 1978; Percell, Berwick & Beigel, 1974).

Self-Concept and Employment

Negative self-concepts frequently foster self-fulfilling prophecies of failure (Hubert, 1982). The person who forsees failure in getting a job will probably be extremely nervous at the employment interview and perform poorly. Employees who retreat from friendly approaches from coworkers because they feel others will not like them may soon find themselves being ignored at the work place. Creative ideas and opinions may never be expressed by the individual who feels he or she has nothing of value to offer. Negative self-concept denies the individual opportunities for professional growth and development as well as opportunities for personal satisfaction and enjoyment (Hubert, 1982).

Self-Confidence

A number of theoreticians in the area of assertiveness have speculated that there is a relationship between a
person's level of assertiveness and their feelings of self-confidence (Alberti & Emmons, 1981). Gay, Hollandsworth and Galassi (1975) found that the subjects scoring high on the Adult Self Expression Scale (ASES) described themselves as more confident than low scorers. Correlational data for the ASES with the Adjective Check List needs scales indicated that high scorers are more achievement oriented, more likely to seek leadership roles and individual relationships, more independent, less likely to express feelings of inferiority through self-depreciation and less deferential in relationships with others. These findings are very similar to the findings of both Bates and Zimmerman (1971) and Galassi, Delo, Galassi and Bastien (1974).

Soucy (1980) found a significant increase in self-confidence in individuals who participated in a program he designed called "Self-Confidence Through Assertive Problem Solving (SCAPS)." Participants met once a week, two hours per session for eight weeks, with 8-10 per group.

**Self-Confidence and Employment**

It becomes critical that one's self-confidence is apparent at the interview. Roger (1982) stated, "... at the interview one will certainly want to be assertive enough to show self-confidence and drive. The potential employees are actually sellers. They are trying to sell a product--themselves. If you are confident in your product your interviewer will be more likely to invest. Indeed to hire an employee is an investment" (p. 47).
In 1982 the College Placement Council conducted a survey to determine traits employers most frequently seek in job candidates. In order of relevance, self-confidence ranked third on a list of sixteen. Northwestern University, in 1981, conducted a survey of 186 companies to determine factors that lead to the rejection of a job applicants. The first three in order read: (1) inability to demonstrate self-confidence, (2) lack of enthusiasm, and (3) inability to demonstrate a clear set of goals (Rogers, 1982).

Coopers and Lybrand, the nation's third largest accounting firm rates job candidates from outstanding to unsatisfactory in a number of areas. They refer to this rating as the "Confidential Performance Report." Number one on the list is initial impression created (self-confidence, poise, maturity) (Jeffers, 1980).

Anxiety

The variable which has received the most attention regarding its relationship to assertive behavior is anxiety. Bates and Zimmerman (1971) administered the Constriction Scale and the Multiple Affect Adjective Check List to 600 students as one of the validation procedures for the Constriction Scale. They found a significant correlation between scores on the two scales which affirmed their hypothesis that anxiety is positively correlated with being nonassertive.

In another study, Galassi, Delo, Galassi and Bastien (1974) found that college students scoring low on a measure
of assertiveness selected adjectives on a checklist that indicated excessive interpersonal anxiety. Gay et al. (1975) using 464 subjects ranging in age from 18 to 60 years, administered the Adult Self Expression Scale and the Taylor's Manifest Anxiety Scale as one of the validation studies for the ASES. They found that the measure of anxiety clearly differentiated low from high assertiveness as identified by the ASES. Percell et al. (1974) hypothesized that there would be significant negative correlation between measures of assertiveness and anxiety. The hypothesis was supported in a study of 100 psychiatric patients. Orenstein, Orenstein and Carr (1975) found the same, using 450 college students.

Assertiveness training has been used to reduce anxiety. Percell, Berwick and Beigel (1974) used two groups of 12 psychiatric outpatients experiencing problems with social or interpersonal skills, who were randomly selected, to participate in eight sessions of either assertiveness training or a relationship-control group. The two groups were basically the same. The Taylor Manifest Anxiety Scale was used as a pre- and post-test. The assertiveness training group showed a significant decrease in anxiety. The control group showed no statistically significant change. Lee (1977) found similar results with a group of nurses who received assertion training. DeLange (1978) used assertiveness training with a group of 120 volunteer women who participated in one of two control conditions over a six-week period. A
significant reduction of anxiety was produced. Lange and Jakubowski (1976) found that after assertiveness training, increased assertion correlated with decreased anxiety with a group of 36 graduate students.

Anxiety and Employment

Almost everyone is apprehensive about looking for a job. This is completely understandable, because one does not look for a job that often. Powell (1981) discussed an individual she was counseling who experienced such anxiety over finding employment that he visited six different employment agencies during the job hunt and never entered any of them. In this situation his fear of being rejected prevented him from even attempting to become employed.

When one is actually in an interview situation the ability to communicate is very important. In 1980, Northwestern University surveyed 166 employers to determine why applicants were not offered jobs. The inability to communicate was second on the list. One who experiences a great deal of anxiety during the interview may not be able to communicate the information needed to secure the job. Fraser (1954) stated, "... In conducting an interview one must get at the facts of a candidate's previous history, and must go into it as thoroughly and in as great detail as possible in the time available. ... It is upon these facts alone that a sound assessment can be established" (p. 32).
Anxiety may also cause problems for the individual who is employed. Powell (1981) gives an example of such a situation in the following:

Leon, an engineer with a major oil company, came to me for help because he experienced severe anxiety symptoms in business conferences and was so uncomfortable making sales presentations that he avoided them whenever possible, though he knew this behavior was preventing his advancement in the company. He initially experienced an anxiety attack while conducting a sales meeting in South America. Unable to complete his presentation, he excused himself and sought medical assistance. This continued for several years. He was referred to a psychiatrist and was using Valium daily. After six months of desensitization and assertive training, medication was significantly decreased and he was making sales presentations on a regular basis. He felt optimistic about his chances for advancement, and his self-image was greatly improved. (p. 163)

The preceding has explored assertiveness and/or non-assertiveness and how this relates to employment in general. It has been shown in the review of the literature that assertiveness plays an important role in seeking employment and functioning at the work site. This role may be even more important to the disabled person.

Assertiveness and/or Nonassertiveness and Employment of the Disabled

The past few years have witnessed an increased emphasis on the use of assertiveness training in the area of rehabilitation (Luck & Lassiter, 1978). Many clients in rehabilitation settings have numerous employability handicaps at the onset of the job seeking process.

Clients who have been institutionalized or hospitalized may have learned certain behaviors that are detrimental to
them vocationally. Ullman and Krasner (1975) noted that patients in institutions are taught to be quiet, docile, and helpful, not assertive, articulate and energetic. Increased medication and bad reports to one's psychiatrist or doctor are frequent consequences for assertiveness. The patient who is hospitalized is frequently rewarded with better care, treatment, and kindness for being the "good patient."

Patients often enter the world of work with irrational beliefs based on experiences such as these. These beliefs may block many social interactions, effective job acquisition, and job maintenance skills (Pifer, Pychowski & King, 1979).

Family and parental conditioning often follows a similar vein. Clients may not be encouraged to challenge their environment and test themselves. They may be treated as "large children" by family members and parents. The cumulative result is one of conditioned helplessness (Seligman, 1975). The client is unable to cope with either work or social situations.

Clients who have been out of the job market for some time, due to a disability, may be handicapped by a lack of marketable skills, poor employment record, employer misconceptions about the candidate's disability, etc. It would seem that such deficits might be remediated through a job interviewing skills training program, especially since the job interview alone often depends on whether the individual get the job. In a polling of 2,500 employers by Prentice-Hall Publishing Company and the American Society for
Personal Administration, the evaluation interview was designated as the single most important employee selection criterion. Stone and Geppert (1979) used assertion training to enhance job interviewing skills of rehabilitation clients. Forty clients (31 male and 9 female) from a large midwestern rehabilitation facility volunteered to serve as participants. They ranged in age from 18 to 57 years. Primary disabilities of the clients were varied and included mild mental retardation, back injury, alcoholism, epilepsy, cerebral palsy, and hearing impaired. All clients were enrolled in work training programs, but none had received any previous training in job placement or interviewing. Pre- and post-tests were used. Post-test showed significant positive effects in the appropriate direction. Stone and Geppert (1979) stated, "... with the present emphasis in rehabilitation on placement, these findings may present some timely suggestions. We urge that roleplay training be incorporated into job seeking skills programs. Clients who learn assertiveness and self-confidence through learning specific interviewing skills are potentially better prepared in actual interviews when they begin to seek employment" (p. 400).

Assertiveness training has been used to improve job interviewing and interpersonal skills training for welfare rehabilitation clients. Successful adjustment to work during the vocational rehabilitation process seems particularly difficult for welfare clients of minority race, those of low socioeconomic status, or those with emotional disabilities.
In a 1954 study, Hana reported supportive findings that indicate that these unemployed persons are often not exposed to, and therefore do not learn, the interpersonal skills or attitudes necessary to impress an employer. Barbee and Keil (1973) also recognized that the hardcore unemployed typically appear passive and unspontaneous in personal interviews. Arnold and Ross (1978) used clients receiving services at the Fort Worth, Texas Rehabilitation Department of Human Resources in an exploratory group treatment program. The State-Trait Anxiety Inventory and the Behavioral Assertiveness Assessment Procedure Rating Scale were used to measure anxiety and assertiveness. Results yielded a significant relative superiority in interview assertiveness for treatment clients ($+$ = 2.835; $p < .025$). Arnold and Ross (1978) stated, "... The differential increase in assertive job interviewing skills seem to indicate that the brief, two hour sessions that focused on assertive interviewing skills were sufficient to produce the desired behavior changes" (p. 18).

For the disabled individual, problems may arise on the job with co-workers or supervisors making it extremely difficult to maintain the position. Interpersonal relations are greatly influenced by disability. Wright (1960) presented a convincing description of the many forms of discrimination experienced by the disabled. As a result of disability, the person often becomes the recipient of negative reactions such as discourteous stares, sympathetic offers of
help, remarks of pity or disgust, excessive curiosity, restrictions on his/her behavior, and disapproval. The disabled individual must deal with such reactions and acquire a positive approach to overcoming the social negativity. Mischel (1978) conducted a study to determine whether assertive training is an effective method for teaching disabled persons to handle negative treatment from others. Participants were 14 disabled persons; 9 students and 5 noncollege students with a mean age of 23 years. Pre- and post-testing utilized the Behavioral Assertiveness Test, the Activity Budget, and the Wolpe-Lazarus Assertive Scale. Following pre-testing, participants were placed in the treatment or control waiting groups. Treatment subjects met three hours weekly for five weeks during which they were presented personal anxiety arousing interpersonal situations which were used as training items. Training included behavioral rehearsal, role reversal, modeling, coaching, feedback and videotaping. Post-test measures revealed that assertion trained subjects reported significantly greater gains in assertive behavior and showed greater improvement in performance on seven criterion measures than did control subjects. Transfer of training to the natural environment was evidenced. This indicates that assertion training could be a valuable method of helping the disabled deal with co-workers and supervisors, which has presented problems for rehabilitation counselors in the past. Among the foremost reasons for
failure of clients placed from vocational rehabilitation centers in job settings is difficulty in interpersonal work relations (Pifer, 1978).

**Assertiveness/Nonassertiveness and the Epileptic**

A study conducted by Joiner, Lovett and Hague (1981) indicated that individuals with neurological disorders, such as epilepsy, are clearly deficit in appropriate self-expression. The Adult Self Expression Scale was used to measure levels of assertiveness in a sample of 91 applicants for vocational rehabilitation services. The type and frequency of primary disability claimed was as follows: cardiovascular, 10; neurologic, 16; orthopedic, 26; psychiatric, 11; other, 20. While the subgroup populations were relatively small, there was rather clear evidence that persons with neurological disabilities should be closely assessed in regard to appropriate expression training and a strong likelihood that almost half of these persons are in need of assertion training.

A number of the variables that have been associated with nonassertive behavior such as poor self-concept, lack of confidence, and anxiety have been used frequently in the literature when discussing personality problems among epileptic individuals.

Goldin and Margolin (1975) stated that "the person with epilepsy has difficulties developing a positive self-concept" (p. 71). Dennerll (1970) supported the notion that epileptics frequently exhibit poor self-concept in the
following: "The chronically unemployed person with epilepsy is characterized by negative thinking and a low opinion of self" (p. 78).

Lack of self-confidence is illustrated in the following example presented by Livingston (1972):

One of our female clients lacked self-confidence to the degree that she felt she was incapable of functioning as an employee. Even though she had a college degree she was absolutely sure no one would hire her. She regarded herself as inadequate and damaged. She was so fearful of being rejected, she refused to even look for work. In spite of her parents prodding she stayed home every day feeling more and more depressed. (p. 213)

Behavioral difficulties observed in epileptic clients are frequently related to anxiety and/or depressive states which stem, in most instances, from the fear of being out of control, fear of injury as a result of the seizure, or fear of having their disorder exposed to others (Livingston, 1972). Extreme anxiety may prevent the epileptic from being able to function in any capacity. Clients who conceal their disorder from employers live in constant anxiety which stems from the realization that exposure of their condition may result in dismissal. "The epileptic's anxieties and fears work to erode self-confidence, family relationships, social exchanges, and expectations toward getting and holding a job" (Morgan, 1962, p. 52).

It would seem, then, that there is an association between nonassertiveness and epilepsy.
Conclusion

The review of the related literature has explored epilepsy in relation to work values and assertiveness. It has been shown how these two areas may be related to the unemployment problem in this population. Following this conclusion is the methodology section with an explanation of how this study will be conducted.
The purpose of this study was to investigate work values and assertiveness in employed and chronically unemployed epileptics. The Adult Self Expression Scale (Gay, 1974) and the Work Values Inventory (Super, 1970) were administered to a sample of employed and unemployed adult epileptics in the North Florida area. The population, sampling procedures, sample, instruments, data collection procedures and analysis of data are described in this chapter.

Population

To determine the exact number of individuals with epilepsy is virtually impossible. The reason being that epilepsy can be hidden and, due to the stigma attached to the disorder, it often is hidden. The Epilepsy Foundation of America (1979) estimates that two percent of the population has epilepsy. Based on this, there is an estimated 194,800 epileptics in the State of Florida with approximately 3,147 of those individuals living in Alachua County. The Shands Hospital Neurology Clinic treats approximately 5,000 epileptics of all ages and socioeconomic levels per year.
Sample

Subjects for this study consisted of 200 adult epileptics in the North Florida area. Subjects were selected in order of their scheduled attendance at the Shands Hospital Neurology Clinic until the sample size of 100 chronically unemployed adult epileptics and 100 employed adult epileptics were obtained.

Each day prior to neurology clinic, a complete list was made of all patients that were scheduled to be seen on that day. Every patient on the list was individually told, by the researcher, in detail the purpose of the study and that their participation was strictly on a voluntary basis. If they chose to participate they were individually given a reading sample to assure they could read the WVI and the ASES without any difficulty. Instructions for taking the two tests were gone over in detail with each participant. Four private examining rooms, identical to each other, were used to administer the tests. Only the examiner and the patient were present when each test was administered.

The average age for the unemployed was 30.1 and for the employed 30.5. The average grade completed was unemployed 11.9 and employed 13.1. The average length of disability for both groups was approximately 13 years. Demographic characteristics for the two groups can be found in Table 1.

Individuals were used only on a voluntary basis and Informed Consent Forms were obtained from all subjects. The Health Center Committee for the Protection of Human Subjects
was contacted and permission was given to use these patients. A letter of approval to conduct the study was solicited from this committee.

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<td></td>
</tr>
<tr>
<td>Urban</td>
<td>47</td>
</tr>
<tr>
<td>Rural</td>
<td>53</td>
</tr>
</tbody>
</table>
Hypotheses

This study tested the following null hypotheses:

1. There is no significant difference in work values between employed and chronically unemployed epileptics.
2. There is no significant difference in assertiveness levels between employed and chronically unemployed epileptics.
3. There is no significant relationship between work values and assertiveness levels among employed epileptics.
4. There is no significant relationship between work values and assertiveness levels among chronically unemployed epileptics.

Instruments

The two instruments used in this study were the Adult Self Expression Scale (ASES) (Gay, 1974) and the Work Values Inventory (WVI) (Super, 1970).

Adult Self Expression Scale

The ASES (Gay, 1974) is a 48 item self-report measure of assertiveness, designed to be used with adults. It is based on a two dimensional model of assertiveness. One dimension specifies interpersonal situations in which assertive behavior might occur, such as interactions with family, public or friends. The second dimension specifies the assertive behavior that may occur in these situations, such as expressing feelings or asking favors.

The ASES uses a five point Likert format (0-4). Respondents are asked to answer the questions by indicating
how they generally express themselves in a variety of situations. The choices for responses are (0) "Almost Always" or "Always," (1) "Usually," (2) "Sometimes," (3) "Seldom," or (4) "Never" or "Rarely." The respondents are told their answers should not reflect how they feel they ought to act or how they would like to act, but rather how they generally do act. It takes approximately 15 minutes to complete the ASES (Gay, 1974).

The mean ASES score obtained from 640 adults between the ages of 18 to 60 was 115, with a standard deviation of approximately 20. ASES scores falling about 135 or higher are considered as high scores and scores falling below 95 are considered to be low (Gay, 1974).

Subjects for reliability and validity studies were selected from a large community college. Test-retest reliabilities conducted over two week and five week intervals, with two samples of subjects resulted in high reliability coefficients. A Pearson product moment correlation computed after two week and five week intervals produced reliability coefficients of .88 and .91 respectively. Internal consistency was determined by correlating the odd/even scores for 464 subjects. A Pearson product moment correlation resulted in a .79 reliability coefficient (Gay, 1974; Gay, Hollandsworth & Galassi, 1975).

Several validity studies have been conducted for the ASES (Gay, 1974 and Hollandsworth, Galassi & Gay, 1977). Construct validity was established by correlating the total scores of individuals taking the ASES with their scores on
the 24 scales of the Adjective Check List (ACL). The ASES was found to correlate positively and significantly (p < .001) with the number of Adjective Checked, and the Self-Confidence, Ability, Achievement, Dominance, Affiliation, Heterosexuality, Exhibition, Autonomy, Aggression and Charge Scales. A negative correlation was found (p < .001) with ASES and Succorance, Abasement, and Deference Scales of the ACL.

The method of contrasting groups was used to establish construct validity for the ASES. Thirty-two clients seeking personal adjustment counseling scored significantly (p < .05) lower (x = 101.81) on the ASES than did subjects who were not counseled (x = 114.20). Discriminant validity was established for the ASES by examining the relationship between assertiveness and anxiety, and self-confidence and locus of control. Anxiety was measured by the Taylor Manifest Anxiety Scale. Self-confidence was measured by the Self-Confidence Scale of the Adjective Check List. Locus of control was measured by Rotter's I-E which is a measure of generalized expectancy for internal versus external control of reinforcement. A discriminant analysis resulted in a significant F value (F(3,54))=9.56, p < .001). The variate tests for the three variables revealed that anxiety (F(1,56) = 17.86, p < .291) did not discriminate between low and high assertive groups (Hollandsworth, Galassi & Gay, 1977).

Convergent and discriminate validity was established by the Campbell-Fiske multitrait-multimethod procedures.
Convergent validity was established in terms of the ASES' relationship with the constructs of dominance and abasement as measured by a self-report method. Discriminant validity via different assessment methods is only moderate in strength. The inconsistency of discriminate validity findings may be due to the fact that the ASES assesses assertiveness responses in terms of frequency of response instead of verbal content of the situation (Hollandsworth, Galassi & Gay, 1971).

Work Values Inventory

The WVI (Super, 1970) is a 45 item self-report inventory developed to assess the goals which motivate the individual to work. It may be used with boys and girls in junior and senior high school, with college and university students, and with adults who have completed at least elementary education. Although the vocabulary is simple enough for seventh graders, it is acceptable to graduate students, executives or professional men and women.

The WVI is designed primarily for use in counseling in schools, colleges and community agencies. As a self-report instrument it is subject to deliberate and unconscious distortion, as subjects seek to impress the user of the inventory or to gratify their needs by portraying themselves in a particular way. When motivation is good, and when the subject is interested in understanding themselves or in making wise decisions, deliberate distortion need not be a matter of concern. Unconscious distortion may in some
instances prevent a true picture of the person's values from emerging, but the values which a person would unconsciously like to be seen as possessing represent real drives which may have quite as much predictive value as those which he/she actually does hold.

The original form of the WVI was a 210 item forced-choice and 15 item subscale; this was reduced to the current form of the WVI with 45 items and 15 item subscale. The source of items was the literature on values and on job satisfaction, which served as a basis for writing trial items. The reinforcement of items was done several times, in a series of tape recorded interviews with eighth grade boys as to the meaning they saw in the items, and of essays written by other junior high school pupils on the meaning of these items and constructs. Item refinement was also carried out in two series of experiments in which items typed on 3x5 cards were sorted and labelled by young men in order to ascertain uniformity of understanding, or internal consistency of scales. Inventories made up of the seemingly best items were tried out, item analyzed, and examined for test-retest reliability.

Factor analyses have been carried out to further clarify the meaning of the scales developed. Several formats were tried; forced-choice, rank order, and rating on a five point scale, singly and in combination. The rating of each value statement proved to be the most reliable method, and it was chosen despite the fact that this meant the loss of some differentiating power.
A variety of curricular groups in high school, college and technical school programs have been tested, as have men and women in various professions, business occupations, skilled trades and semi-skilled jobs. No predictive studies have as yet been completed.

Occupational norms are currently being accumulated for this form. Though such norms are not yet available, occupational and post high school curricular data obtained on the earlier 210 item forced-choice and 15 item subscale does exist.

The WVI has no actual time limit, but most people finish within 10 to 15 minutes--20 minutes at the most. The WVI uses a Likert scale. Respondents are asked to answer the questions by indicating how important it is or would be to them. The choices for responses are (A5) "Very Important," (A4) "Important," (A3) "Moderately Important," (A2) "Of Little Importance," and (A1) "Unimportant." Each item has a possible value of 5, 4, 3, 2 or 1 and the total of the values assigned to the three items for each of the fifteen scales yields the raw score for each scale. Therefore, each scale may have a raw score as high as 15 or as low as 3. If an item is skipped, the assigned weight for that item is 3.

There are fifteen subscales in the WVI.

1. **Altruism**--this work value, or goal, is present in work which enables one to contribute to the welfare of others.

2. **Esthetic**--a value inherent in work which permits one to make beautiful things and to contribute beauty to the world.
3. **Creativity**—a value associated with work which permits one to invent new things, design new products, or develop new ideas.

4. **Intellectual Stimulation**—associated with work which provides opportunity for independent thinking and for learning how and why things work.

5. **Achievement**—a value associated with work which gives one a feeling of accomplishment in doing a job well.

6. **Independence**—associated with work which permits one to work in his/her own way, as fast or as slowly as they wish.

7. **Prestige**—work which gives one standing in the eyes of others and evokes respect.

8. **Management**—work which permits one to plan and lay out work for others to do.

9. **Economic Returns**—work which pays well and enables one to have things he/she wants.

10. **Security**—work which provides one with the certainty of having a job.

11. **Surroundings**—work which is carried out under pleasant conditions.

12. **Supervisory Relations**—work which is carried out under a supervisor who is fair and with whom one can get along with.

13. **Associates**—work which brings one into contact with fellow workers who are liked.
14. **Way of Life**—associated with the kind of work that permits one to live the kind of life he/she chooses.

15. **Variety**—work that provides an opportunity to do different types of jobs.

Scales which are developed on the basis of a logic derived from theory and research, and refined by internal consistency methods, as were those of the WVI, generally show a significant number of positive intercorrelations. This is especially true of scales which consist of rated items rather than of forced-choice items, for in the former response sets tend to inflate the true correlations, and in the latter the fact of preferring one alternative precludes making a positive response to the other option and thus makes the obtained correlations lower than the true (Super, 1970).

In younger boys, seventh graders, there are no correlations as high as .50; that which is highest in twelfth graders (Economic Returns-Security) being .45; there are 44 equal to or exceeding .30. For girls the comparable figures are as follows: (1) for correlations of .50 or more there are four in grade 12, none in grade 7; (2) for correlations of .30 or more there are thirty-nine in grade 12, thirty-four in grade 7. The highest are again those for Material factor scales, Economic Returns and Security and correlating .58 for twelfth grade girls and .475 for seventh grade girls. The Intellectual Stimulation and Creativity scales are somewhat less correlated for girls than for boys, falling below the .50 mark (.45 and .32 for grades 12 and 7).
It is clear that there is considerable overlap between the Economic Returns, Security, Surroundings and Supervisory scales; that there is considerable overlap between the Intellectual Stimulation and Creativity scales in males but less in females; and the amount of overlap is less in early adolescence than in later adolescence.

O'Connor and Kinnane (1961) used a form of the WVI which consisted of 30 items (two statements for each value) rated on a four point scale—an earlier form which anticipated the present 45 item, five point scale form. They administered the WVI to 191 male college students, made individual frequency distributions and dichomotized each item as closely to the mean as possible. Tetrachoric correlations between items were computed and the matrix was factored by the complete centroid method until six factors were extracted; these were totaled until a simple structure solution was achieved. An attempt was made to extract second order factors, but none were found. The first order factors appeared to be identifiable as shown in the following:

Factor A: Security—Economic—Material
Factor B: Social—Artistic
Factor C: Work Conditions and Associates
Factor D: Heuristic—Creative
Factor E: Achievement—Prestige
Factor F: Independence—Variety

O'Connor and Kinnane (1961) relate their findings to Ginzberg's (1951) and Super's (1957) discussions of work
values. They stated, "It would seem that there is no justification for combining into one category the rewards of work such as pay and prestige, and the products of work such as the good done to others, the creation of beautiful things, and the material objects provided." Ginzberg's classification of work satisfaction is too broad and each category contains work values which are relatively independent of each other (p. 7).

The content of the fifteen present scales was designed to deal with the same fifteen values as the scales used on earlier research forms. The selection of new items by sorting a scrambled item pool which included both original and new items, retaining only reliably sorted items for each scale, and item correlation data reported in the following (Table 2) confirms this.

Table 2
Correlation of New Items with Original Item Based on 99 10th Grade Students

<table>
<thead>
<tr>
<th>Size of Correlation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.43 to 0.59</td>
<td>17</td>
<td>28</td>
</tr>
<tr>
<td>0.60 to 0.59</td>
<td>24</td>
<td>40</td>
</tr>
<tr>
<td>0.70 to 0.79</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>0.80 and greater</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

Test-retest reliabilities, means, and standard deviations are reported in Table 3. In this study, the current (1968-69) form of the WVI was administered two weeks apart to a sample of 99 high school students in a suburb of Albany,
Table 3
Means, Standard Deviations and Test-Retest Reliability of WVI Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>51 10th Grade Males Mean</th>
<th>S.D.</th>
<th>48 10th Grade Females Mean</th>
<th>S.D.</th>
<th>99 10th Graders Mean</th>
<th>S.D.</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Altruism</td>
<td>10.61</td>
<td>3.12</td>
<td>12.19</td>
<td>2.61</td>
<td>11.37</td>
<td>3.34</td>
<td>.83</td>
</tr>
<tr>
<td>2. Esthetics</td>
<td>7.76</td>
<td>3.08</td>
<td>7.56</td>
<td>3.05</td>
<td>7.66</td>
<td>3.19</td>
<td>.82</td>
</tr>
<tr>
<td>3. Creativity</td>
<td>10.06</td>
<td>2.01</td>
<td>9.29</td>
<td>2.49</td>
<td>9.68</td>
<td>2.95</td>
<td>.84</td>
</tr>
<tr>
<td>4. Intellectual Stimulation</td>
<td>11.61</td>
<td>2.65</td>
<td>11.75</td>
<td>2.32</td>
<td>11.67</td>
<td>3.08</td>
<td>.81</td>
</tr>
<tr>
<td>5. Independence</td>
<td>10.47</td>
<td>2.51</td>
<td>10.00</td>
<td>2.28</td>
<td>10.24</td>
<td>2.82</td>
<td>.83</td>
</tr>
<tr>
<td>6. Achievement</td>
<td>12.08</td>
<td>2.03</td>
<td>11.98</td>
<td>2.16</td>
<td>12.03</td>
<td>2.91</td>
<td>.83</td>
</tr>
<tr>
<td>7. Prestige</td>
<td>11.49</td>
<td>2.17</td>
<td>11.29</td>
<td>2.19</td>
<td>11.39</td>
<td>2.81</td>
<td>.76</td>
</tr>
<tr>
<td>8. Management</td>
<td>9.80</td>
<td>2.44</td>
<td>9.48</td>
<td>2.74</td>
<td>9.64</td>
<td>2.94</td>
<td>.84</td>
</tr>
<tr>
<td>9. Economic Return</td>
<td>12.84</td>
<td>2.12</td>
<td>11.63</td>
<td>2.59</td>
<td>12.25</td>
<td>2.03</td>
<td>.88</td>
</tr>
<tr>
<td>11. Surroundings</td>
<td>10.94</td>
<td>2.51</td>
<td>11.31</td>
<td>2.25</td>
<td>11.11</td>
<td>2.94</td>
<td>.82</td>
</tr>
<tr>
<td>12. Supervisory Relations</td>
<td>10.92</td>
<td>2.54</td>
<td>10.73</td>
<td>2.66</td>
<td>10.82</td>
<td>2.98</td>
<td>.83</td>
</tr>
<tr>
<td>13. Associates</td>
<td>11.27</td>
<td>2.57</td>
<td>11.77</td>
<td>2.25</td>
<td>11.51</td>
<td>3.08</td>
<td>.74</td>
</tr>
<tr>
<td>14. Variety</td>
<td>10.33</td>
<td>3.41</td>
<td>10.73</td>
<td>2.23</td>
<td>10.52</td>
<td>2.83</td>
<td>.82</td>
</tr>
<tr>
<td>15. Way of Life</td>
<td>12.92</td>
<td>2.03</td>
<td>12.61</td>
<td>2.19</td>
<td>12.86</td>
<td>2.95</td>
<td>.80</td>
</tr>
</tbody>
</table>
New York. The differences found between mean scores for males and females (Table 3) were not significant when tested statistically, although the apparent differences are consistent with related findings; girls appear to exhibit higher scores for Altruism and lower scores for Economic Returns than do boys.

It is clear from this information that the 15 scales of this short 45 item inventory in which each scale consists of three items, are internally consistent and stable over a time interval of two weeks. The lowest retest reliability is .74, the highest .88, and the median is .83.

Construct validity is often shown by the correlations of the test in question with appropriate scales of other tests designed to assess the same traits. The WVI, as a measure of values, has been studied in relation to the Allport-Vernon-Lindzay Study of Values as a direct measure of values, and to the Strong Vocational Interest Blank and the Kuder Preference Record (vocational) as indirect measures of values. It should be borne in mind that all correlations reported, whether positive or negative, are necessarily somewhat lowered because of the positive nature of either or both of the instruments employed. They may, therefore, be regarded as underestimates.

WVI Form D and Strong's Vocational Interest Blank with fifty-two Peace Corpsmen $r=.23$, $p=.05$ one-tailed; $r=.27$, $p=.05$ two-tailed. WVI Form B and Kuder Preference Record Vocational Form CH with eighty-five Boston University freshmen $r=.18$, $p=.05$ one-tailed; $r=.21$, $p=.05$ two-tailed. WVI
1968-69 and Allport-Vernon-Lindzay Study of Values with 304 twelfth grade boys \( r = 0.055, p = 0.05 \) one-tailed; \( r = 0.11, p = 0.05 \) two-tailed. Subscales were correlated for each of the instruments with the WVI, the correlations ranged from .01 to .60.

The case for the content validity of the WVI rests on the phrasing of items on the basis of a study of the literature on values, and on the revamping of the items in light of their comprehension by teenagers and young adults.

Values are often thought of as manifestations of personality traits and adjustments, as well as being related to the activities in which they may be achieved (Super, 1970). For this reason, the first kind of theoretically based concurrent validation to assay may be the correlations between WVI scales and scores on personality and adjustment measures. Few significant relationships were found in one study of 9th grade boys (Super, 1962). Academic ability, school achievement, and extracurricular activity has been studied in relation to WVI (Super, 1962) with results which are generally negative.

Although it is true that choice of curriculum in the junior year and even senior high school is determined largely by sex, socioeconomic status, and intellectual level, it seems likely that values are part of the same complex constellation of determinants. Curricular differences, in grades 7-12, are in most instances no greater than one raw score point or one half of a standard deviation. The light differences which do appear are: boys in the college
preparatory curriculum have slightly higher mean scores on Intellectual Stimulation values than do boys in Commercial and Vocational curricula, and somewhat lower means on Economic Returns than Commercial pupils, while Vocational students are a little higher on Esthetic values. These and other differences, which appear to contribute to the construct validity of the WVI, are not great enough to be of practical value in counseling or in selection. Curricular differences at higher educational levels may well prove significant, for studies using other methods of reporting, and the existence of occupational differences with the WVI support this expectation. Data with earlier forms of the WVI do show value differences between various types of technical and business institute studies.

Differences in grade groups can be expected to reflect, to a high degree, whatever age differences might exist. Hana (1954) used the WVI to demonstrate a lack of age and grade differences in values during the junior and senior high school years. Boys appear to show some slight decrease in Altruism as they progress from grade 7 to grade 12, and a similar decrease in Esthetics scores is noticeable. Girls show grade changes in values which are generally similar to those suggested in both.

Values have frequently been observed to differ with sex. Girls tend to make slightly higher scores on the Altruism scale in the twelfth grade, but differ less if at all in the seventh, at which level sex differences in values are truly negative. Boys tend to make higher scores on the
Independence scale in twelfth grade, but the difference in seventh grade is negligible. The greater concern of girls with human values, and the greater stress put by boys on independence are such as one might expect to find with a values inventory. None of the differences are clear cut, for the two sexes overlap considerably on each value scale.

Data on the occupational predictor validity of the WVI are now being collected.

**Analysis of Data**

Parametric statistics were used to analyze the data for this study. A sample of employed and chronically unemployed epileptics in the North Florida area were utilized. The discrete data variable was the unemployed and employed status. The continuous data variables were the scores from the ASES and the WVI.

A t-test for independent samples was used to determine if significant differences exist between the employed and chronically unemployed epileptics on the WVI and for the ASES.

A Pearson product moment correlation was utilized to determine if a significant relationship exists between the WVI and the ASES for the chronically unemployed and the employed epileptic.

A .05 alpha level of significance was used for all analysis in this study.
CHAPTER IV
RESULTS

The purpose of this study was to investigate work values and assertiveness in employed and chronically unemployed adult epileptics. Previous chapters have established a need for the study, reviewed literature pertinent to the subject and outlined research procedures. This chapter will present statistical analyses of results.

A t-test for independent groups was used to determine if significant differences exist in assertiveness and work values between the employed and chronically unemployed adult epileptic. A Pearson product moment correlation was utilized to determine if a significant relationship between the Adult Self Expression Scale (ASES) and the Work Values Inventory (WVI) exists for the employed group and for the chronically unemployed group. An alpha level of .05 was used for all the data analysis.

Hypothesis 1: There are no significant differences in work values between employed and chronically unemployed epileptics. The results of the t-test, means and standard deviations appear in Table 4.
Table 4
Work Values Inventory

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>t-test</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>134.4</td>
<td>26.7</td>
<td>-10.8155</td>
<td>.0001</td>
</tr>
<tr>
<td>Employed</td>
<td>172.7</td>
<td>23.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The range of scores for the chronically unemployed group was 76-193. The range of scores for the employed was 122 to 257. A t-value equal to -10.8155 was obtained with a probability of obtaining that value at .0001. The null hypothesis was rejected. Employed epileptics scored significantly higher on the WVI than chronically unemployed epileptics.

Hypothesis 2: There is no significant difference in assertiveness levels between employed and chronically unemployed epileptics. The results of the t-tests, means and standard deviations appear in Table 5.

Table 5
Adult Self Expression Scale

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>t-test</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>78.8</td>
<td>21.6</td>
<td>-7.82</td>
<td>.0001</td>
</tr>
<tr>
<td>Employed</td>
<td>105.1</td>
<td>25.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The minimum value scored on the ASES was 10 and the maximum value was 119 for the chronically unemployed group. The minimum value scored by the employed group was 59 and the maximum value was 163. A t-value equal to -7.8255 was
obtained with the probability of obtaining that value at .0001. Therefore, the null hypothesis was rejected. The employed group scored significantly higher on the ASES than the chronically unemployed group.

Hypothesis 3: There is no significant relationship between work values and assertiveness levels among employed epileptics. Table 6 presents the correlation coefficients and the probability of obtaining that coefficient. The Pearson product correlation yielded a correlation coefficient equal to .5554 with a probability of obtaining that coefficient of .0001. The correlation is moderately high and it is significant at the .0001 level. There is a significant relationship between assertiveness levels and work values as measured by the ASES and the WVI for employed epileptics.

<table>
<thead>
<tr>
<th></th>
<th>ASES</th>
<th>WVI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASES</td>
<td>1.000</td>
<td>.5554</td>
</tr>
<tr>
<td>WVI</td>
<td>.5554</td>
<td>1.000</td>
</tr>
</tbody>
</table>

Hypothesis 4: There is no significant relationship between work values and assertiveness levels among chronically unemployed epileptics. Table 7 presents the correlation coefficients and the probability of obtaining that coefficient. The Pearson product correlation yielded a correlation coefficient equal to .3370 with a probability of obtaining that
correlation equal to .0006. The correlation is moderate and it is significant at the .0006 level. Therefore, the null hypothesis was rejected.

Table 7  
Chronically Unemployed Epileptics: Correlation of ASES with WVI

<table>
<thead>
<tr>
<th></th>
<th>ASES</th>
<th>WVI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASES</td>
<td>1.0</td>
<td>.3370</td>
</tr>
<tr>
<td>WVI</td>
<td>.3370</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>.0006</td>
<td>.0006</td>
</tr>
</tbody>
</table>


CHAPTER V
SUMMARY, RESULTS, LIMITATIONS, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

Summary

This research was done to determine if assertiveness levels and/or work values were significantly different between chronically unemployed and employed adult epileptics. The literature has indicated that the assertive individual is more likely to become employed than the nonassertive individual and that there is a strong likelihood almost half of the persons with neurological disabilities, such as epilepsy, are in need of assertion training. Epilepsy may strike at any age, but it is predominantly a disorder of youth. At least three fourths of all individuals with this disorder experienced their first seizure previous to age twenty. The literature has suggested that the individual who experiences the early onset of a disability often does not follow the same maturation process in developing work values and work roles that the "normal" child may experience.

Results

The results of this research showed

1. There was a significant difference between chronically unemployed and employed adult epileptics on
assertiveness levels as measured by the Adult Self Expression Scale (ASES). The employed adult epileptic scored significantly higher on the ASES than the chronically unemployed adult epileptic,

2. There was a significant difference between chronically unemployed and employed adult epileptics on work values as measured by the Work Values Inventory (WVI). The employed adult epileptic scored significantly higher than the chronically unemployed adult epileptic on the WVI.

3. There was significant positive relationship between assertiveness levels and work values as measured by the Adult Self Expression Scale and the Work Values Inventory for employed adult epileptics and chronically unemployed adult epileptics.

Based on the results of this study, null hypotheses 1, 2, 3, and 4 were rejected.

Limitations

There were some limitations in this study that need to be considered. The selection of subjects was not random. Rather, the sample was based on the subjects' availability and willingness to participate in this research. In addition, the instruments used in this study were self-report measures. Self-reported responses may be enhanced when compared to in vivo responses. Thus, one might be cautious in generalizing to observable behaviors (Gorecki, Dickson, Anderson & Jones, 1981). Validity appears to be low for the
Environmental limitations may also exist, in that the tests were administered in a clinic previous to the participant's seeing their neurologist.

The average grade completed was unemployed 11.9 and employed 13.1. Although this is not statistically significant it is significant in that the unemployed group was less than the 12.0 of a high school degree and the employed average of 13.1 was more than the high school degree. The higher education level of the employed could make this group more employable.

**Conclusion**

Based on the results of this study, assertion training and values clarification may be a valuable and worthwhile activity in the rehabilitation process of the chronically unemployed adult epileptic. The results indicate that employed adult epileptics are significantly more assertive than chronically unemployed adult epileptics when the trait is measured by the self-report Adult Self Expression Scale. Likewise, the results indicate that employed adult epileptics are significantly higher in work values as measured by the self-report Work Values Inventory. These findings suggest the higher ones work values and assertiveness level the more likely it is that the individual will be employed.

Based on this study, there is a need for assertion training and values clarification with the chronically unemployed adult epileptic. Additional research is needed to determine the outcome of such training.
Numerous studies indicate counselors lack knowledge and skills in working with the unique problems of the epileptic client (Jacks & Toubbeh, 1975; Muthard, 1975, and Wright, Gibbs & Linde, 1962). Yet, a review of the literature shows little attention being paid to changing this shortcoming. "Efforts to help the client with epilepsy have basically remained in the medical treatment domain, yet the consequences faced by the client with epilepsy more often occur in society" (Hopkins & Scambler, 1977, p. 43).

The Epilepsy Foundation of America (1979) stated that one of the major problems the epileptic population faces in society is unemployment. During the past ten years, unemployment among persons with epilepsy has reached 25-30 percent. A survey conducted by Jacks and Toubbeh (1975) indicated that a major need in the rehabilitation of the epileptic is further exploration of why employment is the major problem for this population and how counselors can become more effective in solving that problem.

This study investigated work values and assertiveness in employed and chronically unemployed adult epileptics. A review of the literature showed that the assertive individual is more likely to become employed than the nonassertive individual. During the job interview, for example, people should be assertive enough to communicate their desire to have the job and their ability to perform whatever tasks are involved at the job. The literature also indicated that the
early onset of a disability such as epilepsy may influence the formation of work values. The child who is born with, or experiences the early onset of a disability often does not follow the same maturation process in developing work values that the "normal" child may experience. This is especially significant with a disorder such as epilepsy, since 75 percent of these individuals experience the onset of their disorder previous to age twenty.

This investigation has important implications for the rehabilitation counselor working with the chronically unemployed adult epileptic. The results of this study showed that employed adult epileptics are significantly higher in assertiveness levels and work values than the chronically unemployed adult epileptics. This suggests that by increasing assertiveness levels and/or work values in the chronically unemployed adult epileptics they would be more likely to become employed. For rehabilitation counselors working with the chronically unemployed adult epileptic the implications are that by teaching assertiveness and/or utilizing work values clarification they could experience a greater degree of success in placing these individuals in gainful employment. Since a positive relationship exists between assertion and work values, providing one of those services may increase both levels and decrease duplication of services. This way counselors would provide one intervention rather than two. This could save time and money, which would be beneficial for the counselor and the client.
Additional research is needed to determine if the increase in work values and/or assertiveness has an effect upon the individuals gaining employment. Based on this study, assertion training and values modification are needed in the rehabilitation process of the chronically unemployed adult epileptic.

**Recommendations**

The following are suggested recommendations for further research.

1. Teach assertiveness training to a group of chronically unemployed epileptics to determine if they become employed. Also to see if by raising assertiveness levels work values are increased.

2. Utilize values clarification with the chronically unemployed epileptic to see if they become employed as a result. Also to see if by raising work values assertiveness levels are increased.

3. Additional studies of family, age of onset, degree of control, type of medication, etc. to see what effects these variables may have on work values and assertiveness levels.

4. A longitudinal study in which the WVI and the ASES would be administered to a group of pediatric epileptics followed up, after a period of years, in which the same population would be retested to determine what changes may have occurred as a result of living with their disability.
APPENDIX A

AGENCY

Shands Teaching Hospital, Gainesville, Florida
APPENDIX B
INFORMED CONSENT FORM

This information is for research purposes only. Your participation is entirely voluntary. All information that you give is strictly confidential. The entire process will take approximately 45 minutes. Thank you for participating.

You will be given two (2) questionnaires to fill out. The orange questionnaire is designed to provide information about the way you express yourself. The white one is designed to provide information on your feelings toward work.

There will be no monetary compensation. Please read the following statement and sign at the bottom.

I have read and I understand the procedure described above. I agree to participate in the procedure and I have received a copy of this description.

Jean Davis Gray
Principal Investigator

Epilepsy Services Program
Ped. Neurology
Box J-296 JHMHC, Gainesville

Address

Florida
State

Witness

Date

Date

Date

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BIOGRAPHICAL DATA

Jean Davis Gray was born in Ocala, Florida on August 18, 1948. She lived in Ocala until age three when she moved to Gainesville, Florida. Upon graduation from Gainesville High School in 1966, she attended Santa Fe Community College and completed her Associate of Arts degree. She received a Bachelor of Arts degree in special education in June, 1970 from the University of Florida. She taught for four years in the public school system and one year at a private school prior to returning to the University of Florida to continue her education. Jean completed her master's degree in rehabilitation counseling in June, 1979. Upon graduation she began working as the coordinator for Epilepsy Services, District III, State of Florida. Jean continued working in that position while pursuing a Doctor of Philosophy degree which she completed in December, 1982.
I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Paul Fitzgerald, Chairman
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Robert Myrick
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

James Joiner
Associate Professor of Rehabilitation Counseling

This dissertation was submitted to the Graduate Faculty of the Department of Counselor Education in the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

December, 1982

Dean for Graduate Studies and Research